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Attitudes and Perceptions Towards Men in Nursing: A Replicated Study

An Honors Thesis

Emily Schaffer

Submitted to the Texas A&M University-Commerce Honors Committee in partial fulfillment of the Program of Honors Study leading to the degree of Bachelor of Science in Nursing

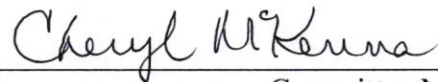
Directed by
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October 26, 2016

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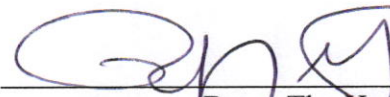
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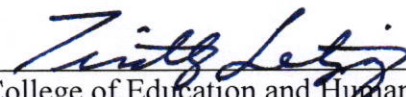
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SOCIETY'S PERCEPTIONS AND ATTITUDES TOWARDS MEN IN NURSING: A
REPLICATION STUDY

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Introduction

Nursing is a female dominated profession. Educational and social barriers have made recruiting and retaining men in nursing a challenging issue. What began with segregation of males during the earliest formal nursing education programs has continued to pose an issue in specific practice areas such as women's health. Society perceives nursing as a feminine profession, which may inhibit males from considering it as a credible career. A recent study investigated modern Canadian society's attitudes and perceptions of men in nursing in order to help understand this phenomenon (Bartfay, Bartfay, Clow, & Wu, 2010). Some of the themes investigated included whether nursing is perceived as a less masculine career, whether females are seen to be more caring and nurturing, and whether the portrayal of nursing in mass media influences a career choice in nursing. This study will be a replication to investigate whether attitudes and perceptions in northeast Texas mirror those in northeast Canada.

Review of Literature

Although research suggests that nursing is seen as a predominately female career, the first formal nursing school was founded for men. This occurred in India in 250 B.C.E. (Shaffer, 2013). During the Hippocratic period, male physicians in Greece supervised male nurses while women, who were seen as impure, remained at home (Davis & Bartfay, 2001).

During the Christian era, churches expanded their buildings to include hospitals. At this time both men and women were accepted as nurses, but the sexes were separated based on the patient-- men cared for men, while women cared for women (Nutting & Dock, 1935). The separation of care resulted in a separation of facilities; for example, St. Mary Magdalene in Cambridge was an early hostel that cared for female patients and the Knights Hospitallers of St. John of Jerusalem was a partner hostel that cared for male patients (Bullough & Bullough, 1994). In the Middle Ages, the Alexian Brothers began their work implementing cleanliness during the Black Plague and caring for the ill. After coming to America, they opened a formal school of nursing and started to affiliate with hospitals to properly train their brothers as nurses (Alexian Brothers, 2005).

Many monasteries in Europe were closed due to the Protestant Reformation (Donahue, 1996). Those previously trained as nurses fled the area resulting in the "Dark Ages of Nursing" lasting from 1500-1800. Although there was not a true decline of practice, there was a decrease in the knowledge, values, and status of nursing (Mellish, 1990).

The Industrial Revolution created jobs in large factories that required heavy physical labor and long hours away from home, sacrifices women could not make (Christman, 1988). With men working in factories, many women were forced to take jobs as nurses, no matter what type of education they had. Therefore, it is true to say many female nurses during this time were social misfits or unqualified personnel (Mackintosh, 1997).

Despite the lack of education provided to male nurses at the time, over 50% of nurses for the Union in the Civil War were men because they were often required to carry heavy objects and withstand long hours (Knight, 2005; O'Lynn, 2007). Walt Whitman was one of the military nurses and his experience inspired his poem *The Wound Dresser* (Whitman, 1990). In this poem he described his ability to nurse holistically despite the lack of his formal education. Although men often sought nursing jobs in the military, the United States created the Army and Navy Nurse Corps in 1901 and 1908 which only permitted women to enlist (Williams, 1989).

Society views women as more adept nurses than men due to the conceptions of gender traits, male dominance, and stereotypes. Nightingale believed that feminine and masculine characteristics were polar opposites; therefore, men were incapable of caring for those who were ill or injured (Burns, 1998). Men have also been characterized to have instrumental socialization, which includes aggression, competition, and power. For example, care-based activities are often associated with feminine characteristics while men are coupled with being strong, aggressive, and dominant (Ekstrom, 1999; Meadus, 2000). Recognition of these opposing characteristics as masculine and feminine is developed as children are socialized

(O'Lynn & Tranbarger, 2007). What men and women "should" be like according to their gender associations, is taught, learned, and internalized by children at a very young age (Wood, 2005). Girls typically play house and make arts and crafts while boys engage in sports and video games. The differences in activities mold children to be "masculine" and avoid compassion and sympathy or "feminine" where they are better suited to nurture and sacrifice for their families (Evans, 1997).

Society often sees the health field as mainly patriarchal where the physician (male) exerts dominance over the nurse (female) (Longo & Sherman, 2007). Women may get specialized treatment in nursing because they are the majority group, but men are disproportionately represented in nursing management. Hader (2010) reports that, "male nurses are reportedly higher paid and move directly into middle and upper remuneration brackets faster than their female counterparts" (p. 26). Whittock and Leonard (2003) found that the promotions men receive are attributed to the amount of time spent in the field. Women are 10 times more likely to take a career break to raise children than men are, leaving men with the seniority advantage. A similar problem occurs when male nurses expect to assume leadership roles when they work with female peers, automatically giving them an advantage over women (Kelly, Shoemaker, & Steele, 1996).

Along with the misconceptions society has towards male nurses, men must also overcome additional barriers to be successful in the nursing field. Such barriers include: differences in communication, educational biases and different clinical learning experiences, the lack of male role models within the nursing field, and the perception of the lack of masculinity.

Communication is often structured around gender, shaped by society's view of masculine and feminine qualities (Wood, 2005). In general, men engage in more frequent interruptions, have limited eye contact, maintain more personal space, and only use touch to direct others (Wood, 2005). Women tend to have opposite tendencies, such as more eye contact, caring touch, and nurturing gestures. A study completed by McCabe (2004) found that patients often feel more comfortable with nurses that are able to show compassion through communication.

In the past male nurses have often been excluded from learning experiences in obstetrics and gynecology (Cudé & Winfrey, 2007), leaving them feeling unprepared to provide appropriate care to female patients in these areas following graduation (Stott, 2007). On the other hand, some men experience favoritism when trying to enter fields of nursing typically dominated by females. A Massachusetts nurse found no problem entering the Pediatric unit at a hospital because a man in this specialty seemed to be "a pleasant change" (Williams, 1993). The lack of equal clinical learning experiences left men with the fear of being perceived more sexually oriented rather than a professional care-giver (Patterson, Morin, 2002). The American Assembly for Men in Nursing noted the detrimental effect clinical discrimination had on the overall experience of men in nursing and resolved that the members be equally involved in the clinical setting (Sprouse, 1996).

Along with modifications in clinical practice, men also face educational biases in nursing literature. Many nursing books provide the history of nursing starting with Nightingale's reform portraying women as the main contributors to the advances of nursing and marginalizing the historical role of men. When educators

use gender specific language they reinforce the idea that females are the more “accepted” nurses. The American Assembly for Men in Nursing again took action against the exclusive language found in nursing literature and concluded that all individuals and groups be treated equally.

Social isolation can be an issue for men and women, but the nursing field has no shortage of female role models. Isolation for men occurs when there is an absence of gender connectivity (McPeck, 2003). Of 498 males who responded to a survey conducted by the American Assembly for Men in Nursing, 42% reported there was a low number of male nurses due to low numbers of male mentors. While the female nursing professors will not consciously discriminate against their male students, they may find themselves relating more easily to the women in the class because they have been socialized to recognize the feminine traits of nursing (Anthony, 2004).

The perception that male nurses are less masculine is another barrier than men must overcome to be successful nurses. The very image of “nursing” brings to mind a female breast-feeding an infant (Sridevy, 2014). When the infant becomes a young child, often women are expected to use their touch to comfort and care for them leading sociologists to describe them as having expressive socialization and having sensitivity toward others’ needs. It is common for male nurses to be questioned regarding their competence and intelligence because men are seen as superior characters within the medical field leading others to believe they belong in medical school (Porter-O’Grady, 1998). Societal prejudice can damage male nurses’ self-esteem leading them away from the nursing field.

The proposed study will investigate the role that educational and societal barriers may have on recruiting and retaining men in professional nursing. It will be a replication of a research study conducted in northeastern Canada.

Methodology

A comparative study design will be used to investigate society's attitudes and perceptions towards men in nursing in northeast Texas. A nonrandom convenience sample will be used where the subjects are students at Texas A&M University Commerce. The two subject groups included are nursing students and non-nursing students. The subject groups' results will be compared based on major and gender within each of the two groups.

Female	83
Male	34
Nursing	63
Non-nursing	54

Subjects are recruited based on their major.

The nursing majors will be asked to complete the survey in junior/senior level nursing class. The non-nursing majors will be recruited from the Sam Rayburn Student

Center. This study has institutional approval and all subjects will be asked to give written consent before completing the survey.

Perceptions and attitudes towards men in nursing will be assessed using the Attitudes Towards Men in Nursing Scale (ATMINS). The ATMINS consists of a Likert scale with six questions allowing the subjects to choose strongly disagree, disagree, neutral, agree, and strongly agree as responses to the given questions. The scale was designed by Bartfay et al. The ATMINS found to have high test-retest reliability (Cronbach's alpha 0.93, N = 22) through pilot testing.

After the surveys have been collected and averaged the data will be analyzed using the Kruskal-Wallis nonparametric alternative to one-way ANOVA.

Hypothesis

1. There are no significant differences in attitudes and perceptions towards men in nursing by gender.
2. There are no significant differences in attitudes and perceptions towards men in nursing by major.
3. There are no differences in attitudes and perceptions towards men in nursing by gender within major.

Results

Survey questions were scored on a Likert scale from 1 to 5, with 1 being Strongly Disagree and 5 being Strongly Agree. For Question #1, “I believe that nursing is not perceived as a very masculine or a “macho-type” of career for males to pursue in our society,” the mean of all responses was 3.28 out of 5, indicating that the sample was either neutral or agreed with the statement that nursing is not perceived as a very masculine career. There were no significant differences found between males and females, male nursing majors and males that were not nursing majors, or female nursing majors and female non-nursing majors.

Table 1: Question #1: I believe that nursing is not perceived as a very masculine or a ‘macho-type’ career for males to pursue in our society.

	Mean	Std. Deviation	N	Degree of freedom	F	Sig
Gender (Female/Male)	F = 3.301 M = 3.256		F = 83 M = 34	df = 1	F = .027	.871
Major (Nursing/Non-nursing)	Nur = 3.333 Non = 3.224		Nur = 63 Non = 54	df = 1	F = .155	.695
Gender by Major	F Nur = 3.333 F Non = 3.269 M Nur = 3.333 M Non = 3.179	F Nur = 1.058 F Non = 1.282 M Nur = 1.506 M Non = 0.863	F Nur = 57 F Non = 26 M Nur = 6 M Non = 28	df = 1	F = .027	.871

Question #2 states, “I feel that there is a general perception by society that female nurses are more caring and nurturing than male nurses.” The total mean of all responses to this statement was 3.76, indicating that the sample was either neutral or agreed with this statement. There was no significant difference between males and females. However, a significant difference was found between nursing and non-nursing majors ($p=.004$) and between male nursing majors, male non-nursing majors, female nursing majors, and female non-nursing majors ($p=.005$).

Table 2: Question #2: I feel that there is a general perception by society that female nurses are more caring and nurturing than male nurses.

	Mean	Std. Deviation	N	Degree of freedom	F	Sig
Gender (Female/Male)	F = 3.762 M = 3.333		F = 83 M = 34	df = 1	F = 3.548	.062
Major (Nursing/Non-nursing)	Nur = 3.211 Non = 3.885		Nur = 63 Non = 54	df = 1	F = 8.782	.004
Gender by Major	F Nur = 3.754 F Non = 3.769 M Nur = 2.667 M Non = 4.000	F Nur = 0.830 F Non = 1.032 M Nur = 1.211 M Non = 0.816	F Nur = 57 F Non = 26 M Nur = 6 M Non = 28	df = 1	F = 8.400	.005

For Question #3, “The current portrayal of nursing by the mass media (e.g., television, films, magazines) as being more suited for women discourages men from choosing nursing as a career,” the mean of all respondents was 3.58 out of 5, signifying participants were neutral or agreed with the statement that media presents women as more suited for nursing than men. There were no significant differences found between males and females, male nursing majors and male non-nursing majors, or female nursing majors and female non-nursing majors.

Table 3: Question #3: The current portrayal of nursing by the mass media (e.g., television, films, magazines) as being more suited for women discourages men from choosing nursing as a career.

	Mean	Std. Deviation	N	Degree of freedom	F	Sig
Gender (Female/Male)	F = 3.547 M = 3.750		F = 83 M = 34	df = 1	F = .719	.398
Major (Nursing/Non-nursing)	Nur = 3.816 Non = 3.481		Nur = 63 Non = 54	df = 1	F = 1.949	.165
Gender by Major	F Nur = 3.632 F Non = 3.462 M Nur = 4.000 M Non = 3.500	F Nur = 0.919 F Non = 1.029 M Nur = 1.095 M Non = 0.882	F Nur = 57 F Non = 26 M Nur = 6 M Non =	df = 1	F = .473	.493

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Question #4 states, “The current portrayal of male nurses as being “gay” or effeminate in nature by the mass media (e.g., television, films, magazines) discourages men from choosing nursing as a career. Total responses reveal a mean of 3.03, indicating most participants were neutral about the statement that media’s display of “effeminate” male nurses discourages men from pursuing nursing as a profession. There were no significant differences between males and females, male nursing majors and male non-nursing majors, or female nursing majors and female non-nursing majors.

Table 4: Question #4: The current portrayal of male nurses as being ‘gay’ or effeminate in nature by the mass media (e.g., television, films, magazines) discourages men from choosing nursing as a career.

	Mean	Std. Deviation	N	Degree of freedom	F	Sig
Gender (Female/Male)	F = 3.122 M = 2.911		F = 83 M = 34	df = 1	F = .638	.426
Major (Nursing/Non-nursing)	Nur = 3.026 Non = 3.007		Nur = 63 Non = 54	df = 1	F = .005	.942
Gender by Major	F Nur = 3.053 F Non = 3.192 M Nur = 3.000 M Non = 2.821	F Nur = 1.059 F Non = 0.895 M Nur = 0.894 M Non = 1.156	F Nur = 57 F Non = 26 M Nur = 6 M Non = 28	df = 1	F = .360	.550

For Question #5, “I feel that nursing is more appropriate for females because they tend to be more caring and compassionate by their inborn nature, the mean response was 2.35 indicating participants disagreed or were neutral that females were more appropriate nursing candidates because of their caring inborn nature. There was no significant difference between males and females, male nursing majors and male non-nursing majors, or female nursing majors and female non-nursing majors. However, a significant difference was found between nursing and non-nursing majors (p=.000).

Table 5: Question #5: I feel that nursing is more appropriate for females because they tend to be more caring and compassionate by their inborn nature.

	Mean	Std. Deviation	N	Degree of freedom	F	Sig
Gender (Female/Male)	F = 2.299 M = 2.268		F = 83 M = 34	df = 1	F = .013	.910
Major (Nursing/Non-nursing)	Nur = 1.741 Non = 2.826		Nur = 63 Non = 54	df = 1	F = 15.629	.000
Gender by Major	F Nur = 1.982 F Non = 2.615 M Nur = 1.500 M Non = 3.036	F Nur = 0.935 F Non = 1.267 M Nur = 0.837 M Non = 1.201	F Nur = 57 F Non = 26 M Nur = 6 M Non = 28	df = 1	F = 2.708	.103

Question #6 states, “I would encourage a male family member (e.g., brother, son, partner) to pursue nursing as a challenging and rewarding career choice.” The mean response was 4.17, indicating that most participants agreed or strongly agreed that they would encourage a male family member to pursue nursing as a career. There were no significant differences between males and females, male nursing majors and male non-nursing majors, or female nursing majors and female non-nursing majors.

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

	Mean	Std. Deviation	N	Degree of freedom	F	Sig
Gender (Female/Male)	F = 4.228 M = 4.131		F = 83 M = 34	df = 1	F = .120	.729
Major (Nursing/Non-nursing)	Nur = 4.298 Non = 4.060		Nur = 63 Non = 54	df = 1	F = .726	.396
Gender by Major	F Nur = 4.263 F Non = 4.192 M Nur = 4.333 M Non = 3.929	F Nur = 1.110 F Non = 0.939 M Nur = 1.633 M Non = 1.086	F Nur = 57 F Non = 26 M Nur = 6 M Non = 28	df = 1	F = .358	.551

Discussion

The results from this study suggest that students surveyed at Texas A&M University-Commerce do not hold the perception that nursing is a feminine oriented career or that men are less masculine for choosing to pursue a career in nursing. However, there is a statistically significant difference between students classified by major when asked if society perceived females as more caring and nurturing than males. Nursing majors oppose this statement more strongly than non-nursing majors. Nursing majors also disagree more with the statement that nursing is more appropriate for females because of their inborn nature for compassion and caring.

The findings of the current study do not support the conclusions found in the original study completed on university students in Ontario, Canada (Bartfay, Bartfay, Clow, & Wu, 2010). Bartfay et al. (2010) found students have a general perception that female nurses are more caring and nurturing than male nurses. Although society may see women as more nurturing than men, a “helping others” orientation is a major factor for both men and women who choose nursing as their profession (Miers, Ricaby, & Pollard, 2007, p 1202). There are “intangible personal rewards” that outweigh any negative aspects encountered by males in nursing (Rajacich, Dane, Williston, & Cameron, 2013, p 74). Although numerous studies have been completed to determine the barriers male nurses face in providing care for their patients (Whiteside & Butcher, 2015), they do not adequately address how to overcome these barriers. Examining reasons men enter and leave the nursing field can help nursing educators and employers address challenges men experience, thereby improving retention in the nursing field.

Due to rigid socially constructed gender roles, males often face a fear of misinterpretation of the intimate touch required of nurses when providing patient care. The most reported concern of male nurses was misinterpretation of touch as sexual inappropriateness (Whiteside & Butcher, 2015). In attempts to overcome the fear of intimate touch, O'Lynn and Krautscheid (2014) completed a study with two groups: one received a formal education on how to provide proper intimate touch and the control group (recruited from a different school) received no specific instruction. Students at the school who received the formal education were male and female, but only male participants were included in the study. Following the intimate touch laboratory, male nurses reported significantly more comfort and demonstrated better care when intimate touch was required in the clinical setting compared to the group that did not receive formal instruction. Formal education was shown to not only reduce hesitation and fear of misinterpretation male nurses may experience in providing personal care, it helped patients feel more comfortable in receiving care from male nurses.

Additional areas that need further study concern factors that male nurses face that contribute to stress. These include challenging groups of clients, feeling underappreciated, fear of burnout, expectancy of engaging in physically demanding work, and being referred to as a "male nurse" rather than nurse (Rajacich et al., 2013). Whiteside and Butcher (2015) found that challenging groups of patients include younger patients (both female and male), patients who may be regarded as 'vulnerable,' patients with higher level acuity health status, and patients with different cultural backgrounds. When male nurses encounter these patients, they are more "uneasy" compared to those who are not classified in those groups.

The workplace may have different expectations for the male nurses compared to their female counterparts. Rajacich, Kane, Williston, and Cameron (2013) found that men accept that their greater strength means they are often asked to perform more strenuous tasks. The physically demanding tasks are often part of tradeoff deals between male and female nurses (p. 76). For example, a female colleague may request help moving a client and in return the same colleague may help the male nurse with the private care of a female patient. To support the idea that the workplace has different expectations of male and female nurses, Sayman (2014) presented an example of a male nurse being “utilized as a workhorse by his female peers to lift heavy patients and restrain the violent ones” (p. 15).

Although men take on the physically demanding tasks of nursing, both genders need the same education in order to care for every patient equally. In the past, male nursing students have not been permitted to care for females in labor and delivery or postpartum, causing a lack of education and preparation that male nurses need for a career in nursing. Society’s perceptions of men in nursing are changing, but there are issues to be addressed in order to promote equality in nursing. Interventions should begin in nursing school by giving students equal clinical opportunity regardless of gender. Role strain should be minimized in school and in the workforce by continuing education, equal opportunity with patients, and similar expectations from employers and educators. Further research should be conducted to determine strategies to help with recruitment and retention of men in nursing.

Limitations

The major limitation of the study is the small sample size. The sample size used was not calculated to accurately represent the university; therefore, the differences in results from the study may not be reflective of the entire student body beliefs or of the Northeast Texas population. In order to better understand society's perceptions of men in nursing, the study would be improved by including demographic information. By incorporating data like age and ethnicity researchers would have an opportunity to evaluate differences between groups within the study.

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