Men in Nursing: A Quantitative Study from the Perspective of
West Australian Nursing Students

Margaret Haigh, MA (Econ), BNurs.

This thesis is presented in partial fulfilment of the requirements for the degree of
Master of Nursing Research

School of Population Health
Faculty of Medicine, Dentistry and Health Sciences
The University of Western Australia

2015
DECLARATION OF CONTRIBUTION

I hereby submit this thesis for examination in accordance with the regulations for presenting theses and declare that this thesis is my own composition. All sources have been acknowledged and my contribution to the thesis clearly identified.

The thesis has been completed during the course of my enrolment in this degree at the University of Western Australia and has not previously been submitted for an award of any degree or diploma at this or any other university.

Margaret Haigh

18 December 2014
ACKNOWLEDGEMENTS

This study would not have been possible without the support and encouragement of the following people whom I would like to gratefully acknowledge:

Firstly, I would like to thank my supervisors, Associate Professor Rosemary Saunders and Associate Professor David Stanley, for their guidance and encouragement throughout this journey. I am very grateful for their practical assistance, for the time they spent reading many iterations of this document and for their comments and suggestions which were invaluable in the preparation of this thesis.

In addition, I would like to express my gratitude to a number of other staff members of the School of Population Health at the University of Western Australia who provided assistance. They were Assistant Professor Eva Malacova, who reviewed the statistical component of the thesis, and Sheona Harrison, who co-ordinated the questionnaire on SurveyMonkey.

Thank you also to the course co-ordinators in the other universities for arranging the distribution of the questionnaire to their students. There were Anita Zele and Darren Falconer (University of Notre Dame Australia), Caroline Browne (Murdoch University) and Fiona Foxall (Edith Cowan University).

Thanks are also due to the members of the Men in Nursing Project Group which comprises academic representatives from all five universities in Western Australia (Curtin University, Edith Cowan University, Murdoch University, University of Notre Dame and University of Western Australia) for their review of the questionnaire.

I would like to express my appreciation in particular to Associate Professor Wally Bartfay, of the University of Ontario Institute of Technology, for permission to include in the study questionnaire his Attitudes towards Men in Nursing Scale.
Thanks must also go to the study participants who took the time to complete the questionnaire. Without their invaluable contributions this study would not have been possible.

Finally, I would like to thank my family - my husband, Simon, for his indomitable good humour and ongoing financial support throughout the entire journey, and my two daughters, Kathryn and Alice, for consideration and patience way beyond their years.
## ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAMN</td>
<td>American Assembly for Men in Nursing</td>
</tr>
<tr>
<td>ECU</td>
<td>Edith Cowan University</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>GNC</td>
<td>General Nursing Council</td>
</tr>
<tr>
<td>HREO</td>
<td>Human Research and Ethics Office</td>
</tr>
<tr>
<td>LMS</td>
<td>Learning Management System</td>
</tr>
<tr>
<td>PIF</td>
<td>Participant Information Form</td>
</tr>
<tr>
<td>RN</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>UNDA</td>
<td>University of Notre Dame Australia</td>
</tr>
<tr>
<td>USA</td>
<td>United States of America</td>
</tr>
<tr>
<td>UWA</td>
<td>University of Western Australia</td>
</tr>
<tr>
<td>WA</td>
<td>Western Australia</td>
</tr>
</tbody>
</table>
ABSTRACT

Background

Despite concerted efforts in recent years, the number of men in nursing in Australia remains persistently low. Currently, approximately one-tenth of all nurses registered in Australia are male. It is widely agreed that diversity in the workplace is a desirable objective, particularly in a health care setting where a degree of affinity with the carer is desirable. In order to identify successful strategies to encourage men to consider nursing, it is important to establish why men enter into nursing and understand their experiences of undertaking a nursing education programme. This study explores these concepts by focussing on the experiences and the attitudes of male and female students undertaking entry to practice nursing degrees in Western Australia (WA) and presents a picture of the future of nursing in Australia as embodied in this student sample.

Aim

The aim of this study was to identify possible reasons behind the under-representation of men in nursing in Australia by developing a comparative descriptive profile of a sample of West Australian nursing students and identifying and comparing their opinions regarding the general perception of men in nursing.

Method

This study adopted a comparative, descriptive research design which was applied within a quantitative methodological framework. A sample of 203 (63 male and 140 female) entry to practice nursing students in WA took part in the study by completing an online questionnaire. The questionnaire consisted of a series of 33 closed-ended questions addressing background characteristics, path to nursing studies, views on nursing as a career, promoting men in nursing, attitudes and perceptions towards men in nursing and challenges encountered by the male participants. The
quantitative data were analysed to obtain a comparative descriptive profile of the sample and identify and compare opinions regarding perceptions of men in nursing.

**Results**

The key findings of the study revealed that many of the male participants had little awareness of nursing as a career choice whilst at school and approximately half (50.7%) did not consider a career in nursing before the age of 21 years. In contrast, the majority of the female participants (65%) had considered nursing before this age. The majority of males (79.3%) commenced their nursing careers as mature entrants, rather than coming directly from high school and, for male participants in particular, career stability was identified as a key reason for choosing nursing. There were some similarities found, particularly in the agreement of the overwhelming majority of participants (male and female) that more males are needed in nursing and that they would recommend a nursing career to males. However, male participants reported many incidents of prejudicial behaviour, exacerbated by widely held negative stereotypes in relation to men in nursing which they believed continue to exist and which are reinforced by the media. The participants contended that these negative stereotypes can have a detrimental effect on the recruitment of men into nursing.

**Conclusion**

Whilst this study found unambiguous support for having more men in nursing, the participants clearly agreed that the benefits of nursing as a career should be promoted in a gender neutral light, rather than targeting one segment of the population. Whilst it was felt that awareness of nursing as a career needs to be promoted among male high school students, there was a strong sense that a group possessing greater maturity may be more appreciative of the wide-ranging opportunities offered by the profession and may be better equipped to cope with the challenges encountered by males, both before and during their nursing studies. Therefore, the findings of this study
indicated that it may be of more benefit to promote the *men in nursing* message to males who are older than high school students. It must be emphasised that these findings are based on a limited sample and further research is strongly recommended to confirm and expand on this work.
# TABLE OF CONTENTS

DECLARATION OF CONTRIBUTION ............................................................. iii  
ACKNOWLEDGEMENTS ........................................................................ v  
ABBREVIATIONS ................................................................................ vii  
ABSTRACT ............................................................................................. ix  
TABLE OF CONTENTS ........................................................................... xiii  
LIST OF TABLES ................................................................................... xviii  
LIST OF FIGURES ................................................................................ xix  

Chapter 1 – INTRODUCTION ................................................................. 1  
1.1 Introduction ................................................................................... 1  
1.2 Background ................................................................................... 1  
1.3 Landmark Studies ......................................................................... 6  
1.4 Significance of the Study .............................................................. 8  
1.5 Aim, Research Question and Objectives ..................................... 11  
1.5.1 Aim ................................................................................... 11  
1.5.2 Research question .............................................................. 11  
1.5.3 Objectives .......................................................................... 11  
1.6 Structure of the Thesis ............................................................... 12  
1.7 Summary ................................................................................... 12  

Chapter 2 – LITERATURE REVIEW ......................................................... 14  
2.1 Introduction ................................................................................ 14  
2.2 Search Strategy and Findings ................................................... 14  
2.3 Historical Perspective ............................................................... 16  
2.4 Women’s Work ......................................................................... 21  
2.5 Stereotyping and Gender Bias ................................................. 26  
2.6 Other Barriers to Entry ............................................................. 32  
2.7 The Male Nursing Student Experience .................................... 34
Chapter 2 – STRATEGIES: 

2.8 Strategies for Recruitment and Retention ............................................. 40
2.9 Hidden Advantage................................................................................. 45
2.10 Gaps and Inconsistencies ................................................................. 50
2.11 Summary ............................................................................................... 52

Chapter 3 – METHODOLOGY ................................................................. 53

3.1 Introduction........................................................................................... 53
3.2 Rationale for Quantitative Methodology .............................................. 53
3.3 Study Design ......................................................................................... 55
3.4 Sampling Method .................................................................................. 56
3.5 Data Collection Instrument .................................................................. 57
3.6 Reliability and Validity ......................................................................... 60
3.7 Pilot of the Instrument .......................................................................... 62
3.8 Data Collection Process ........................................................................ 64
3.9 Data Analysis ........................................................................................ 66
3.10 Limitations .......................................................................................... 69
    3.10.1 Sampling method - non-random convenience sample ............ 69
    3.10.2 Data collection instrument - questionnaire........................... 71
    3.10.3 Data collection process - email .............................................. 72
3.11 Ethical Considerations ...................................................................... 73
3.12 Summary ............................................................................................... 75

Chapter 4 – RESULTS .............................................................................. 76

4.1 Introduction........................................................................................... 76
4.2 Background Information....................................................................... 76
    4.2.1 Demographic profile ................................................................. 76
    4.2.2 University enrolment ................................................................. 78
4.3 Path to Nursing Studies................................................................. 80
    4.3.1 Previous activities ................................................................. 80
4.3.2 Current experience ................................................................. 81
4.3.3 Age first considered nursing ................................................... 82
4.3.4 Age started nursing studies ...................................................... 82
4.3.5 Reasons for choosing nursing ................................................... 83
4.4 Views on Nursing as a Career ..................................................... 85
4.4.1 Advantages of nursing ............................................................ 85
4.4.2 Disadvantages of nursing ......................................................... 86
4.4.3 Recommend nursing to males .................................................... 88
4.4.4 More males needed in nursing .................................................. 90
4.4.5 Long term career goals ............................................................ 91
4.5 Promoting Men in Nursing .......................................................... 92
4.5.1 Misperceptions ................................................................. 92
4.5.2 Selling points ................................................................. 92
4.5.3 Reasons not attracted ............................................................ 93
4.5.4 Best vehicle ................................................................. 94
4.6 Attitudes and Perceptions towards Men in Nursing ................. 96
4.6.1 Not perceived as masculine ................................................... 96
4.6.2 Females perceived as more caring ........................................... 97
4.6.3 Feminine portrayal discourages men ......................................... 98
4.6.4 ‘Gay’ portrayal discourages men ............................................... 98
4.6.5 More appropriate for females .................................................. 99
4.6.6 Encourage a family member ................................................... 100
4.7 Challenges Encountered ............................................................ 101
4.7.1 Challenges before studies ...................................................... 101
4.7.2 Challenges during studies ....................................................... 101
4.8 Men Only .............................................................................. 103
MEN IN NURSING

4.8.1 High school vs non-high school entrants ........................................ 104
4.8.2 Prior experience vs no prior experience ........................................ 105
4.8.3 First considered nursing aged under 21 vs 21 and over ............... 106
4.8.4 International vs domestic students ............................................. 107
4.8.5 Graduates vs non-graduates .................................................. 108

4.9 All Students ......................................................................................... 109
4.9.1 High school vs non-high school entrants ........................................ 109
4.9.2 Prior experience vs no prior experience ........................................ 111
4.9.3 First considered nursing aged under 21 vs 21 and over ............... 111
4.9.4 International vs domestic students ............................................. 112
4.9.5 Graduates vs non-graduates .................................................. 113

4.10 Summary ............................................................................................. 115

Chapter 5 – DISCUSSION ............................................................................. 118
5.1 Introduction ......................................................................................... 118
5.2 Demographic Profile ........................................................................... 118
5.3 Path to Nursing Studies ....................................................................... 119
5.4 Views on Nursing as a Career ............................................................. 120
5.4.1 Age first considered nursing .................................................. 120
5.4.2 Cultural influences ................................................................. 121
5.4.3 Lack of recognition of nursing as a career ................................. 122
5.4.4 Parental influences ................................................................. 123
5.4.5 Advantages and disadvantages of nursing ................................... 124
5.4.6 Long term career goals ............................................................. 126
5.4.7 Recommend nursing to males .................................................... 128
5.4.8 Benefits of increased male participation ...................................... 129

5.5 Promoting Men in Nursing ................................................................. 133
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.5.1</td>
<td>Selling points</td>
<td>133</td>
</tr>
<tr>
<td>5.5.2</td>
<td>Image promoted</td>
<td>134</td>
</tr>
<tr>
<td>5.5.3</td>
<td>Target groups</td>
<td>135</td>
</tr>
<tr>
<td>5.6</td>
<td>Attitudes and Perceptions towards Men in Nursing</td>
<td>136</td>
</tr>
<tr>
<td>5.6.1</td>
<td>Gender stereotyping</td>
<td>136</td>
</tr>
<tr>
<td>5.6.2</td>
<td>Men and caring</td>
<td>137</td>
</tr>
<tr>
<td>5.6.3</td>
<td>‘Failed doctors’</td>
<td>138</td>
</tr>
<tr>
<td>5.7</td>
<td>Challenges Encountered as Men in Nursing</td>
<td>139</td>
</tr>
<tr>
<td>5.7.1</td>
<td>Challenges before studies</td>
<td>139</td>
</tr>
<tr>
<td>5.7.2</td>
<td>Challenges during studies</td>
<td>142</td>
</tr>
<tr>
<td>5.8</td>
<td>Summary</td>
<td>147</td>
</tr>
<tr>
<td>6.1</td>
<td>Introduction</td>
<td>148</td>
</tr>
<tr>
<td>6.2</td>
<td>Conclusions</td>
<td>148</td>
</tr>
<tr>
<td>6.3</td>
<td>Implications for the Nursing Profession</td>
<td>151</td>
</tr>
<tr>
<td>6.4</td>
<td>Further Research</td>
<td>151</td>
</tr>
<tr>
<td>6.5</td>
<td>Recommendations</td>
<td>152</td>
</tr>
<tr>
<td>6.6</td>
<td>Summary</td>
<td>155</td>
</tr>
<tr>
<td></td>
<td>REFERENCES</td>
<td>156</td>
</tr>
<tr>
<td></td>
<td>Appendix A - QUESTIONNAIRE</td>
<td>169</td>
</tr>
<tr>
<td></td>
<td>Appendix B – PERMISSION TO USE ATMIN SCALE</td>
<td>178</td>
</tr>
<tr>
<td></td>
<td>Appendix C – PARTICIPANT INFORMATION FORM</td>
<td>180</td>
</tr>
<tr>
<td></td>
<td>Appendix D - PARTICIPANT INFORMATION FORM (PILOT)</td>
<td>182</td>
</tr>
<tr>
<td></td>
<td>Appendix E - LETTER TO HEADS OF SCHOOL</td>
<td>184</td>
</tr>
<tr>
<td></td>
<td>Appendix F – ETHICS APPROVAL FROM UWA</td>
<td>185</td>
</tr>
</tbody>
</table>
LIST OF TABLES

Table 1 ................................................................................................................. 78
Background Information - Demographic Profile

Table 2 ................................................................................................................. 80
Background Information - University Enrolment

Table 3 ................................................................................................................. 84
Path to Nursing - Summary of Results

Table 4 ................................................................................................................. 87
Advantages and Disadvantages of Nursing - Summary of Results

Table 5 ................................................................................................................. 89
Would You Recommend a Nursing Career to Males?

Table 6 ................................................................................................................. 90
Do We Need More Males in Nursing?

Table 7 ................................................................................................................. 91
Long Term Career Goals - Summary of Results

Table 8 ................................................................................................................. 95
Promoting Men in Nursing - Summary of Results

Table 9 ................................................................................................................. 102
Challenges Encountered by Male Students - Summary of Results

Table 10 .............................................................................................................. 104
Men Only - High School vs Non-High School Entrants

Table 11 .............................................................................................................. 105
Men Only - Prior Experience vs No Prior Experience

Table 12 .............................................................................................................. 106
Men Only - First Considered Nursing Aged under 21 vs 21 and over

Table 13 .............................................................................................................. 107
Men Only - International vs Domestic Students

Table 14 .............................................................................................................. 108
Men Only - Graduates vs Non-Graduates

Table 15 .............................................................................................................. 110
All Students - High School vs Non-High School Entrants

Table 16 .............................................................................................................. 113
All Students - Graduates vs Non-Graduates
LIST OF FIGURES

Figure 1. Data consolidation and cleaning. ................................................................. 67

Figure 2. I believe that nursing is not perceived as a very masculine or a ‘macho-type’
of career for males to pursue in our society......................................................... 96

Figure 3. I feel that there is a general perception by society that female nurses are more
caring and nurturing than male nurses............................................................... 97

Figure 4. The current portrayal of nursing by the mass media (e.g., television, films and
magazines) as being more suited for women discourages men from choosing
nursing as a career. ............................................................................................... 98

Figure 5. I feel that nursing is more appropriate for females because they tend to be
more caring and compassionate by their inborn nature ......................................... 99

Figure 6. I would encourage a male family member (e.g., brother, son, partner) to
pursue nursing as a challenging and rewarding career choice........................... 100

Figure 7. All Students - High School vs Non-High School Entrants: I would encourage
a male family member (e.g., brother, son, partner) to pursue nursing as a
challenging and rewarding career choice ......................................................... 110

Figure 8. All Students - First Considered Nursing Aged Under 21 years vs 21 years and
Over: I would encourage a male family member (e.g., brother, son, partner) to
pursue nursing as a challenging and rewarding career choice......................... 112

Figure 9. All Students - International vs Domestic Students: I feel that there is a general
perception by society that female nurses are more caring and nurturing than
male nurses ....................................................................................................... 113

Figure 10. All Students - Graduates vs Non-Graduates: The current portrayal of male
nurses as being ‘gay’ or effeminate in nature by the mass media (e.g.,
television, films and magazines) discourages men from choosing nursing as a
career. ............................................................................................................ 114
Chapter 1 – INTRODUCTION

1.1 Introduction

This quantitative study examines the subject of men in nursing from the perspective of West Australian nursing students. The introductory chapter of this thesis describes the importance of this area of research and highlights the relevance of the issue. It does so by placing the subject of men in nursing into context from both a national and global perspective. It then sets out the demographic background that underpins the current situation of men in nursing in Western Australia (WA). In addition, it outlines the issues that currently exist and explains why these issues are problematic.

The chapter provides an overview of the study approach and identifies the previous research which was fundamental in influencing its development. The significance of the study is also considered, namely what it set out to achieve, why it is important, and how this study advances current research. By validating the need for this research, this chapter outlines how this study extends existing knowledge. This chapter also identifies the research question and includes a description of the research aims and objectives. Finally, a framework of the thesis is presented and the organisation and structure of the thesis is explained. This outlines the steps taken to address the broad questions underlying the thesis.

1.2 Background

Nursing continues to be a largely female-concentrated occupation. There are currently 321,995 nurses (registered nurses and enrolled nurses) registered in Australia, 11.38% of whom are men (Nursing and Midwifery Board of Australia, 2014). In WA, the number of nurses registered is 33,335, with 9.58% being male (Nursing and Midwifery Board of Australia, 2014). These figures are comparable with other countries where the proportion of men in nursing is similarly low – 10.7% in the United Kingdom.
MEN IN NURSING

(UK) (Office for National Statistics, 2011), 9.6% in the United States of America (USA) (U.S. Census Bureau, 2013) and 9% in Canada (Government of Canada, 2013). However, the percentage of men in nursing internationally varies from 3.5% in Denmark to 25% in the Philippines (Purnell, 2007). Regardless of the actual figure in individual countries, men in nursing are clearly in a minority. This gender imbalance presents a problem since it ignores diversity which, as O’Lynn (2013) argues, is crucial in the nursing workforce.

The benefits of diversity, from the viewpoint of the male nurse, are to make the workforce more welcoming and accommodating towards men, encouraging a larger number of male recruits and reducing male attrition (Sherrod, Sherrod, & Rasch, 2005). Indeed, it is worth noting that in the areas of nursing where the level of patient care required is less intimate and the nurse is required to wear a less traditional form of uniform, thereby reducing the potential sex role conflict and dispelling any stereotypical labels, male nurses are over-represented (Evans, 1997; Stott, 2004). In Australia the areas identified include mental health (33% male), critical care and emergency (15%) and management (14%) (Health Workforce Australia, 2013). Therefore, it appears that if males believe that nursing (or at least certain areas within the profession) is aligned with their male identity, they will be more receptive to joining and remaining in the profession, potentially encouraging others to do likewise.

From the patient’s perspective increased diversity in the nursing workforce is a desirable objective because the patient requires a degree of affinity with the carer (O’Lynn, 2013). In addition, O’Lynn (2013) claims that as patients generally relate better to nurses who are similar to them, therefore, where possible, the nursing workforce should mirror the population. Having a greater number of male nurses allows the client’s individual needs and preferences to be more appropriately met (Yu, 2008), in particular when a certain degree of intimacy in a procedure is required (Chur-Hansen,
2002). Furthermore, more men in nursing may increase the focus on men’s health and so address the gender health disparities men experience (Porche, 2007). In addition, having male nurses present in mental health settings “may deter potential patient violence” (Yu, 2008, p. 73), resulting in a safer environment for patients in general. Consequently, any steps aimed at redressing the current gender imbalance must be viewed as positive, not only for the male section of the population, but for the wider patient population as well.

From a broader perspective, a potential by-product of increasing the proportion of men in nursing may be to elevate the socioeconomic status of nursing as a profession (Yu, 2008). The perceived low economic status associated with nursing, compared to male occupations (Meadus, 2000), is attributed to society considering nursing to be a female profession and, although nurses and nursing are generally looked upon in a favourable light by the public (Roth & Coleman, 2008), women’s roles in society continue to be less valued (Meadus, 2000). Although these views are based on literature from the USA and Canada, there is no evidence to suggest that similar opinions do not apply in Australia. From a feminist perspective, it could be argued that it is inappropriate to demote a profession because it is predominantly made up of women. However, others would argue that having more males in the profession enhances the socioeconomic standing of the profession (Yu, 2008) and it is identified as an additional potential advantage of having a more balanced workforce.

However, despite the long-standing identification of the need to address the lack of gender diversity within the nursing profession, and the clear benefits which a more balanced workforce would bring, the situation does not appear to have improved from that of two decades ago when males constituted less than 20% of the Australian nursing student population (B. Jones, 1997). In fact, if anything, the situation has deteriorated as, in 2011, males comprised only 13.7% of all commencing enrolments in courses for
initial registration as a registered nurse in Australia (Health Workforce Australia, 2013). Similarly, in Canada, the optimistic prediction of two decades ago that “the present situation is one of increasing male enrolment in nursing education” (Okrainec, 1994, p. 105), has not been fulfilled as recent figures for the Canadian male nursing student population (Dyck, Oliffe, Phinney, & Garrett, 2009) show the level unchanged from the figure of 9% as quoted in the earlier study. O’Lynn (2013) points out that despite the many benefits and opportunities associated with a nursing career, which contribute to high levels of job satisfaction, nursing remains a gender-lopsided profession.

It was within this context of over-whelming female domination that this researcher first experienced the nursing profession. As a recent graduate (and having encountered few male counterparts during the course of undergraduate studies), the researcher was curious to examine reasons behind the under-representation of men in nursing from the perspective of nursing students. Indeed, it is recognised that in order to identify successful strategies to encourage men to consider nursing, and thereby redress this imbalance, it is important to establish why men enter into nursing and understand their experiences of undertaking a nursing education programme (Meadus & Twomey, 2011). Therefore, this study focussed on the experiences and the attitudes of students, both male and female, undertaking entry to practice nursing degrees in WA. By examining a student sample and how they came to nursing, what their views are on the subject of nursing as a career, how best to promote men in nursing and on society’s perceptions towards men in nursing, this study now presents a picture of the future of nursing in Australia as embodied by the male and female nursing student sample. Furthermore, by comparing any differences which may be present between students (based on gender and other criteria, including previous activities/experience, age first considered nursing and enrolment status), it highlights the challenges and the
opportunities which exist in addressing the issue of the gender imbalance in the nursing profession.

The data for this study were captured using a questionnaire (Appendix A). All entry to practice nursing students enrolled in four WA universities were invited to participate in the study via an email which was sent by the respective course coordinators of each School of Nursing. The email included a link to the questionnaire which consisted mainly of multiple choice questions with pre-specified responses. Therefore, most of the information captured was quantitative in nature. There was some limited facility to elaborate and add comments which allowed some qualitative data to be captured. The topics covered in the questionnaire included the following:

- Background information - basic demographic details of the participants.
- Path to nursing studies - how, why and when the participants made the decision to become a nurse.
- Views on nursing as a career - the advantages and disadvantages of nursing and career plans of the participants.
- Promoting men in nursing - the key messages needed to increase the recruitment of males into nursing and how these messages should be promoted.
- Attitudes and perceptions towards men in nursing - the participants’ own views on men in nursing, their views on society’s perceptions of men in nursing and the role of the mass media in influencing these perceptions.
- Challenges encountered before and during nursing studies (applicable to male participants only).
- Comments - free-hand entries allowing the participants to offer feedback not already provided for in the questionnaire.
The output from the statistical analysis enabled a description of participants and their responses to be collated and aspects of data collected from different groups to be compared descriptively. It is worth noting that, prior to distribution, the questionnaire was tested for reliability by a sample of nursing students from one university who completed the questionnaire manually as part of a pilot of the data collection instrument. This process is described in full in Chapter 3.

1.3 Landmark Studies

A number of key reports, namely *The Nursing and midwifery workforce 2011* survey (Australian Institute of Health and Welfare, 2011) and the *Nurses in focus* report (Health Workforce Australia, 2013), provided important starting points in this investigation into men in nursing in Australia. These reports provide preliminary data describing the size of the nursing workforce, employment by gender in areas of specialty and distribution across remote areas. More recent figures on numbers working within the nursing profession in Australia (by gender and age) are also available (Nursing and Midwifery Board of Australia, 2014), as are statistics on the number of nursing students in Australia (Australian Health Practitioner Regulation Agency, 2011). Though some attention has been paid to the subject of men in nursing in Australian nursing journals of late (Olson, 2014; White, 2014) and formal research has started to emerge (Stanley et al., 2014), empirical research, particularly on the subject of male nursing students in Australia, is still somewhat limited. With some notable exceptions, (Kermode, 2006; Stott, 2007; Wilson, 2005), the body of Australian literature on this topic is not as extensive as in other countries. Therefore, the prior research which was most influential in forming the basis for this study came from the USA and Canada.

The Hodes Research (2005) online survey, which was issued to men in nursing in California (Hodes Research, 2005), was a major influence on the development of this
current study. The Hodes Research (2005) study established a profile of Californian men in nursing and published feedback from the respondents on their careers in nursing and their opinion of general attitudes towards men in nursing. Additionally, by capturing qualitative data, the study highlighted the challenges and opportunities, as articulated by the respondents. Using the information gathered, the survey identified the issues underlying the low level of men in nursing in California in an attempt to understand the reasons behind the low level of male participation in the nursing profession. Crucially, the study presented many positive ideas from the respondents on effective means of targeting male recruits into the nursing profession in an attempt to redress the balance.

An early study, focusing specifically on nursing students, was carried out by Okrainec (1994). This study examined the demographics of male Canadian nursing students and their attitudes towards nursing as a career. The study also examined similar features in female nursing students to identify whether differences existed between the genders. The study revealed that few major demographic differences existed between male and female nursing students; males were generally satisfied with their choice of nursing as a viable career and male students looked forward to the establishment of a long term career in nursing.

In a later study, again carried out in Canada, the societal perceptions and attitudes towards men in nursing, as reported by male and female, nursing and non-nursing university students, were compared and contrasted (Bartfay, Bartfay, Clow, & Wu, 2010). The study found that negative societal perceptions and stereotypes towards male nurses prevail and this may have a detrimental effect on their recruitment and retention in nursing programmes.
1.4 Significance of the Study

This study applied many of the ideas utilised in the above studies to provide a more recent snapshot of the demographics and the attitudes of nursing students, standing out from previous studies as it was based on Australian nursing students. It set out to obtain the information required to understand who these students are and how they have come to study nursing. It also identified barriers and challenges the males may have faced as men choosing to study nursing. This study captured the students’ personal opinions regarding the opportunities they hope a nursing career may offer. In addition, the study captured the respondents’ views regarding general attitudes towards men in nursing and how they believed these attitudes impact upon male participation in nursing. As with the Canadian studies carried out by Okrainec (1994) and Bartfay et al. (2010), similar information was collected from male and female nursing students in order to determine whether any differences existed between the two groups. Indeed, part of the study analysis involved comparing and contrasting the findings of this study with those of the two previous works.

By compiling an image of the men who have chosen a nursing career, understanding the reasons behind why they chose nursing and capturing their feedback about the opportunities that they hope a career in nursing will offer them, this study established not just a demographic profile of men entering the nursing profession in WA, but also identified their career motivations. Furthermore, examining their views on nursing as a career and understanding the reasons why they have chosen to enter the profession may help to identify key messages to be used in targeting potential male students.

Furthermore, this study examined the challenges, if any, faced by men undertaking entry to nursing programmes in WA. It is claimed that the challenges are numerous, including social isolation; ineffective teaching strategies for men; unequal
clinical opportunities; conflicting instruction on the use of human touch; and a lack of male mentors and preceptors (Ierardi, Fitzgerald, & Holland, 2010; O'Lynn, 2007a). Furthermore, it is alleged that nursing education programmes are largely based on a female worldview (O'Lynn, 2004) and male nurses start to experience a lack of social approval, acceptance and adequate role models as soon as they enter nursing school (McMillian, Morgan, & Ament, 2006). By obtaining feedback from male students, this study set out to validate whether these challenges do exist. Having an understanding of their experiences during a nursing education programme helps to identify effective strategies to recruit and retain more men into the nursing profession. Such insight may benefit nurse educators when working with male students and career counsellors to change educational and cultural stereotypes which may ultimately lead to an increased percentage of men in the nursing profession (Meadus & Twomey, 2011). Obtaining this information is a necessary first step if the under-representation of men in nursing in Australia is to be addressed.

In addition, this study captured the respondents’ comments regarding the attitudes of their family, friends and peers towards their nursing ambition. Drawing from an earlier Canadian study (Bartfay et al., 2010), this study also captured the respondents’ attitudes regarding the public perception of male nurses. This information is important as it is evident that recruitment of men into nursing is hampered by significant barriers that prevent some men from entering the profession (Meadus & Twomey, 2007). One of the main barriers is the perception around men in nursing and the persistent gender stereotyping that exists (Rajacich, Kane, Williston, & Cameron, 2013). The film, Meet the Parents, reflects perceptions among some sections of society as it presents the notion that men in nursing must have a crisis of masculinity if they are drawn to a profession based on nurturing and caring (Duffin, 2009). An assumption frequently made is that men who chose nursing are ‘gay’, despite a lack of evidence to
MEN IN NURSING

substantiate this assumption (Meadus & Twomey, 2011). However baseless this assumption may be, the existing gendered constructions of nursing, reinforced by media stereotypes, act as deterrents and prevent many men from entering the profession (O'Lynn, 2007a).

By capturing the opinions of the respondents who have first-hand experience of the attitudes of others, this study attempted to establish whether nursing is still considered by many to be a gender specific profession and how detrimental any potential prejudice may be to recruitment. A better understanding of these perceptions may help to identify ways in which any societal prejudices may be circumvented so as not to interfere with recruitment into a profession which offers males countless opportunities and benefits, such as job security, attractive wages, job satisfaction and public respect (O'Lynn, 2013). Additionally, this study aimed to capture from the participants their views on the key selling points for promoting the men in nursing message and on the most effective vehicles for attracting more men into nursing.

A study focussing specifically on the subject of male nursing students not only brings Australian research into line with the research already carried out in other countries, but it is a significant first step if the under-representation of men in nursing in Australia is to be addressed; the undoubted need to redress this imbalance is indisputable. Additionally, by examining a little researched area, this study increases the body of knowledge inherent in the nursing profession and considerably enhances the amount of research already carried out specifically in relation to this subject. This is of benefit to all members of the profession, current and future, including those participating in this study. Furthermore, increasing the body of knowledge in any profession has wider implications for the community at large who undoubtedly benefit from a better informed and hopefully more balanced nursing workforce.
1.5 Aim, Research Question and Objectives

1.5.1 Aim

The aim of this study was to identify possible reasons behind the under-representation of men in nursing in Australia by developing a comparative descriptive profile of a sample of West Australian nursing students and identifying and comparing their opinions regarding the general perception of men in nursing.

1.5.2 Research question

The research question which underpinned this study was developed to reflect the above-stated aim and was as follows – What factors influence the under-representation of men in nursing in Australia from the perspective of entry to practice nursing students in WA?

1.5.3 Objectives

The objectives of the study were to:

1. Examine background data on the participants in order to compile a demographic profile of the respondent groups.
2. Describe the participants’ previous activities before commencing their nursing studies.
3. Describe the participants’ views on nursing as a career and the potential opportunities a nursing career may offer them.
4. Describe the participants’ opinions on how best to promote the subject of men in nursing.
5. Describe the participants’ views on society’s perceptions of men in nursing.
6. Identify any challenges the male nursing students may have encountered on the way to or through their nursing studies.
7. Compare and describe data from the participants based on gender, prior activities, prior nursing/healthcare experience, age at which a nursing career was first considered, enrolment status and prior academic qualifications.

8. Develop recommendations for addressing the under-representation of men in nursing in Australia.

1.6 Structure of the Thesis

The thesis is organised into six chapters including this introductory chapter. Chapter 2 explores the literature examining the topic of men in nursing, identifying key concepts from the literature and highlighting the major contributions of significant studies. Additionally, Chapter 2 identifies overall trends in the literature and evaluates the state of the body of knowledge reviewed, identifying gaps in the research and conflicts in the findings. Chapter 3 describes the methodology used in the study and outlines the methodological perspective that governed the study. The research design is outlined including descriptions of the sampling and data collection methods and of the data collection instrument utilised. Additionally, it outlines the analysis techniques used to interrogate the data and discusses the ethical considerations. Chapter 4 outlines the results of the study. Chapter 5 discusses the main findings of the study, drawing together the evidence in the context of previous research and establishing the significance of the work. The final chapter draws the study to a conclusion by identifying key recommendations. It highlights the implications of the findings for the nursing profession and offers suggestions for further research.

1.7 Summary

This chapter set out the importance of the men in nursing topic as an area of research and highlighted the relevance of this topic by outlining the key issues that
currently exist and explaining why they are problematic. The chapter provided an overview of the study approach and identified the previous research which was fundamental in influencing its development. It also considered the significance of the study, in terms of what it set out to achieve, why it is important, and how this study advances current research. The chapter identified the research question and included a description of the research aims and objectives. A framework of the thesis was also presented and the organisation and structure of the thesis explained. The next chapter explores the literature examining the topic of men in nursing, highlighting important literature on the subject of men in nursing and identifying key concepts.
Chapter 2 – LITERATURE REVIEW

2.1 Introduction

This literature review chapter provides the background and the evidence as to why it is important that the role of men in nursing is better understood. The literature review sets out to identify the published literature available on the subject of men in nursing in order to establish the context within which this research was carried out. Whilst this chapter looks broadly at the topic of men in nursing, there is specific emphasis on the subject of male nursing students. This chapter seeks to examine overall trends in what has been published on this topic and identify potential new perspectives of immediate interest. It aims to evaluate the current body of knowledge on the subject of men in nursing, identifying equally the key studies and the gaps in research. In addition, this literature review chapter critically appraises any potential conflicts in theory, methodology, evidence, or conclusions.

This chapter is presented under the following headings which the literature review revealed to be key concepts related to the subject of men in nursing:

- Historical Perspective
- Women’s Work
- Stereotyping and Gender Bias
- Other Barriers to Entry
- The Male Nursing Student Experience
- Strategies for Recruitment and Retention
- Hidden Advantage

2.2 Search Strategy and Findings

The literature review was carried out on a systematic basis by identifying key words relevant to the subject matter and using these identifiers to locate relevant
The search was conducted via the University of Western Australia (UWA) multi database search engine, OneSearch, which allows the user to query a number of databases, catalogues and repositories simultaneously. The search retrieved relevant literature from the following databases - Academic Search Premier, CINAHL Plus, Wiley Online Library, PubMed, ProQuest, Sage, Ovid and ScienceDirect. Additionally, the Academic Search Premier and ScienceDirect databases were interrogated independently for verification. This search using key words was restricted to literature from January 2003 on. Some early studies considered pivotal to this study (Evans, 2002; Kelly, Shoemaker, & Steele, 1996; Okrainec, 1994) were not retrieved in this manner but were identified from references in more recent literature. It should be noted that although the search was restricted to English-language literature, some of the literature retrieved was from countries where English is not the main language spoken. Whilst the impact of cultural influences on men in nursing is outside the scope of this study, a broad range of international literature was included in the review in order to identify issues common to men in nursing irrespective of geographic location or cultural background. It should be acknowledged that, in addition to literature provided from online database searches, reference material was also provided by both project supervisors.

The literature review revealed a substantial quantity of material available on the subject of men in nursing, with the following influential works identified which originated in Australia (Chur-Hansen, 2002; Fisher, 2009, 2011; Inoue, Chapman, & Wynaden, 2006; Kermode, 2006; Stanley, 2008, 2012; Stanley et al., 2014; Stott, 2004, 2007; Weaver, Ferguson, Wilbourn, & Salamonson, 2014; Wilson, 2005). Despite the increasing focus on the subject of men in nursing in Australian nursing journals of late (Olson, 2014; White, 2014), and formal research starting to emerge with the recent publication of the study, Profile and perceptions of men in nursing in Western
Australia: Research Report 2014 (Stanley et al., 2014), as noted earlier, empirical research on the subject of men in nursing is still limited in Australia. It is therefore hardly surprising that, with some notable exceptions (Kermode, 2006; Stott, 2007; Wilson, 2005), little research has been carried out to date focussing in particular on the experiences of male nursing students in Australia.

The concepts that emerge from the overall body of literature on men in nursing form the basis for this chapter and include society’s perception that nursing is women’s work; the stereotyping and gender bias against men in nursing as demonstrated by colleagues, patients and the wider society, particularly the mass media; the barriers encountered by men entering the nursing profession and by those already pursuing careers in nursing which often cause them to leave the profession. A body of literature also exists which examines the career development of men in the nursing profession, much of it suggesting that perhaps men are in fact more successful than their female counterparts. However, as Meadus and Twomey (2011) point out, most of the literature on men in nursing is concerned with the lack of recruitment efforts and the barriers experienced by men who choose nursing as a career; generally there is a dearth of research related to the experiences of men students who undertake a nursing programme.

2.3 Historical Perspective

The history of nursing concentrates on the study of a female-dominated profession (Mackintosh, 1997), portraying nursing as a role inherent to the female gender, supporting the stereotypical feminine image of nurturing and caring (Meadus, 2000). Whilst this may be seen as positive, considering the general neglect by historians of women’s contributions to society over time, it was not until Nightingale’s reformation, that nursing became a predominantly female profession (McMurry, 2011).
Men have worked as nurses since the profession’s infancy, performing caring roles in asylums, workhouse infirmaries, military establishments and private associations (Mackintosh, 1997). However, it would appear that the contribution of men to nursing over the centuries has been overlooked, perpetuating the notion that nursing is a feminine role (Meadus, 2000) and the idea that men in nursing are an “anomaly” (Meadus & Twomey, 2011, p. 269). An examination of the history of nursing confirms the significant contribution men have made to the nursing profession over many centuries.

There is evidence of men’s role in nursing in the early Christian period, circa 330 A.D., when men provided nursing care during the Black Plague epidemic (Yu, 2008). Later, during the Byzantine Empire, nursing emerged as a separate occupation primarily for men (Meadus, 2000). Subsequently, during the Crusades in the 11th Century men from military, religious and lay orders provided nursing care for the sick and injured along the route to the Middle East (Meadus, 2000). Religious orders, in particular Knights of Malta and the Order of St. John of Jerusalem (Kenny, 2008), played a role in defining nursing as a career for men in the Middle Ages (McMurry, 2011). St Camillus de Lellis, a patron saint of nursing, created the sign of the Red Cross and formed the first ambulance service (Cudé & Winfrey, 2007). Men also worked as nurses in non-military nursing orders, such as the Hospitallers of St John of God and the Alexian Brothers (Evans, 2004). Indeed, the legacy of many of these organisations continues today (Evans, 2004).

Evidence of organised nursing activities disappears with the dissolution of the monasteries in the 16th Century, but reappears two centuries later with the development of charitable hospitals (Evans, 2004). Nursing work at this time was largely custodial in nature with men acting as attendants responsible for a male population mostly consisting of alcoholics and mentally ill patients. Indeed, the historical association of
male nurses with those on the fringes of society persists today, as evidenced by the association of men and mental health nursing (Evans, 2004).

The evolution of any profession closely parallels events occurring in society and the evolution of the nursing profession is no exception (Bartfay & Davis, 2001). With the advent of the industrial revolution, nursing, with its comparatively low and unstable income, provided little economic or social incentive for men (Bartfay & Davis, 2001) who now had better paid urban employment opportunities (O'Lynn, 2004). In addition, the many wars taking place in the mid-19th century meant that men were increasingly being called away from hospital work to fight at the front. These events were instrumental in changing the face of nursing; the tradition of men in nursing changed dramatically and nursing started to evolve into a largely female dominated lay nursing workforce (Whittock & Leonard, 2003).

The conditions of the battle fields and field hospitals highlighted the need for formal training (Kenny, 2008), leading to the establishment of the Nightingale Method of nursing education (Kenny, 2008). This dramatically shaped the future of nursing (Cudé & Winfrey, 2007) and, Evans (2004) claims, resulted in the disassociation of men from nursing for many decades as Nightingale attempted to transform nursing into “a profession for single women of impeccable moral standards” (Cudé & Winfrey, 2007, p. 257). Nursing became a “secular nursing sisterhood” which allowed little or no opportunity for participation by men (McMurry, 2011, p. 23). Therefore, while the formalisation of nursing by Florence Nightingale may have broadened career options for women (O'Lynn, 2004), it had the unintended consequence of marginalising the profession for men (Wolfenden, 2011). The establishment of residences to house female nurses further acted as a physical barrier to exclude men from participation (Mackintosh, 1997), and the “ostracization” of men from nursing was well underway (Meadus, 2000, p. 6).
As men were denied access to the nursing schools established by Nightingale, the non-educated men were relegated to non-nursing positions, such as attendants and orderlies (O’Lynn, 2004). Although some schools of nursing specifically for men were established, for example the Bellevue Hospital in New York City (Meadus, 2000), the curriculum was limited to physical interventions by men, such as the control of psychiatric patients and fracture management (Cudé & Winfrey, 2007). Furthermore, in the late 19th and early 20th centuries, men put their social standing at risk by becoming nurses (Bonair & Philipsen, 2009) and taking part in not only what was perceived to be a woman’s occupation, but one that was poorly paid and perceived to be of low value in comparison with men’s occupations (Evans, 2004). Not only were male nurses discriminated against by society in general, there was also open discrimination from females within the profession (Bonair & Philipsen, 2009), possibly concerned at the loss of senior positions should men be given greater rights (Davies, 2013). This was highlighted by the creation of the General Nursing Council (GNC) in the UK in 1919 with its register offering full membership only to females (Mackintosh, 1997). The separate registry for men channelled men into areas of practice considered suitable for them, such as mental health (Wolfenden, 2011).

Men fought for equality during the early part of the 20th century (Bonair & Philipsen, 2009) with progress coming sooner in the UK than in North America (Davies, 2013). In 1949, the male and female registers were amalgamated and legislative discrimination against male nurses formally ended (Mackintosh, 1997). These legislative changes, together with government measures aimed at addressing the problem of large numbers of unemployed ex-servicemen, resulted in a huge increase in the number of males registered as nurses in the UK between 1939 and 1947 (Evans, 2004). However, difficulties persisted for men in nursing in post war Britain, working in what was still an over-whelming female dominated profession (Mackintosh, 1997).
In Canada and the USA post-war conditions did not have had the same impact (Evans, 2004). Although civil rights legislation and affirmative action initiatives reduced discrimination within USA educational institutions, men were not a protected class under affirmative action mandates and progress for men in nursing was slow (O’Lynn, 2004). Indeed, it was not until 1971 that the American Assembly for Men in Nursing (AAMN) was formed in order to promote men in nursing in the USA (Yu, 2008). Particular discrimination was experienced by male nurses serving in the military who were banned from the Army Nurse Corps in the USA until 1955 (Evans, 2004) and the Canadian Armed Forces until 1967 (Bartfay & Davis, 2001), despite nursing shortages in World War II (Evans, 2004). The military’s refusal to commission male nurses, combined with reluctance on the part of nursing schools to admit male students and prevailing attitudes towards nursing as a career unsuitable for men, resulted in the proportion of males in the American nursing workforce amounting to just 1% in 1963 (O’Lynn, 2004). Similarly, in 1951 only 0.33% of the total Canadian nursing labour force was male (Bartfay & Davis, 2001). The situation with regard to men (either civilians or in the forces) who were engaged in nursing in post-war Australia is unclear as data are not readily available.

Even though men have worked in caring roles within the nursing profession from earliest available records, their contribution has been marginalised due to their tendency to work in areas where limited historical research has taken place, such as asylums and military service (Mackintosh, 1997). It is suggested that men may have been channelled into these areas of specialisation because they are considered to be more congruent with masculinity (Evans, 2004). Failure to recognise men’s contribution to nursing leaves men with little information about their place in the historical background of the profession (Evans, 2004). Furthermore, the low profile of men has contributed to the designation of nursing as women’s work, leading to the development
of female focused curricula which has perpetuated the feminisation of nursing, further limiting men’s full participation in the profession (O’Lynn, 2004). The impact of this classification of nursing as women’s work is examined in detail in the next section.

2.4 Women’s Work

Although men have had a long historical association with nursing, this is usually overlooked, as history focusses on achievements by women in nursing (Evans, 2004). This biased perspective of nursing is reinforced by a patriarchal culture which reflects a high valuation of all that is male and masculine (Evans, 1997), in particular hegemonic masculinity, which is the form of masculinity that society perceives as the most respected, and is epitomised by men who are white, heterosexual, middle class and powerful (Loughrey, 2008). Where hegemonic masculinity dominates, demonstrating care is considered effeminate andemasculating (Evans, 2002), reinforcing the belief that nursing, as with other predominantly female professions, such as primary school teachers, librarians and cabin crew (Simpson, 2005), is women’s work (Evans, 1997). Therefore, the traditional image of the nurse, that of angel, handmaiden, battle-axe or whore (Jinks & Bradley, 2004) is based upon female attributes and values (Meadus & Twomey, 2007).

Even the use of the feminine pronoun for the generic nurse leads to the assumption that nurses must be female (Wolfenden, 2011); likewise the use of the term sister when referring to a Registered Nurse (Inoue et al., 2006). A man who is a nurse is frequently described not just as a nurse but as a male nurse (Muldoon & Reilly, 2003) which infers that all nurses must be female. In addition, it is suggested that the use of gender before the profession implies that male nurses are outside the norm (Wolfenden, 2011). There is much evidence of disquiet towards the gendered term male nurse, with a strong preference for the use of the term nurse rather than categorising men differently.
or setting them apart from other members of the profession (LaRocco, 2007; McLaughlin, Muldoon, & Moutray, 2010; Rajacich et al., 2013; Tranbarger, 2003; Trisch & Kepshire, 2007). Although the Hodes Research (2005) study did find the term, *men in nursing*, generally acceptable to respondents. Bonair and Philipsen (2009) call for the elimination of the term *male nurse* in favour of *nurse* as a first step in accelerating the trend to make nursing a more inclusive and diverse profession. It is interesting that discomfort surrounding the feminine associations with the term *nurse* is not just limited to cultures where English is the dominant language (Karabacak, Uslusoy, Alpar, & Bahçecik, 2012).

Caring is identified as a core trait necessary for nursing and has long been associated with women and femininity (O'Lynn, 2007b). Therefore, it is worth exploring the types of men who embark on such a female dominated career and their reasons for doing so. Personal influences identified include age, sexuality and previous occupational history, with men in non-traditional careers generally found to be older than their female counterparts, more likely to be married, have tried other careers and are more likely than men in traditional careers to be homosexual (Simpson, 2005). However, there is disagreement on whether sexual orientation is indeed a factor (Lupton, 2006). Several reasons put forward by Simpson (2005) for men’s choice of a non-traditional career, include a desire for self-fulfilment not available in traditional male roles, greater opportunities for upward mobility and interaction with the opposite sex. Altruism and job satisfaction, rather than extrinsic rewards, are found to be the main motivating factors for men in nursing (Simpson, 2005).

The drawbacks of opting for a non-traditional career may include a shift in family role (or marriage potential) as salary and prestige typically decrease, lower social status, challenges to masculinity, fewer male role models and pervasive social stereotyping (Jackson, Wright, & Perrone-McGovern, 2010). Men who move into
traditional female careers are perceived by society as having taken a step down in status unlike women entering traditional male professions who are thought to have taken a step up in social status (McMurry, 2011). The incongruity existing between gender identity and occupational stereotyping may cause men in non-traditional careers to experience role strain (Jackson et al., 2010), defined as “an individual experiencing tension in coping with the requirements of incompatible roles” (Stott, 2004, p. 92). This is particularly so for men in nursing, Evans (2002) claims, because participating in women’s work (and thereby contravening the hegemonic standard) may lead to fear of disapproval from other men and anxiety around the powerful stigma of homosexuality.

It is suggested that the role strain experienced by men working in non-traditional careers may be minimal because men in these roles tend to be less masculine than men in traditional occupations (Simpson, 2005). This theory was supported in a study of gender and caring perceptions of male nursing students (Loughrey, 2008) which found that the sample of men in the study adhered more to female role norms than to male role norms. Another study, which examined empathy as a determining factor for nursing career selection, found that male nursing students demonstrated only slightly less empathy than their fellow female nursing students and considerably more than both genders in the general public (Penprase, Oakley, Ternes, & Driscoll, 2013). An Australian study of male nurses supported these findings by concluding that a large proportion of the male nurses in the study perceived themselves as having feminine characteristics essentially required for nursing (Fisher, 2011). However, this poses an important question as it is not clear whether the respondents entered nursing due to the low level of adherence to society’s image of masculinity, or whether their association with some male role traits was diluted during the course of their nursing careers (Loughrey, 2008). Overall, there is some disagreement in the literature as evidenced by
the claim that “the nursing profession is attracting males who hold a high degree of masculinity” (Thompson, Glenn, & Vertein, 2011, p. 485).

Men adopt a variety of strategies to re-establish a masculinity that has been undermined by the feminine nature of their work (Simpson, 2004), combined with the gendered regulations of others (Weaver-Hightower, 2011). Three ways are identified in which male nurses attempt to re-establish masculinity despite working in largely female dominated fields (McDonald, 2013). Firstly, by using their bodies to assert their masculinity, such as by doing heavy lifting work or by managing challenging patients; secondly, by relabelling the occupation to deflect from the feminine association, such as by referring to themselves using a title other than “nurse” or by stating that they are “in the health field” and thirdly, by constructing masculinity by upholding stereotypical masculine values, such as by being assertive or blatantly sexist, or by choosing specialities for their more masculine identification and reduced stigma. Men in nursing are also found to include male doctors in their support network to increase the amount of interaction with male colleagues and to minimise the perception that they are less masculine (Andrews, Stewart, Morgan, & D’Arcy, 2012). Such behaviour is not limited to nurses as it is reported that male primary school teachers, librarians and cabin crew admit to adopting similar strategies to combat feelings of embarrassment or discomfort about their careers (Simpson, 2005).

Another strategy is that men often seek promotion to resolve internal conflicts involving their masculinity (Foster & Newman, 2005). As with nursing, men disproportionately hold managerial positions in social work (McPhail, 2004) and librarianship (Piper & Collamer, 2001), leading to a suggestion that it may be more appropriate to describe these professions as being “predominantly female” rather than “female dominated” (McPhail, 2004, p. 325). Additionally, men tend to favour specialities that are more congruent with the male sex role (Stott, 2004) and opt for
nursing positions that are characterised by technology, higher financial return and power (Yu, 2008). As mentioned earlier, they are disproportionately over-represented in mental health, critical care and emergency areas (Health Workforce Australia, 2013). It is claimed that in so doing, any potential sex role conflict is reduced and any stereotypical labels are dispelled because in these areas, not only is the level of patient care that is required less intimate, but the nurse is required to wear a less traditional form of uniform (Evans, 1997; Stott, 2004). This is particularly relevant in psychiatric nursing and Harding (2007) notes the easier acceptance of men as psychiatric nurses due to the nature of the work, often requiring physical strength which is considered to be normal for men. However, Muldoon and Reilly (2003) concluded from their study that it is not as straightforward as gender predicting nurses’ career choice but gender role identity. They argue that nurses of either gender who are classed as psychologically feminine are most interested in highly feminine nursing careers, such as midwifery or paediatrics, whereas nurses classed as psychologically masculine are most interested in gender neutral roles, such as nurse manager/consultant or emergency.

In summary, men’s participation in nursing has been shaped by historical, social and political factors, as well as by prevailing notions of masculinity and femininity (Evans, 2004). The disproportionate representation of men in certain disciplines of nursing highlights not only the historical association of these areas with masculine traits, such as physical strength, but also reflects the perceived superior status of men in patriarchal cultures (Evans, 2004). It is the influence of this overriding culture, which prompts fears of being perceived by society as unmanly (Kelly et al., 1996) for opting to pursue what society deems to be a feminine career (Kelly et al., 1996), that leads some men to adopt a variety of strategies to re-establish a masculinity that is undermined by the feminine nature of their work (Simpson, 2004). Moreover, Meadus (2000) claims that it is the assumption that the nursing profession is the domain of females which acts
as the major obstacle deterring many men from entering the nursing profession altogether. This societal judging of men who choose to undertake women’s work is further discussed in the next section which examines the concepts of stereotyping and gender bias.

2.5 Stereotyping and Gender Bias

Gender bias is “founded on stereotypical beliefs about the sexes rather than evaluating a person’s individual abilities and experiences” (Cudé & Winfrey, 2007, p. 256). It is claimed that some deeply rooted stereotypes surrounding the role of nurses present as particular challenges to men who want to pursue nursing careers and in fact deter some men from entering the profession (Tranbarger, 2003). The existence of these stereotypes are confirmed in recent studies with the majority of respondents agreeing that nursing is not perceived as a very masculine career and it is more appropriate for females (Bartfay et al., 2010; Hodes Research, 2005; Stanley et al., 2014). Studies carried out in non-Western countries confirm that similar attitudes surrounding the inappropriateness of nursing as a career for males prevail in other cultures (Abushaikha, Mahadeen, AbdelKader, & Nabolsi, 2014; I. Y. Cheng, Meei-Ling, Shu-Jen, Wei-Herng, & Fu-Jin, 2004; Wang et al., 2011). This public perception that the feminine nature of nursing makes it inappropriate for men has led society to conclude that men who nurse are different from other men and are, therefore, stigmatised accordingly (Meadus & Twomey, 2007).

As nursing is part of a larger culture, it is to be expected that it reflects societal values (Harding, 2007), and any gender bias which may exist in relation to men in nursing infiltrates the ranks of the profession. There is evidence of ambivalence, even negativity, being shown towards male nurses from those within the profession (McMillian et al., 2006) and anecdotal evidence exists of difficulties coping with the
predominantly female culture (White, 2014). Others are more forthright stating that, while the majority of people would like to believe gender bias does not exist in the nursing profession, such a view is naïve (Porter-O'Grady, 2007). Kouta and Kaite (2011) assert that gender discrimination is still prevalent within the nursing profession and present legal case studies as practical examples of the types of gender discrimination experienced by men in nursing, especially when providing intimate care.

In its mildest form gender bias is manifested in an expectation in nursing that men, due to their greater strength, can be called upon to undertake tasks that are more physically demanding and dangerous (Curtis, Robinson, & Netten, 2009; Rajacich et al., 2013). The Hodes Research (2005) study describes female nurses looking upon their male colleagues as ‘muscle’. Stanley et al. (2014) found that the particular challenges identified by their male respondents focussed less on being marginalised or victimised, although bullying by colleagues and other health professionals did emerge in a wider context, but instead highlighted ways in which male nurses felt they were treated differently, purely on the basis of gender. While O’Lynn (2013) acknowledges the existence of an anti-male sentiment in the nursing profession, influenced by a patriarchal society, he concludes that such prejudice is not universal and, in fact, is on the decline due to an increased emphasis on teamwork and diversity in the workplace.

Gender bias demonstrated by parents in relation to career choices made by their children is noted. It is suggested that a crucial difference exists between attitudes towards men in non-traditional professions compared with women in non-traditional professions: “My daughter, the physician” makes parents feel more comfortable than “My son the nurse” (McMurry, 2011, p. 26). Whilst nursing may be an appropriate career choice for a female, the same may not be the case for males (I. Y. Cheng et al., 2004). Coleman (2013) points out that parents often expect their sons to enter traditional male-dominated professions and recommends that young men contemplating a career in
nursing be prepared before broaching the subject with parents. The influence of fathers, who are less likely than mothers to support nursing as a career for their children, especially for their teenage sons, is a particular concern (Buerhaus, Donelan, Norman, & Dittus, 2005). Kleinman (2004) advocates giving fathers, in particular, information about career and earnings opportunities in nursing, to overcome the apparent unwillingness on the part of men to promote nursing to their sons. Similarly, Weaver-Hightower (2012) identifies a father as the parent most likely to question a son’s decision to pursue a career in teaching; many fathers view teaching as unchallenging or inappropriate for their sons (Cushman, 2005).

However negative the attitudes of parents may be, it is reported that men are more likely to be criticised by friends for their choice of occupation (Mulholland & Hansen, 2003) with male friends, in particular, seen as less accepting than their female peers of their non-traditional career choice (Simpson, 2005). Similarly gendered objections are reported in other predominantly female professions, including primary school teaching which is perceived as a waste of ability (Weaver-Hightower, 2011), or as an easy option (Mulholland & Hansen, 2003) or as lacking intellectual challenge (Foster & Newman, 2005).

The most compelling evidence of bias against men in the nursing profession is related to their dealings with the public (McMurry, 2011), with the most commonly encountered stereotype being the assumption that the male nurse is either a doctor or a homosexual (Ierardi et al., 2010; Kleinman, 2004; LaRocco, 2007; Meadus & Twomey, 2011). Further evidence of gender bias on the part of the public against men was found by Bartfay et al. (2010) who concluded that there is a general perception by society that female nurses are more caring than male nurses. I. Y. Cheng et al. (2004) provide reports of some patients questioning the legitimacy and quality of the nursing care provided by a male. In contrast, it is noted that female patients generally accept
assessment and care from male doctors (Chan, Lo, Tse, & Wong, 2014). Some degree of gender preference has been observed on religious grounds, particularly when a certain degree of intimacy in a procedure is involved (Chur-Hansen, 2002).

Additionally, older female patients are identified as feeling particularly uncomfortable with male nurses (Duffin, 2009). It is claimed that most people would find having a largely female workforce safer and more dignified for patients (Duffin, 2009), a view also expressed by some nurses themselves in a recent study (Stanley et al., 2014). Nonetheless, on balance, patients are found to be non-discriminatory and, if asked, generally do not express a preference in terms of nurse gender (Cudé & Winfrey, 2007).

Whilst caring is an intrinsic component of nursing care (Greenhalgh, Vanhanen, & Kyngäs, 1998), and men cite caring as a motivation to enter nursing, they often describe the process of demonstrating care as presenting difficulties (Cudé & Winfrey, 2007), particularly in Western society where such behaviour is considered effeminate and emasculating (Evans, 2002). Men are reported as voicing concern about how their caring behaviours in their role as nurses may be perceived by patients, staff and society, as such behaviours are associated with fear, inappropriateness and sexuality (Evans, 2002). Chaperones may be used to reduce exposure to any misinterpretation of actions on the part of the male nurse and increase reassurance for patients (Bowers, 2009). However, this leads Fisher (2009) to wonder whether the need for men to take precautions to avoid being labelled a deviant, demonstrates a lack of recognition by others that they are true nurses. Comparisons can be drawn with men who undertake other roles traditionally viewed as feminine, for example the teaching of young children; it is suggested that society perceives male primary school teachers as, at best, unusual and, at worst, potential threats to children (Cushman, 2005).

Furthermore, the stereotyping of male nurses as ‘gay’ persists (Harding, 2007) as patriarchal beliefs dictate that men who chose nursing, a role perceived as only suitable
for women, must be ‘gay’ (Meadus & Twomey, 2011). This is confirmed by Stanley et al. (2014), whose study identified “Most male nurses are ‘gay’” as the most common misperception about men in nursing that needs to be addressed. Similarly, a perception exists among the public that men who choose primary school teaching are homosexual or paedophiles (Cushman, 2005). Associated with this stereotype is the apparent discrimination associated with homosexuality; homophobia is “widespread in nursing” (Harding, 2007, p. 637). A study of male nursing students highlighted that one-third of the respondents reported having been questioned about their sexuality (Stott, 2004). It is suggested that those closest to the individual are “agents of social control” and, by defining the male as homosexual, they are explaining their career choice (Stott, 2004, p. 92).

When this homosexual perception of men in nursing (inherent in which is the stereotype that ‘gay’ men are also sexual deviants and sexual predators) is compounded by the stereotype that men are sexual aggressors, the caring practices of male nurses are viewed with suspicion (Evans, 2002). This is most apparent in situations where touch, which is fundamental to the provision of care, is required. However, a man’s touch is surrounded with suspicion and implications of sexual motives (Evans, 2002). The stereotype of men as sexual aggressors creates suspicion that men are at the bedside for reasons other than a genuine desire to help others. Therefore, an expression of compassion and caring can expose them to the risk of misinterpretation and accusations of inappropriate behaviour (Evans, 2002). The fear of misunderstandings and accusations presents as a heightened sense of vigilance and the continual need to be cautious while touching and caring for patients (Evans, 2002). This can create a potential barrier to the provision of effective nursing care (Harding, 2007).

O’Lynn (2007) points out there are differences in the caring patterns of males and females and it is proposed that males, possibly wary of being accused of sexual
harassment, tend to use less touch in the provision of care than do females (O’Lynn, 2007b). Males find methods other than touch to demonstrate caring on their own terms, developing techniques such as humour when required (Cudé & Winfrey, 2007). The practice of sharing bawdy jokes with male patients can be used as a means of “reaffirming masculinity” (Evans, 2006, p. 446). Humour is also identified as an effective way for males to overcome the challenges presented while providing intimate nursing care to female patients (Inoue et al., 2006), helping patients relax and feel more comfortable (Evans, 2002). Language and mannerisms are also used in such a way when caring for men to enable the nurse identify as heterosexual (Fisher, 2009). Other coping and adjustment strategies identified include outright denial of homosexuality and light-hearted deflection from the situation (Stott, 2004).

Public beliefs around the importance of nurses and what they do are shaped by the images presented by the media which continues to promote gender-driven clichés about the nursing profession (Darbyshire & Gordon, 2005). Female nurses are frequently over-sexualised (Lunau, 2012), or portrayed as being powerless and subservient to doctors (Stanley, 2012). Meanwhile, the portrayal of male nurses is frequently that of lazy, failed medical school underachievers. Films frequently portray male nurses as being “morally corrupt, effeminate or simply incompetent” (Stanley, 2012, p. 2535). The portrayal of men in nursing by television programmes is found to not only expose stereotypes, but also to reinforce clichés by casting the men as minor players in nursing who are there simply for comedy or to represent minorities (Weaver et al., 2014). With the notable exception of the character Charlie in the BBC series, Casualty, who has helped put to rest the myth that nursing is a role suitable only for women (Jinks & Bradley, 2004), few images of men in nursing show them to be competent, self-confident males (Stanley, 2012). It is suggested that the scarcity of suitable role models in the mass media and entertainment industry contributes to the
negative societal perception of men in nursing which may discourage males from entering the profession (Bartfay et al., 2010; Stanley et al., 2014).

In summary, the traditionally feminine image of nursing, with its associated traits and values (Meadus, 2000), has been reinforced by the mass media which continues to perpetuate nursing as a feminine profession (Meadus & Twomey, 2007). The implications of this are twofold - presented with this image, it is not surprising that men then fail to see the challenging career nursing has to offer, as the non-gender-specific work and technology involved in patient care is hidden behind the hype (Tranbarger, 2003). Furthermore, the public perception of nursing as women’s work has preserved the cycle of bias leading society to assume that men who nurse are different from other men and are, therefore, effeminate or ‘gay’ (Meadus & Twomey, 2007). This stereotyping and gender bias is identified as a major obstacle deterring many men from entering the nursing profession; other barriers to entry are identified in the next section.

2.6 Other Barriers to Entry

The trend to deny men entry to practice in nursing has evolved from an overt refusal to allow men into nursing, as evidenced by the creation of separate registries for men in nursing and the outright ban on men registering in the profession, to a more covert form. This more subtle form of discrimination consists of the on-going denial to men of positions in nursing for which they are deemed unsuitable, such as maternal/child health or obstetrics/gynaecology, and the continued channelling of men into areas of practice considered suitable for them, such as mental health (Wolfenden, 2011). Furthermore, men continue to be deterred from nursing for the reasons outlined in the previous section, including the traditionally feminine image of nursing and the resulting sexual stereotyping, both of which have been exacerbated by the mass media’s portrayal of the nursing profession.
Other barriers preventing men from entering the nursing profession include the lack of promotion of nursing as a career choice. This was identified as the foremost theme that emerges during high school in a study exploring the process in which men are socialised into nursing (LaRocco, 2007). The participants in this study reported no mention of nursing as a career option by high school counsellors. Indeed, a paucity of advice from high school counsellors about nursing as a career for men emerges as a common theme in a number of studies (Hodes Research, 2005; Kelly et al., 1996; LaRocco, 2007; Whittock & Leonard, 2003). A Kenyan study of career aspirations among high school students revealed nursing not only to be one of the least popular careers selected by male students, but also the career with the greatest discrepancy in popularity between males and females (Obura & Ajowi, 2012). The absence of nursing as a career choice available to male high school students is brought to light by a number of studies which revealed that the majority of male respondents did not consider a nursing career until after high school age (Hodes Research, 2005; Okrainec, 1994; Stanley et al., 2014).

Other significant factors contributing to men’s reluctance to enter the nursing profession include the perception that nursing lacks upward mobility (Hodes Research, 2005), has poor financial rewards (Stanley et al., 2014) and has low economic status compared to male occupations (Meadus, 2000). Similar difficulties are identified in attracting males in large numbers into other predominantly female professions, such as teaching (Cushman, 2005; Mulholland & Hansen, 2003). There is a perception that society considers nursing to be a female profession and, although nursing is generally looked upon favourably by the public, as noted in literature from the USA and Jordan (Abushaikha et al., 2014; Roth & Coleman, 2008), women’s roles in society continue to be less valued, as reflected in their lower social status and financial compensation (Meadus, 2000). This perceived low status of nursing is endorsed by Matutina, Newman
and Jenkins (2010), who state that one reason why high school students do not select nursing as a career is because they view being a nurse negatively, as a technical trade, instead of positively, as a professional career. Nursing is considered by young people to have limited career opportunities and to have a ceiling to seniority and autonomy (Hemsley-Brown & Foskett, 1999).

Despite men’s presence in nursing for many years, men have historically been discouraged and frequently denied access to nursing education and organisations (Tranbarger, 2003). Whilst the discrimination against men by the nursing profession may not have been as blatant as that experienced by men in some other professions, such as male flight attendants (Tiemeyer, 2007), barriers have deterred and still continue to deter men from entering the profession. It is claimed that it is artificial barriers, not a lack of interest by men, that have kept men out of nursing (Tranbarger, 2003). Notwithstanding these barriers, many men have fulfilled their ambition and commenced nursing careers. It is the experiences of these male nursing students that are examined in the next section.

2.7 The Male Nursing Student Experience

There has been much discussion regarding the barriers and challenges men encounter in the lead up to entering the nursing profession. Indeed, as pointed out earlier, most of the literature on men in nursing is concerned with the lack of recruitment efforts and the barriers experienced by men who choose nursing as a career; generally there is not the same level of research related to the experiences of male students who undertake a nursing programme or, indeed, of the factors that influenced men’s decision to become a nurse in the first place (Meadus & Twomey, 2011). However, if more men are to be recruited and retained within the nursing profession, a greater understanding is required of the reasons why, despite the many challenges faced,
men still opt to pursue a nursing career and of their subsequent experiences as nursing students.

A key motivating factor behind men’s eventual decision to enter the field of nursing is encouragement, either by family members or friends who are in the health professions (Rajacich et al., 2013; Torjesen & Waters, 2010). Okrainec (1994) found that a higher proportion of male than female nursing students were influenced to pursue a nursing career by family and friends who were nurses. This is confirmed in the findings of Romem and Anson (2005) who concluded that early exposure to nursing through familial role models was more important in the decision making process of the male participants than the females. The fact that a high percentage of men in nursing come from such a health care background demonstrates the significance of this factor in their decision making process (Whittock & Leonard, 2003). Similarities are found with the teaching profession where it is reported that having teachers in their own families contributes to positive reactions and support (Cushman, 2005). Another strong factor influencing career choice is previous encounters with males in nursing, following contact with successful males in nursing or as a result of being the recipient of care from a male in nursing (Wilson, 2005).

Other motivating factors behind the male students decision to enter nursing include job security, diversity, job availability, autonomy, technology and the desire to help people (Ellis, Meeker, & Hyde, 2006; Kelly et al., 1996; Meadus & Twomey, 2011; Wilson, 2005). Ierardi et al. (2010) confirmed these findings and identified caring for others as a further motivation for the male students’ decision. The role of helping people and the potential of nursing in terms of personal development, which combined result in perceived job satisfaction, were identified as important factors why male students in an undergraduate nursing programme at an Australian regional university opted to study nursing (Wilson, 2005). This is in contrast to another factor identified by
participants in the same study, namely a lack of satisfaction in previous occupations. Participants reported either a lack of security or a need to do something worthwhile with their previous lives (Wilson, 2005). This corroborates the view put forward by Stanley et al. (2014) that many men who enter nursing at a mature age may be seeking a career that offers a combination of meaning and financial or job security. Ierardi et al. (2010) believe that leaving previous careers indicates the strength of commitment to pursue a career in nursing.

While stress and pressure of the course have been identified for some time as challenges of nursing programmes that apply to all students, irrespective of gender (Kelly et al., 1996; Lo, 2002), Stott (2004) notes the findings of a study in which males were found to be less satisfied with their nurse training experience than their female counterparts and were particularly critical of academic staff and curriculum content. Lower levels of satisfaction among male students was also found by Bartfay et al. (2010) who reported that the majority of male nursing students in their study would not encourage a male family member to pursue a nursing career, whereas the majority of female nursing students agreed that they would. Stott’s (2004) literature review finds that role strain, combined with negative attitudes based on harmful stereotypes, are key challenges faced by male nursing students. It seems that once men make the decision to pursue a career in nursing, they encounter a lack of social approval, acceptance and adequate role models as soon as they enter nursing school (McMillian et al., 2006). These negative experiences are not restricted to Western countries as a Chinese study on male nursing students reported similarly adverse findings (Wang et al., 2011).

Ellis et al. (2006) suggest there may be a feminine orientation associated with nursing schools with the curriculum having been set up by women or geared toward women’s understanding. There is a failure to include the history of men in nursing in the curriculum (O’Lynn, 2004) and lack of gender neutrality in the pictures and stories
portrayed in textbooks (Bell-Scriber, 2008; O'Lynn, 2004). Overall, a reluctance to acknowledge men as a vital part of the nursing profession in texts or the classroom is noted (Sherrod et al., 2005). In addition, there is a scarcity of mentorship for male learners (Bell-Scriber, 2008; O'Lynn, 2004). Significantly, the failure to create a welcoming environment for male students in the clinical and academic settings are identified, in particular, the discriminatory treatment and unsupportive behaviours demonstrated by some nurse educators is highlighted in studies carried out in a number of countries (Bell-Scriber, 2008; Kermode, 2006; Wang et al., 2011).

There is a perception that male students are treated differently by patients and nursing colleagues because of their gender (Mohammed, 2012). Male students report being asked for assistance with tasks requiring physical strength (Meadus & Twomey, 2011; Mohammed, 2012), and being chaperoned when providing some aspects of personal care (Mohammed, 2012). O’Lynn (2007) confirms that much of the difference in treatment arises where intimate contact is required with a patient. Subtle forms of gender bias are reported from patients who refuse to have a male student care for them (Wolfenden, 2011). Furthermore, there are reports of negative experiences of male nursing students on maternity and women’s health rotations who were made to feel uncomfortable in these environments (Meadus & Twomey, 2011). A study carried out among Taiwanese nursing students revealed that not only did the males face higher role strain than their female counterparts in the obstetrical setting, but there was also evidence of significantly higher levels of role conflict, role ambiguity and role incongruity amongst the males (Ya-Ling, Jing-Zu, Hsiu-Chin, & Tsen-Wei, 2009).

The perception of different treatment to the female students exacerbates the feelings of isolation and exclusion felt by many males, as reported in studies that span time periods and cultures (Kelly et al., 1996; Stott, 2007; Wang et al., 2011). A qualitative study, investigating the factors influencing the academic and clinical practice
performance of undergraduate male nursing students at a regional Australian university, found that this discriminatory behaviour intensified the male students’ pre-existing concerns around their ability to fulfil the nursing role, particularly in relation to caring which is a behaviour typically associated with the female gender (Stott, 2007). Touch is a demonstrative and key element of caring and the lack of discussion around touch by nursing faculty members, addressing particularly the fears of male students around accusations of sexual inappropriateness, are identified. Moreover, the expectation that the caring style of males should mirror that of females, with heavy use of touch and emotionality, is highlighted as a frustration (O’Lynn, 2007a).

Gaynor et al. (2007) lament the lack of Australian data quantifying attrition in undergraduate nursing programmes, but mention international studies reporting attrition rates for undergraduate first year nursing students of 25-27%. It is indicated that the proportion of male students who drop out of nursing programmes is higher than that of females (Solbække, Solvoll, & Heggen, 2013). Stott (2007) reports evidence suggesting attrition rates of between 40% and 50% for male nursing students. This finding is corroborated by the results of a longitudinal study of Irish undergraduate nursing students which indicated that males were more likely to leave the course than females (McLaughlin et al., 2010). Interestingly, the study concluded that those most likely to withdraw were the students who initially viewed nursing as an appropriate occupation for both males and females. It is suggested that ideological issues, based on gender and the feminisation of the nursing curriculum, may represent a source of resentment and influence their decision to withdraw (McLaughlin et al., 2010).

Cudé & Winfrey (2007) report that males enter nursing school under no apprehensions – they have different expectations, perceive that they will be treated differently during their learning experience and are more apprehensive about gender-related care issues during specific clinic experiences, such as the maternal and child
health rotations. It is stated that factors, such as satisfaction with the programme and career choice, and support from family, friends, classmates and faculty, keep the male students going on their career path (Meadus & Twomey, 2011). Additionally, as male students often express a preference for working in fast-paced areas of nursing with a greater emphasis on technology (areas which are considered consistent with the male sex role), Stott (2007) found this to be a factor motivating males nursing students to continue in the course.

La Rocco (2007) found that most of the men in her study were positive about their nursing school experience, with no of reports any discrimination. Okrainec (1994) found equal level of satisfaction with their nursing education among male and female respondents. The overwhelming majority of male nursing students who participated in his study would choose nursing again and would recommend a career in nursing to other males. Wilson (2005) observed that although the negative societal perception of nursing in general, or males in nursing specifically, initially presented as a barrier, this did not have a long lasting detrimental effect on the decision of the majority of participants. Once actually commenced, there seemed to be encouragement and even admiration for the student. Participants in a number of studies found the nursing school to be supportive and the satisfaction of the clinical experiences, combined with appreciation of staff and patients for their enthusiasm (Wilson, 2005), maintained them through their studies (Kelly et al., 1996) and helped to make them feel accepted in the profession (Wilson, 2005). Other students reported positive educational experiences where gender was not seen as a barrier to learning; in fact, the men reported enjoying being in the minority in a female-dominated profession (Mohammed, 2012). Okrainec (1994) found little evidence from the respondents in his study that indicated conflict with the nursing role and hence the presence of role strain. However, he wonders whether role strain may emerge after initial nursing education.
In summary, the barriers and challenges that men experience once they decide to proceed with a career in nursing have changed little during the past few decades (Bell-Scriber, 2008). Much of the literature reflects a sentiment that male nursing students do not enjoy their general nursing school experience and that nursing school is just something to get through (Ellis et al., 2006). A picture of social isolation, ineffective teaching strategies for men, unequal clinical opportunities, conflicting instruction on the use of human touch, and a lack of male mentors and preceptors is presented (Ierardi et al., 2010; O'Lynn, 2007a). O’Lynn (2013) sums this up by stating that since male students must face the barriers common to all nursing students, as well as unique gender-based barriers, the nursing education experience is more difficult for men than it is for women. Ways of addressing the barriers men face during their nursing education, in addition to the initial challenges they encounter even before entry to nursing, are examined in the next section.

2.8 Strategies for Recruitment and Retention

As discussed earlier, the barriers impeding the entry of males into nursing schools are significant and the experiences of the male students are mixed. An appropriate learning environment for male students needs to be promoted (Meadus & Twomey, 2011) if the male nursing student experience is to be enjoyed and students retained. Furthermore, if more men are to be recruited into nursing and, just as importantly, retained, the negative societal perceptions and stereotypes towards men in nursing need to be addressed (Bartfay et al. 2010).

In order to eliminate the barriers that impede men’s entry into nursing, it is suggested that men in nursing should be promoted as positive role models who display caring, compassion and sensitivity without apology (Tranbarger, 2003). The importance of role models is highlighted by Romem and Anson (2005) who found that role models
were more important during the decision making process for the male participants in their study than for the female participants. Additionally, Tranbarger (2003) recommends that the media should portray a positive image of nursing by reinforcing all the profession has to offer, including independence, collaboration with doctors, opportunities, challenges, lifelong learning and service to others. The key selling points identified by the Hodes Research (2005) study were career stability, variety of career paths and geographic mobility. Stanley et al. (2014) found the highly skilled, challenging and responsible nature of the profession to be the key selling points identified by their participants. Furthermore, the study suggests that these selling points are not widely understood among the wider public and require a higher profile.

Some North American literature proposes that the standard stereotype of men in nursing as effeminate or ‘gay’ needs to change in advertising, as does marketing which portrays nurses as exclusively young, white and female (Kleinman, 2004; Meadus, 2000). There are suggestions that there should be emphasis on the ‘macho’ side to nursing (Meyers, 2003). In addition, it is recommended that advertisements should be targeted to activities and publications where they will be viewed by large numbers of men, with the “focus being on high tech rather than high touch” (Kleinman, 2004, p. 81). The ‘macho’ advertisements designed by the Oregon Centre for Nursing, which portrayed a diverse group of tough looking men (all of them nurses) and featured the slogan, Are You Man Enough...to be a Nurse?, were used by the Hodes Research (2005) study to assess the concept most appealing to a male audience. Although too soon to determine the true success of the campaign (Burton & Misener, 2007), the Hodes Research (2005) study revealed numerous negative comments about the advertisements; respondents felt that, in promoting the ‘macho’ image, the advertisements were reinforcing the stereotype that men in nursing are ‘gay’ or that nursing is not a masculine career choice.
In contrast, Walker (2011) objects to recruitment campaigns that focus exclusively on men, preferring instead that funds are spent attracting the candidates most likely to enrol and diversify nursing, which includes women and ethnic minorities. The issue should not be about discriminating positively in favour of men, but it should be about attracting strong candidates (Torjesen & Waters, 2010). Duffin (2009) voices a concern that a recruitment drive aimed at men could create more problems than it solves, claiming that if successful it may become even more difficult for women to reach senior positions. In addition, as discussed previously, there is a view that the majority of patients would ultimately prefer being cared for by a female rather than a male nurse (Duffin, 2009) which reinforces the argument against positive discrimination in favour of men.

The age at which to engage with prospective male nurses is debated in the literature, with Meyers (2003) suggesting reaching out to junior high and high schools, but more for visibility purposes, as these students are still too young to consider long term career choices. However, others support initiating nursing recruitment activities that target high school students (Rajacich et al., 2013; Sherrod et al., 2005; Wolfenden, 2011), and some recommend targeting even younger age groups, such as junior high and middle school students (Kleinman, 2004; Meadus, 2000). Roth and Coleman (2008) advocate exposing male students at a young age to the diversity, mobility and autonomy that a career in nursing offers. Middle school years are identified as prime recruitment years, where students are receptive to influences from teachers, parents and peers (Matutina et al., 2010).

Specific programmes and recruitment techniques aimed at raising awareness amongst high school students about men in nursing are identified, such as work-shadow programmes and hospital visits by students (Meyers, 2003). Additionally, career days for potential nurses should provide contact with men who are already in the profession
Nursing information sessions for high school career guidance counsellors are recommended (Davies, 2013). Kleinman (2004) states that school counsellors require accurate information about nursing that eliminates stereotypes and misperceptions that portray nursing as a gender-based profession. These interventions, aimed at high-school students, were endorsed in the findings of studies carried out by Hodes Research (2005) and Stanley et al. (2014) as the best vehicles to attract men into nursing.

Efforts by some nursing schools and other stakeholders to tap into men as potential nurse applicants to increase the population of nurses have been conservative (Meadus & Twomey, 2011) and, based on the stagnant numbers of men in nursing, none too successful. Therefore, it is suggested that more determined efforts are required; for example, institutions should establish recruitment targets for incoming classes that increase the percentage of male students (Kleinman, 2004). Meyers (2003) recommends targeting mature male entrants for nursing. Likewise, Cushman (2005) proposes that marketing campaigns for teaching should address mature males as they are better equipped to overcome the negative publicity that teaching receives. Notably, only approximately one-fifth of male respondents in both the Hodes Research (2005) study and the recent WA study (Stanley et al., 2014) said that they enrolled in a nursing programme directly after high school; this indicates some degree of maturity amongst entrants. In addition, Stanley et al. (2014) found only a very small percentage of respondents indicated that they had always wanted to be a nurse which, as discussed in the previous section, suggests their choice of career came later in life after gaining life experience, being exposed to a range of career choices as an adult, or having had first-hand exposure to nursing care as a patient. Indeed, anecdotal evidence exists in the press to substantiate this finding (Gilmore, 2014; Stern, 2013). Curtis et al. (2009) recommend targeting graduates as, having made the decision to make nursing a second
career, they are more likely to stay until retirement. Another key group identified are individuals leaving the military who form a particular group of likely nursing recruits (Sherrod et al., 2005). In fact, almost one-fifth of the respondents in the Hodes Research (2005) study came to nursing after military service.

McLaughlin et al. (2010) call for nurse educators to work harder at breaking down the gender stereotypes that exist in nursing programmes traditionally designed for women. It is suggested that retaining male students in nursing education programmes could be enhanced if the faculty and administration were made aware of their tendency to treat male students differently, such as using male students to help lift or move heavy patients which amplifies the perceived difference (Brady & Sherrod, 2003). Texts should be selected that are gender neutral in context (Stott, 2007) and recognise the different caring styles of both genders (Wolfenden, 2011). The nurse educator should support male students in all educational settings to ensure equal opportunities are provided to all nursing students (Meadus & Twomey, 2011). As Kelly et al. (1996) point out, it is important to remember they are not male nurses, they are above all nurses.

Furthermore, increasing the number of males in nursing academia is proposed as a means of increasing the visibility and contribution to nursing made by men (Ierardi et al., 2010). Adequate male role models should be available in teaching and clinical settings (Stott, 2007) to provide role modelling opportunities and supportive networks (Meadus & Twomey, 2011). O’Lynn (2007) highlights the lack of role models as a cause for some students to feel isolated. Mentoring by those who are already in the profession should be used as a means of strengthening the leadership skills of the mentor as well as improving the career of the mentee (Coleman, 2013). Karabacak et al. (2012) state that male students should be enabled to contact established men in nursing.
whilst Sherrod et al. (2005) recommend matching male nursing students with male academic staff and grouping males with other males in classroom and clinical settings.

In conclusion, the consensus of the literature is that, in order to make nursing an attractive career choice for men, there has to be evidence of opportunities for “mobility, career advancement and financial incentives” (Meyers, 2003, p. 20). One view of the greatest single change would be “to deemphasize female nurturing values and highlight a nurse’s professional functions” (Tranberger, 2003, p. 44). There are calls to emphasise nursing as a gender neutral profession which incorporates caring, technical and medical skills (Wolfenden, 2011). It is noted that nursing organisations and education programmes must play their part in assisting recruitment efforts by challenging the societal gender stereotypes and by advancing the idea of gender neutrality (Meadus & Twomey, 2007). In short, steps need to be put in place to ensure that men enter and stay within nursing if they are to avail of the advantages which a nursing career can offer them.

2.9 Hidden Advantage

Men's presence and involvement in a predominately female profession has been deemed sufficient reason to label men in nursing as an oppressed minority (Walker, 2011). Their status as a group who is ‘suffering’ has allowed men in nursing to don “the mantle of victimhood for the sake of maintaining hegemony” (Walker, 2011, p. 2). However, it is suggested that this portrayal of men as an oppressed minority may be misleading (Walker, 2011), and is due to confusion about individual and collective power; whilst the individual may indeed feel powerless, it is claimed that the collective power still lies with men and this collective power is sufficient (MacDougall, 1997) to situate a small number of men in positions of status and power within nursing (Evans, 1997). Evans (2002) also notes that, in the absence of literature challenging this
masculine privilege in nursing, anecdotal literature, largely written by men, has emerged and focusses on the discrimination experienced by men in nursing.

Kleinman (2004) asserts that any obstacles that men may have encountered before entering the profession are soon overcome, resulting in a disproportionate level of success for men once they are established in the “female majority, male-dominated profession” (McPhail, 2004, p. 325). The benefits of nursing are concisely summed up in an article entitled, *15 reasons why nursing is a great profession for young men* (Pratt, 2014). It is claimed that nursing offers “extraordinary possibilities” for men who seeking upward mobility (Abrahamsen, 2004, p. 32). More specifically, men are likely to earn more than their female counterparts and be promoted to leadership positions in disproportionate numbers (Brown, 2009; Santry, Gainsbury, & Ford, 2010). The comparative success of men in nursing relative to their female counterparts was reinforced in the findings of a Canadian study which concluded that a larger proportion of male than female participants earned high wages, rated their job security as positive, and identified attractive employment opportunities in nursing (Andrews et al., 2012). As noted earlier, men are overrepresented in specialty areas which are considered more high-tech and prestigious, such as critical care and emergency and management (Health Workforce Australia, 2013). Other areas of nursing also indicate a level of achievement by males disproportionate to their numbers. In the UK (though not in the USA) there is gender bias in authorship in nursing journals; the proportion of men publishing in the UK far outweighs the proportion of men in the nursing workforce (Shields, Hall, & Mamun, 2011). The findings of the Hodes Research (2005) study confirmed this sense of achievement by men in nursing, reporting that the overwhelming majority of respondents would pursue a nursing career all over again and would encourage their male friends to become nurses (Hodes Research, 2005).
These advantages may be related to stereotypes about masculine traits which are reinforced by the power differences and patriarchal structure that dominates traditional healthcare organisations (McMurry, 2011). It is suggested that men in nursing set out to achieve economic and professional power and are, therefore, more likely to attain indicators of success, such as increased salary and promotion (Kleinman, 2004). Other factors identified as contributing to the disproportionate success of men include the perception that men are more decisive (Stott, 2004) and have a harder style, traits which are more appropriate to management and leadership than traditional feminine traits (Santry et al., 2010). A perception exists that men have in-built leadership qualities (Jinks & Bradley, 2004), or have an “assumed authority effect” (Simpson, 2004, p. 357). Therefore, a tendency exists to look to male nurses for direction, hence leading to their natural choice for promotion (Torjesen & Waters, 2010).

This traditional gender role stereotyping may be present even in the decision to enter nursing, as one study revealed that male entrants put greater emphasis on the financial rewards associated with nursing, job security and the social image of the profession (Zysberg & Berry, 2005). Andrews et al. (2012) concurred with this finding but pointed out that although wage and job security attract men to the profession, these factors may not become as important in relation to job satisfaction once they are employed as a nurse. Male nursing students were also found to express greater ambition in terms of leadership and advancement (Zysberg & Berry, 2005). In short, men are more likely than women to come into nursing with expectations of vertical progression (Curtis et al., 2009), and are possibly prepared to “fight harder” to get to the top (Santry et al., 2010, p. 1).

As discussed earlier, prevailing negative stereotypes around men who do women’s work can drive some men away from specific bedside nursing roles and channel them into more gender legitimate practice areas in which the stereotypes are
less apparent (Kleinman, 2004). However, McMurry (2011) suggests that, instead of being a source of discrimination, these prejudices may propel men forward in their career and, in so doing, perpetuate gender discrimination for women. MacDougall (1997) wonders about the potential impact on nursing care if those in power over others whose profession is caring tend to suppress their caring instincts in order to maintain their traditional masculine roles.

McMurry (2011) draws the analogy of a “glass escalator effect” (p. 24), subtly enhancing the men’s position within nursing. It is as if the “glass ceiling”, which is often used to explain women’s difficulties in being promoted in male-dominated occupations, is working in reverse for male nurses who are mentored and more rapidly promoted by those of the same gender through gender alliances (Kleinman, 2004, p. 80). One of the realities is that other men, generally non-nurses in healthcare administration, promote them because they relate to them more effectively (Kleinman, 2004). Consistent with this theme is the conclusion of I. Y. Cheng et al. (2004) that men in nursing obtain more support from superiors than from colleagues. The influence of doctors in the promotion of male nurses to higher positions in hospitals is also noted (Stott, 2004), which confirms an earlier point about male nurses including male doctors in their support network to increase the level of male interaction (Andrews et al., 2012). In addition, their minority status makes male nurses more easily identifiable; in short, they get noticed for promotion (Torjesen & Waters, 2010). Williams, as cited in McDonald (2013), argues that men tend to be “kicked upstairs” (p. 562) to the administrative and management positions that result in higher pay, greater authority and increased power.

Whilst the minority status of men in nursing seems to give them a professional advantage, this stands in contrast to women who appear to struggle in male dominated fields (Kleinman, 2004). Parenthood and marriage are less likely to affect male career
progress than that of females. Indeed, it would appear that having a spouse and dependants at home increases men’s career advancement (Tracey & Nicholl, 2007). Traditionally, most men do not have to balance a career with raising a family and are, therefore, more able to focus on their career (I. Y. Cheng et al., 2004; Jebb, 2008). Men are considered to be “more permanent” employees than women (Stott, 2004, p. 94), who are more likely to take time out to bring up children and then opt to work part time or in a less challenging role (Torjesen & Waters, 2010). This point was confirmed in the findings of a study carried out by Andrews et al. (2012) who attributed the gender difference in wage earnings between a group of male and female nurses to a larger proportion of the males working in full-time positions.

In conclusion, even though men in nursing continue to be viewed as a disadvantaged group (Walker, 2011), the evidence would contradict the commonly held belief that men are a disaffected, down-trodden minority (Brown, 2009). It is suggested that males are not the powerless, socially isolated group typically associated with fewer numbers (Stott, 2004). On the contrary, motivation for career advancement and health care organisations which favour male dominance, combined with the minority status of men in nursing, often results in advantages that promote rather than hinder their careers (Kleinman, 2004). Men in nursing rapidly ascend to management positions; their ascent is disproportionately fast with respect to their qualifications and experience and they tend to earn more than their female counterparts in senior posts (Walker, 2011). Therefore, it would appear that, as with other predominantly female occupations, men take their “gender privilege” with them when they enter nursing (McMurry, 2011, p. 26).
2.10 Gaps and Inconsistencies

A number of inconsistencies in the findings of the literature emerge. In particular, these relate to the focus of strategies to recruit men into the profession and factors which influence men in their decision to enter nursing. For example, although there is much support for recruitment campaigns that focus exclusively on men, there are also objections (Walker, 2011), with some believing that the issue should be about attracting strong candidates and not about discriminating positively in favour of men (Torjesen & Waters, 2010). The age at which to engage with prospective male students is debated in the literature with conflicting opinions emerging. Some studies suggest that high school students are still too young to consider long term career choices (Meyers, 2003), whilst others support initiating nursing recruitment activities that target high school students (Rajacich et al., 2013; Sherrod et al., 2005; Wolfenden, 2011), or even younger (Kleinman, 2004; Matutina et al., 2010; Meadus, 2000; Roth & Coleman, 2008).

It is claimed that the overriding factor which motivates men to enter the field of nursing is family encouragement, (Rajacich et al., 2013; Torjesen & Waters, 2010). Whilst other studies are not as enthusiastic about family encouragement, it is still found to have a positive influence (Buerhaus et al., 2005). However, others advise that young men contemplating a career in nursing may experience some resistance from parents (Buerhaus et al., 2005; Coleman, 2013). There is further disagreement in the literature on whether inherent masculine traits influence the decision of some men to pursue a non-traditional career (Lupton, 2006). Some findings were that a large proportion of male nurses perceive themselves as having feminine characteristics essentially required for nursing (Fisher, 2011), while others claimed that, on the contrary, the nursing profession attracts males who hold a high degree of masculinity (Thompson et al., 2011).
There are also inconsistencies in the literature in relation to how men fare once they make the decision to become nurses. Whilst some of the literature reflects a sentiment that male students do not enjoy their general nursing school experience (Ellis et al., 2006), for others the nursing student experience is positive (Kelly et al., 1996; Wilson, 2005). Other contentious issues in the literature revolve around whether patients prefer being cared for by a male, or whether the majority of people would prefer having a largely female workforce (Duffin, 2009). Furthermore, a considerable volume of the research examining the success of men in nursing appears dichotomous, portraying men as either career opportunists, taking high-ranking positions from women, or as a downtrodden minority, disregarded in a female dominated profession. Although there is much to indicate that both these claims are legitimate, Solbrække et al. (2013) believe that these views over-simplify the position of men in nursing and do not sufficiently take into account their long and complex history in the profession as history focusses on achievements by women in nursing (Evans, 2004).

As noted earlier, the subject of men in nursing in Australian has been highlighted of late in a number of Australian nursing journals (Olson, 2014; White, 2014) and in a recent study of men in nursing in WA (Stanley et al., 2014). However, overall there has not been a significant amount of formal research carried out in Australia, certainly in relation to male nursing students. As a consequence, there is limited awareness of the challenges that impede the progress of men becoming nurses or, indeed, of the factors that influence men’s decision to become nurses in the first place. The research that has been conducted in Australia to date has been largely qualitative, examining the experiences of small numbers of students with little evidence of the demographics or outcomes of nursing students in general, let alone male students.
2.11 Summary

This chapter identified and evaluated the literature available on the subject of men in nursing in general, and on male nursing students in particular, in order to establish the context within which this research was carried out. A large body of the literature attempts to establish whether nursing is still considered by many to be a gender specific profession and how detrimental any potential prejudice may be to recruitment. Gender stereotyping, in particular the stereotyping of male nurses as ‘gay’, is presented as the main barrier to entry. Motivating factors behind the male students’ decisions to enter the field of nursing are identified and strategies for recruitment of males into the nursing profession emerge. There is also much discussion in the literature regarding the difficulties many men have in demonstrating care, particularly in a society which views such behaviour as emasculating, or even suspicious. However, there are also many references to the success which a large body of men enjoy in the nursing profession as they ascend to management positions in disproportionate numbers.

The limited number of Australian studies investigating this topic, and the inconsistencies identified in the existing body of literature, underline the need for further research in this area. By gathering empirical evidence, this study plays a part in bridging the current gaps in research and addressing the existing inconsistencies in findings. In so doing, this study contributes to the current body of knowledge on the subject of men in nursing. The next chapter sets out the research methodology and the study design which was adopted to undertake the research process.
Chapter 3 – METHODOLOGY

3.1 Introduction

This chapter describes the research methodology used to achieve the aim of the study and provides the rationale for the methodological approach. In so doing, this chapter confirms that the methodological approach chosen was the most appropriate in order to meet the study objectives. Furthermore, this chapter outlines the study design which was adopted to undertake the research process. This includes detailed descriptions of what data were collected, how and from whom the data were collected and how the data were then analysed in order to provide answers to the research question. This chapter also addresses the ethical considerations relating to the study.

3.2 Rationale for Quantitative Methodology

According to Polit and Beck (2008), the selection of an appropriate methodology is determined by the research question pertaining to the study. The research question under examination in this study - clearly sitting within the positivist tradition which assumes the existence of truths that can be studied and measured (Topping, 2013) - indicated that a systematic, structured process to gather and analyse information, that had been converted into numerical data, was required (Borbasi & Jackson, 2012). The positivist paradigm, based on empiricism and a scientific approach (Topping, 2013), is representative of quantitative research methods (Schneider, Whitehead, & Elliott, 2007). These allow for numerical measurement of the phenomena under investigation, namely students’ demographics and opinions on the subject of men in nursing. The belief in the existence of this objective reality, in line with the positivist tradition, indicated that the evidence to test the nature of the phenomena should be gathered in an orderly manner using formal instruments (Polit, Beck, & Hungler, 2010). In other words, a quantitative approach was required.
Further justification for adopting a quantitative approach was that some, albeit limited, facts were already known about the identified phenomena; this is a key requirement for the successful utilisation of a quantitative approach (Borbasi & Jackson, 2012). If it had been an undefined phenomenon, or even a subject about which little was known, then a qualitative examination would have been more appropriate (Lacey, 2013). However, as evidenced from the literature review, a limited knowledge base does exist on the subject of male nursing students and attitudes towards men in nursing, with some aspects of the phenomena better understood than others. Therefore, as is typical in quantitative research, the identification of the phenomena preceded the inquiry (Polit et al., 2010).

By gathering empirical evidence using a set of closed ended questions in a questionnaire format, the quantitative foundations on which this study was based is evident. It must be acknowledged that some of the questions put to participants in this study allowed for more subjective responses drawing on life experiences, which suggested a qualitative element (Borbasi & Jackson, 2012). In particular, the questions used to explore the views of individual respondents on the subject of society’s perceptions of men in nursing. As a result, a mixed methods approach was initially considered as an appropriate methodology on which to base this study. However, the extent to which this study deviated from a purely quantitative position was insufficient to allow the study to be classed as mixed methods. Therefore, it can be concluded that this study implemented a “layered analysis” within a quantitative framework (Topping, 2013, p. 135).

In summary, the methodological perspective that governed this study was primarily quantitative in nature. This methodology guided the overall study design and influenced every stage of the study throughout its entire life cycle. The study design, which emerged from this quantitative foundation, is outlined in the next section.
3.3 **Study Design**

The level of ambiguity surrounding the phenomena in this study ruled out using an experimental design to test causal relationships (Richardson-Tench, Taylor, Kermode, & Roberts, 2010). Thus, a non-experimental design was adopted which involved no intervention or manipulation of variables. The design facilitated a description of what was occurring, rather than validating pre-existing hypotheses (Grove, Burns, & Gray, 2013). A descriptive design was deemed most suitable to allow this study to achieve its objectives, as it involved exploration on a topic about which there was some knowledge, but little certainty (Richardson-Tench et al., 2010).

Furthermore, this study utilised a comparative descriptive approach which allowed for the capture of data that both described the respondents’ involvement in the study and their responses, and facilitated the comparison of aspects of the data collected from groups within the study population. It is claimed that the evidence produced by a comparative descriptive design is slightly stronger than for a simple descriptive design (Richardson-Tench et al., 2010). However, a key point to note is that the results obtained from studies adopting a comparative descriptive design are typically not generalised to a population as the description is for a very specific sample and may not necessarily apply to a wider population (Grove et al., 2013). Therefore, generalising the results to a wider population was not necessarily a key objective of this study.

In keeping with the non-experimental approach, the study gathered information using a typical sample survey method (Polit & Beck, 2008), an online questionnaire (Appendix A). The questionnaire was used to obtain information from a sample of entry to practice nursing students in WA at a single point in time. In other words, it was a cross-sectional study. The data collected were then analysed in order to provide a demographic profile of these students, describe what they had been doing prior to the commencement of their nursing studies and identify their views on nursing as a career.
Additionally, their views on society’s perceptions of men in nursing and the participants’ opinions on how best to promote the subject of men in nursing were examined. The data obtained from male and female students were compared in order to determine whether any significant differences in responses between the two groups existed. Similar analysis was also carried out to examine whether factors such as previous activities, prior health care/nursing experience, age at which a nursing career was first considered, enrolment status and prior academic qualifications had any bearing on participants’ responses. In so doing, the comparative descriptive design which this study adopted ensured that the objectives of the study were met.

To conclude, a descriptive approach facilitated the aim of the study which was to describe the aspects of a situation which existed at a point in time (McKenna, Hasson, & Keeney, 2013). In addition, the comparative nature of the descriptive design added weight to the evidence of the study (Richardson-Tench et al., 2010). Therefore, from its initial non-experimental foundation, the study developed into a comparative, descriptive, cross-sectional research design (Richardson-Tench et al., 2010). The overarching comparative, descriptive design, which provided the architectural backbone for this study, co-existed with a methodological perspective that was quantitative in nature. The type of design which was utilised ultimately influenced the sampling method and all aspects of data collection, measurement and analysis, as outlined in the following sections.

3.4 Sampling Method

For the purposes of this study the target population was identified as being the total West Australian nursing student population, which comprises a total of 4,992 students. Due to timing restrictions, one of the five West Australian universities was not able to take part in the study; therefore the entire target population was not readily
accessible. As a result, it was more practical to focus on a population which was accessible to the study; this consisted of all entry to practice nursing students from four West Australian universities. This resulted in an accessible population (and potential sample) of 2,613 students.

The rationale behind recruiting research participants using this non-random, convenience sampling method (Polit et al., 2010) was as follows. In order to achieve the objectives of the study, it was necessary to capture succinct responses to pre-specified questions from a large number of readily accessible respondents. Therefore, to optimise participation, all students enrolled in entry to practice nursing programmes in the four accessible WA universities were invited to take part (details of this process are described in the Data Collection Process section of this chapter). Although it was not feasible to generate a random sample, and the limitations of adopting a non-random approach are acknowledged later in this chapter, the benefits of non-random convenience sampling were exploited for the purpose of this study. The benefits which this sampling approach brought to this study were savings in cost and time (Borbasi & Jackson, 2012). Furthermore, this approach proved to be more feasible,

In summary, a small, non-random convenience sample was used to enable this comparative descriptive study to achieve its objectives. The aim of the study was to obtain a description of a very specific sample using a data collection instrument, details of which are set out in the next section.

3.5 Data Collection Instrument

In-keeping with the quantitative methodology underpinning this study, it was necessary to select a data collection instrument that facilitated a structured format. In other words, it was necessary to provide a set number of questions to be answered in a fixed sequence and with pre-specified response options, limiting the response options
The data were collected using a self-report approach, selected for its directness in obtaining honest responses from participants (McKenna et al., 2013). A self-administered questionnaire was chosen as the most suitable instrument for collecting data compatible with this self-report, structured approach (Polit & Beck, 2008). The factors influencing the choice of a questionnaire were as follows— a questionnaire is easily administered as data can be gathered in a cost effective and timely manner from a geographically dispersed audience. In addition, a self-administered questionnaire, particularly with a high proportion of closed-ended questions, takes the participant little time to complete, thereby reducing the risk of “respondent burden” (Schneider et al., 2007, p. 198). The possibility of any interviewer bias is eliminated as the participants remain anonymous; this anonymity also protects against “self-presentation” bias on the part of participants (M. Jones & Rattray, 2013, p. 375).

The questionnaire developed for this study (Appendix A) was unique, although aspects of it were influenced by previous questionnaires (Bartfay et al., 2010; Hodes Research, 2005). Parts of the questionnaire in this study were based on a similar study undertaken by Hodes Research (2005), who issued an online survey to men in nursing in California. The questions in Section E of the questionnaire, concerning attitudes and perceptions towards men in nursing, were taken from a study carried out by Bartfay et al. (2010). These examined attitudes and perceptions among nursing students towards
men in nursing and were repeated verbatim in this study questionnaire. Permission to use these questions was granted by the author, Wally Bartfay (Appendix B).

The questionnaire in this study consisted of 33 closed-ended questions contained within the following five sections - Background Information, Path to Nursing Studies, Views on Nursing as a Career, Promoting Men in Nursing and Attitudes and Perceptions towards Men in Nursing. All questions were compulsory for all respondents, apart from the two final questions (examining challenges encountered) which were compulsory for male respondents only. The questions consisted of dichotomous questions, which offered a choice between two options (usually yes/no), and multiple-choice questions, which offered a range of alternatives. Section E of the questionnaire (Attitudes and Perceptions towards Men in Nursing) consisted of six Likert-scale questions and, as mentioned previously, were taken from the study by Bartfay et al. (2010). In this section respondents indicated a degree of agreement or disagreement with a statement. Although all questions were closed-ended, in which the response alternatives were pre-specified, the instrument also included the facility to elaborate on some answers by providing comments. This allowed for the capture of a greater range of information, off-setting the limited nature of the closed-ended questions (Schneider et al., 2007).

The questionnaire was administered via the web-based application, SurveyMonkey. The design did not allow participants to skip a question – the only option was to leave the survey altogether. As is standard with SurveyMonkey functionality, each participant could only complete the questionnaire once. The participant was denied access if they tried to re-enter the questionnaire once it had been submitted. Likewise, if following completion of the questionnaire, the respondent forwarded the questionnaire to another individual, this person could not access the
questionnaire. Therefore, as participants were only able to respond to the questionnaire once, the study collected a cross section of data at a particular point in time.

The Participation Information Form (PIF) (Appendix C) was incorporated within the questionnaire and explained the aim of the study and addressed ethical considerations. This is discussed in further detail in the Ethical Considerations section later in this chapter. Instructions on how to complete the questionnaire were also contained within the questionnaire.

3.6 Reliability and Validity

In developing the questionnaire, two important measures for evaluating a data collection instrument were considered - reliability and validity (M. Jones & Rattray, 2013). Reliability is the consistency, dependability and accuracy with which an instrument measures an attribute across settings and with repeated use by different people (Borbasi & Jackson, 2012). In other words, it indicates the extent to which the results of the instrument can be reproduced (Richardson-Tench et al., 2010). Validity is the degree to which an instrument measures what it is supposed to measure (Lacey, 2013). If an instrument is unreliable, then the validity of the research study is undermined (Lacey, 2013). As much of the questionnaire was based on recognised studies previously carried out (Bartfay et al., 2010; Hodes Research, 2005), it was acknowledged that these parts of the questionnaire were already considered for reliability and validity by the original authors. However, as choosing an instrument previously demonstrated to be reliable and valid is no guarantee of its quality in a further study (Polit & Beck, 2008), and because additional aspects were added to the questionnaire, further steps were taken to ensure the reliability and validity of the instrument.
Grove et al. (2013) state that an instrument’s validity can be difficult to establish because no instrument is completely valid, rather it is a matter of degree. Therefore, Polit and Beck (2008) recommend that the objective of validation should be to gather sufficient evidence from which validity can be inferred, and the more evidence gathered, the stronger the inference. It is advised that an external review of the data collection instrument by a panel of experts is all but essential to establish the instrument’s content validity (Polit & Beck, 2008). In this study the questionnaire was reviewed by members of the Men In Nursing Project Group, which comprises academic representatives from all five universities in WA. This group collaboratively produced the report, Profile and perceptions of men in nursing in Western Australia: Research Report 2014 (Stanley et al., 2014). The group carried out a content validity process to ensure the instrument included all the major elements relevant to the topic under examination (Grove et al., 2013). In particular, the group ensured the questions were clear and unambiguous and were worded in such a manner as to reduce the risk of response bias (Schneider et al., 2007). The response options to the closed-ended questions were also examined to ensure all relevant alternatives were covered and were mutually exclusive (Polit & Beck, 2008). Any issues were resolved and addressed before the final version of the questionnaire was released.

The issue of reliability was addressed when a subset of West Australian nursing students, comprising first year entry to practice nursing students enrolled at one West Australian university, was used to pilot the questionnaire. This exercise took place following the validation process. Further details of this pilot are set out in the next section.
3.7 Pilot of the Instrument

It is suggested that piloting is a vital stage in the development of a questionnaire (M. Jones & Rattray, 2013). Based on this advice, this research study carried out a pilot, specifically to test for reliability of the questionnaire before the main study was implemented. An instrument is considered to be reliable if, when administered to the same individuals on two separate occasions, the individuals’ responses remain the same (Grove et al., 2013). Rather than testing other aspects of the main study, such as the sampling and data collection techniques, the purpose of this pilot was to measure the degree of consistency with which the instrument measured the attributes (Polit et al., 2010) with a view to addressing any major reliability issues associated with the data collection instrument before the full launch of the online questionnaire. More specifically, this pilot aimed to assess the stability aspect associated with the reliability of the questionnaire (Polit & Beck, 2008), by assessing the level of correlation when the instrument was administered twice to the same participants over a period of time (Borbasi & Jackson, 2012), in a test-retest process (Schneider et al., 2007).

The procedure adopted in this pilot to assess for stability was to issue the questionnaire to the same students over two consecutive weeks and to compare the week one response given by a student to each question with the week two response given by the same student to the same question – effectively a test-retest measure of reliability. The greater the consistencies in the responses given to each question by the same student, the more reliable the questionnaire. This correlation is called the coefficient of stability and the closer the value is to 1.00, the more stable is the instrument (Grove et al., 2013). A value above 0.8 is usually considered to be acceptable (M. Jones & Rattray, 2013).

The participants in the pilot were a group of first year entry to practice nursing students enrolled at one of the West Australian universities which participated in the
study. A total of 28 students took part in the pilot by answering the questionnaire separately on two consecutive weeks. Participation in the pilot was voluntary and collection and analysis of the data was manual. A project supervisor distributed the questionnaire (Appendix A) and the Participant Information Form (PIF) for the pilot (Appendix D) to participants in class over two consecutive weeks. The participants were requested to adopt a pseudonym and to write this on the questionnaire; they were asked to use the same pseudonym for the second week. This facilitated the linking of questionnaires from the two rounds while protecting participant anonymity (Johnson & Long, 2013). The researcher was given the completed questionnaires to match according to pseudonym and subsequently analyse. The researcher was at no point aware of any participant identity.

The analysis of the pilot data was carried out by comparing the multiple choice options selected by the participant for each question on week one, against the option selected by the participant for the same question on week two. If the option selected in week two was the same as had been selected in week one, then the correlation was 1.00 for that particular question; if not, then the correlation was zero. The issue of partial correlation did not arise as the responses were either identical or they were not. The analysis revealed that the overall average correlation for all participants taking part in the pilot was 0.83. This signified that, on average, participants selected the same option as they had done in the previous survey 83% of the time. As this was in excess of 0.8, which is the value usually considered to be acceptable (M. Jones & Rattray, 2013), the overall stability of the questionnaire was confirmed.

Every question was also analysed individually to assess the reliability of each question. The comparison values attributed to each question were totalled and an average calculated according to the number of respondents per question. As expected, the questions concerning background information proved most reliable with values
exceeding 0.93 for all questions. Of the remaining questions, the majority had values in excess of 0.8, meaning that 80% of participants were consistent with their responses to a particular question over subsequent weeks. It is worth noting that the questions in Section E, examining attitudes and perceptions, were not as reliable, scoring less than 0.8. However, as these questions were key components of the questionnaire and were taken verbatim from a recognised study (Bartfay et al., 2010), they were not reworded or removed from the questionnaire and were included unchanged in the online version.

In summary, the purpose of the pilot was to test the reliability of the questionnaire, in terms of the stability of the instrument. It did not assess the overall feasibility of the study or examine specific aspects of the study, such as the study design, the methodology or the sampling technique (Richardson-Tench et al., 2010). The pilot was successful in terms of what it set out to achieve, namely to assess the stability of the questionnaire. Although some questions did not achieve a level of stability identified as acceptable, it was decided that the questionnaire did not require amending as a result, mainly because these were externally sourced questions considered fundamental to the questionnaire. Therefore, the findings of the pilot confirmed the questionnaire to be a stable, reliable instrument, suitable for use in the data collection process, as described in the next section.

3.8 Data Collection Process

Electronic collection of data, using the internet, was identified as the most effective medium to use in the data collection process. This approach was identified as the most cost and time effective method of distributing the survey instrument; in addition, it had the benefit of having returned data already in electronic format to minimise the risk of data entry (Kaplowitz, Hadlock, & Levine, 2004). Furthermore, as student populations are regular and adept users of the internet, it was hoped that using
this medium would maximise response rates which, it is claimed, should be higher than if regular mail were used (Grove et al., 2013). Email was identified as the most effective means of distributing access to the data collection instrument which was contained within SurveyMonkey (it should be noted that one university used the Learning Management System (LMS) as a means of distribution). A hypertext link to the SurveyMonkey website was contained within the email/LMS.

A project supervisor made the necessary administrative arrangements to gain access to the research site (Johnson & Long, 2013). Permission was first sought from the “gatekeepers” (Johnson and Long, 2013, p. 123), identified as each Head of School of Nursing, for the distribution of access to the questionnaire to the study participants (Appendix E). On receipt of this permission, the project supervisor then arranged for the nursing programme course co-ordinator in each university to make the questionnaire available via email/LMS to all nursing students enrolled in their respective universities. In this way, data collection only proceeded once permission had been obtained from the appropriate approval bodies (Borbasi & Jackson, 2012).

All participants had access to the questionnaire for a minimum of two weeks, from the time each university distributed access to the questionnaire to the time the survey link was eventually closed off. It was considered that all students who were likely to participate in the study had done so by this point. Before the questionnaire was closed off, one university did send a reminder email to students. This was considered to be beneficial as it is suggested that there is a 10% increase for every reminder or duplicate questionnaire that is sent (Babbie, 2004). The response rate achieved in the data collection process is discussed in the next section.
3.9 Data Analysis

The key objective of this stage of the research process was to use statistics to derive a picture, or description, of the sample of nursing students who participated in the study. This description would include details of the students’ backgrounds, their views on nursing as a career and on society’s perceptions of men in nursing. Additionally, the objective was to provide a comparative description of the demographic characteristics, attitudes and perceptions of the component groups comprising the sample.

Upon completion of the data collection phase of the study, a data consolidation and cleaning exercise was undertaken using Excel in order to prepare the data for the data analysis stage. This process is outlined in Figure 1. The data consolidation exercise consisted of manually consolidating the data collected from the pilot study sample (28 students in total who took part in both stages of the pilot) with the online data collected from the participants who took part in the main survey (173 in total). In addition, a further 10 cases from the university which took part in the pilot were added. These consisted of contributions from students who had been present either on the first or the second week of the pilot, but not on both. Therefore, they had not officially been part of the pilot, as such, but the data were retained and included as part of the analysis.

The consolidated file then had to be cleaned. As a first step, the six cases contributed online by students from the university which had taken part in the pilot were deleted in order to eliminate the possibility of duplication. If any of these students had already participated in the pilot, which was unclear, then their responses had already been captured. The data were then checked for missing values. The 38 questionnaires provided manually by the students from the university which took part in the pilot study were all fully completed with no questions skipped. As the online version of the questionnaire did not allow for questions to be skipped, the only way values could be
missing would be if participants exited prematurely from the survey before completion. Two participants exited from the survey at the end of the first section, having completed only nine questions. As essential data were missing, these cases were deleted as advised by Grove et al. (2013). This left a total of 203 cases to be used for data analysis and, from an initial distribution of the questionnaire to 2,613 students, provided a response rate of 7.8% of the accessible population.

Figure 1. Data consolidation and cleaning.

It should be noted that 14 participants (from the total of 203 cases used for data analysis) exited the survey at various stages late in the questionnaire, leaving some of the final questions unanswered. However, as they had participated in most of the survey, it was decided that their contributions were worthwhile and these entries were retained. Any non-responses to a particular question were reported as such. This resulted in the number of cases remaining at a constant 203 across the 31 questions which were compulsory for both genders. By maintaining the number of cases at a

<table>
<thead>
<tr>
<th>Sampling</th>
<th>Data Collection - Manual</th>
<th>Data Collection - Online</th>
<th>Data Consolidation &amp; Cleaning</th>
<th>Data Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>WA nursing student population N = 4,992</td>
<td>Pilot study of questionnaire’s reliability N = 28</td>
<td>Manual entry of data from week 1 pilot N = 28</td>
<td>Total data analysis N = 203</td>
<td></td>
</tr>
<tr>
<td>Accessible population N = 2,613</td>
<td>Other manual data from pilot university N = 10</td>
<td>Manual entry of other data from pilot university N = 10</td>
<td>Total online data N = 165</td>
<td></td>
</tr>
<tr>
<td>Online data collection N = 173</td>
<td>Deletion of pilot university online data N = 6</td>
<td>Deletion of early exit participants N = 2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
constant number, any issues associated with a fluctuating number of cases were avoided (Polit & Beck, 2008).

Additional comments provided by the participants were then identified and extracted from the main body of data. These comments related to parts of some questions which allowed the participants to supplement their answers by entering free-hand text. The data were copied into a Word document for separate examination and subsequent manual categorising of the responses (the output of this analysis is included in the next chapter and substantiates the results of the statistical analysis). Additionally, any responses provided in Section F (i.e. the Comments section) were extracted and examined separately. These comments were summarised and are presented in the Discussion chapter to substantiate the quantitative results.

The remaining columns, which contained only the selected pre-specified response options, comprised the quantitative variables to be used in the statistical analysis process. The data were then imported directly into the software package used to analyse the quantitative data – Statistical Product and Service Solutions (SPSS) version 21. From this, key measures of descriptive statistics, namely frequency and percentages, were produced to summarise the numerical data (Schneider et al., 2007) and develop a comparative descriptive profile of the sample which identified and compared opinions regarding perceptions of men in nursing (Richardson-Tench et al., 2010). In addition, the chi-squared test was used to determine whether groups were proportionally different. In other words, whether the frequency in each group differed from what would be expected by chance (Schneider et al., 2007). More specifically, to investigate whether there were any significant differences in characteristics, attitudes and experiences within and between groups of respondents (note - a p-value of less than 0.05 was deemed significant). In so doing, the quantitative analysis addressed the research objectives identified at the outset.
In summary, this stage of the study carried out an exploratory analysis which was consistent with the relatively new field of study, the small sample size and the measurement methods possessing limited reliability and validity (Grove et al., 2013). As there were no expectations to be confirmed regarding the data, expressed in terms of hypotheses, etc., no confirmatory analysis by way of inferring the results from the sample to the population were required as an expressed outcome of this study. In keeping with the comparative descriptive design and the objectives of this study, the description (and any differences identified therein) resulting from the statistical analysis applied to a very specific sample (Grove et al., 2013).

3.10 Limitations

In common with most research studies, a number of challenges were faced by the researcher in answering the research question (Polit et al., 2010). However, these challenges were identified during the design phase before the study was conducted and, where possible, actions were taken to minimise any potential effects which these limitations may have had on the findings (Grove et al., 2013).

3.10.1 Sampling method - non-random convenience sample

For the reasons set out in the Sampling Method section earlier, a non-random, convenience sample, consisting of four universities based in WA, was used in this study. However, it must be acknowledged that “the price of convenience is the risk of bias” (Polit et al., 2010, p. 309), as a non-random selection of individuals may increase the likelihood of obtaining non-representative samples because not every element of the population has an opportunity for selection (Grove et al., 2013). The resulting selection bias may have implications for validity, in particular external validity because, if the sample selected is not representative of the population to which the results are to be generalised, the findings cannot be readily applied to a broader group (Richardson-
Tench et al., 2010). However, as discussed earlier, generalisability of the results is not typically a primary objective of a study such as this which adopts a comparative descriptive approach (Borbasi & Jackson, 2012).

That being said, all reasonable efforts were still made to minimise the threat of selection bias which could have resulted from the non-random selection of individuals (Richardson-Tench et al., 2010). Firstly, in an attempt to maximise the representativeness of the sample, participants were drawn from four universities (three located in the Perth Metropolitan area and one in the Inner Regional area) where individuals varied somewhat in age and in educational background. However, it must be acknowledged that as the entry to practice programme for one of the participating universities was a graduate entry programme, all the participants in this group were already degree-holders. This may have resulted in a sample with a higher proportion of graduates than would be expected in the wider West Australian nursing student population. Nevertheless, the efforts made to increase the representativeness of the sample by including students from a number of universities mitigated, to a degree, the inability to draw participants randomly from the target population. Secondly, no specific eligibility criteria were set and no exclusions from participation in the study applied. Therefore, any chance of introducing sampling bias was minimised (Polit & Beck, 2008). Thirdly, as the pilot study sample students were targeted during a class, the drawback of self-selection, which is often associated with convenience sampling, cannot be attributed to this group (Schneider et al., 2007).

In summary, as there was no method for ensuring that the sample was truly representative, because the demographic profile of the target population (i.e. the entire West Australian nursing student population) is unknown, it can only be hoped that the steps put in place to develop this sampling plan resulted in it being less likely to
produce a biased sample. This, therefore, should provide the study with some degree of external validity (Richardson-Tench et al., 2010).

3.10.2 Data collection instrument - questionnaire

Potential limitations related to the data collection instrument (i.e. a self-administered questionnaire) were also recognised, in particular the considerable effort required to develop a well-designed questionnaire (Grove et al., 2013). Related to this is the point made by E. O. S. Cheng and Chan (2010) that misunderstanding and misinterpretation of questions on the part of participants can be a major issue associated with self-administered questionnaires. Another common criticism of questionnaires is the superficiality associated with the questioning, with breadth rather than depth of data the outcome (Schneider et al., 2007).

The superficiality often linked with questionnaires was not considered to be a drawback in the case of this study as the closed-ended questions, which typify the components of a questionnaire, were identified as best suiting the underlying quantitative nature of the design and of ultimately ensuring the objectives of this study were met (Borbasi & Jackson, 2012). The difficulties identified in developing a well-designed questionnaire were overcome by using previous relevant studies, a practice recommended particularly for novice researchers (Grove et al., 2013). The questionnaires, on which this instrument was based, measured similar concepts, were well constructed and surveyed comparable populations and, therefore, were appropriate for adaptation and use in this study. In addition, the review of the questionnaire carried out by the Men in Nursing Project Group ensured the questions were clear and unambiguous and were worded in such a manner as to reduce the risk of misunderstanding.
3.10.3 Data collection process - email

A further potential limitation associated with this study related to the data collection process used; access to the questionnaire was via email. This method has a notoriously low response rate, although it is claimed that questionnaires sent by email produce a stronger response rate than hard copies sent by mail (Grove et al., 2013). Kaplowitz et al. (2004) report that a reminder email notification can have a positive effect on response rate for a Web survey application. However, as the questionnaire in this study was distributed by course co-ordinators as a good will gesture, this was not always feasible. Further issues associated with response to emailed questionnaires relate to concern on the part of recipients around internet security and the receipt of electronic ‘junk mail’ or ‘spam’ leading to a tendency for emailed questionnaires to be ignored by recipients (Lam & Chan, 2010).

The anticipated low rate of response was addressed in this study as follows. By involving a large number of participants in this study it was hoped to obtain an adequate number of responses, thereby overcoming any issues associated with a low response rate. Additionally, distribution of the questionnaire was delayed until the start of the academic year to maximise participation (although it must be noted that an unintended result of this may have been that a large proportion of the study participants were new first year students, unlikely to have had clinical placement experience, and whose experience of nursing was therefore very limited). It is acknowledged that the response rate of 7.8% which this study achieved fell short of the figures expected for most studies, which are identified as being between 30% and 60% (E. O. S. Cheng & Chan, 2010) and may be considered a limitation of the study. However, as this study set out to develop a comparative descriptive profile of a sample of West Australian nursing students, the relatively low response rate obtained does not seriously undermine the validity of the findings.
In summary, using a small, non-random convenience sample and a self-administered, emailed questionnaire did not diminish the ability of this comparative descriptive study to achieve its objectives. As steps were put in place to minimise any potential impact which sample composition, data collection instrument and method, or response rate may have on the findings, these factors should therefore not be viewed as major limitations to this study. The aim of the study was to obtain a description for a very specific sample using a data collection instrument which was fit for purpose.

3.11 Ethical Considerations

As humans were involved in this study, all reasonable efforts were made to ensure the rights of these individuals were upheld (Schneider et al., 2007). This involved ensuring that ethical issues were addressed and procedures adhered to in terms of permissions obtained to proceed with each phase of the study. Once approval for the study was received from the Human Research and Ethics Office (HREO) at UWA (Appendix F), the piloting of the questionnaire took place. As outlined in the Data Collection Process section earlier, ethical considerations were further addressed during the subsequent phase of the authorisation process when permission was sought from each Head of School of Nursing to distribute access to the questionnaire to students in their respective universities (Appendix E).

Ethical considerations with regard to individual participants were addressed in the PIF (Appendix C). This was incorporated at the start of the online survey (the students participating in the pilot study were given a hard copy of the PIF (Appendix D)). The PIF contained the following information which was sufficient to ensure participants could provide informed consent – aim of the study, type of data to be collected and data collection procedures, nature of the commitment, participant selection, potential risks and benefits, anonymity, voluntary consent to participate and
contact information (Polit & Beck, 2008). It was clearly outlined to participants in the PIF that, by proceeding with the questionnaire (either electronically or manually), the participant was providing consent to take part in the study (Borbasi & Jackson, 2012).

Individual participants were further protected by anonymity, which is the most secure means of protecting confidentiality and straightforward to implement in a reasonably large quantitative survey (Johnson & Long, 2013). Anonymity occurs when no link can be made between participants and their data (Polit et al., 2010). This study made particular efforts to respect anonymity of all participants throughout all phases of the study. The emails, which contained the link to the questionnaire, were distributed by each university. In this way, participant email addresses were not visible to those involved in the study who, as a consequence, were not aware of the identities of those comprising either the accessible population or the sample. Likewise, no information was obtained from participants which could in any way reveal their identity. As outlined earlier, particular care was taken during the piloting of the questionnaire to protect the anonymity of participants. In addition, all data obtained from participants is reported in summarised format in later chapters to further maintain the anonymity of individual participants.

All efforts were made to ensure that data collected in the course of the study were stored securely. The electronic data captured were stored on UWA computer terminals and password protected. The hard copy data captured as part of the pilot study were scanned and stored electronically. The hard copy data were then destroyed. At no point were any data accessible by anyone other than the researcher and the project supervisors.
3.12 Summary

This chapter set out the rationale for selecting a quantitative methodology and explained how this decision was driven by the research question pertaining to the study. It outlined how the quantitative methodology influenced the choice of design, or approach, which was chosen for the specific purpose of answering the research question. This required selecting a design suitable to enable a comparative descriptive profile of the participants be developed. The design guided the choice of sampling method, the process by which the participants were selected from the population for study. Furthermore, the design influenced the choice of data collection methods used for measuring the variables of interest. This chapter outlined how the measuring instrument was assessed in a pilot prior to its use in the study. In addition, it provided an overview of the analytical procedures utilised to produce descriptive statistics which gave meaning to the data collected. These statistics, produced as a result of the data analysis phase, are addressed in the next chapter which sets out the results of the study.
Chapter 4 – RESULTS

4.1 Introduction

This chapter presents the results of the study based on the data analysis. The results of the study are set out in a format aligned with the five sections of the questionnaire – Background Information, Path to Nursing Studies, Views on Nursing as a Career, Promoting Men in Nursing and Attitudes and Perceptions towards Men in Nursing. The results from the supplementary questions aimed specifically at male participants regarding challenges encountered are also presented, as are the results of analysis focusing on specific sub-groups within the sample. Additionally, graphical and tabular presentations of data are used to highlight key results.

4.2 Background Information

This section of the questionnaire consisted of questions 1 to 9 and gathered demographic information on the participants, namely their gender, age, highest educational qualification and postcode. In addition, it sought to determine the university the participant was enrolled at, the course they were studying, the year of the course they were in and their enrolment status. All 203 participants answered every question in this section. The results are presented in Table 1 and Table 2.

4.2.1 Demographic profile

The sample of 203 participants comprised 63 males (31.0%) and 140 females (69.0%). As shown in Table 1, which presents demographic information, three of the female participants (2.1%) identified as being of Aboriginal/TSI origin, while none of the males did.

A large proportion of the respondents (n=94/46.3%) were in the 19 – 25 year age bracket; this was by far the largest age grouping for both males and females with 47.6% of males and 45.7% of females falling into this age group. The next largest age group
for females was the 31 – 40 year age group (n=22/15.7%), closely followed by the 26 – 30 year age group (n=21/15.0%). For males, the 26 – 30 year age group ranked second (n=10/15.9%) and the under 18 year age group was third (n=9/14.3%). However, any difference in distribution of genders across age categories was statistically insignificant. The mean age for male respondents was 26.78 years (SD = 9.29) and for females 27.09 years (SD = 9.36). A t-test p-value of .824 (p >0.05) suggests there is 95% confidence that there is no difference between the mean ages of the two groups.

The largest proportion of respondents (n=70/34.5%) said that their highest qualification was a secondary education, followed by those with a bachelor’s degree (n=44/21.7%) and a certificate (n=42/20.7). However, there was some difference between the proportion of males with a secondary education (30.2%) and the proportion of females with a similar qualification (36.4%). In contrast, a higher proportion of males (19.0%) than females (15.0%) held a diploma. Overall, these differences were not found to be statistically significant.

The majority of participants were found to reside in the Perth Metropolitan area (n=175/86.2%), with a particularly high proportion of male respondents reporting a metropolitan postcode (n=57/90.5%). However, the proportion of female participants residing in Inner Regional areas was almost twice that of males (13.6% compared with 7.9%). Overall these differences were not found to be significant.
Table 1
Background Information - Demographic Profile

<table>
<thead>
<tr>
<th>Variable</th>
<th>Male</th>
<th>Female</th>
<th>All Students</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Aboriginal/TSI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>63</td>
<td>(100)</td>
<td>137</td>
<td>(97.9)</td>
</tr>
<tr>
<td>Yes</td>
<td>0</td>
<td>(0.0)</td>
<td>3</td>
<td>(2.1 )</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 18</td>
<td>9</td>
<td>(14.3)</td>
<td>15</td>
<td>(10.7)</td>
</tr>
<tr>
<td>19 - 25</td>
<td>30</td>
<td>(47.6)</td>
<td>64</td>
<td>(45.7)</td>
</tr>
<tr>
<td>26 – 30</td>
<td>10</td>
<td>(15.9)</td>
<td>21</td>
<td>(15.0)</td>
</tr>
<tr>
<td>31 – 40</td>
<td>5</td>
<td>(7.9 )</td>
<td>22</td>
<td>(15.7)</td>
</tr>
<tr>
<td>41 – 50</td>
<td>8</td>
<td>(12.7)</td>
<td>16</td>
<td>(11.4)</td>
</tr>
<tr>
<td>51 or older</td>
<td>1</td>
<td>(1.6 )</td>
<td>2</td>
<td>(1.4 )</td>
</tr>
<tr>
<td>Qualification</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postgraduate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(comprising)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- PhD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Masters</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Grad Dip</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Grad Cert</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelor’s</td>
<td>14</td>
<td>(22.2)</td>
<td>30</td>
<td>(21.4)</td>
</tr>
<tr>
<td>Diploma</td>
<td>12</td>
<td>(19.0)</td>
<td>21</td>
<td>(15.0)</td>
</tr>
<tr>
<td>Certificate</td>
<td>14</td>
<td>(22.2)</td>
<td>28</td>
<td>(20.0)</td>
</tr>
<tr>
<td>Secondary</td>
<td>19</td>
<td>(30.2)</td>
<td>51</td>
<td>(36.4)</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
<td>(1.6 )</td>
<td>2</td>
<td>(1.4 )</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>(0.0 )</td>
<td>1</td>
<td>(0.7 )</td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perth Metro</td>
<td>57</td>
<td>(90.5)</td>
<td>118</td>
<td>(84.3)</td>
</tr>
<tr>
<td>Inner regional</td>
<td>5</td>
<td>(7.9 )</td>
<td>19</td>
<td>(13.6)</td>
</tr>
<tr>
<td>Outer regional</td>
<td>1</td>
<td>(1.6 )</td>
<td>3</td>
<td>(2.1 )</td>
</tr>
</tbody>
</table>

4.2.2 University enrolment

The largest proportion of respondents (n=90/44.3%) came from The University of Notre Dame (UNDA), as presented in Table 2 which sets out details of university enrolment. Of the remainder, 23 (11.3%) came from Edith Cowan University (ECU), 52 from Murdoch University (25.6%) and 38 (18.7%) from UWA. The proportion of male respondents who came from ECU was considerably greater than the proportion of female respondents from this university (17.5% compared with 8.6%). The situation
with UNDA respondents was similar (50.8% male compared with 41.4% female). However, the opposite was the case for respondents from Murdoch and UWA where females were represented in disproportionately large numbers. Nevertheless, any difference in the distribution of the genders across the universities was not found to be statistically significant.

All of the respondents (with the exception of the 38 students from UWA, who were all post-graduate students enrolled in a Master of Nursing Science degree and one other student) were studying for a Bachelor’s (Entry to Practice) nursing degree. Although there was a noticeably larger proportion of females enrolled in the Master’s degree course (possibly due to the disproportionate number of females in the UWA cohort), no statistical difference between the genders was noted in terms of their course enrolment.

Almost half of the respondents (n=98/48.3%) indicated they were in the first year of their course, with the majority of the remainder spread over the 2nd and 3rd years respectively (n=52/25.6%, n=51/25.1%). There was no difference of any statistical significance noted in the distribution of the genders across the year groups.

A total of 24 (11.8%) of respondents classed themselves as international (defined as neither an Australian citizen/permanent resident nor a New Zealand citizen). It is noteworthy that the proportion of male respondents who identified as being international (17.5%) was markedly greater than the percentage of females who identified likewise (9.3%). Where a country of birth was provided, India was the most popular (n=5) followed by China (n=2).
Table 2
*Background Information - University Enrolment*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Male</th>
<th>Female</th>
<th>All Students</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>University</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECU</td>
<td>11</td>
<td>(17.5)</td>
<td>12</td>
<td>(8.6)</td>
</tr>
<tr>
<td>Murdoch</td>
<td>11</td>
<td>(17.5)</td>
<td>41</td>
<td>(29.3)</td>
</tr>
<tr>
<td>UNDA</td>
<td>32</td>
<td>(50.8)</td>
<td>58</td>
<td>(41.4)</td>
</tr>
<tr>
<td>UWA</td>
<td>9</td>
<td>(14.3)</td>
<td>29</td>
<td>(20.7)</td>
</tr>
<tr>
<td>Course</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelor’s</td>
<td>54</td>
<td>(85.7)</td>
<td>110</td>
<td>(78.6)</td>
</tr>
<tr>
<td>Master’s</td>
<td>9</td>
<td>(14.3)</td>
<td>30</td>
<td>(21.4)</td>
</tr>
<tr>
<td>Year of Course</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st</td>
<td>30</td>
<td>(47.6)</td>
<td>68</td>
<td>(48.6)</td>
</tr>
<tr>
<td>2nd</td>
<td>12</td>
<td>(19.0)</td>
<td>40</td>
<td>(28.6)</td>
</tr>
<tr>
<td>3rd</td>
<td>19</td>
<td>(30.2)</td>
<td>32</td>
<td>(22.9)</td>
</tr>
<tr>
<td>4th</td>
<td>2</td>
<td>(3.2)</td>
<td>0</td>
<td>(0.0)</td>
</tr>
<tr>
<td>International</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>52</td>
<td>(82.5)</td>
<td>127</td>
<td>(90.7)</td>
</tr>
<tr>
<td>Yes</td>
<td>11</td>
<td>(17.5)</td>
<td>13</td>
<td>(9.3)</td>
</tr>
</tbody>
</table>

4.3 Path to Nursing Studies

This section of the questionnaire consisted of questions 10 to 16 and set out to obtain information from the participants on what led them to their current nursing studies. It asked what they were doing directly before they started their studies, whether they had any health care/nursing experience, when did they first consider a career in nursing, when did they actually commence their studies and what were their reasons for choosing a nursing career. The key results from this Path to Nursing Studies section are presented in Table 3. With the exception of question 13, which was not applicable to all participants, every question in this section was answered by all 203 participants.

4.3.1 Previous activities

The most popular activities taking place before the commencement of nursing studies (Table 3), were attending high school (n=48/23.6%), engaging in another career
(n=44/21.7%) and undertaking another tertiary course (n=37/18.2%). Of the 23 respondents who selected “Other” as an activity taking place before the commencement of their studies, 20 were specific in describing this activity; the activities described were undertaking casual work (n=11), taking a gap year/travel (n=5) and studying for an EN diploma (n=4).

A higher proportion of females than males stated that they were previously caring for children (9.3% compared with 1.6%) while a higher percentage of males (19%) than females (15.7%) had previously worked in nursing or a health care profession. Overall, any differences between the activities previously carried out by male and female nursing students were not significant.

A sizeable majority of participants (n=125/61.6%) stated that they had no prior experience of working in the health care/nursing sector before starting their current studies while 78 (38.4%) stated they did. The percentage of male respondents who stated that they had prior experience (41.3%) was slightly higher than the percentage of females who identified likewise (37.1%). Some participants (n = 50) provided details of prior experience. The most popular roles mentioned were “Aged care worker” (n=9/18.0%), “Enrolled Nurse” (n=8/16.0%), “Other” (n=8/16.0%) and “Assistant in nursing” (n=6/12.0%). Other roles mentioned included “Paramedic”, “Caring for family” and “Pharmacy assistant”.

### 4.3.2 Current experience

As with prior experience, a somewhat higher proportion of male than female respondents (46.0% compared with 41.4%) stated that they had had health care/nursing experience since starting their nursing studies, but this difference was not found to be statistically significant. Again, the majority of respondents (57.1%) stated that they had had no health care/nursing experience since starting their current nursing studies. Some
participants (n = 50) provided details of current experience. The most popular roles mentioned were “Aged care worker” (n=23/46.0%), “Home carer” (n=6/12.0%), “Patient care assistant” (n=5/10.0%) and “Other” (n=5/10.0%).

Considering the large proportion of those with experience of working in the aged care sector, it was hardly surprising that when participants were asked to select the work setting of their job (Table 3), the largest number were employed in the residential aged care sector (n=34/16.7%), followed by hospitals (n=28/13.8%). There was no significant difference in the work settings of male and female respondents.

4.3.3 Age first considered nursing

The most popular age ranges at which a nursing career was first considered (Table 3), were 16-20 years (n=82/40.4%) and 21-30 years (n=58/28.6%), followed a long way behind by the 10-15 year age group (n=27/13.3%). It is noteworthy that while a sizeable number of females (n=24/17.1%) first considered a career in nursing at a very young age, (between 10 and 15 years of age), a much smaller group of males (n=3/4.8%) said that they first considered nursing at such a young age. Indeed, no males said that they thought about nursing when under ten years of age whereas 9.3% of females said that they did. However, in the 16-20 year age group and the 21-30 year age group the proportion of males exceeded that of females (44.4% to 38.6% and 36.5% to 25.0% respectively). This trend was reversed in the 31-40 year age group (8.6% to 6.3%) but males were again in the majority in the 41 and above age group (7.9% compared with 1.4%). There was a statistically significant difference noted in the distribution of the genders across the age groups (p=0.002).

4.3.4 Age started nursing studies

When participants were asked to indicate the age at which they actually started their nursing studies (Table 3), the 19-25 year age group dominated (n=79/38.9%),
followed by less than 18 years of age (n=49/24.1%) and the 26-30 year age group (n=34/16.7%). This pattern was similar for both males and females. However, while the proportion of females who commenced nursing aged under 18 or between 26-30 years of age was greater than the proportion of males, this trend was reversed in the 19-25 year age group. The proportion of males falling into this age group (47.6%) was substantially greater than the proportion of females (35.0%). However, overall the differences between the genders, in terms of the age at which they actually started their nursing studies, was not found to be statistically significant (p>0.05).

4.3.5 Reasons for choosing nursing

The most popular reason given by students for choosing a nursing career was a desire to help people (Table 3). This was selected by 163 students in total (80.3%). This was also the most popular option selected by each gender, with 78.6% of females and 84.1% of males stating that the desire to help people was their reason for choosing a nursing career. The variety of career paths offered by a nursing career was the next most popular option selected. A total of 156 students selected this option and again this option was popular with both males (81.0%) and females (75.0%). As with the previous option, any difference between males and females was not statistically significant.

In contrast, the desire to have a stable career was noticeably more popular amongst males (69.8%) than females (43.6%). The difference between the two genders was statistically significant (p = 0.001). Similarly, there was a significant difference (p = 0.003) between the genders in the selection of the option “Always wanted to be a nurse.” While 32.9% of female respondent’s selected this as an option for pursuing a career in nursing, only 12.7% of males did likewise.
### Table 3
Path to Nursing - Summary of Results

<table>
<thead>
<tr>
<th>Variable</th>
<th>Male</th>
<th>Female</th>
<th>All Students</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td><strong>Previous Activities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A career in nursing</td>
<td>12</td>
<td>(19.0)</td>
<td>22</td>
<td>(15.7)</td>
</tr>
<tr>
<td>Another career</td>
<td>13</td>
<td>(20.6)</td>
<td>31</td>
<td>(22.1)</td>
</tr>
<tr>
<td>Another tertiary course</td>
<td>12</td>
<td>(19.0)</td>
<td>25</td>
<td>(17.9)</td>
</tr>
<tr>
<td>Caring for children</td>
<td>1</td>
<td>(1.6)</td>
<td>13</td>
<td>(9.3)</td>
</tr>
<tr>
<td>High school</td>
<td>13</td>
<td>(20.6)</td>
<td>35</td>
<td>(25.0)</td>
</tr>
<tr>
<td>Unemployment</td>
<td>1</td>
<td>(1.6)</td>
<td>2</td>
<td>(1.4)</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>(17.5)</td>
<td>12</td>
<td>(8.6)</td>
</tr>
<tr>
<td><strong>Workplace Setting</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td>5</td>
<td>(7.9)</td>
<td>11</td>
<td>(7.9)</td>
</tr>
<tr>
<td>Hospital</td>
<td>11</td>
<td>(17.5)</td>
<td>17</td>
<td>(12.1)</td>
</tr>
<tr>
<td>Residential aged care</td>
<td>9</td>
<td>(14.3)</td>
<td>25</td>
<td>(17.9)</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>(3.6)</td>
<td>5</td>
<td>(3.6)</td>
</tr>
<tr>
<td>No response</td>
<td>34</td>
<td>(54.0)</td>
<td>82</td>
<td>(58.6)</td>
</tr>
<tr>
<td><strong>Age First Considered Nursing</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 10 years</td>
<td>0</td>
<td>(0.0)</td>
<td>13</td>
<td>(9.3)</td>
</tr>
<tr>
<td>10 – 15 years</td>
<td>3</td>
<td>(4.8)</td>
<td>24</td>
<td>(17.1)</td>
</tr>
<tr>
<td>16 – 20 years</td>
<td>28</td>
<td>(44.4)</td>
<td>54</td>
<td>(38.6)</td>
</tr>
<tr>
<td>21 – 30 years</td>
<td>23</td>
<td>(36.5)</td>
<td>35</td>
<td>(25.0)</td>
</tr>
<tr>
<td>31 – 40 years</td>
<td>4</td>
<td>(6.3)</td>
<td>12</td>
<td>(8.6)</td>
</tr>
<tr>
<td>41 years and above</td>
<td>5</td>
<td>(7.9)</td>
<td>2</td>
<td>(1.4)</td>
</tr>
<tr>
<td><strong>Age Started Nursing Studies</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 18 years</td>
<td>13</td>
<td>(20.6)</td>
<td>36</td>
<td>(25.7)</td>
</tr>
<tr>
<td>19 – 25 years</td>
<td>30</td>
<td>(47.6)</td>
<td>49</td>
<td>(35.0)</td>
</tr>
<tr>
<td>26 – 30 years</td>
<td>9</td>
<td>(14.3)</td>
<td>25</td>
<td>(17.9)</td>
</tr>
<tr>
<td>31 – 40 years</td>
<td>4</td>
<td>(6.3)</td>
<td>21</td>
<td>(15.0)</td>
</tr>
<tr>
<td>41 – 50 years</td>
<td>6</td>
<td>(9.5)</td>
<td>7</td>
<td>(5.0)</td>
</tr>
<tr>
<td>50 years and above</td>
<td>1</td>
<td>(1.6)</td>
<td>2</td>
<td>(1.4)</td>
</tr>
<tr>
<td><strong>Reasons for Choosing Nursing</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Always wanted to nurse</td>
<td>8</td>
<td>(12.7)</td>
<td>46</td>
<td>(32.9)</td>
</tr>
<tr>
<td>Desire for stable career</td>
<td>44</td>
<td>(69.8)</td>
<td>61</td>
<td>(43.6)</td>
</tr>
<tr>
<td>Desire to help people</td>
<td>53</td>
<td>(84.1)</td>
<td>110</td>
<td>(78.6)</td>
</tr>
<tr>
<td>Family member a nurse</td>
<td>16</td>
<td>(25.4)</td>
<td>39</td>
<td>(27.9)</td>
</tr>
<tr>
<td>Flexible working hours</td>
<td>18</td>
<td>(28.6)</td>
<td>49</td>
<td>(35.0)</td>
</tr>
<tr>
<td>Geographical mobility</td>
<td>32</td>
<td>(50.8)</td>
<td>52</td>
<td>(37.1)</td>
</tr>
<tr>
<td>Parental influence</td>
<td>8</td>
<td>(12.7)</td>
<td>15</td>
<td>(10.7)</td>
</tr>
<tr>
<td>Potential salary</td>
<td>11</td>
<td>(17.5)</td>
<td>22</td>
<td>(15.7)</td>
</tr>
<tr>
<td>Variety of career paths</td>
<td>51</td>
<td>(81.0)</td>
<td>105</td>
<td>(75.0)</td>
</tr>
</tbody>
</table>
4.4 Views on Nursing as a Career

The participants’ views on nursing as a career were examined in this section of the questionnaire which consisted of questions 17 to 21. Participants were asked for their views on the advantages and disadvantages of being a nurse, whether they would recommend a nursing career to males and if they thought more males are needed in nursing. They were also asked about their long term career goals. A total of 193 participants responded to this section of the questionnaire.

4.4.1 Advantages of nursing

The main advantage associated with being a nurse, as identified by the participants and shown in Table 4, was the ability to make a difference (n=164/80.8%). This was the most popular choice for males (73.0%) and females (84.3%) and any difference between the two was not found to be statistically significant. However, there was a difference of some significance (p = 0.046) with the second most popular option, namely “Variety of career paths available”, (n=162/79.8%), which was chosen by a considerably higher percentage of females (83.6%) than males (71.4%). The ability to care for sick people was also a popular choice (n=146/71.9%), but there was little difference between the proportion of male (71.4%) and female (72.1%) respondents selecting this option. “Variety and challenge of the work”, “Flexible working hours”, “Geographical mobility”, “Teamwork” and “Good morale” were also popular with both genders. However, it is noticeable that the option “Stable career with few redundancies” was significantly more popular with male respondents (58.7%) than with females (35.0%), giving a p-value of 0.006. The responses provided by the seven participants who selected the “Other” option were “A useful gateway to another career” (n=3), “Doing something positive and rewarding”, “Meeting lovely people”, “Useful skill to be able to donate” and “Interesting career, constantly learning.”
4.4.2 Disadvantages of nursing

Options identified as disadvantages associated with nursing (Table 4) were selected by lower proportions of respondents than selected options identified as advantages associated with nursing. “Frustration at sometimes being powerless to change things”, “Workload/pressure” and “Shift-work” all featured as popular choices among both genders. The emotional burden associated with caring for sick people was also selected by many participants (n=117/57.6%), but, unlike the other options, the difference between the proportion of each gender selecting this option (females (65.7%) compared with males (39.7%)) was found to be statistically significant (p = 0.001). The responses provided by the 12 participants who selected the “Other” option included, “Excessive bureaucracy”, “Bitchy environment/work colleagues”, “Lack of graduate positions”, “Personal health risk” and “Difficulty working nursing shifts around family life.”
### Table 4

*Advantages and Disadvantages of Nursing - Summary of Results*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Male</th>
<th>Female</th>
<th>All Students</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Advantages of Nursing</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to make a difference</td>
<td>46 (73.0)</td>
<td>118 (84.3)</td>
<td>164 (80.8)</td>
<td>.059</td>
</tr>
<tr>
<td>Able to care for sick</td>
<td>45 (71.4)</td>
<td>101 (72.1)</td>
<td>146 (71.9)</td>
<td>.917</td>
</tr>
<tr>
<td>Flexible working hours</td>
<td>27 (42.9)</td>
<td>74 (52.9)</td>
<td>101 (49.8)</td>
<td>.187</td>
</tr>
<tr>
<td>Geographical mobility</td>
<td>38 (60.3)</td>
<td>70 (50.0)</td>
<td>108 (53.2)</td>
<td>.173</td>
</tr>
<tr>
<td>Good morale</td>
<td>29 (46.0)</td>
<td>65 (46.4)</td>
<td>94 (46.3)</td>
<td>.958</td>
</tr>
<tr>
<td>Never bored</td>
<td>24 (38.1)</td>
<td>55 (39.3)</td>
<td>79 (38.9)</td>
<td>.872</td>
</tr>
<tr>
<td>Salary</td>
<td>16 (25.4)</td>
<td>32 (22.9)</td>
<td>48 (23.6)</td>
<td>.694</td>
</tr>
<tr>
<td>Stable career</td>
<td>37 (58.7)</td>
<td>49 (35.0)</td>
<td>86 (42.4)</td>
<td>.006</td>
</tr>
<tr>
<td>Teamwork</td>
<td>33 (52.4)</td>
<td>80 (57.1)</td>
<td>113 (55.7)</td>
<td>.527</td>
</tr>
<tr>
<td>Upward career mobility</td>
<td>32 (50.8)</td>
<td>64 (45.7)</td>
<td>96 (47.3)</td>
<td>.502</td>
</tr>
<tr>
<td>Variety of career paths</td>
<td>45 (71.4)</td>
<td>117 (83.6)</td>
<td>162 (79.8)</td>
<td>.046</td>
</tr>
<tr>
<td>Variety and challenge</td>
<td>42 (66.7)</td>
<td>99 (70.7)</td>
<td>141 (69.5)</td>
<td>.562</td>
</tr>
<tr>
<td>Other</td>
<td>4 (6.3)</td>
<td>3 (2.1)</td>
<td>7 (3.4)</td>
<td>.1</td>
</tr>
<tr>
<td>No response</td>
<td>4 (6.3)</td>
<td>6 (4.3)</td>
<td>10 (4.9)</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Disadvantages of Nursing</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frustration can’t change</td>
<td>40 (63.5)</td>
<td>96 (68.6)</td>
<td>136 (67.0)</td>
<td>.476</td>
</tr>
<tr>
<td>Emotional burden</td>
<td>25 (39.7)</td>
<td>92 (65.7)</td>
<td>117 (57.6)</td>
<td>.001</td>
</tr>
<tr>
<td>Shift-work</td>
<td>28 (44.4)</td>
<td>79 (56.4)</td>
<td>107 (52.7)</td>
<td>.114</td>
</tr>
<tr>
<td>Difficulty switching jobs</td>
<td>6 (9.5)</td>
<td>11 (7.9)</td>
<td>17 (8.4)</td>
<td>.692</td>
</tr>
<tr>
<td>Poor morale</td>
<td>12 (19.0)</td>
<td>22 (15.7)</td>
<td>34 (16.7)</td>
<td>.556</td>
</tr>
<tr>
<td>Workload/pressure</td>
<td>37 (58.7)</td>
<td>87 (62.1)</td>
<td>124 (61.1)</td>
<td>.645</td>
</tr>
<tr>
<td>Poor salary</td>
<td>24 (38.1)</td>
<td>48 (34.3)</td>
<td>72 (35.5)</td>
<td>.6</td>
</tr>
<tr>
<td>Uncertain job permanency</td>
<td>9 (14.3)</td>
<td>24 (17.1)</td>
<td>33 (16.3)</td>
<td>.610</td>
</tr>
<tr>
<td>Lack of independent work</td>
<td>10 (15.9)</td>
<td>16 (11.4)</td>
<td>26 (12.8)</td>
<td>.381</td>
</tr>
<tr>
<td>Lack of promotion</td>
<td>3 (4.8)</td>
<td>16 (11.4)</td>
<td>19 (9.4)</td>
<td>.110</td>
</tr>
<tr>
<td>Lack of opportunities</td>
<td>2 (3.2)</td>
<td>7 (5.0)</td>
<td>9 (4.4)</td>
<td>.559</td>
</tr>
<tr>
<td>Tedious mundane work</td>
<td>10 (15.9)</td>
<td>21 (15.0)</td>
<td>31 (15.3)</td>
<td>.873</td>
</tr>
<tr>
<td>Other</td>
<td>5 (7.9)</td>
<td>7 (5.0)</td>
<td>12 (5.9)</td>
<td>.412</td>
</tr>
<tr>
<td>No response</td>
<td>4 (6.3)</td>
<td>6 (4.3)</td>
<td>10 (4.9)</td>
<td>N/A</td>
</tr>
</tbody>
</table>
4.4.3 Recommend nursing to males

The overwhelming majority of respondents (n=184/90.6%) said that they would recommend a nursing career to males. This result was substantial in terms of the proportion of females who said they would recommend nursing (92.1%) and the proportion of males (87.3%). Some respondents (n = 124) provided reasons for recommending a nursing career and these reasons are set out in Table 5. The top reasons provided by participants for recommending a nursing career to males were “Enjoyable/satisfying/rewarding career” (n=26/20.1%), “Abundance of career opportunities” (n=18/14.5%) and “Recommended for either gender wanting to help people” (n=15/12.1%). A very small number of participants (n = 6) provided reasons why they would not recommend a nursing career to males (Table 5).
Table 5

*Would You Recommend a Nursing Career to Males?*

<table>
<thead>
<tr>
<th>Variable</th>
<th>All Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason given for ‘Yes’ response</td>
<td></td>
</tr>
<tr>
<td>Enjoyable/satisfying/rewarding career</td>
<td>26 (20.1)</td>
</tr>
<tr>
<td>Abundance of career opportunities</td>
<td>18 (14.5)</td>
</tr>
<tr>
<td>Recommended for either gender wanting to help people</td>
<td>15 (12.1)</td>
</tr>
<tr>
<td>Recommended for either gender with appropriate personality</td>
<td>13 (10.5)</td>
</tr>
<tr>
<td>Geographic mobility</td>
<td>6 (4.8)</td>
</tr>
<tr>
<td>Great career</td>
<td>6 (4.8)</td>
</tr>
<tr>
<td>Only recommended if interested in helping people</td>
<td>6 (4.8)</td>
</tr>
<tr>
<td>Varied/interesting work</td>
<td>6 (4.8)</td>
</tr>
<tr>
<td>Flexible hours</td>
<td>5 (4.0)</td>
</tr>
<tr>
<td>Challenging job</td>
<td>3 (2.4)</td>
</tr>
<tr>
<td>Opportunities to meet women</td>
<td>3 (2.4)</td>
</tr>
<tr>
<td>Faster career progression for men</td>
<td>2 (1.6)</td>
</tr>
<tr>
<td>Good fun</td>
<td>2 (1.6)</td>
</tr>
<tr>
<td>Inclusive/not gender specific profession</td>
<td>2 (1.6)</td>
</tr>
<tr>
<td>Respected profession</td>
<td>2 (1.6)</td>
</tr>
<tr>
<td>Stable career</td>
<td>2 (1.6)</td>
</tr>
<tr>
<td>Guaranteed job if gender quotas enforced</td>
<td>1 (0.8)</td>
</tr>
<tr>
<td>Interesting course to study</td>
<td>1 (0.8)</td>
</tr>
<tr>
<td>Only recommended if willing to work from ground up</td>
<td>1 (0.8)</td>
</tr>
<tr>
<td>Opportunities for patient contact</td>
<td>1 (0.8)</td>
</tr>
<tr>
<td>Opportunities to use technology</td>
<td>1 (0.8)</td>
</tr>
<tr>
<td>Physical strength an advantage for males</td>
<td>1 (0.8)</td>
</tr>
<tr>
<td>Well paid job</td>
<td>1 (0.8)</td>
</tr>
<tr>
<td>Total</td>
<td>124 (100)</td>
</tr>
</tbody>
</table>

Reason given for ‘No’ response                            

<table>
<thead>
<tr>
<th>Reason given for ‘No’ response</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glass elevator effect</td>
<td>1</td>
</tr>
<tr>
<td>Limitations on care due to patient attitudes</td>
<td>1</td>
</tr>
<tr>
<td>Monotonous work</td>
<td>1</td>
</tr>
<tr>
<td>Much responsibility but little power</td>
<td>1</td>
</tr>
<tr>
<td>Negative attitudes from patients and health care professionals</td>
<td>1</td>
</tr>
<tr>
<td>Poor salary</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>6</td>
</tr>
</tbody>
</table>

Note – Not all participants who answered this question provided a reason for their answer. In addition, some comments provided by individual participants applied to more than one category.
4.4.4 More males needed in nursing

The overwhelming majority of respondents (n=185/91.1%) agreed that more males are needed in nursing. Once again, the proportion of females in favour (92.9%) exceeded the proportion of males (87.3%), but again this difference was not significant. Some respondents (n = 192) provided reasons why more males are needed in nursing and these reasons set out in Table 6. The top reasons provided by participants were “Gender equality requires a balanced workforce” (n=41/21.4%), “Male patients more comfortable with males” (n=31/16.1%) and “To reduce negative aspects associated with female dominated profession” (n=26/13.5%). A very small number of participants (n = 8) provided reasons why they felt more males are not needed in nursing (Table 6).

Table 6
Do We Need More Males in Nursing?

<table>
<thead>
<tr>
<th>Variable</th>
<th>All Students</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Reasons given for ‘Yes’ response</td>
<td></td>
</tr>
<tr>
<td>Gender equality requires a balanced workforce</td>
<td>41</td>
</tr>
<tr>
<td>Male patients more comfortable with males</td>
<td>31</td>
</tr>
<tr>
<td>To reduce negative aspects associated with female dominated profession</td>
<td>26</td>
</tr>
<tr>
<td>For unique ideas/skills/qualities that men contribute to nursing</td>
<td>25</td>
</tr>
<tr>
<td>To assist with physically arduous nursing tasks</td>
<td>18</td>
</tr>
<tr>
<td>Men can nurse just as well as women i.e. gender has no bearing</td>
<td>14</td>
</tr>
<tr>
<td>For cultural reasons</td>
<td>9</td>
</tr>
<tr>
<td>To eliminate stereotype that nursing is a feminine profession</td>
<td>9</td>
</tr>
<tr>
<td>For safety reasons in potentially violent situations</td>
<td>8</td>
</tr>
<tr>
<td>Men are better nurses than women</td>
<td>5</td>
</tr>
<tr>
<td>Male role models provide a positive influence for young people</td>
<td>3</td>
</tr>
<tr>
<td>Nursing profession taken more seriously if more males</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>192</td>
</tr>
<tr>
<td>Reasons given for ‘No’ response</td>
<td></td>
</tr>
<tr>
<td>Gender not important, right person matters</td>
<td>7</td>
</tr>
<tr>
<td>Not sure more ‘needed’</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
</tr>
</tbody>
</table>

Note – Not all participants who answered this question provided a reason for their answer. In addition, some comments provided by individual participants applied to more than one category.
4.4.5 Long term career goals

The most popular long term career goals selected by students, as presented in Table 7, were “Remain in clinical area” (n=75/36.9%) followed by “Return to university for further study” (n=46/22.7%) and “Use nursing background in a related field” (n=35/17.2%). The responses provided by the 10 participants who selected the “Other” option included studying postgraduate medicine (n=2); working in correctional nursing; becoming a paramedic/sonographer; joining the RFDS and doing humanitarian/medical missions work. No difference in the choice of career goals according to gender was found.

Table 7

<table>
<thead>
<tr>
<th>Variable</th>
<th>Male</th>
<th>Female</th>
<th>All Students</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Long Term Career Goals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leave nursing altogether</td>
<td>1</td>
<td>(1.6)</td>
<td>1</td>
<td>(0.7)</td>
</tr>
<tr>
<td>Career in education</td>
<td>2</td>
<td>(3.2)</td>
<td>4</td>
<td>(2.9)</td>
</tr>
<tr>
<td>Career in management</td>
<td>6</td>
<td>(9.5)</td>
<td>6</td>
<td>(4.3)</td>
</tr>
<tr>
<td>Career in research</td>
<td>3</td>
<td>(4.8)</td>
<td>4</td>
<td>(2.9)</td>
</tr>
<tr>
<td>Remain in clinical area</td>
<td>21</td>
<td>(33.3)</td>
<td>54</td>
<td>(38.6)</td>
</tr>
<tr>
<td>Return to university</td>
<td>15</td>
<td>(23.8)</td>
<td>31</td>
<td>(22.1)</td>
</tr>
<tr>
<td>Use nursing background</td>
<td>7</td>
<td>(11.1)</td>
<td>28</td>
<td>(20.0)</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>(6.3)</td>
<td>6</td>
<td>(4.3)</td>
</tr>
<tr>
<td>No response</td>
<td>4</td>
<td>(6.3)</td>
<td>6</td>
<td>(4.3)</td>
</tr>
</tbody>
</table>
4.5 Promoting Men in Nursing

Participants were asked in this section of the questionnaire, which consisted of questions 22 to 25, for their views on promoting men in nursing. They were asked what common misperceptions need to be addressed, what should be the main selling points for promoting the men in nursing message and what are the best vehicles for conveying this message. They were also asked for their opinion on why some men are not attracted to nursing. The results from this section of the questionnaire are presented in Table 8. The number of participants who responded to each question in this section of the questionnaire ranged from 189 to 192.

4.5.1 Misperceptions

The most frequently selected options regarding common misperceptions about men in nursing (Table 8) were “Nursing is a profession more appropriate for females” (n=157/77.3%), “All male nurses are ‘gay’” (n=129/63.5%) and “Nursing is inappropriate for a man” (n=110/54.2%). In selecting these options, there was no difference of any significance in the views between the males and females. However, a significantly greater proportion of males than females (63.5% compared with 46.4%) thought that society’s perception that men are not caring enough to be nurses needs to be addressed (p = 0.024). Among the comments provided by the respondents who selected the “Other” option for common misperceptions were “Men can’t care for women without a sexual attraction” (n=2), “Men in nursing are ‘failed doctors’” (n=2), “Men are only there to pick up women” and “Males are better suited to management/deal with physical tasks.”

4.5.2 Selling points

The most frequently selected options for selling points when promoting the men in nursing message to males (Table 8) included “Ability to make a difference”
(n=153/75.4%), “Challenging and responsible profession” (n=151/74.4%), “Multiple areas of practice” (n=147/72.4%) and “Highly skilled profession” (n=144/70.9%). In all these categories there were no differences of note between the percentage of responses provided by male and female participants. However, for the option “Inclusive, non-gender specific profession”, there was a difference of statistical significance (p = 0.011) between the percentage of female respondents who opted for this option (63.6%) and the percentage of males who did likewise (44.4%). The five respondents who selected the “Other” option suggested the following selling points – “Nursing is a respectable profession”, “Salary levels are better than are commonly perceived”, “It offers a fast paced work environment”, “Male patients value male nurses” and “Nurses are serving humanity.”

### 4.5.3 Reasons not attracted

The most popular options selected for why some men might not be attracted to nursing (Table 8) were “Traditionally female occupation” (n=166/81.8%) and “Negative stereotypes” (n=163/80.3%). However, male respondents ranked the former option highest with 85.7% compared with 77.8% for the latter, while females selected these options in reverse order. However, none of these differences were statistically significant. These options were selected well ahead of “Viewed as inappropriate for a man” (n=130/64.0%) and “Perception of poor salary” (n=110/54.2%) which scored the same as “Lack of role models.” “Other” reasons proposed were “Fear of being considered ‘gay’”, “Lack of support from parents”, “May feel not caring enough”, “Lack of support at school”, “Dislike of bodily fluids” and “Perceived as too feminine a profession.”
4.5.4 Best vehicle

The most popular options for ways to attract more men into nursing (Table 8) were “School visits/presentations by male nurses” (n=160/78.8%), “Enhanced career guidance at school” (n=145/71.4%) and “Work shadow/experience programmes” (n=124/61.1%). This coincided with the preferences as indicated by males and females separately. The suggestions provided in the “Other” option provided conflicting advice, such as “Don’t advertise to school students because they’re too immature”, “Do advertise to school students and show them the stereotypes are wrong”; “Promote nursing as non-gender specific”, “Promote male nurses in ads” and “Show a man can be ‘macho’ and a nurse.” Other ideas included using Facebook, changing the term nursing and having male nurses at careers events.
Table 8
Promoting Men in Nursing - Summary of Results

<table>
<thead>
<tr>
<th>Variable</th>
<th>Male</th>
<th></th>
<th>Female</th>
<th></th>
<th>All Students</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td><strong>Misperceptions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All male nurses are ‘gay’</td>
<td>40</td>
<td>63.5</td>
<td>89</td>
<td>63.6</td>
<td>129</td>
<td>63.5</td>
</tr>
<tr>
<td>Men aren’t caring enough</td>
<td>40</td>
<td>63.5</td>
<td>65</td>
<td>46.4</td>
<td>105</td>
<td>51.7</td>
</tr>
<tr>
<td>More female appropriate</td>
<td>46</td>
<td>73.0</td>
<td>111</td>
<td>79.3</td>
<td>157</td>
<td>77.3</td>
</tr>
<tr>
<td>Inappropriate for a man</td>
<td>40</td>
<td>63.5</td>
<td>70</td>
<td>50.0</td>
<td>110</td>
<td>54.2</td>
</tr>
<tr>
<td>Poor pay for a man</td>
<td>22</td>
<td>34.9</td>
<td>39</td>
<td>27.9</td>
<td>61</td>
<td>30.0</td>
</tr>
<tr>
<td>None</td>
<td>3</td>
<td>4.8</td>
<td>4</td>
<td>2.9</td>
<td>7</td>
<td>3.4</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>7.9</td>
<td>3</td>
<td>2.1</td>
<td>8</td>
<td>3.9</td>
</tr>
<tr>
<td>No response</td>
<td>4</td>
<td>6.3</td>
<td>7</td>
<td>5.0</td>
<td>11</td>
<td>5.4</td>
</tr>
<tr>
<td><strong>Selling Points</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to make a difference</td>
<td>49</td>
<td>77.8</td>
<td>104</td>
<td>74.6</td>
<td>153</td>
<td>75.4</td>
</tr>
<tr>
<td>Autonomy</td>
<td>15</td>
<td>23.8</td>
<td>47</td>
<td>33.6</td>
<td>62</td>
<td>30.5</td>
</tr>
<tr>
<td>Challenge/responsibility</td>
<td>47</td>
<td>74.6</td>
<td>104</td>
<td>74.3</td>
<td>151</td>
<td>74.4</td>
</tr>
<tr>
<td>Geographical mobility</td>
<td>32</td>
<td>50.8</td>
<td>65</td>
<td>46.4</td>
<td>97</td>
<td>47.8</td>
</tr>
<tr>
<td>Highly skilled</td>
<td>41</td>
<td>65.1</td>
<td>103</td>
<td>73.6</td>
<td>144</td>
<td>70.9</td>
</tr>
<tr>
<td>Non- gender specific</td>
<td>28</td>
<td>44.4</td>
<td>89</td>
<td>63.6</td>
<td>117</td>
<td>57.6</td>
</tr>
<tr>
<td>Multiple areas of practice</td>
<td>43</td>
<td>68.3</td>
<td>104</td>
<td>74.3</td>
<td>147</td>
<td>72.4</td>
</tr>
<tr>
<td>Stable employment</td>
<td>38</td>
<td>60.3</td>
<td>68</td>
<td>48.6</td>
<td>106</td>
<td>52.2</td>
</tr>
<tr>
<td>Teamwork</td>
<td>27</td>
<td>42.9</td>
<td>54</td>
<td>38.6</td>
<td>81</td>
<td>39.9</td>
</tr>
<tr>
<td>Upward career mobility</td>
<td>32</td>
<td>50.8</td>
<td>78</td>
<td>55.7</td>
<td>110</td>
<td>54.2</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>4.8</td>
<td>2</td>
<td>1.4</td>
<td>5</td>
<td>2.5</td>
</tr>
<tr>
<td>No response</td>
<td>4</td>
<td>6.3</td>
<td>7</td>
<td>5.0</td>
<td>11</td>
<td>5.4</td>
</tr>
<tr>
<td><strong>Reasons Not Attracted</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of awareness</td>
<td>33</td>
<td>52.4</td>
<td>71</td>
<td>50.7</td>
<td>104</td>
<td>51.2</td>
</tr>
<tr>
<td>Lack of role models</td>
<td>38</td>
<td>60.3</td>
<td>72</td>
<td>51.4</td>
<td>110</td>
<td>54.2</td>
</tr>
<tr>
<td>Negative stereotypes</td>
<td>49</td>
<td>77.8</td>
<td>114</td>
<td>81.4</td>
<td>163</td>
<td>80.3</td>
</tr>
<tr>
<td>Perception of poor salary</td>
<td>39</td>
<td>61.9</td>
<td>71</td>
<td>50.7</td>
<td>110</td>
<td>54.2</td>
</tr>
<tr>
<td>Traditionally female</td>
<td>54</td>
<td>85.7</td>
<td>112</td>
<td>80.0</td>
<td>166</td>
<td>81.8</td>
</tr>
<tr>
<td>Viewed as inappropriate</td>
<td>41</td>
<td>65.1</td>
<td>89</td>
<td>63.6</td>
<td>130</td>
<td>64.0</td>
</tr>
<tr>
<td>Viewed as lacking mobility</td>
<td>20</td>
<td>31.7</td>
<td>29</td>
<td>20.7</td>
<td>49</td>
<td>24.1</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>6.3</td>
<td>2</td>
<td>1.4</td>
<td>6</td>
<td>3.0</td>
</tr>
<tr>
<td>No response</td>
<td>4</td>
<td>6.3</td>
<td>8</td>
<td>5.7</td>
<td>12</td>
<td>5.9</td>
</tr>
<tr>
<td><strong>Best Vehicle</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Magazine advertisements</td>
<td>32</td>
<td>50.8</td>
<td>55</td>
<td>39.3</td>
<td>87</td>
<td>42.9</td>
</tr>
<tr>
<td>Career guidance at school</td>
<td>45</td>
<td>71.4</td>
<td>100</td>
<td>71.4</td>
<td>145</td>
<td>71.4</td>
</tr>
<tr>
<td>Billboards</td>
<td>13</td>
<td>20.6</td>
<td>21</td>
<td>15.0</td>
<td>34</td>
<td>16.7</td>
</tr>
<tr>
<td>Cinema advertisements</td>
<td>16</td>
<td>25.4</td>
<td>21</td>
<td>15.0</td>
<td>37</td>
<td>18.2</td>
</tr>
<tr>
<td>Internet advertisements</td>
<td>21</td>
<td>33.3</td>
<td>55</td>
<td>39.3</td>
<td>76</td>
<td>37.4</td>
</tr>
<tr>
<td>Radio advertisements</td>
<td>16</td>
<td>25.4</td>
<td>32</td>
<td>22.9</td>
<td>48</td>
<td>23.6</td>
</tr>
<tr>
<td>School visits</td>
<td>48</td>
<td>76.2</td>
<td>112</td>
<td>80.0</td>
<td>160</td>
<td>78.8</td>
</tr>
<tr>
<td>TV advertisements</td>
<td>23</td>
<td>36.5</td>
<td>51</td>
<td>36.4</td>
<td>74</td>
<td>36.5</td>
</tr>
<tr>
<td>Work shadow programmes</td>
<td>39</td>
<td>61.9</td>
<td>85</td>
<td>60.7</td>
<td>124</td>
<td>61.1</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>4.8</td>
<td>6</td>
<td>4.3</td>
<td>9</td>
<td>4.4</td>
</tr>
<tr>
<td>No response</td>
<td>5</td>
<td>7.9</td>
<td>9</td>
<td>6.4</td>
<td>14</td>
<td>6.9</td>
</tr>
</tbody>
</table>
4.6 Attitudes and Perceptions towards Men in Nursing

This section of the questionnaire consisted of questions 26 to 31 and examined the participants’ views on attitudes and perceptions towards men in nursing. One hundred and eighty-nine participants (93.1%) answered the questions in this section.

4.6.1 Not perceived as masculine

Most of the study participants (n=121/59.6%) either agreed or strongly agreed with the statement, “I believe that nursing is not perceived as a very masculine or a ‘macho-type’ of career for males to pursue in our society” (Figure 2). Whilst overall a greater proportion of females than males agreed in some way with this statement, the males were stronger in their agreement (20.6% compared with 12.9%). Similarly, males were more strident in their disagreement with this statement (14.3% compared with 5.7%), but this trend was reversed for “Disagreement” where females responded in greater proportions. There was a significant difference (p = 0.028) found between the responses provided by males and females to this question.

![Figure 2. I believe that nursing is not perceived as a very masculine or a ‘macho-type’ of career for males to pursue in our society.](image-url)
4.6.2 Females perceived as more caring

There were broadly similar responses provided by male and female participants to the question, “I feel that there is a general perception by society that female nurses are more caring and nurturing than male nurses” (Figure 3). The overall level of agreement with this statement was high (140/69.0%). Conversely disagreement with this statement was very low (n=23/11.4%).

![Figure 3](image)

*Figure 3.* I feel that there is a general perception by society that female nurses are more caring and nurturing than male nurses.
4.6.3 Feminine portrayal discourages men

A large proportion of respondents (n=147/72.4%) agreed with the statement, “The current portrayal of nursing by the mass media (e.g., television, films and magazines) as being more suited for women discourages men from choosing nursing as a career” (Figure 4). Conversely, only 17 (8.4%) of respondents disagreed. Any difference between the genders was not significant.

![Figure 4](image)

Figure 4. The current portrayal of nursing by the mass media (e.g., television, films and magazines) as being more suited for women discourages men from choosing nursing as a career.

4.6.4 ‘Gay’ portrayal discourages men

There was almost identical response to the question, “The current portrayal of male nurses as being ‘gay’ or effeminate in nature by the mass media (e.g., television, films and magazines) discourages men from choosing nursing as a career” as there had been to the previous question. Total agreement with this statement was strong (n=148/72.9%) and only a small number (n=18/8.9%) disagreed with this statement in some way. Again, there was no difference of any significance between the responses provided by males and females.
4.6.5 More appropriate for females

The majority of respondents (n=135/66.5%) disagreed in some way with the statement, “I feel that nursing is more appropriate for females because they tend to be more caring and compassionate by their inborn nature” (Figure 5). While females were proportionately more opposed to this statement (69.3%) compared with males (60.3%), a comparatively high proportion of males were ambivalent with 23.8% opting for the neutral option compared with 15.7% of females. However, any difference between the genders was not significant.

![Figure 5](image)

*Figure 5. I feel that nursing is more appropriate for females because they tend to be more caring and compassionate by their inborn nature.*
4.6.6 Encourage a family member

Overall there was broad agreement (n=152/74.8%) with the statement, “I would encourage a male family member (e.g., brother, son, partner) to pursue nursing as a challenging and rewarding career choice” (Figure 6). Total disagreement with this statement was low (n=14/6.9%). Males tended to respond in a generally positive fashion to this question, as evidenced by the fact that the proportion of males who strongly agreed with this proposal (36.5%) exceeded the proportion of females (28.6%). However, any difference between the genders was not significant.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Male</strong></td>
<td>3.2%</td>
<td>1.8%</td>
<td>9.5%</td>
<td>41.3%</td>
<td>36.5%</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td>2.9%</td>
<td>5.0%</td>
<td>12.1%</td>
<td>45.0%</td>
<td>28.6%</td>
</tr>
<tr>
<td><strong>All Students</strong></td>
<td>3.0%</td>
<td>3.9%</td>
<td>11.3%</td>
<td>43.8%</td>
<td>31.0%</td>
</tr>
</tbody>
</table>

*Figure 6. I would encourage a male family member (e.g., brother, son, partner) to pursue nursing as a challenging and rewarding career choice.*
4.7 Challenges Encountered

Questions 32 and 33 were specifically aimed at male participants and set out to identify challenges they had encountered both before commencing their nursing studies and during their studies. Even though it was clearly stated on the questionnaire that these questions related to male participants only, a number of female participants submitted responses to these questions. These responses were considered to be invalid and were disregarded for the purpose of this analysis. Additionally, five of the 63 male participants did not answer either of these questions. Therefore, the analysis for these questions was based on the valid responses provided by 58 male participants. The key results from these questions are presented in Table 9.

4.7.1 Challenges before studies

The most frequently identified challenge which males encountered before starting their nursing studies (Table 9) was “Lack of male role models/mentors” (n=31/53.4%), followed by “Stereotypes, e.g. all male nurses are ‘gay’ or effeminate” and “Traditionally female profession”, both of which were selected by 29 male respondents (50.0%). Three respondents identified “Other” challenges they encountered before starting their nursing studies. These were receiving negative reactions from teachers, assuming they really wanted to study medicine and not being taken seriously, in other words, “motives not understood.”

4.7.2 Challenges during studies

The most frequently identified challenge which males encountered during their nursing studies (Table 9) was “Difficulty of being a minority gender” (n=34/58.6%), followed by “Reluctance of female patients to be cared for by males” (n=33/56.9%) and “Men seen as ‘muscle’ by female colleagues” (n=26/44.8%). “Other” challenges encountered during their studies were difficulties finding a partner for clinical lab
sessions (n=2), being questioned on their sexual orientation, being considered not clever enough for medicine and being “victimised, degraded and put down.”

Table 9
_Challenges Encountered by Male Students - Summary of Results_

<table>
<thead>
<tr>
<th>Variable</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Challenges Before Studies</strong></td>
<td></td>
</tr>
<tr>
<td>Considered not intellectually challenging</td>
<td>13 (22.4)</td>
</tr>
<tr>
<td>Cultural objections</td>
<td>5 (8.6)</td>
</tr>
<tr>
<td>Family objections</td>
<td>13 (22.4)</td>
</tr>
<tr>
<td>Lack of guidance/information</td>
<td>18 (31.0)</td>
</tr>
<tr>
<td>Lack of male role models/mentors</td>
<td>31 (53.4)</td>
</tr>
<tr>
<td>Perception of poor salary</td>
<td>20 (34.5)</td>
</tr>
<tr>
<td>Stereotypes e.g. all male nurses are ‘gay’ or effeminate</td>
<td>29 (50.0)</td>
</tr>
<tr>
<td>Traditionally female profession</td>
<td>29 (50.0)</td>
</tr>
<tr>
<td>Viewed as inappropriate for a man</td>
<td>27 (46.6)</td>
</tr>
<tr>
<td>Viewed as lacking career progression</td>
<td>11 (19.0)</td>
</tr>
<tr>
<td>None</td>
<td>7 (12.1)</td>
</tr>
<tr>
<td>Other</td>
<td>3 (5.2)</td>
</tr>
<tr>
<td><strong>Challenges During Studies</strong></td>
<td></td>
</tr>
<tr>
<td>Being considered inappropriate for some specialties e.g. midwifery</td>
<td>23 (39.7)</td>
</tr>
<tr>
<td>Being passed over for recognition</td>
<td>6 (10.3)</td>
</tr>
<tr>
<td>Being seen as a ‘failed doctor’</td>
<td>22 (37.9)</td>
</tr>
<tr>
<td>Communication difficulties with female nursing students</td>
<td>11 (19.0)</td>
</tr>
<tr>
<td>Communication difficulties with female health care professionals</td>
<td>17 (29.3)</td>
</tr>
<tr>
<td>Difficulty of being a minority gender</td>
<td>34 (58.6)</td>
</tr>
<tr>
<td>Men perceived as not caring</td>
<td>19 (32.8)</td>
</tr>
<tr>
<td>Men seen as ‘muscle’ by female colleagues</td>
<td>26 (44.8)</td>
</tr>
<tr>
<td>Reluctance of female patients to be cared for by males</td>
<td>33 (56.9)</td>
</tr>
<tr>
<td>None</td>
<td>5 (8.6)</td>
</tr>
<tr>
<td>Other</td>
<td>5 (8.6)</td>
</tr>
</tbody>
</table>

Note – As participants were able to select as many options as they thought applicable, each option is rated as a percentage of the 58 participants who responded, rather than the overall total comprising 100%.
4.8 Men Only

The quantitative analysis was repeated for the male only sample to establish whether any differences existed among the 63 male participants in terms of their attitudes towards nursing in general, or in the challenges they reported experiencing as men in nursing. This related to questions 16 to 19 and questions 32 and 33 of the questionnaire. Five factors were identified and an analysis carried out as follows:

- Previous Activities – male participants who commenced their nursing studies directly from high school compared with those who had been engaging in other activities, classed as non-high school entrants.
- Prior Experience – male participants with prior health care/nursing experience compared with those without prior experience.
- Age First Considered Nursing – male participants who first considered nursing aged under 21 years compared with those who first considered nursing aged 21 years and over.
- Enrolment Status – male participants classed as international students (defined as neither an Australian citizen/permanent resident nor a New Zealand citizen) compared with all other students, who were classed as domestic.
- Qualification – male participants who already held degrees (classed as graduates) compared with those without degrees (classed as non-graduates).

It should be noted that only where there were found to be significant differences are these reported in the following analysis. The same analysis was also carried out to examine whether any differences existed between men in the first year of their course and men in other years. However, as the results were not found to be of any significance, these are not reported.
4.8.1 High school vs non-high school entrants

The group of 63 male participants comprised 13 men who enrolled in a nursing degree directly after high school and 50 who had been engaging in other activities before nursing (classed as *non-high school entrants*). Twenty-nine male participants, from the overall total of 63, selected “Good morale” as an advantage associated with nursing, as shown in Table 10. Ten out of the 13 participants who came directly from high school selected this option (76.9%), compared with 19 of the 50 non-high school entrants (38.0%) who chose likewise. This difference was found to be significant. There was also found to be a significant difference in the long term goals selected by each group. A significantly higher proportion of the high school entrants indicated a desire to return to university for further study (46.2%) compared with non-high school entrants (18.0%), whilst a higher proportion of non-high school entrants stated that they intended staying in the clinical area (38.0%) compared with the other group (15.4%).

Table 10

*Men Only - High School vs Non-High School Entrants*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Non-High School Entrants (N=13)</th>
<th>High School School Entrants (N=50)</th>
<th>All Males (N=63)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advantages of Nursing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good morale</td>
<td>10 (76.9)</td>
<td>19 (38.0)</td>
<td>29 (46.0)</td>
<td>.012</td>
</tr>
<tr>
<td>Long Term Career Goals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leave nursing altogether</td>
<td>0 (0.0)</td>
<td>1 (2.0)</td>
<td>1 (1.6)</td>
<td></td>
</tr>
<tr>
<td>Career in education</td>
<td>2 (15.4)</td>
<td>0 (0.0)</td>
<td>2 (3.2)</td>
<td></td>
</tr>
<tr>
<td>Career in management</td>
<td>2 (15.4)</td>
<td>4 (8.0)</td>
<td>6 (9.5)</td>
<td></td>
</tr>
<tr>
<td>Career in research</td>
<td>0 (0.0)</td>
<td>3 (6.0)</td>
<td>3 (4.8)</td>
<td>.035</td>
</tr>
<tr>
<td>Remain in clinical area</td>
<td>2 (15.4)</td>
<td>19 (38.0)</td>
<td>21 (33.3)</td>
<td></td>
</tr>
<tr>
<td>Return to university</td>
<td>6 (46.2)</td>
<td>9 (18.0)</td>
<td>15 (23.8)</td>
<td></td>
</tr>
<tr>
<td>Use nursing background</td>
<td>1 (7.7)</td>
<td>6 (12.0)</td>
<td>7 (11.1)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>0 (0.0)</td>
<td>4 (8.0)</td>
<td>4 (6.3)</td>
<td></td>
</tr>
<tr>
<td>No response</td>
<td>0 (0.0)</td>
<td>4 (8.0)</td>
<td>4 (6.3)</td>
<td></td>
</tr>
</tbody>
</table>
4.8.2 Prior experience vs no prior experience

The group of 63 male participants comprised 26 men who had prior experience in health care/nursing and 37 without prior experience. Higher proportions of those without prior experience, compared to those with prior experience, selected “Desire to have a stable career” and “Variety of career paths available” as reasons for choosing nursing, as shown in Table 11. Likewise, the inexperienced group selected “Teamwork” as an advantage associated with nursing and “Considered not intellectually challenging” as a challenge encountered before starting nursing studies in proportionately greater numbers than did the experienced group.

Table 11
Men Only - Prior Experience vs No Prior Experience

<table>
<thead>
<tr>
<th>Variable</th>
<th>Prior Experience (N=26)</th>
<th>No Prior Experience (N=37)</th>
<th>All Males (N=63)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reasons for Choosing Nursing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Desire for stable career</td>
<td>14 (53.8)</td>
<td>30 (81.1)</td>
<td>44 (69.8)</td>
<td>.02</td>
</tr>
<tr>
<td>Variety of career paths</td>
<td>18 (69.2)</td>
<td>33 (89.2)</td>
<td>51 (81.0)</td>
<td>.047</td>
</tr>
<tr>
<td>Advantages of Nursing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teamwork</td>
<td>8 (30.8)</td>
<td>25 (67.6)</td>
<td>33 (52.4)</td>
<td>.004</td>
</tr>
<tr>
<td>Challenges Before Studies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Considered not intellectually</td>
<td>2 (7.7)</td>
<td>11 (29.7)</td>
<td>13 (22.4)</td>
<td>.033</td>
</tr>
</tbody>
</table>
4.8.3 First considered nursing aged under 21 vs 21 and over

The group of 63 male participants comprised 31 men who had first considered a nursing career aged under 21 years and 32 who first considered nursing aged 21 years and over. The options “Desire to have a stable career” and “Geographical mobility” were both selected in greater proportions by the older group as a reason for choosing nursing, as shown in Table 12. The “Ability to care for sick” was chosen by proportionately more of the younger group as an advantage associated with nursing (83.9% to 59.4%), while the older group were more vehement in their selection of salary as an advantage (37.5% to 12.9%); in contrast, the younger group felt more strongly that poor salary was a disadvantage associated with nursing (58.1% to 18.8%). The younger group appeared to encounter some challenges more intensely, both before and during their nursing studies, with proportionately greater numbers of the younger participants identifying “Considered not intellectually challenging”, “Being considered inappropriate for some specialities” and “Being seen as a ‘failed doctor’” as challenges.

Table 12
Men Only - First Considered Nursing Aged under 21 vs 21 and over

<table>
<thead>
<tr>
<th>Variable</th>
<th>Under 21 (N=31)</th>
<th>21 and Over (N=32)</th>
<th>All Males (N=63)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Reasons for Choosing Nursing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Desire for stable career</td>
<td>18</td>
<td>(58.1)</td>
<td>26</td>
<td>(81.3)</td>
</tr>
<tr>
<td>Geographical mobility</td>
<td>11</td>
<td>(35.5)</td>
<td>21</td>
<td>(65.6)</td>
</tr>
<tr>
<td>Advantages of Nursing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to care for sick</td>
<td>26</td>
<td>(83.9)</td>
<td>19</td>
<td>(59.4)</td>
</tr>
<tr>
<td>Salary</td>
<td>4</td>
<td>(12.9)</td>
<td>12</td>
<td>(37.5)</td>
</tr>
<tr>
<td>Disadvantages of Nursing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor salary</td>
<td>18</td>
<td>(58.1)</td>
<td>6</td>
<td>(18.8)</td>
</tr>
<tr>
<td>Challenges Before Studies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Considered not intellectually challenging</td>
<td>10</td>
<td>(32.3)</td>
<td>3</td>
<td>(9.4)</td>
</tr>
<tr>
<td>Challenges During Studies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Considered inappropriate for some specialties</td>
<td>16</td>
<td>(51.6)</td>
<td>7</td>
<td>(21.9)</td>
</tr>
<tr>
<td>Seen as a ‘failed doctor’</td>
<td>15</td>
<td>(48.4)</td>
<td>7</td>
<td>(21.9)</td>
</tr>
</tbody>
</table>
4.8.4 International vs domestic students

The group of 63 male participants comprised 11 international and 52 domestic students (defined as either Australian citizens/permanent residents or New Zealand citizens). As shown in Table 13, the international students selected “Always wanted to be a nurse” in greater proportions than their domestic counterparts (36.4% compared with 7.7%). Likewise, they opted for “Shift-work” (72.7%) and “Lack of career opportunities” (18.2%) as disadvantages associated with nursing in significantly greater proportions than their domestic counterparts (38.5% and 0.0% respectively).

Additionally, some challenges encountered before the commencement of nursing studies, namely “Family objections” (45.5%) and “Lack of guidance/information” (63.6%) and challenges encountered since nursing studies, specifically “Reluctance of female patients to be cared for by males” (81.8%), were identified in significantly greater proportions by international students than by domestic students.

Table 13
Men Only - International vs Domestic Students

<table>
<thead>
<tr>
<th>Variable</th>
<th>Domestic (N=52)</th>
<th>International (N=11)</th>
<th>All Males (N=63)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reasons for Choosing Nursing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Always wanted to be a nurse</td>
<td>4 (7.7)</td>
<td>4 (36.4)</td>
<td>8 (12.7)</td>
<td>.009</td>
</tr>
<tr>
<td>Disadvantages of Nursing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shift-work</td>
<td>20 (38.5)</td>
<td>8 (72.7)</td>
<td>28 (44.4)</td>
<td>.038</td>
</tr>
<tr>
<td>Lack of career opportunities</td>
<td>0 (0.0)</td>
<td>2 (18.2)</td>
<td>2 (3.2)</td>
<td>.002</td>
</tr>
<tr>
<td>Challenges Before Studies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family objections</td>
<td>8 (15.4)</td>
<td>5 (45.5)</td>
<td>13 (22.4)</td>
<td>.023</td>
</tr>
<tr>
<td>Lack of guidance/information</td>
<td>11 (21.2)</td>
<td>7 (63.6)</td>
<td>18 (31.0)</td>
<td>.005</td>
</tr>
<tr>
<td>Challenges During Studies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reluctance of female patients to be cared for by males</td>
<td>24 (46.2)</td>
<td>9 (81.8)</td>
<td>33 (56.9)</td>
<td>.031</td>
</tr>
</tbody>
</table>
4.8.5 Graduates vs non-graduates

The group of 63 male participants consisted of 17 graduates (defined as those already holding degrees) and 46 non-graduates (defined as those without degrees). The non-graduate group was significantly more enthusiastic in its selection of some of the advantages associated with nursing, namely “Ability to care for sick”, “Upward career mobility”, “Variety of career paths available” and “Variety and challenge of the work” (Table 14). Likewise, the percentage of the non-graduate group who selected some of the challenges before and during nursing studies, namely “Perception of poor salary” and “Reluctance of female patients to be cared for by males”, was significantly greater than their graduate counterparts.

Table 14

*Men Only - Graduates vs Non-Graduates*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Graduates (N=17)</th>
<th>Non-Graduates (N=46)</th>
<th>All Males (N=63)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Advantages of Nursing</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to care for sick</td>
<td>9 (52.9)</td>
<td>36 (78.3)</td>
<td>45 (71.4)</td>
<td>.048</td>
</tr>
<tr>
<td>Upward career mobility</td>
<td>4 (23.5)</td>
<td>28 (60.9)</td>
<td>32 (50.8)</td>
<td>.009</td>
</tr>
<tr>
<td>Variety of career paths</td>
<td>9 (52.9)</td>
<td>36 (78.3)</td>
<td>45 (71.4)</td>
<td>.048</td>
</tr>
<tr>
<td>Variety and challenge</td>
<td>8 (47.1)</td>
<td>34 (73.9)</td>
<td>42 (66.7)</td>
<td>.045</td>
</tr>
<tr>
<td><strong>Challenges Before Studies</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perception of poor salary</td>
<td>2 (11.8)</td>
<td>18 (39.1)</td>
<td>20 (34.5)</td>
<td>.038</td>
</tr>
<tr>
<td><strong>Challenges During Studies</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reluctance of female patients to be</td>
<td>5 (29.4)</td>
<td>28 (60.9)</td>
<td>33 (56.9)</td>
<td>.026</td>
</tr>
<tr>
<td>cared for by males</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4.9 All Students

The same analysis was carried out to establish whether any differences were evident when all 203 students were examined in light of the above factors. The views of all students, specifically on the subject of men in nursing, were examined. This related to questions 20 to 31 of the questionnaire. Again, only instances where significant differences were identified among students are reported below. As with the previous section, where it was stated that no differences were found between men in the first year of their course and men in other years, similarly there were no significant differences found to exist between all students (male and female) in the first year of their course and students in other years.

4.9.1 High school vs non-high school entrants

The sample of 203 participants consisted of 48 students who enrolled in a nursing degree directly after high school and 155 who had been engaging in other activities before nursing. As shown in the key results presented in Table 15, there was a significant difference between the groups in relation to the misperception that “All male nurses are ‘gay’”, with high school entrants being more strongly of the opinion that this misperception needs to be addressed (77.1% compared with 59.4%). There were also notable differences in opinions regarding what should be the selling points when promoting the men in nursing message, with non-high school entrants being more in favour of promoting the message that nursing offers a “Challenging and responsible profession” and “Multiple areas of practice” than their counterparts who had come directly from high school.
Table 15
All Students - High School vs Non-High School Entrants

<table>
<thead>
<tr>
<th>Variable</th>
<th>High School Entrants (N=48)</th>
<th>Non-High School Entrants (N=155)</th>
<th>All Students (N=203)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Misperceptions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All male nurses are ‘gay’</td>
<td>37 (77.1)</td>
<td>92 (59.4)</td>
<td>129 (63.5)</td>
<td>.026</td>
</tr>
<tr>
<td>Selling Points</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Challenge/responsibility</td>
<td>30 (62.5)</td>
<td>121 (78.1)</td>
<td>151 (74.4)</td>
<td>.031</td>
</tr>
<tr>
<td>Multiple areas of practice</td>
<td>28 (58.3)</td>
<td>119 (76.8)</td>
<td>147 (72.4)</td>
<td>.012</td>
</tr>
</tbody>
</table>

Differences were also found between students in relation to encouraging a male family member to pursue nursing as a career (Figure 7). Non-high school entrants were found to agree more strongly with the statement than high school entrants (35.5% compared with 16.7%), while proportionately more high school entrants were neutral (20.8% compared with 8.4%).

Figure 7. All Students - High School vs Non-High School Entrants: I would encourage a male family member (e.g., brother, son, partner) to pursue nursing as a challenging and rewarding career choice.
4.9.2 Prior experience vs no prior experience

The group of 203 participants comprised 78 students who had prior experience in health care/nursing and 125 without prior experience. The only difference between these sub-categories, in relation to their attitude towards men in nursing, was with regard to selling points. Those with prior experience were more enthusiastic in their views that a key selling point when promoting the men in nursing message should be that it is “Inclusive, non-gender specific” (66.7% compared with 52.0%). This difference was found to be significant (p = 0.04).

4.9.3 First considered nursing aged under 21 vs 21 and over

The group of 203 participants comprised 122 students who had first considered a nursing career aged under 21 years and 81 students who first considered nursing aged 21 years and over. Those who first considered a nursing career at a younger age were more emphatic in their views that the misperception “All male nurses are ‘gay’” needs to be addressed compared with the older age group (72.1% to 50.6%). This difference was found to be significant (p = 0.002). Significant differences were also found in relation to recommending a male family member to pursue nursing as a career (Figure 8). There was more overall agreement with this statement among those aged 21 years and over than in the younger age group (82.7% compared with 69.7%). The older group were also more inclined to strongly disagree with the statement. However, the younger age group indicated a significantly more neutral stance (15.6% compared with 4.9% of the older age group).
4.9.4 International vs domestic students

The group of 203 participants comprised 24 students who identified as international and 179 students who identified otherwise (classed as domestic). A greater proportion of the domestic students thought that “Ability to make a difference” was a key selling point when promoting the men in nursing message to males (77.7% to 58.3%). This difference was found to be significant (p = 0.039). There was also a difference of some significance between these two groups on the subject of society’s perception that female nurses are more caring and nurturing than males (Figure 9). A greater proportion of international students disagreed with this statement (29.2%) compared with domestic students (8.9%), whilst a greater proportion of domestic students agreed with the statement (56.4% to 41.7%).
Figure 9. All Students - International vs Domestic Students: I feel that there is a general perception by society that female nurses are more caring and nurturing than male nurses.

4.9.5 Graduates vs non-graduates

The group of 203 participants comprised 54 graduates (70.4% of whom were from UWA) and 149 non-graduates. Significantly greater proportions of the non-graduates selected the following as common misperceptions about men in nursing that need to be addressed – “All male nurses are ‘gay’” and “Poor pay for a man” (Table 16). Furthermore, a greater proportion of non-graduates than graduates thought that “Enhanced career guidance at school” would be a good vehicle for attracting more men into nursing (73.8% compared with 64.8%).

Table 16
All Students - Graduates vs Non-Graduates

<table>
<thead>
<tr>
<th>Variable</th>
<th>Graduates (N=54)</th>
<th>Non-Graduates (N=149)</th>
<th>All Students (N=203)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Misperceptions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All male nurses are ‘gay’</td>
<td>22</td>
<td>(40.7)</td>
<td>107</td>
<td>(71.8)</td>
</tr>
<tr>
<td>Poor pay for a man</td>
<td>8</td>
<td>(14.8)</td>
<td>53</td>
<td>(35.6)</td>
</tr>
<tr>
<td>Best Vehicle</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Career guidance at school</td>
<td>35</td>
<td>(64.8)</td>
<td>110</td>
<td>(73.8)</td>
</tr>
</tbody>
</table>
There was disagreement of some significance between the two groups on the subject of whether the current portrayal of male nurses as being ‘gay’ or effeminate in nature by the mass media (e.g., television, films and magazines) discourages men from choosing nursing as a career (Figure 10). A higher proportion of graduates indicated overall disagreement with this statement compared with non-graduates (18.6% to 5.4%), but the opposite was the case in terms of overall agreement. Here the non-graduates were in the majority, with a significant proportion of the non-graduates showing strong agreement (27.5% to 13.0%). There was also disagreement in relation to encouraging a male family member to pursue nursing as a career. A significantly greater proportion of graduates than non-graduates were found to show overall disagreement with this statement (13.0% compared with 4.7%).

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grads</strong></td>
<td>1.9%</td>
<td>16.7%</td>
<td>14.8%</td>
<td>50.0%</td>
<td>13.0%</td>
</tr>
<tr>
<td><strong>Non-Grads</strong></td>
<td>2.0%</td>
<td>3.4%</td>
<td>10.1%</td>
<td>49.0%</td>
<td>27.5%</td>
</tr>
<tr>
<td><strong>All Students</strong></td>
<td>2.0%</td>
<td>6.9%</td>
<td>11.3%</td>
<td>49.3%</td>
<td>23.6%</td>
</tr>
</tbody>
</table>

*Figure 10. All Students - Graduates vs Non-Graduates: The current portrayal of male nurses as being ‘gay’ or effeminate in nature by the mass media (e.g., television, films and magazines) discourages men from choosing nursing as a career.*
4.10 Summary

This chapter presented the results of the study. The results were obtained using quantitative analysis to meet the study objectives. The results were reported as descriptive statistics, describing the sample of nursing students who participated in the study and providing a comparative description of the groups involved.

The demographic information gathered revealed that approximately two-thirds of the respondents (69.0%) were female; the largest proportion of respondents were in the 19 – 25 year age group and the overwhelming majority lived in the Perth Metropolitan area. Almost half of the respondents (44.3%) came from one university, but the students were evenly distributed over the 1st year of their studies and all other years combined. “Secondary education” was the highest qualification selected by the largest group of respondents (34.5%). However, a sizeable proportion (26.6%) had a prior degree which was to be expected as one group of respondents was enrolled in a graduate entry programme. A relatively small proportion of respondents (11.8%) identified as being international students.

In terms of the respondents’ activities pursued directly before the commencement of their nursing studies, there was an even spread between previously attending high school, engaging in another career or undertaking another tertiary course. The majority of respondents (61.6%) said that they had no previous health care/nursing experience; of those who did, the largest number was employed in the residential aged care sector. Most of the respondents (69.0%) stated that they had first started to consider a career in nursing when aged between 16 and 30 years, although it is noted that the males were skewed more towards the higher end of the age spectrum. The most popular age for actually starting nursing studies was between 19 and 25 years. The key reasons selected for choosing a nursing career were “Desire to help people” and “The variety of career paths offered by a nursing career.” Whilst almost one-third of female respondents
selected the option “Always wanted to be a nurse”, this was not chosen by many males.

The respondents’ views on nursing as a career identified “Ability to make a difference” as the main advantage associated with nursing. The male respondents selected the option “Stable career with few redundancies” in greater proportions than the females. The females viewed “The emotional burden associated with caring for sick people” as a greater disadvantage associated with nursing than did the males. The largest group of respondents (36.9%) expressed a desire to remain in a clinical area in the long term; although this comprised the largest group, only one-third of all male participants responded accordingly. Overall, the majority of respondents (90.6%) said that they would encourage males to engage in a nursing career and agreed that more males are needed in nursing.

In terms of promoting men in nursing, the respondents agreed that negative stereotypes persist surrounding the appropriateness of nursing for men and the perception that male nurses are ‘gay’. These were identified as reasons why some men are not attracted to nursing. The key selling points identified include the “Ability to make a difference” along with the challenge, variety and skill associated with a nursing career. The best vehicles identified for attracting more men into nursing concentrated on selling the message to high school students.

The section of the questionnaire which examined attitudes and perceptions revealed that most respondents agreed that nursing is not perceived as a very masculine career for males. It was also agreed that society perceives female nurses to be more caring than male nurses. With regard to the portrayal of nursing by the mass media, it was agreed that the portrayal of nursing as being more suited for women and, as a consequence, male nurses being identified as ‘gay’, discourages men from choosing nursing as a career. However, the participants disagreed with the statement that nursing
is more appropriate for females because they tend to be more caring. Furthermore, a majority of participants agreed that they would encourage a male family member to pursue a career in nursing.

Finally, the study revealed information on the subject of challenges encountered by the male respondents, either before or during their nursing studies. “Lack of male role models/mentors” was the main challenge identified before the commencement of nursing studies followed by “Stereotypes” and “Traditionally female profession.” With regard to challenges encountered during their studies, the difficulties associated with being a minority gender and the reluctance of female patients to be cared for by a male were the most commonly selected.

Further analysis was carried out to establish whether any differences existed among the male participants in terms of their attitudes towards nursing in general or in the challenges they reported experiencing as men in nursing. Additionally, analysis was carried out to establish whether any differences in terms of attitudes towards men in nursing were evident among all participants, other than along gender lines. By segmenting the participants according to a number of pre-defined categories, some differences within and between groups of participants were identified.

In the next chapter the key findings and the implications of these findings are examined in relation to the aim and the objectives of the study. The findings are also discussed in the context of previous research carried out on this subject.
Chapter 5 – DISCUSSION

5.1 Introduction

This chapter draws together the main findings of the study and discusses them in relation to the aim and the objectives of the study as set out in Chapter 1. This chapter also examines how these findings fit into the existing body of published literature, as reviewed in Chapter 2. By interpreting and discussing the findings within the context of prior research, this chapter establishes the significance of this study.

The overriding aim of this study was to identify possible reasons behind the under-representation of men in nursing in Australia by developing a comparative descriptive profile of a sample of West Australian nursing students and identifying and comparing their opinions regarding the general perception of men in nursing. From this aim, specific objectives were identified in order to address the research question. This chapter discusses the findings of the study under the following headings which reflect the objectives of the study:

- Demographic Profile
- Path to Nursing Studies
- Views on Nursing as a Career
- Promoting Men in Nursing
- Attitudes and Perceptions towards Men in Nursing
- Challenges Encountered as Men in Nursing

5.2 Demographic Profile

This study set out to examine background data on the participants in order to compile a demographic profile of the respondent groups. Although the number of males participating in this study was less than half the number of females, males were still represented in disproportionately large numbers when compared with the gender split
among the wider nursing student population. In 2011, males comprised 13.7% of all commencing enrolments in courses for initial registration as a registered nurse in Australia (Health Workforce Australia, 2013), compared with a representation of 31.0% for males in this study. It could be deduced that the increased participation on the part of male students may be an indication of their degree of interest in a topic of particular personal relevance. In addition to gender, the only demographic data available regarding Australian nursing students relate to overseas students. The proportion of students participating in this study who identified as an international student (11.8%) was slightly lower than the national average, where overseas students accounted for almost one in seven (15%) of all commencing enrolments in registered nursing courses in 2011 (Health Workforce Australia, 2013).

5.3 Path to Nursing Studies

This study set out to describe the participants’ activities before their nursing studies and, in so doing, it revealed that a surprisingly low proportion of respondents (23.6%) commenced their nursing studies directly from high school. The figure for males was even lower at 20.6%. This is consistent with the findings of recent research on the subject of men in nursing which also report a low rate of direct entry to nursing schools by males (Hodes Research, 2005; Stanley et al., 2014). As a consequence, the male respondents in this study had started their nursing studies older than their female counterparts. Furthermore, a higher proportion of male than female participants had obtained some type of qualification after high school. Similarly, proportionately more males than females had engaged in another career, another tertiary course or an “Other” activity before starting their studies (57.1% compared with 48.6%).

Therefore, it can be concluded, consistent with the findings of Wilson’s (2005) research, that the majority of male students had clearly investigated other options before
formally embarking on a nursing career and were perhaps looking to a career in nursing
to provide a level of satisfaction not found elsewhere. This confirms the theory
discussed by Simpson (2004) that nursing is characterised by a high proportion of
settlers, defined as men who have tried a number of different (often masculine) careers
with limited levels of satisfaction before entering their current (often feminine)
occupation and settling. Overall, it appears that little has changed from the situation of
over 20 years ago when it was noted, “Compared to his female counterparts the man in
nursing is more likely to be, older, married, more educated, and choosing nursing as a
second or subsequent career” (B. Jones, 1997, p. 33).

5.4 Views on Nursing as a Career

This study set out to describe the participants’ views on nursing as a career and
the potential opportunities a nursing career may offer them.

5.4.1 Age first considered nursing

It was established that, in addition to commencing their nursing studies at a later
stage than the female participants, the males first considered a nursing career at a later
age than the females. Whereas 26.4% of females first considered nursing before the age
of 16 years, only 4.8% of males did. In fact, almost three times the proportion of
females as males (32.9% compared with 12.7%) said that they had always wanted to be
a nurse. In contrast, a greater proportion of males than females started to consider a
nursing career in their late teens, and the proportion of males who considered nursing
whilst in their 20s was almost 50% greater than the proportion of females of the same
age (36.5% compared with 25.0%). This difference in the ages at which the males and
females first considered a nursing career is consistent with the findings of previous
studies (Hodes Research, 2005; Okrainec, 1994; Stanley et al., 2014), and with the
findings of Romem and Anson (2005) who concluded that females, unlike males, tend to choose nursing because of “childhood dreams” (p. 176).

5.4.2 Cultural influences

The later age at which the male participants first considered a nursing career suggests that the career decision making process of young males may be influenced by a culture in which hegemonic masculinity dominates (Loughrey, 2008), and they are fearful that in choosing a role not traditionally perceived as masculine, they thereby “become associated with effeminateness and homosexuality” (Harding, 2007, p. 643). In order to deal with such preconceived ideas, a young man opting for a career in nursing must be, as pointed out by a female participant, “very head strong and be proud of themselves because of the nature and stereotyping that comes with being a male in nursing.” It may be that it is not until most men are more mature that they are ready to consider a career in nursing and, in so doing, are able to deal with the disapproval from other men and the anxiety resulting from the stigma of homosexuality, which is associated with men who do women’s work (Evans, 2002). Likewise, Cushman (2005) notes a similar perception exists among the public that men who choose primary school teaching, another non-traditional career, are homosexual. As Cushman (2005) points out, “life experience equips an individual with the ability and confidence to follow the career that they may well have chosen earlier if were it not shrouded in such high-profile contention” (p. 334). Although this point refers to primary school teaching, it could equally be applied to nursing, as evidenced from a quote by a man in nursing that while younger his shoulders were not “broad enough to have carried that weight, now it doesn’t matter one iota” (Simpson, 2005, p. 373).

It is interesting to note the large discrepancy between the proportion of males who identified as being international, and stated that they had always wanted to be a
nurse (36.4%), and the proportion of domestic participants who responded likewise (7.7%). This finding could indicate a particular dominance of hegemonic masculinity within Australian society, which dissuades a larger proportion of young men from a career in nursing than is the case in other countries. However, as some participants who identified as international in this study may be from countries with cultures similar to Australia (such as the USA or the UK), and some participants who identified as domestic may in fact have Australian citizenship but may be predominantly influenced by other cultures, it is difficult to draw definite conclusions from this finding.

5.4.3 Lack of recognition of nursing as a career

In addition to cultural factors, another reason which may explain why male participants considered a nursing career at a later stage than the females is a lack of awareness, due to poor promotion of the opportunities a nursing career can offer males. A lack of adequate information and role models available to young males is suggested in a comment made by one male participant who stated, “Nursing was absolutely never mentioned as a suitable career choice for a male whilst I was at high school!”

However, as an aside, it is worth noting that a significantly smaller proportion of male domestic students reported a lack of guidance and information prior to commencing their nursing studies than did the international students (21.2% compared with 63.6%). This lack of recognition of nursing as a career choice is confirmed by LaRocco (2007) who recognises it as the foremost theme identified by qualified male nurses.

This current study captured a number of comments which emphasise the lack of recognition of nursing as a positive career choice for all, not just for men. It was pointed out that the full range of benefits offered by the profession to either gender are not necessarily always appreciated by the public, who are influenced by the image of nursing promoted by the media. Common media stereotypes of nurses as women
assisting doctors are mentioned by Brodie, Andrews, Andrews, Thomas, Wong and Rixon (2004) and by Roth and Coleman (2008). This image of nurses as doctors’ assistants is not limited to countries typically classed as Western. Evidence of the negative image of nursing and its inferior status compared with medicine is highlighted in studies carried out amongst nursing students in Turkey and Jordan (Abushaikha et al., 2014; Karabacak et al., 2012). Although Stanley (2008) concluded that recent films are starting to portray nurses in a more positive light, and it is claimed that nurses and nursing are generally looked upon favourably by the public (Roth & Coleman, 2008), the invisibility of the specialised skills and decision making components of nursing practice leads to a perceived lack of status for the nursing profession (Brodie et al., 2004). Sadly, the public’s image of nursing does not appear to have improved in recent years as the sentiments identified in this current study are mirrored in the findings of a study of male nursing students carried out almost two decades ago (Kelly et al., 1996). This study portrayed a generally negative view of nursing held by the public who considered nursing to be a mundane subservient occupation lacking autonomy. It is suggested that this image of nursing is often perpetuated by television programmes (Weaver et al., 2014).

5.4.4 Parental influences

A number of participants identified parental influences as a reason why some men do not consider a career in nursing at a young age. Unlike other studies which identified the attitude of fathers, in particular, as having a negative influence on some males contemplating a career in nursing (Buerhaus et al., 2005) or teaching (Cushman, 2005), this was not recognised as an important factor in this study. Likewise, in contrast to other research which identified family as being a key motivating factor behind men’s eventual decision to enter the field of nursing (Buerhaus et al., 2005; Rajacich et al.,
2013; Torjesen & Waters, 2010) and other traditionally female dominated professions, such as primary school teaching (Cushman, 2005; Mulholland & Hansen, 2003), this reason did not emerge as a key factor in this study. These points are discussed in further detail later in this chapter when attitudes and challenges are considered.

5.4.5 Advantages and disadvantages of nursing

The enhanced maturity of the male participants is reflected in their choice of reasons for opting to embark on a nursing career. “Desire to have a stable career” was selected as a key reason for choosing nursing by proportionately more male than female participants (69.8% compared with 43.6%). Male participants also perceived stability to be a crucial advantage of a nursing career, whilst this was not an important factor for females. Zysberg and Berry (2005) reported similarly that male nursing students in their study put greater emphasis on the job security associated with nursing than did their female colleagues. Likewise, a Turkish study of nursing students found guarantee of work to be more important for the male participants than for the females, attributing the importance men place on guarantee of work to the traditional role of men in society as head of the family (Karabacak et al., 2012). This current study revealed career stability to be particularly important for older males, defined as those who first considered nursing aged 21 years and over. Over 80% of this age group selected career stability as a reason for choosing nursing. Stanley et al. (2014) reported similar findings in relation to the importance of career stability for men already established in nursing.

The findings of this study are largely in line of those of another Australian study (Wilson, 2005), in that the role of helping people is identified as an important reason why males students undertake a nursing programme. However, one difference between the genders is that while male respondents undoubtedly identified altruistic factors as reasons for choosing nursing, and as key advantages of the profession, they selected
peripheral benefits (such as geographical mobility, variety of career paths and upward career mobility) in greater proportions than their female participants. Likewise, Romem and Anson (2005) found that the female participants in their study emphasised more the internal rewards of nursing, such as helping others, than did the male participants. Similarly, a greater proportion of males aged over 21 years in this current study reported that salary is an advantage associated with nursing. Three times as many males in this older age group cited salary as an advantage of nursing as did males in the younger age group (37.5% compared with 12.9%). Likewise, “Geographical mobility” was chosen in greater proportions by those who first considered nursing aged 21 years and over as a reason for choosing nursing. This was also identified by the participants in the Hodes Research (2005) study (the majority qualified nurses and therefore older) as a key selling point. Consistent with the findings of Stanley et al. (2014), these findings indicate the male participants may have selected nursing with a view to pursuing a worthwhile career, offering stability and a wide range of career opportunities, rather than fulfilling a long held ambition. This contradicts the findings of other research which concluded that altruism and job satisfaction, rather than extrinsic rewards, are the main motivating factors for men in nursing (Simpson, 2005).

Examining the feedback provided by male respondents aged under 21 years reveals some trends unique to this age group. The younger male participants tended to be more idealistic than their older, more mature counterparts. The proportion of males in the younger group who felt that potentially lower salary is a disadvantage associated with nursing (58.1%) significantly outweighed the proportion of older males who felt likewise (18.8%), suggesting that the older cohort may have been more realistic in their expectations. Almost twice the proportion of males who enrolled in a nursing degree directly after high school identified “good morale” as an advantage of nursing (76.9%) than did non-high school entrants (38.0%), implying an increasing level of cynicism.
with age. Additionally, a considerably higher proportion of those who first considered a career in nursing before the age of 21 years identified “Ability to care for sick people” as a key advantage of nursing (83.9%) compared with those who first considered nursing after this age (59.4%). This reinforces the points discussed earlier, that the older male group appear to place greater emphasis on the non-altruistic advantages associated with a nursing career (in particular the stability and reasonable salary) than their younger counterparts, and certainly more so than the female participants.

5.4.6 Long term career goals

A feeling of optimism towards a nursing career is evident from the career plans identified by the participants, with an exceptionally small number of participants (1.0%) planning to leave the profession altogether. However, only a third of male respondents in this study stated that they hoped to still be in a clinical area in 5-years’ time. This appears to contradict the findings of other research which concluded that because men in non-traditional occupations tend to be more aligned with the core functions of the career, they would prefer to remain in clinical practice rather than accept promotion and, in so doing, remove themselves from the clinical area (Simpson, 2005). Further examination, however, reveals that the intention to stay in the clinical setting was noticeably higher amongst those males who had pursued other activities before commencing their studies than those who had come directly from school (38.0% compared with 15.4%), perhaps reflecting a desire to settle on the part of the more experienced group. This particular finding indicates some consistency with the conclusions of Simpson (2005), suggesting a preference on the part of this group to remain in a care-focussed environment rather than move into other more administrative areas that may be similar to their previous (less connected) experiences. Moreover, a large discrepancy was identified between the proportion of males who came directly
from school and indicated a desire to return to university for further study (46.2%), and those who had not come directly from school (18.0%) and indicated likewise. Again, this was probably reflective of a desire on the part of the former group to broaden their horizons compared with the latter group who already had some life or further study experience.

It is worth highlighting the aspirational tone of the male participants in the study; twice the proportion of males (9.5%) as females (4.3%) said they hoped to pursue a career in management which is consistent with the findings of Zysberg and Berry (2005). They found that the male nursing students in their study expressed greater ambition in terms of leadership and advancement. There is evidence to suggest that this ambition does come to fruition as Walker (2011) notes that males eventually progress at greater speed through the ranks of the nursing profession than women. Whilst 11.38% of all nurses registered in Australia are male (Nursing and Midwifery Board of Australia, 2014), they make up 14% of nursing management positions (Health Workforce Australia, 2013), supporting the concept of a disproportionate number of males amongst the ranks of Australian nursing management. This gravitation of males towards roles associated with masculinity and greater remuneration is not limited to nursing; while males comprise only 19% of Australia’s primary school teachers, they fill 43% of the principal positions (McKenzie, Rowley, Weldon, & Murphy, 2011).

Male participants who were non-graduates were noticeably more enthusiastic than their graduate male counterparts about the career prospects associated with the nursing profession. Higher proportions of male non-graduates than graduates cited the following advantages associated with nursing – “Upward career mobility”, “Variety of career paths available” and “Variety and challenge of the work.” This enthusiasm could be attributed to the fact that a nursing career may offer more opportunities to non-graduates than other careers that are available to them. In contrast, these opportunities
may not appear as favourable to graduates who may forego other lucrative options in
order to pursue a career in nursing. Alternatively, it could be concluded that these
particular advantages of nursing are not considered to be of importance to the group of
graduates.

5.4.7 Recommend nursing to males

Despite the differences in backgrounds of the participants and in their future
career plans, the overwhelming majority of respondents stated that they would
recommend a nursing career to males with strong agreement being expressed by over
one-third of male respondents. This obvious satisfaction with their career choice is in-
keeping with the earlier finding of this study, specifically the intention of the
overwhelming majority of males to stay in nursing. The strong recommendation of a
nursing career to males by males is similar to the findings of the landmark Canadian
study (Okrainec, 1994), which found male nursing students to be similarly enthusiastic
about their chosen profession, and the Hodes Research (2005) study which reported
similarly positive attitudes amongst qualified male nurses. Participants provided several
comments about why they would recommend a nursing career to males, identifying the
many rewards and opportunities associated with the profession. Examples of positive
comments offered by male respondents were, “It’s rewarding and enjoyable work that
requires the ability to think on your feet and be responsible for your own work load”
and “I would highly recommend it to my friends. You get a pretty good kick out of
knowing that you have made a difference in someone’s life.” Female participants said,
“Nursing opens so many doors and pathways” and “Never a dull moment. Always
something to do and never bored. Laughs from beginning of shift to end of shift.”

Many comments were clear that these benefits are not limited to males. As one
female participant commented, “It’s a good career for anybody to be in, no matter the
gender. The benefits are still the same.” Therefore, the implication is that nursing should not just be recommended to males, but to anyone with the appropriate motives and personal attributes, regardless of gender. To quote one male participant, “Nursing can be a career suited for those with a kind, caring and selfless attitude. These qualities are common in both males and females.” However, as one male participant cautioned, “nursing is not for all, you need compassion and a thick skin.”

Interestingly, there was an increase in the level of recommendation with age. Older participants, such as non-high school entrants and those who had first considered nursing aged over 21 years, were more emphatic in their recommendations. This may indicate that these participants, having already tried other post-high school activities and perhaps being more realistic than their younger counterparts, appreciate the rewards associated with a nursing career. Graduates disagreed at three times the rate of their non-graduate counterparts with encouraging a male family member to pursue nursing as a career (13.0% compared with 4.7%). This is consistent with the earlier observation which found graduates to be less enthusiastic about the advantages associated with nursing. These findings may suggest that graduates, aware of the variety of career opportunities available to educated individuals elsewhere, may be more wary of recommending a nursing career.

5.4.8 Benefits of increased male participation

The overwhelming majority of respondents agreed that more males are required in nursing. In the words of one female participant, “We are no longer a group of suffragettes fighting for recognition of our intelligence and abilities. We can't continue to pride ourselves on the status our profession has gained in communities without accepting and encouraging more male contribution.” There was no evidence of female respondents fearing that an increase in the proportion of males in the profession would
result in a reduced number of senior posts available to females or, as Yoshimura and Hayden (2007) observe, would interfere with the “camaraderie of an all-girls’ network” (p. 115). Clearly there is agreement with Pratt (2014) that men are a necessity in nursing. Many participants felt that more males are required in nursing to “debunk the myth that nursing is just for females”, in the words of one male participant. Another male participant questioned the apparent myth that nursing should just be restricted to females by commenting, “As a nurse, you probably deal with more blood, guts and death than a doctor. So, why is it that society has such a strong opinion on nursing being a feminine career?”

A number of participants made the point that an indirect benefit of having an increased proportion of males in nursing would be that the profession “would be taken more seriously.” These comments reflect the view of Meadus (2000) who states that society considers nursing to be a female and, by implication, a second rate profession. Yu (2008) expands on this theme by claiming that, by increasing the proportion of men in nursing, the socioeconomic status of nursing would also be raised, bringing more prestige to the profession (Yoshimura & Hayden, 2007). It is hoped that a further benefit of increased male participation would be to reduce the stigma associated with men in nursing. This particular term was used in 32 separate comments provided by participants to supplement their answers to various questions.

Many participants justified their desire to have more males in nursing by commenting that males are just as capable as are females, a view matched in the findings of a study carried out amongst Turkish nursing students (Karabacak et al., 2012). In particular, caring was highlighted as a key attribute that males can demonstrate as effectively as females. Therefore, it was not unexpected that a majority of respondents should disagree with the statement, “I feel that nursing is more appropriate for females because they tend to be more caring and compassionate by their
inborn nature.” This opinion is corroborated by the findings of Penprase et al. (2013), who concluded that the male nursing students in their study demonstrated only slightly less empathy than their fellow female nursing students.

A strong theme to emerge from the comments provided by participants was that whilst males can be just as caring as females, gender is secondary in terms of a person’s ability to care; it is the personal attributes that a person possesses that are key. As one female participant stated, “Being male or female is irrelevant. It’s about finding the right person for the job”, a view that broadly echoes the sentiments of Stern (2013). That being said, it is noticeable that almost twice the proportion of female as male respondents identified the emotional burden associated with caring for sick people as a disadvantage of nursing. This brings into question whether the females in the study actually do care more than the males, or whether the toll of caring weighs heavier on females than it does on males.

In addition to the caring attributes that more males could bring to the nursing profession, participants commented that men are required to “provide balance” to the workforce. O’Lynn (2013) also recommends this approach. Participants noted that a good mix of genders makes for a healthier workplace, improving overall morale and staff dynamics. In the words of one female participant, “It helps to balance the oestrogen levels on an all-female ward.” Many comments were made by both male and female participants about the negative aspects associated with a female dominated workforce and how it was felt having more men in the workforce may address these issues. In the words of one male participant, “Having males in the team breaks up the competitive friction of the all-female team.” Two female participants remarked, “Greater numbers of males in nursing would balance out the tendency of mostly-female workplaces to get a little ‘bitchy’”, and “When a whole lot of women work together
continuously, bullying can be a problem, as well as clique-like behaviour and competition. Male presence is like a buffer really.”

Participants of both genders felt that men can address the shortcomings of a female dominated workforce by their personal attributes. They are identified as being more “relaxed”, “calm” and “co-operative” and, as one female participant commented, “They have an ability to do the job without the cattiness.” In addition, men are identified as having their own unique set of professional attributes to bring to nursing. As one female participant stated, “They are good at problem solving and critical thinking.”

However, it is the physical attributes that men bring to nursing that were most commented on by female participants as follows – “Males also provide a more ‘physical’ presence in difficult areas, such as psychiatric and correctional nursing”; “I honestly would feel safer knowing males were on my shift”; “Definitely help with the heavy manual handling workload and the anti-social behaviour that are too common”; “Males can have more authority, even if it's just physically.”

Harnessing the benefits brought about by a better gender mix may result in improved nursing care, specifically in terms of the care provided to male patents. As one female participant commented, “Males have a certain understanding between them about medical related problems.” There were a number of comments made about male patients having a preference for a male nurse on cultural grounds, or where intimate procedures may be involved, a point reinforced by Chur-Hansen (2002). On a general point, there were many comments made about how male patients are often more comfortable being treated by a male nurse; in the words of one female participant, “Men understand men.”
5.5 Promoting Men in Nursing

This study set out to describe how best to promote the subject of men in nursing from the perspective of nursing students.

5.5.1 Selling points

As career stability was identified earlier as a key reason for choosing nursing and as an advantage of the profession, it is not surprising that it was identified, particularly by male respondents, as a key selling point when promoting the men in nursing message. Career stability was also found to be a key selling point associated with nursing by the participants of the Hodes Research (2005) study, the majority of whom were male Registered Nurses. Other messages which participants identified as being important when promoting the men in nursing campaign, emphasised the challenging, diverse and highly skilled nature of the nursing profession, which is in line with other recent research (Stanley et al., 2014). Wolfenden (2011) echoes this with a call to highlight the caring, technical and medical skills associated with nursing. However, ultimately the ability of nurses and the nursing profession to make a difference was identified in this current study as a key selling point. As Pratt (2014) states, “You will touch other people’s lives and learn things about yourself that will change who you are forever.”

Some inconsistencies emerged in relation to key selling points identified by different groups of participants. Those who had not come directly from high school, and perhaps had some life experience, felt more strongly than did their younger counterparts that the “Challenging and responsible” nature of the profession and the “Multiple areas of practice” should be emphasised. Perhaps this group, having experienced other areas of work which their younger colleagues may not have, are more appreciative of the benefits of nursing. Additionally, it is noticeable that the participants who had had prior
health care/nursing experience felt more strongly than those without such experience (66.7% compared with 52.0%) that nursing should be sold as an “Inclusive, non-gender specific profession.” This suggests that this group of participants, having actually experienced what nursing involves, possibly appreciate more than their inexperienced counterparts that the profession is receptive to both genders.

5.5.2 Image promoted

A number of participants in this current study criticised specific advertisements geared towards men which, some participants felt, contribute to the stigma attached to men in nursing. This matches the findings of the Hodes Research (2005) study, where there were some objections to advertisements that promote the ‘macho’ image of men in nursing. Instead of promoting an overtly masculine image, a number of participants in this current study proposed that nursing as a career suited to both genders should be promoted, echoing the androgynous approach recommended by I. Y. Cheng et al. (2004). Walker (2011) also objects to male-oriented recruitment campaigns, instead endorsing gender neutral campaigns that attract the best overall candidates. This coincides with the point discussed in the previous section which stressed the importance of personal attributes above gender in the suitability of a candidate to nursing. In fact, the question is raised whether recruitment campaigns are required at all with one female participant commenting that, “the greatest advertisement for men in nursing is simply men being nurses.” This is consistent with other findings which concluded that early exposure to nursing by way of prior acquaintance with other males already within the profession (either through family or social networks) appears to be more important for males than for females during the decision making process (Romem & Anson, 2005).
5.5.3 Target groups

The two key vehicles identified for selling the *men in nursing* message were both school-related and recommended school visits and career guidance at school. This is in keeping with the findings of a number of research studies (Meyers, 2003; Rajacich et al., 2013; Sherrod et al., 2005; Wolfenden, 2011), which identified high school students as a key group at which to aim the *men in nursing* message. It is noticeable that the non-graduate group of participants, for whom school may have been their most profound educational experience, were particularly strong in their opinions in this regard. As discussed earlier, this may indicate a lack of available information on nursing as a career for male high school students in WA.

However, a closer examination of the comments provided by many participants on the theme of focussing on high school students, suggests a caveat to the participants’ support for school-based vehicles. In their comments, none of the participants actually recommended that male high school students should be the key target group for active recruitment into the nursing profession. Some comments recommended discussing nursing with this group as a means of filling the information gap that currently exists, matching the views of Meyers (2003) who believes these students are still too young to consider long term career choices. Most of the comments offered by participants on this specific subject recommended caution in promoting the *men in nursing* message to high school students, citing a lack of maturity on the part of most students. The concern voiced was that those male students who are interested in what society still perceives to be an inappropriate career for males may be left open to ridicule from their peers which is likely to deter them from pursuing the career of their choice. This point was articulated by one female participant as follows:

*I think you have to be careful advertising to school students. A lot of them are not mature enough to accept men in nursing at this stage, and teasing on some*
level would almost definitely be directed at most boys, from male and female peers. Until male nurses are prominent enough, and it is more acceptable to be a male nurse, that perspective shouldn't be discussed in schools - childish students will put those that are interested off.

This viewpoint coincides with the earlier discussion in relation to younger males sometimes not having the required self-confidence to pursue what society perceives to be a non-traditional career. One female participant in this study was of the opinion that promoting a nursing career to males would be more successful if an over-thirty age group was targeted as “males who are married with children don't have to prove to their mates anymore that they're not ‘gay’.” Furthermore, Curtis et al. (2009) recommend that mature entrants should be targeted as, having made the decision to make nursing a second career, they are more likely to stay until retirement.

5.6 Attitudes and Perceptions towards Men in Nursing

This study set out to describe the participants’ views on society’s perceptions of men in nursing and, in so doing, it confirmed the belief that society holds a number of misperceptions towards men in nursing.

5.6.1 Gender stereotyping

From the responses provided by the participants in this study, it can be concluded that nursing is not perceived as a very masculine career and it is considered by society to be inappropriate for a man. This is consistent with the findings of published research which confirms the existence of such stereotypes (Bartfay et al., 2010; Hodes Research, 2005; Stanley et al., 2014). The attitude that nursing is somehow inappropriate for men was discussed earlier in this chapter and was proposed as a reason why some young men do not consider a nursing career until early adulthood. Moreover,
as Tranberger (2003) asserts, this perception that nursing is a feminine profession can prevent some young men from pursuing a nursing career altogether.

*Younger participants* in particular (identified as those who enrolled in a nursing degree directly after high school, and/or first considered nursing aged under 21 years) were more vehement in the need to address society’s misperception that all male nurses are ‘gay’. This issue is also raised by Meadus and Twomey (2011). As discussed earlier in the chapter, it appears that younger men are more sensitive to the impact of this stereotyping, as evidenced by their later entry into the nursing profession. Non-graduates also felt strongly in this regard and believed that the reinforcement of these negative stereotypes by the media, in particular, discourses some men from entering the nursing profession. The role which the media plays in this regard is confirmed by a number of studies (Bartfay et al., 2010; Meadus & Twomey, 2007; Okrainec, 1994; Stanley et al., 2014; Tranbarger, 2003).

### 5.6.2 Men and caring

Another attitude, identified by participants as being widely held by society and confirmed in studies by Hodes Research (2005) and Stanley et al. (2014), is the belief that female nurses tend to be more caring than their male counterparts. As discussed earlier, this contradicts the participants’ own view that males tend to be just as caring as females. These societal prejudices around men and caring, where any caring behaviours demonstrated by a man are surrounded with suspicion and implications of sexual motives, may be responsible for apprehension about the reason behind a man’s presence at the bedside (Evans, 2002). As one male participant commented, there is a perception that “male nurses cannot care for female patients without sexual attraction” or, to quote another male participant commenting on society’s perception of men in nursing, “They are only there to pick up women.” This notion of sexual perversion is not limited to men
in the nursing profession (Simpson, 2004). There is a perception that men in teaching must have ulterior, sexual motives (Weaver-Hightower, 2011) with male primary school teachers, in particular, viewed as posing potential sexual threats to children (Cushman, 2005). This cloud of suspicion which can hang over men who undertake caring careers may result in some patients refusing to be nursed by a male, an issue raised by the participants and discussed in more detail in the next section.

There was a notable difference in responses between international and domestic students on the subject of attitudes towards men and caring; international students disagreed, at more than three times the rate of domestic students (29.2% compared with 8.9%), with the statement that society perceives female nurses to be more caring than male nurses. However, this appears to contradict another finding, discussed in more detail later in this chapter, where a greater proportion of international male participants reported experiencing reluctance from female patients to be cared for by a male. Therefore, while on the one hand international students disagreed that society perceives female nurses to be more caring, on the other hand they reported greater levels of reluctance on the part of society to be cared for by men. It is unclear whether this contradiction is due to genuine differences in participants’ beliefs regarding society’s perceptions, or whether the definition of society differs among participant groups. However, as pointed out earlier in this chapter, caution should be taken when drawing conclusions from the findings of international versus domestic participants due to the possible blurring in the cultural identity of some students and the small number of international participants represented in this study.

5.6.3 ‘Failed doctors’

Another attitude towards men in nursing, which a number of male participants highlighted, is the perception that they are ‘failed doctors’. Due to the negative image of
nursing and its inferior status compared with medicine (as discussed earlier), this implies a lower social standing for men in nursing than if they were doctors. This perception of ‘failed doctors’ is frequently mentioned by authors such as Ierardi et al. (2010), Kleinman (2004), LaRocco (2007), Meadus and Twomey (2011) and I. Y. Cheng et al. (2004). Male participants stated that they have been asked by patients, “Why aren’t you a doctor?” and identified a perception among patients that they are individuals who either “couldn’t make it to med school and settled for nursing instead”, or they are “med school drop outs.” Stanley (2012) suggests it is possible that this perception is reinforced by the media’s portrayal of male nurses as failed medical school underachievers. However, as pointed out by a number of participants, the medical and nursing professions are completely different and, in any case, many participants made it clear that they enjoy the benefits associated with nursing and have no desire to be a doctor. As one male participant commented, “Everyone assumes I want to study medicine (which I don’t!)”, and in the words of another, “Compared to medicine you get a lot more patient contact (in nursing).”

5.7 Challenges Encountered as Men in Nursing

This study set out to identify any challenges the male nursing students may have encountered on the way to, or through, their nursing studies.

5.7.1 Challenges before studies

The messages identified earlier relating to attitudes towards men in nursing and the reasons why some young men do not consider a career in nursing are mirrored in the challenges which the male participants identified as having faced before the commencement of their nursing studies. These were a lack of information/role models and the negative stereotypes around men working in what is considered to be a feminine
profession. As one male participant commented, “Most people didn't take me seriously or did not understand my motives.”

Males who first considered nursing at a younger age, identified as before the age of 21 years, appear to have experienced some challenges more intensely. Three times the proportion of younger male participants (32.3%) compared with older males (9.4%) identified “Considered not intellectually challenging” as a hurdle they faced before the commencement of their nursing studies. This suggests that they felt some societal resistance in their career choice as there was a perception that they had sold themselves short by opting for a nursing career ahead of other options. As one male participant put it, “Males in my experience are generally brought up believing they should be in a high paying position that takes a great deal of intelligence to achieve.” This coincides with the findings of I. Y. Cheng et al. (2004) who found opposition coming from young male friends, in particular, who felt that the individual could have found a better job than nursing. Similar gendered objections are noted in other predominantly female professions, including primary school teaching, where there are reports of student teachers being told by friends that they are too smart for teaching and they could be “making big money” elsewhere (Weaver-Hightower, 2011, p. 102). Mulholland and Hansen (2003) note the easy option which primary teaching is considered to be by friends, more so than by family. Foster and Newman (2005) sum up reactions with the words, “You can do better than that” (p. 347).

It is noticeable that almost four times the proportion of male participants without prior health care/nursing experience (29.7%), as compared to those with prior experience (7.7%), selected “Considered not intellectually challenging” as a challenge encountered before starting nursing studies. These prejudicial views may be attributed to lack of understanding on the part of family and friends regarding a career in nursing. As the participants had no prior experience of the profession, it is likely that those
around them may have had limited knowledge of the profession and may have been unduly influenced by commonly held community or media perpetrated misperceptions.

Despite earlier discussions around parental influences being a reason why some young men may not consider a career in nursing, “Family objections” did not emerge as a major challenge personally encountered by male participants in this study. There have not yet been any Australian studies carried out specifically on this topic, but the literature from other countries is split; as discussed previously, some studies claim that family encouragement is a positive influence (Buerhaus et al., 2005; Rajacich et al., 2013; Torjesen & Waters, 2010), while others claim that there may be some parental opposition (Coleman, 2013). This study found that the proportion of international male students who reported experiencing family objections to their nursing career was three times that of domestic male students (45.5% compared with 15.4%). “Family resistance” was identified as a key barrier to entering the nursing profession in a Chinese study of male nursing students (Wang et al., 2011). Furthermore, a Taiwanese study found parents more accepting of a daughter’s decision to become a nurse than a son’s (I. Y. Cheng et al., 2004). These references, combined with the findings of this study, suggest that family objections to a nursing career may be challenges faced more intensely by young men in some cultures than in others. However, as pointed out earlier in this chapter, caution should be taken when drawing conclusions from the findings of international versus domestic participants due to potential blurring in the cultural identity of some students.

Curiously, “Perception of poor salary” was selected by four times the proportion of non-graduates than graduates (39.1% compared with 11.8%) as a challenge faced before the commencement of their nursing studies. Although this would seem a contradiction, because it is more likely that graduates would potentially forego greater salaries than non-graduates in the pursuit of a nursing career, this sentiment coincides
with the finding that a higher proportion of the non-graduates thought that “Poor pay for a man” was a common misperception associated with nursing. This aligns non-graduates with the younger group of participants who, as pointed out earlier, seem to be more idealistic, drawn to nursing for altruistic reasons but concerned by what they consider to be the lack of financial rewards associated with this career. On the other hand graduates, as with male respondents, may have a more mature attitude and may be attracted to nursing because of the wide-ranging benefits that it has to offer.

5.7.2 Challenges during studies

The challenges the men identified as having encountered during their nursing studies may explain why the male participants did not feel as strongly as the females that nursing should be sold as an “Inclusive, non-gender specific profession.” As one male participant commented, “It can be slightly daunting at first sitting in a lecture theatre with 250 females and 3 males, or being the only male in your tutorial class.” This experience is also noted in a study of male primary school teaching students (Mulholland & Hansen, 2003). Further comments provided by male participants, in relation to uncomfortable classroom situations resulting from the small number of male students, were as follows – “There have been occasions in clinical laboratory sessions where the absence of other males and abundance of females has generated difficult situations due to physical requirements of ‘practicing’ clinical skills on a partner”; “I have lost count of the numerous times I have been left partner-less in group assignments simply for being a male”; “The awkwardness of the teacher not calling your name because I am the only male.” These sentiments echo the findings of other studies carried out amongst undergraduate male nursing students at Australian universities (Stott, 2007; Wilson, 2005).
Male participants also reported being questioned (verbally and non-verbally) about their sexual orientation. One participant noted he “constantly found myself mentioning my girlfriend and my masculine FIFO job to ensure the girls didn't stereotype me as being ‘gay’.” This interrogation is confirmed by Stott (2004) who mentions that one-third of male nursing students and graduates in a study reported having being questioned at some point about their sexuality. Numerous references exist relating to the negative experiences of many male nursing students (Bell-Scriber, 2008; Ellis et al., 2006; Kermode, 2006; Stott, 2004). As McLoughlin et al. (2010) note, the negative experiences of male nursing students, exacerbated by the apparent female-domination of nursing, stereotypes and gender bias, can combine to make nursing education an “uncomfortable place for males” (p. 303).

The challenges which male participants identified as having encountered in the ward environment stem from the fact that, due to their gender, they are treated differently by patients and female colleagues. Some comments provided by participants noted that the nursing ward culture is weighted heavily towards women and this can become an isolating experience for men, even to the point of being “victimised degraded and put down”, as one male respondent put it. Comments were made by a number of participants with regard to the general tendency of some nurses to “eat their young”, as one female participant noted; it is suggested that a similar situation may be occurring with regard to acceptance of men into the profession. The predominantly female environment and the presence of “bitchy work colleagues” were identified as reinforcing this culture. Anecdotal evidence in this regard is offered by Mohammed (2012) and White (2014), and is also found in recent research by Stanley et al. (2014). A literature review in relation to gender stereotypes in nursing confirmed that gender discrimination is still prevalent within the nursing profession (Kouta & Kaite, 2011).
A male participant provided a specific example to demonstrate the gender stereotyping of the male role by those within the nursing profession. This is where difficult patients are regularly allocated to a male nurse on the basis of their assumed superiority in terms of physical strength. This point is confirmed in the findings of Meadus and Twomey (2011). Simpson (2004) provides a similar example of the “assumed authority effect” (p. 349) of males, by highlighting occasions where student teachers on placement are regularly called upon to sort out unruly children. However, it cannot be overlooked that nine female participants in this study did comment that it is useful to have males in the nursing workforce in order to assist with the physical tasks. As one female participant observed, “If there's a heavy job, at least they can help the female nurse.” This confirms the findings of other studies that female nurses tend to look upon their male colleagues as ‘muscle’ (Hodes Research, 2005; Stanley et al., 2014).

The discrimination experienced on the ward is one reason suggested by a male participant why men tend to gravitate towards areas such as management, ED and Mental Health where, amongst a higher proportion of colleagues of their own gender, they feel that they can “be themselves.” Higher proportions of men in nursing working in these areas in Australia is confirmed in the statistics (Health Workforce Australia, 2013). In moving to these areas, it is claimed that men avoid the awkwardness in nursing practice related to gender roles (I. Y. Cheng et al., 2004).

Such awkwardness is nowhere more evident than in the refusal of some patients to be cared for by a male nurse. Comments were made by male participants about how discouraging male students find it when this occurs. This was revealed to be the second most common challenge identified by the participants and its existence as an issue is confirmed in the findings of Wolfenden (2011) and Bartfay et al. (2010). As discussed in the previous section, this may be a result of society’s perception that female nurses
are more caring than males. However, one male participant pointed out that nursing is the only profession where there is open discrimination against males stating, “If a patient refused to be cared for because the nurse was from another race it would be racist but if they didn’t want a male nurse it is seen as ‘okay’.” Cudé and Winfrey (2007) contend that while patients undoubtedly have a right to decline care provided by a male nurse, discrimination based on gender should be considered an ethical issue similar to ethnic discrimination.

The reluctance of female patients to be cared for by males was identified as a particular problem for international students, who cited this as being a challenge at almost twice the rate of domestic students (81.8% compared with 46.2%). As noted earlier, this appears to contradict a previous finding where international students disagreed, at more than three times the rate of domestic students, with the statement that society perceives female nurses to be more caring than male nurses. The noticeably higher proportion of international students who cited prejudice on the part of female patients raises the question whether, in addition to gender discrimination, racial prejudice also exists on the wards. Alternatively, it is possible that discrimination on the basis of gender may be used as a shield to hide underlying racist attitudes.

As with challenges encountered before commencement of their nursing studies, a higher proportion of those male participants who first considered nursing at a relatively younger age reported experiencing challenges during their nursing studies. Furthermore, challenges during nursing studies appear to be more common for non-graduates than graduates, with over twice the proportion of non-graduates reporting the reluctance of female patients to be cared for by males as a challenge (60.9% compared with 29.4%). Although it is not possible to draw definitive conclusions from this small sample, one wonders whether a lack of life experience may leave these groups less well equipped to deal with the trials of nursing and amplify any challenges the profession
can present. Alternatively, it is possible that their youthful appearance may influence the opinions of others.

On a more optimistic note, a number of male participants commented that they have not encountered any major challenges either before or since the commencement of their nursing studies. Consistent with the positive themes expressed by La Rocco (2007), many stated that they are thoroughly enjoying their nursing studies and reported receiving encouragement and praise from family, friends and fellow students for entering the profession. Some male participants remarked that any initial discomfort at being in such a small minority was soon overcome and the large number of females seen as an advantage. Comments provided included, “I am now very comfortable with my fellow female students and have made many friends” and “It is awesome to have such a large group of female friends.” It is hoped that this is indeed indicative of the experiences of male nursing students and is not a reflection of the considerable proportion of the participants in this study who were first year students, unlikely to have had clinical placement experience. However, as pointed out in Chapter 4, statistical analysis was carried out and failed to find any significant differences between first year students and those in other years.

A number of participants commented that as more men choose a career in nursing, even though this is happening at a slow rate, the public in general will gradually change their perception of what a nurse is, and male nurses will start to be considered almost as normal as female nurses. In the words of one female participant, “When there are lots of males, then people won't think twice about it.” A Jordanian study found that the male nursing student participants felt that society is becoming more accepting of men in nursing (Abushaikha et al., 2014). This view is corroborated by O’Lynn (2013) who believes that, despite negative attitudes towards men in nursing,
from inside and outside the profession, the future for men in nursing does appear to be brighter.

5.8 Summary

This chapter drew together the main findings of the study and discussed these findings in relation to the aim and the objectives of the study and through the lens of previously published literature. By interpreting and discussing the findings within the context of prior research, this chapter confirmed the significance of this study.

The next chapter concludes the thesis. The findings of the study are summarised and recommendations for addressing the under-representation of men in nursing in Australia proposed. The implications of the study findings for the nursing profession are outlined and suggestions for future research proposed.
Chapter 6 – CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

This chapter presents the conclusions drawn from the main findings of the study. The implications of the findings for the nursing profession are explored as well as suggestions for further research. Finally, this chapter proposes a number of recommendations for addressing the under-representation of men in nursing in Australia.

6.2 Conclusions

The aim of this study was to identify possible reasons behind the under-representation of men in nursing in Australia by developing a comparative descriptive profile of a sample of West Australian nursing students and identifying and comparing their opinions regarding the general perception of men in nursing. The study was carried out by utilising an online questionnaire to survey a sample of West Australian male and female nursing students. The data captured were then used to produce a picture representing the future of nursing in Australia as embodied in this student sample. This picture represents the fulfilment of the study aim and, in the course of its development, the study succeeded in meeting each of its objectives.

The findings of the study revealed that many of the male respondents had little awareness of nursing as a career choice whilst at school and it was not until they reached young adulthood that they considered a career in nursing. Therefore, the majority of males commenced their nursing careers as mature entrants having previously pursued other career options. Career stability was identified by male participants as a key reason for choosing nursing, but the wide-ranging opportunities associated with a nursing career, combined with undertaking a worthwhile profession, were also identified as benefits. The overwhelming majority of participants agreed that more males are needed in nursing and would recommend a nursing career to other
MEN IN NURSING

males. However, it was felt that having the required personal attributes is more important than gender. In keeping with this sentiment, participants stated that the benefits of nursing as a career should be promoted in a gender neutral light. Whilst it was felt that awareness of nursing as a career needs to be promoted among male high school students, there was a strong sense that a more mature target group may be better able to cope with the challenges which a nursing career may present, and which many male respondents confirmed as having experienced. Male participants reported many incidents of prejudicial behaviour, exacerbated by the widely held negative stereotypes in relation to men in nursing which they believe continue to exist.

The major differences between male and female respondents, which this study identified, were the age at which each gender first considered a career in nursing, their reasons for choosing nursing and their beliefs regarding whether nursing is perceived by society to be a masculine career. Further differences, other than those attributed to gender, were identified when participants were segmented into a number of pre-defined categories. This segmentation revealed that although the activities participants engaged in before their nursing studies did have some bearing on their responses, the greatest differences were found when participants were segmented according to age at which they first considered a career in nursing, enrolment status and prior academic qualifications. This suggests that long term nursing ambition, culture and the prospect of potentially foregoing other career opportunities may have a bearing on attitudes and experiences as men in nursing and/or attitudes towards men in nursing. In meeting its final objective, the study identified some key recommendations for addressing the under-representation of men in nursing in Australia. These are outlined later in this chapter.

From these key findings, several conclusions can be drawn which address the study research question, namely the factors which influence the under-representation of
men in nursing in Australia from the perspective of entry to practice nursing students in WA. The many incidents of prejudicial behaviour, reported by male participants, indicate that widely held negative stereotypes in relation to men in nursing continue to exist and may be reinforced by the often unflattering portrayal of men in nursing by the media. The participants believed that these negative stereotypes can have a detrimental effect on the recruitment of men into nursing. This study confirms that there remains a stigma attached to men in nursing and these men who choose a career outside the traditional boundaries for men are considered an “anomaly” (Meadus & Twomey, 2011, p. 269). This is perpetuated by the higher value which society places on lucrative professions (which it associates with masculinity) compared with less well-paid professions (associated with femininity), rather than valuing the careers that result in the most job satisfaction (White, 2014).

The perception that nursing is still perceived by society as a female profession is reinforced in the findings of this study. It was revealed that the majority of female participants had considered a career in nursing before young adulthood, perhaps choosing nursing as a result of “childhood dreams” (Romem & Anson, 2005, p. 176) which were cultivated by society. In contrast, the majority of male participants considered nursing at a later stage, possibly when they were better equipped to handle the societal prejudice associated with their career choice. In choosing nursing at a later stage, it seems that males are influenced more by the career stability which nursing offers rather than any long-held ambition. However, the agreement of the overwhelming majority of participants (male and female) that more males are needed in nursing serves to highlight the misguidedness of a society which brands nursing as a feminine career and underlines the need to redress the current gender imbalance in the profession.
6.3 Implications for the Nursing Profession

The findings of this study have practical implications for the nursing profession, in particular for nurse leaders who must identify strategies to make nursing more appealing to men as the largest untapped resource for the potential nursing workforce (Sherrod et al., 2005). If the nursing profession is to embrace diversity in its ranks, the undergraduate nursing experience must be made more accommodating towards males and the pervasive stereotypes, which this study confirms continue to surround men in nursing, must be addressed and changed. As evidenced in the findings of this study, nursing education can be an uncomfortable experience for males, who are hugely outnumbered in the classroom and whose minority status is not ameliorated by insensitive teaching staff. In addition, it was noted that the nursing ward culture is weighted heavily towards women, thus isolating many men.

It is critical for the nursing profession to recognise and address this gender bias as males bring a variety of unique contributions to nursing (Cudé & Winfrey, 2007). If nursing continues this “systemic trend to marginalise men” (Wolfenden, 2011, p. 1), the consequences for nursing will be severe, with a decrease in the number of suitable candidates entering the profession. This will serve to diminish the professional and academic capability of nursing and undermine the status of nursing within society (Wolfenden, 2011).

6.4 Further Research

This study has made no attempt to explain relationships among the concepts identified, merely to perform some exploratory analysis in order to investigate the phenomena of interest, namely students’ demographics and opinions on the subject of men in nursing. Whilst it is acknowledged that there are some limitations associated with this exploratory study (and these were discussed in Chapter 3), the study has, in the
main, succeeded in achieving its pre-defined objectives. As is common when exploring concepts associated with a broader issue, it is hoped that this study can serve as a springboard for generating further research hypotheses.

Further confirmatory analysis involving larger samples, perhaps conducted Australia-wide, is required in order to support or repudiate the findings of this study. Further research could also develop points raised in this study which, due to the study limitations, it was not possible to draw conclusions from. In particular, future research should focus on an audience with a wider cultural mix in order to determine the influence which culture may have on attitudes towards men in nursing and clarify the ambiguity in this regard. Additionally, future research should examine the impact which clinical placement experiences may have on attitudes towards men in nursing. Furthermore, male students in graduate entry nursing programmes could be examined to identify any characteristics specific to these students.

It may be appropriate for future research on the subject of men in nursing to utilise a different approach to the quantitative methodology adopted in this study. Therefore, a qualitative or a mixed methods approach may be useful to provide richer data and thereby broaden the insights offered on this topic. Longitudinal research may also be useful to establish any relationships between factors influencing nursing as a career choice and ultimate satisfaction with the career.

6.5 Recommendations

Based on the findings of this study, the following seven recommendations are proposed to address the under-representation of men in nursing in Australia:

1. Target the key male audience

The main period when males start to consider a career in nursing is in their early twenties, usually after they have investigated other career options. Therefore, this more
mature group is the key audience at whom the *men in nursing* message should be targeted. At this age men are better equipped to cope with the stigma and the challenges their career choice may present, both before and during their nursing studies. Furthermore, with maturity they may be more appreciative of the wide-ranging opportunities offered by the profession. Graduates should not necessarily be singled out as key targets within this more mature group of males, as the evidence regarding their level of responsiveness to the *men in nursing* message is inconclusive.

2. **Raise awareness of nursing among male high school students.**

The opportunities a nursing career can offer males are currently poorly promoted to males of high school age. This shortcoming needs to be rectified. The negative perceptions around men in nursing should also be addressed, particularly the gender stereotyping which identifies men in nursing as ‘gay’ because this appears to be felt most acutely by younger men. However, as teenage males may lack the maturity to cope with the challenges often experienced by men in nursing and nursing salaries cannot be easily addressed (which appears to be a key disadvantage of nursing as perceived by younger men), this younger age group should not be identified as a key group at whom to aim the *men in nursing* message. The purpose of intervention at school-age is to lay the groundwork for future campaigns and to ensure that males will be more receptive to the *men in nursing* message at a later point.

3. **Educate the wider public about nursing.**

There is a lack of recognition among the wider public of nursing as a positive career choice for all. This failing needs to be addressed. Nursing should be promoted as a challenging, diverse and highly skilled career. In particular, the stereotypes that persist around men in nursing - that they are failed medics, low skilled doctors’ assistants, or ‘gay’, which are often exacerbated by the media - need to be challenged and the many achievements of men in nursing highlighted.
4. Avoid reinforcing stereotypes.
Nursing does not appear to be a career considered by many males whilst at high school. This may be due in part to the influence of a hegemonic masculine culture which conditions boys to believe that certain careers are inappropriate for men. It is possible that this culture is more dominant in Australia than in some overseas cultures. In promoting men in nursing, there must be recognition of the prevailing gender stereotypes that label men who do not conform to the hegemonic masculine standard as deviant. However, care should be taken so as not to inadvertently reinforce these stereotypes by promoting overtly masculine images.

5. Promote nursing in a gender neutral light.
Advertisements for nursing should be gender neutral rather than obviously targeting one particular segment of the population. Promoting an overtly masculine image not only risks reinforcing stereotypes, as discussed above, but may also alienate females. Gender should not be considered to be the most important factor when recruiting future nurses. Moreover, it is essential that candidates, irrespective of gender, have the appropriate personal attributes and values required for a nursing career.

6. Promote the main selling points important to the key male audience.
In promoting nursing in a gender neutral light, the benefits of a nursing career, which are identified as being most appealing to the key male audience, should be highlighted. These benefits are career stability, reasonable salary, geographic mobility and doing a job that is personally rewarding and worthwhile. In this way, promotion should appeal to the key audience without alienating other sectors of the population.

7. Identify different ways of selling the men in nursing message.
Promoting the men in nursing message should not be restricted to mainstream media campaigns. Other mechanisms should be used, for example work shadow programmes to provide future nurses with ‘hands on’ experience and allow them to see for
themselves the career opportunities available to men in nursing. This would take advantage of the greatest advertisement for men in nursing which is simply men being nurses.

6.6 Summary

In summary, this study has explored the factors which influence the under-representation of men in nursing in Australia from the perspective of entry to practice nursing students in WA. It is acknowledged that understanding the factors that impact on the nursing workforce is central to ensuring appropriate workforce planning strategies. There is currently a lack of evidence capturing not only a demographic picture of the future Australian nursing workforce, but also their views on nursing as a career and on attitudes towards men in nursing in particular. The significance of this study is clear from the extent to which it has filled these gaps. Furthermore, by identifying differences between students, the challenges and the opportunities which exist in addressing the gender imbalance in the nursing profession have been highlighted. This has culminated in the study identifying recommendations to address the under-representation of men in nursing in Australia.
REFERENCES


http://dx.doi.org/10.1111/j.1365-2934.2004.00508.x


Appendix A - QUESTIONNAIRE

MEN IN NURSING QUESTIONNAIRE

We would appreciate if you could take a few minutes to complete the following questionnaire. This questionnaire asks for information about you as a nursing student and your opinions on the subject of men in nursing. Finding out more about men in nursing is important and therefore we value your feedback.

SECTION A - Background Information

1. Are you
   a. Male
   b. Female

2. Do you identify as Aboriginal or Torres Strait Islander?
   a. No
   b. Yes

3. What university are you currently enrolled in?
   a. Curtin University
   b. Edith Cowan University
   c. Murdoch University
   d. The University of Notre Dame Australia
   e. The University of Western Australia

4. What course are you currently enrolled in?
   a. Bachelor’s Degree - Entry to Practice
   b. Master’s Degree - Entry to Practice

5. What year of the course are you in? Please state.

6. What is your age? Please state.

7. Are you an international student?
   a. No
   b. Yes – please state country of birth
8. What is your highest qualification held? This may be either nursing or non-nursing related.
   a. Postgraduate – please select option – PhD, Masters, Graduate Diploma or Graduate Certificate
   b. Bachelor’s degree
   c. Diploma
   d. Certificate
   e. Secondary education
   f. None
   g. Other – please state

9. What is your postcode? Please state.

SECTION B - Path to Nursing Studies

10. What were you doing directly before you started your nursing studies?
    a. A career in health care/nursing
    b. Another career – please state
    c. Another tertiary course
    d. Caring for young children
    e. High school
    f. Unemployment
    g. Other – please state

11. Did you have health care/nursing experience before starting your current nursing studies?
    a. No
    b. Yes – please describe

12. Have you had health care/nursing experience since starting your current nursing studies (excluding clinical prac)?
    a. No
    b. Yes – please describe

If you are not currently employed in health care/nursing, please skip to question 14.
13. What is the work setting of your current health care/nursing job?
   a. Community
   b. Hospital
   c. Residential aged care
   d. Other – please state

14. At what age did you first start to consider a nursing career?
   a. Less than 10 years of age
   b. 10 – 15 years
   c. 16 – 20 years
   d. 21 – 30 years
   e. 31 – 40 years
   f. 41 years and above

15. At what age did you actually start your nursing studies?
   a. Less than 18 years of age
   b. 19 – 25 years
   c. 26 – 30 years
   d. 31 – 40 years
   e. 41 – 50 years
   f. 51 years and above

16. What were the reasons you chose a nursing career? Please select all that apply.
   a. Always wanted to be a nurse
   b. Desire to have a stable career
   c. Desire to help people
   d. Family member/friend is a nurse
   e. Flexible working hours
   f. Geographical mobility
   g. Parental influence
   h. Potential salary
   i. Variety of career paths available
SECTION C – Views on Nursing as a Career

17. What do you think are the advantages of being a nurse? Please select all that apply.
   a. Ability to make a difference
   b. Ability to care for sick people
   c. Flexible working hours
   d. Geographical mobility
   e. Good morale
   f. Never a chance to be bored
   g. Salary
   h. Stable career with few redundancies
   i. Teamwork
   j. Upward career mobility
   k. Variety of career paths available
   l. Variety and challenge of the work
   m. Other – please state

18. What do you think are the disadvantages of being a nurse? Please select all that apply.
   a. Frustration at sometimes being powerless to change things
   b. Emotional burden associated with caring for sick people
   c. Shift-work
   d. Difficulty in switching jobs between locations
   e. Poor morale
   f. Workload/pressure
   g. Poor salary
   h. Uncertainty around job permanency
   i. Inability to work independently
   j. Lack of promotion prospects
   k. Lack of career opportunities
   l. Tedious mundane work
   m. Other – please state
19. What are your long term career goals i.e. 5 years from completion of your course?
   a. Leave nursing and related fields completely
   b. Pursue a career in education
   c. Pursue a career in management
   d. Pursue a career in research
   e. Remain in clinical area
   f. Return to university for further study
   g. Use nursing background in related field
   h. Other – please state

20. Would you recommend a nursing career to males?
   a. No
   b. Yes
   Please explain your answer

21. Do we need more males in nursing?
   a. No
   b. Yes
   Please explain your answer

**SECTION D - Promoting Men in Nursing**

22. Which of the following misperceptions about men in nursing need to be addressed? Please select all that apply.
   a. All male nurses are ‘gay’
   b. Men are not caring enough to be nurses
   c. Nursing is a profession more appropriate for females
   d. Nursing is inappropriate for a man
   e. Poor pay for a man
   f. None
   g. Other – please state
23. What do you think should be the selling points when promoting the men in nursing message to males? Please select all that apply.
   a. Ability to make a difference
   b. Autonomy
   c. Challenging and responsible profession
   d. Geographical mobility
   e. Highly skilled
   f. Inclusive, non- gender specific profession
   g. Multiple areas of practice
   h. Stable employment
   i. Teamwork
   j. Upward career mobility
   k. Other – please state

24. Why do you think some men are not attracted to nursing? Please select all that apply.
   a. Lack of awareness of nursing
   b. Lack of role models
   c. Negative stereotypes
   d. Perception of poor salary
   e. Traditionally female occupation
   f. Viewed as inappropriate for a man
   g. Viewed as lacking upward mobility
   h. Other – please state

25. Which of the following is the best vehicle for attracting more men into nursing? Please select all that apply.
   a. Advertisements in magazines geared to men
   b. Enhanced career guidance at school
   c. Billboards
   d. Cinema advertisements
   e. Internet advertisements
   f. Radio advertisements
   g. School visits/presentations by male nurses
h. TV advertisements  
i. Work shadow/experience programmes  
j. Other – please state  

**SECTION E – Attitudes and Perceptions towards Men in Nursing**  
Please select the response that best reflects your own personal opinion related to each of the following statements.

26. I believe that nursing is not perceived as a very masculine or a ‘macho-type’ of career for males to pursue in our society.

   Strongly disagree   Disagree   Neutral   Agree   Strongly agree

27. I feel that there is a general perception by society that female nurses are more caring and nurturing than male nurses.

   Strongly disagree   Disagree   Neutral   Agree   Strongly agree

28. The current portrayal of nursing by the mass media (e.g., television, films, and magazines) as being more suited for women discourages men from choosing nursing as a career.

   Strongly disagree   Disagree   Neutral   Agree   Strongly agree

29. The current portrayal of male nurses as being ‘gay’ or effeminate in nature by the mass media (e.g., television, films, and magazines) discourages men from choosing nursing as a career.

   Strongly disagree   Disagree   Neutral   Agree   Strongly agree
30. I feel that nursing is more appropriate for females because they tend to be more caring and compassionate by their inborn nature.

Strongly disagree  Disagree  Neutral  Agree  Strongly agree

31. I would encourage a male family member (e.g., brother, son, partner) to pursue nursing as a challenging and rewarding career choice.

Strongly disagree  Disagree  Neutral  Agree  Strongly agree

Please answer the following questions only if you are male

32. What were the challenges you encountered before starting your nursing studies as a male who wanted to pursue a career in nursing? Please select all that apply.
   a. Considered not intellectually challenging
   b. Cultural objections
   c. Family objections
   d. Lack of guidance/information
   e. Lack of male role models/mentors
   f. Perception of poor salary
   g. Stereotypes e.g. all male nurses are ‘gay’ or effeminate
   h. Traditionally female profession
   i. Viewed as inappropriate for a man
   j. Viewed as lacking career progression
   k. None
   l. Other

33. What are the challenges you have encountered during your nursing studies as a male who wants to pursue a career in nursing? Please select all that apply.
   a. Being considered inappropriate for some specialties e.g. midwifery
   b. Being passed over for recognition
   c. Being seen as a ‘failed doctor’
   d. Communication difficulties with female nursing students
e. Communication difficulties with female health care professionals during clinical prac
f. Difficulty of being a minority gender
g. Men perceived as not caring
h. Men seen as ‘muscle’ by female colleagues
i. Reluctance of female patients to be cared for by males during clinical prac
j. None
k. Other – please state

SECTION F - Comments

Please add any comments you feel may be appropriate about men in nursing, e.g. in relation to whether we need more men in nursing, promoting men in nursing, attitudes towards men in nursing, etc.

Thank you for completing the questionnaire.

This questionnaire is based on the Men in Nursing Study produced by Bernard Hodes Group (2005). The questions in Section E are from the Attitude towards men in nursing (ATMIN) scale (2008). Permission for use has been given by the author, Wally J Bartfay.
Appendix B – PERMISSION TO USE ATMIN SCALE

Hello Margaret,

Yes I would be delighted to grant you permission to use the requested scale entitled the ATMIN (attitudes towards men in nursing scale) and the PAMINE scale and I have also attached another for you that you may also use if you wish. Both have been tested and validated. Please let me know if I can be of any other assistance and I wish you all the best for your graduate studies.

Cheers

Dr. WJB

Wally J. Bartfay, RN, PhD
Associate Professor,
Faculty of Health Sciences,
University of Ontario Institute of Technology (UOIT),
2000 Simcoe St. North,
Oshawa, Ontario, Canada L1H 7K4
Phone: 905-721-8668 ext. 2765
Fax: 905-721-3179

Confidentiality Warning: This message and any attachments are intended only for the use of the intended recipient(s), are confidential and may be privileged. If you are not the intended recipient, you are hereby notified that any review, retransmission, conversion to hard copy, copying, circulation or other use of this message and any attachments is strictly prohibited. If you are not the intended recipient, please notify the sender immediately by return email and delete this message and any attachments from your system. Thank you.

Avertissement concernant la confidentialité : Ce message et toutes les pièces jointes s'y rattachant sont destinés uniquement et aux fins du destinataire(s) prévu(s), sont confidentiels et peuvent être protégés par le privilège. Si vous n'êtes pas le destinataire prévu, nous vous avisons, par la présente, que toute revue, retransmission, conversion en sortie papier, copie ainsi que toute circulation ou utilisation autre que celle envisagée pour ce message et pour toutes ses pièces jointes sont strictement interdites. Si vous n'êtes pas le destinataire prévu, veuillez immédiatement en aviser l'expéditeur par retour de courrier électronique et supprimez ce message ainsi que toutes les pièces jointes de
Dear Dr Bartfay

I am currently undertaking a Master of Nursing Research degree at the University of Western Australia. The subject of my thesis is men in nursing in Australia from the perspective of male nursing students. I am currently finishing off my proposal document with a view to data gathering later in the year. I am hoping to build a profile of male nursing students, understand what led them to their current studies and identify any barriers they might have had on the way, or may still have. I plan to gather this information from all nursing students in Western Australia and issue them with a questionnaire, along the lines of the Bernard Hodes Group "Men in Nursing" study.

In the course of my literature review I came upon an article you wrote with some colleagues for the Internet Journal of Allied Health Sciences and Practice entitled *Attitudes and Perceptions towards Men in Nursing Education*. This article has given me some invaluable ideas for my own research. I particularly liked the *Attitudes towards Men in Nursing Scale* (figure 1) and was wondering whether I would be able to use these 6 questions within my own questionnaire? I believe that using these questions would provide me with some very useful feedback on the students' perceptions of men in nursing.

I am happy to provide you with any further information you may require. Looking forward to hearing from you.

Kind regards

Margaret Haigh
Appendix C – PARTICIPANT INFORMATION FORM

Dear Participant

Men in Nursing: A Quantitative Study from the Perspective of West Australian Nursing Students

I am currently undertaking the above research project examining the theme of men in nursing as part of my Master of Nursing Research degree at the University of Western Australia. This research project sets out to investigate possible reasons why there is currently a shortfall in the number of men in nursing in Australia and identify potential ways of overcoming the imbalance.

The project is being implemented by means of the attached questionnaire which is being emailed to all nursing students enrolled in entry to practice programmes at universities throughout WA. The questionnaire comprises a series of multiple choice questions and aims to gather data on the following topics - background information, path to nursing studies, views on nursing as a career and attitudes regarding the image and promotion of men in nursing. There is also provision in the questionnaire to add comments if there is extra information you want to include.

The questionnaire should take approximately 10 minutes to complete and participation is voluntary. The questionnaire is anonymous and all data will be reported in summarised format. Information will not be released in any form that may identify you as a participant.

Please note that by completing this questionnaire you are providing consent to take part in this research project.

If you have any questions or would like further information please contact my supervisor Dr David Stanley by email: david.stanley@uwa.edu.au

Thank you in anticipation for your willingness to take part in this research project. Your participation is greatly appreciated.

Margaret Haigh
Permission has been given by UWA for this research to be carried out. Approval to conduct this research has been provided by The University of Western Australia, in accordance with its ethics review and approval procedures. Any person considering participation in this research project, or agreeing to participate, may raise any questions or issues with the researchers at any time.

In addition, any person not satisfied with the response of researchers may raise ethics issues or concerns, and may make any complaints about this research project by contacting the Human Research Ethics Office at The University of Western Australia on (08) 6488 3703 or by emailing hreo-research@uwa.edu.au.

All research participants are entitled to retain a copy of any Participant Information Form and/or Participant Consent Form relating to this research project.
Appendix D - PARTICIPANT INFORMATION FORM (PILOT)

Dear Participant

Men in Nursing: A Quantitative Study from the Perspective of West Australian Nursing Students

I am currently undertaking the above research project examining the theme of men in nursing as part of my Master of Nursing Research degree at the University of Western Australia. This research project sets out to investigate possible reasons why there is currently a shortfall in the number of men in nursing in Australia and identify potential ways of overcoming the imbalance.

The project is being implemented by means of the attached questionnaire. Following completion of this pilot phase, the questionnaire will be emailed to all nursing students enrolled in entry to practice programmes at the remaining universities throughout WA. The questionnaire comprises a series of multiple choice questions and aims to gather data on the following topics - background information, path to nursing studies, views on nursing as a career and attitudes regarding the image and promotion of men in nursing. There is also provision in the questionnaire to add comments if there is extra information you want to include.

The questionnaire should take approximately 10 minutes to complete and participation is voluntary. The questionnaire is anonymous and all data will be reported in summarised format. Information will not be released in any form that may identify you as a participant.

Please note that by completing this questionnaire you are providing consent to take part in this research project.

If you have any questions or would like further information please contact my supervisor Dr David Stanley by email: david.stanley@uwa.edu.au or by telephone: 6488 1244.

Thank you in anticipation for your willingness to take part in this research project. Your participation is greatly appreciated.

Margaret Haigh
Permission has been given by UWA for this research to be carried out. Approval to conduct this research has been provided by The University of Western Australia, in accordance with its ethics review and approval procedures. Any person considering participation in this research project, or agreeing to participate, may raise any questions or issues with the researchers at any time.

In addition, any person not satisfied with the response of researchers may raise ethics issues or concerns, and may make any complaints about this research project by contacting the Human Research Ethics Office at The University of Western Australia on (08) 6488 3703 or by emailing hreo-research@uwa.edu.au.

All research participants are entitled to retain a copy of any Participant Information Form and/or Participant Consent Form relating to this research project.
Appendix E - LETTER TO HEADS OF SCHOOL

Dear (Name of Head of School)

Men in Nursing: A Quantitative Study from the Perspective of West Australian Nursing Students

I am writing to you with regard to the above research project examining the theme of men in nursing which is currently being undertaken by a UWA Master of Nursing Research student, Margaret Haigh. I am the principal project supervisor for this research project which sets out to investigate possible reasons why there is currently a shortfall in the number of men in nursing in Australia and identify potential ways of overcoming the imbalance.

The project will be implemented by means of the attached online questionnaire which it is hoped to issue to all nursing students enrolled in entry to practice programmes at universities throughout WA. The questionnaire comprises a series of multiple choice questions and aims to gather data on the following topics - background information, path to nursing studies, views on nursing as a career and attitudes regarding the image and promotion of men in nursing. There is also provision in the questionnaire to add comments if there is extra information to be included.

The questionnaire should take approximately 10 minutes for the students to complete and participation is voluntary. The questionnaire is anonymous and all data will be reported in summarised format. Information will not be released in any form that may identify the student as a participant.

I should be very appreciative if you would permit the questionnaire to be issued to your students on our behalf. On receipt of your permission, we will send the appropriate email for forwarding to the students.

If you have any questions, or would like further information, please contact me by email or telephone on 6488 1224.

Kind regards

David Stanley
Associate Professor, School of Population Health
Appendix F – ETHICS APPROVAL FROM UWA
Our Ref. RA/4/1/6568  
30 September 2013

Dr David Stanley  
School of Population Health  
MB191

Dear Doctor Stanley

HUMAN RESEARCH ETHICS APPROVAL - THE UNIVERSITY OF WESTERN AUSTRALIA

Men in Nursing: A Quantitative Study from the Perspective of West Australian Nursing Students.

Student(s): Margaret Haigh - Masters - 21331652, Margaret Haigh

Ethics approval for the above project has been granted in accordance with the requirements of the National Statement on Ethical Conduct in Human Research (National Statement) and the policies and procedures of The University of Western Australia. Please note that the period of ethics approval for the project is five (5) years from the date of this notification. However, ethics approval is conditional upon the submission of satisfactory progress reports by the designated renewal date. Therefore, initial approval has been granted from 10 September 2013 to 01 October 2014.

You are reminded of the following requirements:

1. The application and all supporting documentation from the basis of the ethics approval and you must not depart from the research protocol that has been approved.
2. The Human Research Ethics Office must be approached for approval in advance of any requested amendments to the approved research protocol.
3. The Chief Investigator is required to report immediately to the Human Research Ethics Office any adverse or unexpected event or any other event that may impact on the ethics approval for the project.
4. The Chief Investigator must inform the Human Research Ethics Office as soon as practicable if a research project is discontinued before the expected date of completion, providing reasons.

Any conditions of ethics approval that have been imposed are listed below:

**Special Conditions**

None specified

The University of Western Australia is bound by the National Statement to monitor the progress of all approved projects until completion to ensure continued compliance with ethical standards and requirements.

The Human Research Ethics Office will forward a request for a Progress Report approximately 60 days before the due date. A further reminder will be forwarded approximately 30 days before the due date.

If your progress report is not received by the due date for renewal of ethics approval, your ethics approval will expire, requiring that all research activities involving human participants cease immediately.

If you have any queries please contact the HREO at [human-research@uwa.edu.au](mailto:human-research@uwa.edu.au)

Please ensure that you quote the file reference – RA/4/1/6568 – and the associated project title in all future correspondence.

Yours sincerely