

Attitudes of Both Male and Female Nurses toward Men in Nursing in Minia University Hospital

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Abstract: Male nurses are facing different problems in both government and private settings among which are, disrespect of male nurses and discrimination, therefore, given less or denied opportunities for growth and development in the profession. The **aim** of the study was to compare attitudes of both male and female nurses toward men in nursing. The study was **carried out** at Minia University Hospital. The study **subjects** included a total number of 99 nurses (27 male and 72 female). The short-form Bem sex role inventory was used to collect the necessary data. **Results** revealed highest significant statistical differences between male and female nurses' attitudes about the lack of gender difference, female positive attitude towards males, and total attitude towards males in nursing. It was **recommended** to address the nursing workforce shortage by recruiting talented and diverse males, provide more positive and realistic messages about the contribution of male nurses through the film media, attempts should be made to work closely with career counselors and parents to refute the myths and misconceptions about nursing and to promote the vast array of opportunities available in nursing.

Keywords: Male Nurse, female nurses, Attitude, nursing

I. Introduction

Male nurses are facing different problems in both government and private settings among which are, disrespect of male nurses and discrimination, therefore, given less or denied opportunities for growth and development in the profession. In some provinces male nurses are not hired and administrations give preferences to female nurses. As all the major posts are held by the male doctors in hospitals and they don't want any male nurses. **Wynaden**, (2006).

Because they are afraid of being challenged and they will show resistance at any mistake done by them. According to **McMillian**, et al (2006) "the experience of male nurse as a minority group seems to be that of encountering a lack of social approval, acceptance and adequate role models beginning in nursing school. Perceptions of threats to sexuality, role strain, social isolation and different performance expectations reported by male nursing students indicate that little has changed within nursing profession" (pp101).

The Nursing Shortage

As of 2004, the American Hospital Association reported a vacancy rate of 8.1% for registered nurse positions in hospitals. According to the same study, 40% of hospitals found it more difficult to recruit nurses in 2004 than in 2003. This shortage is only projected to get worse. By 2020, it is estimated that there will be a shortage of over 1 million nurses (American Hospital Association, 2006). **Hecker** (2005) predicts a shortage of over 1 million nurses by 2014. Not only is the nursing shortage expected to grow in size, but the effect of it is also expected to intensify as the baby Boomer generation ages. With generational aging, the demand for registered nurses will increase (**Buerhaus, Staiger, & Auerbach** 2004). US Census Bureau (2005) reports that 12.4% of the population in 2000 was over 65 years of age. That number is expected to increase to about 20% by 2030 (US Census Bureau, 2004). According to the **American Hospital Association** (2004), enrollment in health education has declined as more career opportunities have become available to women. Women have become less interested in nursing as a career, and men continue without interest in nursing (Andrews, 2005).

Government needs to make sure about the recruiting of male in different government hospital. More opportunities should be given to them for their growth and development. To ensure the delivery of quality patient care hospitals needs to include recruitments of men into nursing. Identify individual learning styles and needs during performance appraisals for both men and women. Provide educational programs that increase cultural sensitivity, decreasing stereotypes (**Lowry and Mark**, 2008).

The popular notion that nursing is not for men and admission capacity constraints of Nursing Schools seem to be major obstacles towards bringing more men to the profession. Although male nurses often face the challenges of gender discrimination, especially in specialties like obstetrics and gynecology, where, women often prefer to have female nurses, male nurses often end up in leadership roles and in specialties like intensive care, emergency and operating room nursing (<http://www.jscms.com/>).

Attitudes, gender role perceptions, intimate care issues, nurse shortage, retention and motivation influence the professional presence of men in nursing to a great extent. The perceptions and attitudes of male nurses in nursing have produced a bad image of male nurses. There are numbers of males who joins nursing only to get a degree and go outside the country. Even others male who is doing nursing, they want to change their profession after finishing the nursing course. There is no professional growth for their and lack of opportunities for men nurses.

Significance of the study

Nowadays, just as the population of nurses is facing an acute shortage, the traditional belief that nurses are women still hard to be deleted. Men who are entering the nursing profession still facing lots of challenges and barriers. Not only from the society and patients, female colleagues also had been revealed to have a negative attitude towards male nurses. Gender stereotypes, social isolation, refusal to address individual learning needs, reluctant to acknowledge men as a vital part of the nursing profession and the belief men are inappropriate as a caregiver are the role stress for male nurses.

In Upper Egypt there is disrespect of male nurses and discrimination when they move to the College of Nursing or nursing schools and asked to be male of obtaining a higher degree than females. Nursing continues to be a largely female-concentrated occupation. Here in Upper Egypt the percentage of males in the Minia university hospital our study setting is 35% and 3.8 % of them work in supervision and administration position compared to 65% for female with 14.3 % of them work as supervisors and administrative positions. In Minia University hospital don't allow the male nurses work in Obstetrics and Gynecology department and also neonatal unit.

The aim of the study: to compare attitudes of both male and female nurses toward men in nursing.

Research Questions:

- (a) What is the difference between male and female nurses' attitudes toward men in the nursing profession?
- (b) Does demographic factors effect on the attitudes toward men in the nursing profession?

II. Subjects And Methods

Research Design: This study used a quantitative non-experimental comparative -descriptive design to elucidate quantitatively the gender role perceptions of male nurses using the Short-form Bem Sex Role Inventory has shown that adherence to the female gender role is an important prerequisite to caring and adoption of facets of the female gender role may not be unique to male nurses developed by **Loughrey** (2008).

Setting: This study, conducted at Minia University Hospital in the period from the first October 2014 to the end of December 2014.

Subjects: Participants were voluntary males (27) and females (72) nurses working

Data collection:

Tools validity and reliability: The short-form Bem sex role inventory developed by Loughery (2008) demonstrated a high level of internal consistency. The Cronbach's alpha value of the inventory for masculine and feminine traits was and 80.0, respectively. The inventory has a high test-retest reliability at 76.0. The necessary approval was secured from the director of Minia University hospital, the purpose of the study was explained to nurses and the consent to participate in the research was taken. A pilot study was carried out to assess tools, clarity, completeness and validity and to determine the time involvement. It applied on five nurses from selected hospital that excluded from the main subjects of the study. Data collected from the pilot study were analyzed and necessary modification of the study tools. The data were collected by the researcher herself through interviewing nurses for collection of demographic data questionnaire sheet and (40 items) Likert scale questionnaire sheet and it is included (24 items are reversing statements). The time required to complete the questionnaire was about (25-30) minutes.

Scoring system:

Agree= 3 uncertain =2 disagree=1

Ethical considerations

The necessary steps were taken to ensure that the rights of all subjects were recognized and protected throughout the study. Confidentiality with respect to both participants and storage of data was maintained throughout. Ethical approval was granted from the research ethics Committee, faculty of nursing, Minia University.

Statistical analysis:

All data of the study were fed into an IBM-Compatible personal computer. SPSS. 20 versions. Statistical tests for data analysis as mean, standard deviation, chi-square, Mann Whitney test, and Median were used to analyze the data for this research.

III. Results

Table (1) shows socio-demographic characteristics of male and female nurses, presents a total of nurses were (99) divided into (27 male and 72 female nurses. As regards of the respondents, the mean age (25.9±5.4) for male nurse and there is the highest percent (n=25, 92.6%) were diploma male nurses and the majority (n=48, 66.7%) were diploma female nurses. Present toward years of experience there is the highest percent (56.9%) were female nurses and also the majority (80.6%) were the female nurses choice of nursing career by parents. There are (51.9) were male nurse from rural and 51.4 were female nurse from urban. Also the table shows, the majority (77.8%) monthly income (LE= <1200) for female nurses.

Table (2) shows the comparison of male and female nurses' attitudes regarding lack of gender difference. There are both items the men choose to work in ICU, CCU, ER, OR education and administration primarily because it allows for them to reduce their gender based role strain, the majority of mean 2.2±1.1 for female nurses and present the highest significant statistical difference (p=0.001) between male and female nurses. Regarding the movement of male nurses away from staff positions into specialty areas, education and administration are predominantly based on increased financial reward, the majority mean 29±1.1 toward female than male nurses and there is a highly significant statistical difference (p=0.001) between female and male nurse about it.

Table (3) shows the comparison of male and female nurses; attitudes regarding positive towards males, as regards male nurses will play an increasing by important role in health care, there is high mean (4.2±1) were male nurses than female. There is a significant statistical difference (p=0.002) between of them. From the table, there is reversing attitudes regarding toward the male nurse can perform most nursing activities as well as his female counterparts, the majority high little mean (3.4±0.9) for female nurses than male and also there is a highly significant statistical difference (p=0.001) between of them.

Table (4) illustrates the comparison of male and female nurses' total attitudes, that the highest mean scores (3.1±0.4, 3.2±0.5) of perceiving females have a +ve attitude toward males and there is a significant statistical difference (p=0.01) But there are the majority mean scores (3.2±0.5) Were less gender specific differences and also total attitude, there are high mean scores (3.1±0.2) were female nurse and found that, the highest significant statistical difference (p=0.001) between of male and female nurses.

Table (5) presents a relation between nurses' total attitudes and their characteristics, there is a mean score (3.2±0.3) were bachelor of nursing qualification and is little significant statistical difference (p=0.04) And also there are mean scores (3.1±0.2) and (p=0.01) A significant statistical difference between the total attitudes and choice of nursing g career by parents.

Table 1: Socio-demographic characteristics of male and female nurses in the study sample

	Gender				X ² test	P-value
	Male (n=27)		Female (n=72)			
	No.	%	No.	%		
Marital status:						
Single	19	70.4	47	71.2		
Married	8	29.6	25	34.7	0.23	0.63
Age:						
<25	12	44.4	36	50.0		
25+	15	55.6	36	50.0	0.24	0.62
Range	18.0-43.0		19.0-46.0			
Mean±SD	25.9±5.4		25.7±5.0		U=0.05	0.82
Median	25.00		24.50			
Nursing qualification:						
Diploma	25	92.6	48	66.7		
Bachelor	2	7.4	24	33.3	6.82	0.009
Job position:						
Nurse	19	70.4	48	66.7		
Nurse leader	8	29.6	24	33.3	0.64	0.73
Experience years:						
<5	13	48.1	41	56.9		
5+	14	51.9	31	43.1	0.61	0.43
Range	1.0-18.0		0.0-20.0			
Mean±SD	6.3±4.8		5.1±4.3		U=1.60	0.21
Median	5.00		4.00			

Choice of nursing career by:						
Parents	11	40.7	58	80.6		
Siblings	9	33.3	7	9.7	14.89	0.001*
Others	7	25.9	7	9.7		
Residence:						
Rural	14	51.9	35	48.6		
Urban	13	48.1	37	51.4	0.08	0.77
Monthly income (LE):						
<1200	19	70.4	56	77.8		
1200+	8	29.6	16	22.2	0.59	0.44
Range	780.0-2000.0		750.0-2470.0			
Mean±SD	1099.6±263.9		1060.0±272.2		U=0.74	0.39
Median	1000.00		1000.00			
Department:						
Surgical	13	48.1	28	38.9		
Medical	7	25.9	10	13.9	4.21	0.12
Intensive care	7	25.9	34	47.2		

(*) Statistically significant at $p < 0.05$

(U) Mann-Whitney test

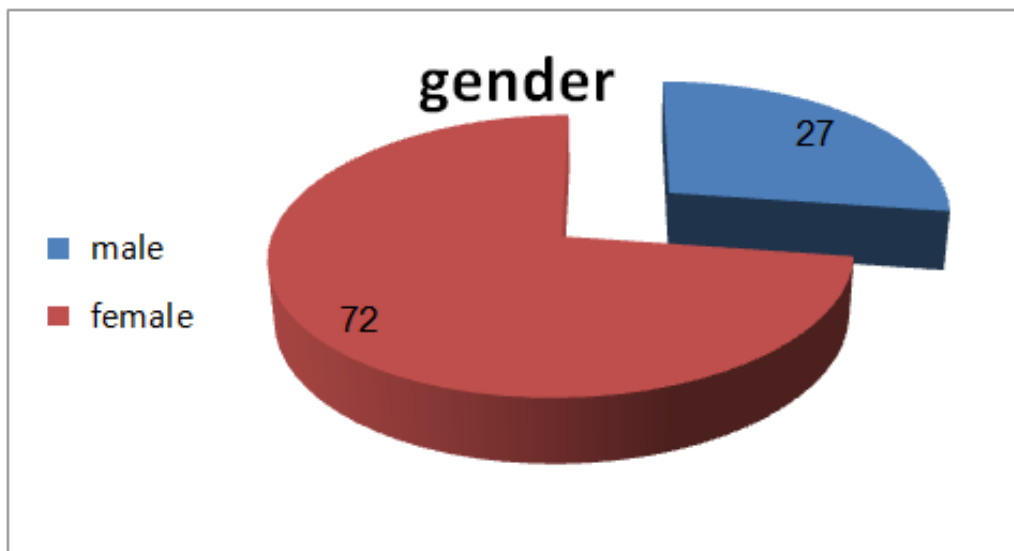


Figure1 gender for study nurses

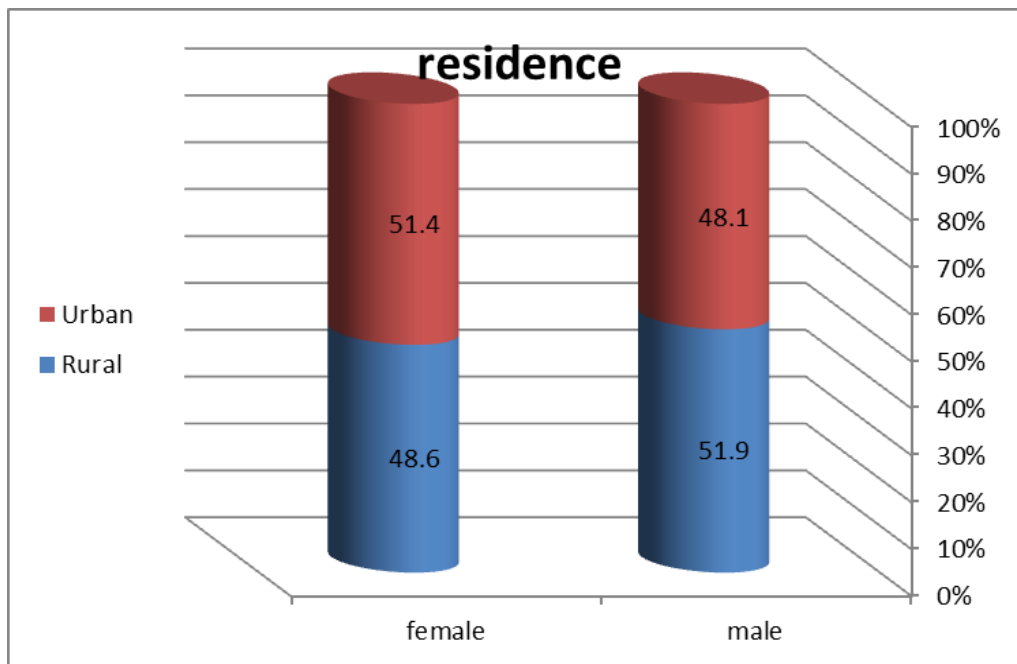


Figure2: Residence of rural and urban study nurses

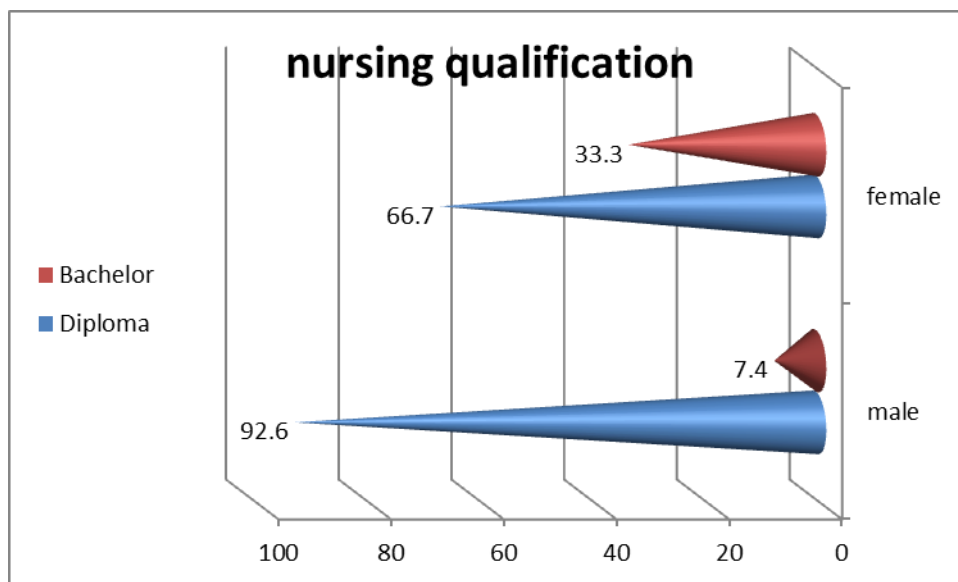


Figure 3 Nursing qualification study nurses

Table 2: Comparison of male and female nurses' attitudes regarding lack of gender difference

Item	Gender				Mann Whitney Test	P-value
	Male (n=27)		Female (n=72)			
	Mean±SD	Median	Mean±SD	Median		
Regardless of gender, all nurses do have full range of practice, including gynecological and maternity care.	3.1±1.7	2.00	2.7±1.4	2.00	0.62	0.43
Men in nursing are accepted by patients, regardless of gender, for individual care the same as women nurses.	3.5±1.3	3.00	2.9±1.1	3.00	3.99	0.046*
Patient care assignments are made based on the individual nurse's abilities and not on the individual nurse's or the patient's gender.	4.3±1.2	5.00	4.3±0.9	4.00	0.64	0.43
Male nurses should be assigned to care for female patients regardless of the patient's age.	2.9±1.5	3.00	2.6±1.3	2.00	1.04	0.31
A nurse's unit of assignment (i.e., Orthopedics, labor & delivery, psych, nursery) is based on the individual nurse's request, instead of gender.	3.5±1.2	4.00	3.5±1.1	4.00	0.01	0.93
Nurses, regardless of gender, tend to move to education, administration, and specialized patient care areas as a method of increasing their control over professional nursing practice.	4.1±1.4	5.00	3.5±1.2	4.00	6.35	0.01*
It is true that men in nursing approach their career choice with a greater intent toward long term gains than women.	1.7±0.9	2.00	2.2±1.1	2.00	5.25	0.02*
Patient care assignments given to male nurses are based predominantly on the nurse's gender relative to the patient's gender.	2.9±1.4	3.00	3.1±1.4	3.50	0.89	0.35
Men choose to work in ICU, CCU, ER, OR, education, and administration primarily because it allows them to reduce their gender based role-strain.	1.6±1.2	1.00	2.2±1.1	2.00	12.39	<0.001*
Male nurses may care for female patients so long as the patient is elderly.	2.1±1.2	2.00	2.0±1.1	2.00	0.14	0.71
In general, monetary compensation in nursing is not sufficient to encourage significant numbers of males to enter nursing.	2.8±1.5	2.00	2.8±1.3	2.00	0.00	0.95
Movement of male nurses away from staff positions into specialty areas, education, and administration is predominantly based on increased financial reward.	2.0±1.2	2.00	2.9±1.2	2.00	10.83	0.001*
Patients who require extensive physical lifting and moving are usually assigned to male nurses.	2.1±1.0	2.00	2.3±1.0	2.00	0.51	0.48

(*) Statistically significant at $p < 0.05$

Table 3: Comparison of male and female nurses' attitudes regarding positive attitude towards males

Item	Gender				Mann Whitney Test	P-value
	Male (n=27)		Female (n=72)			
	Mean±SD	Median	Mean±SD	Median		
For a man can tolerate more pressure, the male nurse should be expected to assume full responsibility in an emergency situation.	4.0±0.9	4.00	4.0±0.9	4.00	0.18	0.67
The male nurse is better suited to perform some nursing functions.	3.7±1.5	5.00±	3.7±1.2	4.00	0.53	0.47
Male nurses will play an increasingly important role in health care.	4.2±1.0	5.00	3.5±1.1	4.00	9.15	0.002*
On the whole, the patient seems to accept the male nurse.	2.9±1.3	3.00	2.6±1.2	3.00	1.85	0.17
The nursing profession should encourage the entry of more men.	3.9±1.4	4.00	4.0±1.0	4.00	1.08	0.30
The male nurse can perform most nursing activities as well as his female counterparts.	2.5±1.3	2.00	3.4±0.9	3.00	12.72	<0.001*
Men in nursing pose a threat to the predominantly female profession of nursing.	3.6±1.5	4.00	3.9±1.2	4.00	0.87	0.35

(*) Statistically significant at $p < 0.05$

Table 4: Comparison of male and female nurses' total attitudes

Item	Gender				Mann Whitney Test	P-value
	Male (n=27)		Female (n=72)			
	Mean±SD	Median	Mean±SD	Median		
No gender difference	2.8±0.4	2.85	2.8±0.4	2.92	0.39	0.53
Perceive females have +ve attitude towards males	3.0±0.4	2.88	3.1±0.4	3.25	6.03	0.01*
+ve towards males	3.6±0.5	3.71	3.6±0.4	3.57	0.00	0.97
Less gender specific differences	2.7±0.3	2.67	3.2±0.5	3.33	24.03	<0.001*
Total attitude	2.9±0.3	2.93	3.1±0.2	3.20	17.35	<0.001*

(*) Statistically significant at $p < 0.05$

Table 5: Relations between nurses' total attitudes and their characteristics

Item	Total attitude Score (max=4)		Mann Whitney Test	P-value
	Mean±SD	Median		
Marital status:				
Single	3.1±0.3	3.10		
Married	3.1±0.2	3.20	0.79	0.37
Age:				
<25	3.1±0.3	3.18		
25+	3.1±0.3	3.10	0.94	0.33
Nursing qualification:				
Diploma	3.1±0.3	3.10		
Bachelor	3.2±0.3	3.19	4.17	0.04*
Job position:				
Nurse	3.1±0.3	3.10		
Nurse leader	3.2±0.2	3.18	1.44	0.49
Experience years:				
<5	3.1±0.3	3.14		
5+	3.1±0.2	3.10	0.14	0.70
Choice of nursing career by:				
Parents	3.1±0.2	3.18		
Siblings	3.1±0.4	3.07	H=8.76	0.01*
Others	2.9±0.2	2.84		
Residence:				
Rural	3.1±0.3	3.10		
Urban	3.1±0.3	3.18	1.34	0.25
Monthly income (LE):				
<1200	3.1±0.3	3.18		
1200+	3.1±0.2	3.06	0.18	0.67
Department:				
Surgical	3.1±0.2	3.18		
Medical	3.0±0.4	3.03	H=3.13	0.21
Intensive care	3.1±0.3	3.15		
Served army:				
No	3.0±0.3	2.95		
Yes	2.7±0.2	2.80	3.40	0.07

(*) Statistically significant at $p < 0.05$

(H) Kruskal Wallis test

IV. Discussion

Despite concerted efforts in recent years, the number of men in nursing in Egypt remains persistently low. 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 carrier is desirable. Nursing continues to be a largely female-concentrated occupation. Here in Upper Egypt the percentage of males in the Minia university hospital our study setting is 35% and 3.8 % of them work in supervision and administration position compared to 65% for female with 14.3 % of them work as supervisors and administrative positions. These figures are comparable with other countries where the proportion of men in nursing is similarly low - 10.7% in the United Kingdom (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 vary from 3.5% in Denmark to 25% in the Philippines. 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 the diversity which is crucial in the nursing workforce. (Haigh, 2015)

The ability to retain and graduate men from nursing programs is critical to increasing the overall number of males in the nursing profession, which will help diversify the nursing workforce across the nation. This diversity is a strategic goal for national nursing and health-related organizations like the American Association of Colleges of Nursing (AACN), Institute of Medicine (IOM), and the Sullivan Commission. (Anderson, 2014)

The fact that men tend to avoid caring careers, such as nursing, might be rooted in the strong association between these careers and their stereotypical association with women. Nightingale summarizes in her assertions that nurses, through caring, were only doing what came naturally to them as women. (Loughrey, 2008). The experience of male nurses as a minority group seems to be that of encountering a lack of social approval, acceptance, and adequate role models beginning in nursing school. Perceptions of threats to sexuality, role strain, social isolation, and different performance expectations reported by male nursing students indicate that little has changed within nursing programs to enhance feelings of belonging to the nursing profession (McMillian et.al. 2006)

The present study demonstrated the highest significant statistical difference ($p=0.001$) between male and female nurses' attitudes about the lack of gender difference. The study results showed that Men choose to work in ICU, CCU, ER, OR, education, and administration primarily. This may be because Nursing has become stereotyped as a female profession in our country. Therefore, any male who ventures into nursing would be operating outside of the socially accepted norm. Role-stress may result from pejorative remarks, restriction of the scope of practice in the work setting (i.e., Assignment to predominantly male patients), frequent incorrect professional identification, and outright resistance by female nurses. (Haigh, 2015)

Also role-strain may be developed which is the subjective response experienced by the individual to role-stress. The role - strain can be reduced by decreasing the social interaction to limit the negative effects. For men in nursing, it might be moving into specialty areas such as intensive care settings, emergency and trauma services, administration, and education. Although the individual has retained a position in nursing the change of practice setting allows decreased deference to the physician, increased capacity for dominance over professional practice, and increased autonomy (Haigh, 2015)

Furthermore, The key findings of the study revealed a highly significant statistical difference ($p=0.001$) between female and male nurse regarding lack of gender difference this result agrees with Andrews et.al. 2012 who stated that the movement of male nurses away from staff positions into specialty areas, education, and administration is predominantly based on increased financial reward.

Moreover, the study findings indicated significant statistical difference ($p=0.002$) between male and female nurses' attitudes about female positive attitude towards males, the study results indicated that Female nurses stereotype male nurses as "strong," seeking them to assist with heavy work. Also, female nurses believe that male nurses generally obtain greater respect from physicians simply because they are men. This finding disagrees with Haigh (2015) who reported that the overwhelming majority of respondents agreed that more males are needed in nursing. Once again, the proportion of females in favor (92.9%) exceeded the proportion of males (87.3%), but this difference was not significant. Some respondents provided reasons why more males are needed in nursing and the top reasons provided by participants were "Gender equality requires a balanced workforce", "Male patients more comfortable with males" and "To reduce the negative aspects associated with female dominated profession".

Also, the present study revealed a significant statistical difference ($p=0.002$) between male and female nurses' about positive attitude towards males. The study findings indicated that Male nurses will play an increasingly important role in health care and the male nurse can perform most nursing activities as well as his female counterparts. This finding agrees with Damon (2012) who reported that, today nursing is not regarded as a woman-profession and boys are accepted to nursing schools with legal regulations and male nurses are trained. Also, Ibrahim et.al. (2015) reported that undergraduate male nursing students in Egypt and Jordan generally have

positive perceptions about the image of the nursing profession in the four aspects of description of the profession, society's view, profession benefits and the view of self-satisfaction in nursing.

Additionally, according to the findings in the current study, it was found that significant statistical difference ($p=0.002$) existed between male and female nurses' attitudes regarding less gender-specific competition. The study participants reported that generally, female nurses make better nurses than males, the ideal gender composition for nursing is 50% female and 50% male, the male nurse, as head of the household, should be given a larger salary than the female nurse, on the whole, the physician seems to accept the male nurse, on the whole, male nurses receive higher salaries than female nurses, increasing the number of men entering nursing will lead to an increase in all nursing salaries, male nurses tend to be promoted at a faster rate than female nurses, and I have missed out on promotion opportunities based predominantly on my gender and not due to lack of qualifications required for the new position.

These findings agree with **Duman** (2012) who reported that nearly all of the women (93.3%) believed that male nurses would not be successful in maternity and childbirth services; which suggested that it was due to the fact that women were not used to seeing male nurses working at maternity and childbirth services, yet. In contrast, the study conducted by **Kaya et al.** (2011) pointed out that the success in nursing activities was more important than the gender of the nurses. Accordingly, it may be suggested that the nursing profession has traditionally been identified with female gender and this perception has not changed yet.

Moreover, this may be due to Societal perceptions that nursing is a female-oriented role has been a major factor in the low numbers of men in the nursing field and continue to exert pressure on those in the nursing field today. Also, **Kirk et al.** (2013) stated that, In light of increased attention on the recruitment of men in nursing and the recent economic opportunities in nursing, greater numbers of men are enrolling in nursing education programs. Despite the increased number of men enrolled in nursing programs, the attrition rates for male students far exceed those for female students. The reasons for higher attrition are unclear but are hypothesized as resulting from perceived gender-based barriers that promote a learning environment hostile or "unfriendly" to men.

Furthermore, the current study revealed a significant statistical difference ($p=0.04$) Between male and female nurses' regarding total attitude towards males in nursing. The study participants reported that females have a positive attitude towards males and less gender specific differences. These findings agree with **Haigh** (2015) who stated that, 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. Moreover, **Abushaikha et al.** (2014) found that the male nursing student participants felt that society is becoming more accepting of men in nursing. In addition, 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.

In contrast, these findings disagree with **Bartfay et al.** (2010) who reported that 93% of their female nursing students sampled agreed that nursing was a more appropriate profession for females because women tend to be more caring and compassionate by their inborn nature when compared to males. Also, **Bartfay et al.** (2010) stated that negative societal perceptions and stereotypes towards male nurses prevail and this may have a detrimental effect on their recruitment and retention in nursing programs.

Also, the present study revealed no Significant differences between nurses' total attitudes and their characteristics (Marital status, Age, Job position, and Experience years) except education level and choice of nursing career by parents ($p=0.04$, $p=0.01$) Respectively. These findings in the line with **McMillian** (2006) who stated that a direct correlation exists between attitudes of acceptance regarding men in nursing and level of education. Moreover, **Haigh** (2015) reported that, other research which identified parental influences as being a key motivating factor behind the men's eventual decision to enter the field of nursing

On the other hand, this finding was in contrast to **Stanley** (2012) who stated that, those with prior experience were more enthusiastic in their views about men in nursing. Also, he reported that the younger age group was more emphatic in their views that the misperception "All male nurses are 'gay'" needs to be addressed compared with the older age group.

Throughout the world today, more men are entering the nursing profession and there is a major push to delete the stereotype that nurses are women. Indeed the tradition of nursing as a female-only profession has now been changed to a female-dominated profession and nursing is expected to become gender-free in the future. Ultimately, the goal for increasing the number of men in the nursing field is to help change gender roles such that the most qualified individuals will be drawn to the profession regardless of gender. Nursing faculty and administrators have an inherent interest in ensuring that gender bias and stereotypes are minimized in nursing schools in order to provide equitable learning situations for all students as well as in creating a nursing workforce that reflects the larger population. **Bartfay et al.**, 2010.

V. Recommendations For Nursing Faculty And Administrators

- Ensure that the learning environment is welcoming for men.
- Consciously placing males together in cohort groups and in clinical experiences,
- Reducing the instances of visibility and pressure on men in the clinical setting, building faculty awareness of perceived and real barriers for men in the educational setting,
- Providing faculty with tools to assess and address barriers that are present in the classroom environment.
- Attempts should be made to work closely with career counselors and parents to refute the myths and misconceptions about nursing and to promote the vast array of opportunities available in nursing.
- Address the barriers males have identified in nursing school in order to 1) ensure that nursing schools are providing the same opportunity for educational and professional success to all students; 2) challenge gender stereotypes that continue to uphold the societal view that nursing is “women’s work” and help increase the visibility within our culture that nursing is a skilled and technical field that is not limited based on gender; 3) address the nursing workforce shortage by recruiting talented and diverse males; 4) meet the diverse needs of the aging population by diversifying the nursing workforce; and 5) challenge gender stereotypes embedded in nursing education.

Recommendations for further studies

- The number of the sample is bigger and studies with control groups be conducted in order to get more reliable and more general result
- More focused research on the media’s impact on male nurse recruitment or on how male nurses are perceived by their professional colleagues or the public may be required.

Implications for practice

- Nursing organizations and educational institutions need to be aware of the impact the film media has and recognize that the film media may well be having a detrimental impact on male nurse recruitment and the public’s perception of male nurses.
- There is a real danger that the public’s perception of male nurses and their contribution to care and nursing can be undermined by these negative portrayals and educational institutions and employing agencies or organizations should consider countering these negative messages with more positive, realistic messages about the contribution of male nurses.

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