

The Lived Experiences and Challenges Faced by Male Nursing Students: A Canadian Perspective

Dr. Wally J. Bartfay, RN, PhD
Faculty of Health Sciences,
University of Ontario Institute of Technology
Canada

Dr. Emma Bartfay, PhD
Faculty of Health Sciences,
University of Ontario Institute of Technology
Canada

Abstract

Background: Despite the impending shortage of nurses in Canada and globally, the recruitment and retention of males to the profession has been a challenge in the new millennium due to a variety of social barriers and negative stereotypes propagated by the mass and social media, and in part by schools of nursing themselves.

Purpose: To examine the lived experiences of male nursing students in Ontario, Canada and their perceptions of reported educational and practice barriers, and social stereotypes.

Design: A phenomenological approach was employed to examine the lived experiences of 37 male nursing students.

Methods: Purposive and snowball sampling techniques were employed to recruit male students from a mid-sized university school of nursing. In depth, face-to-face interviews were conducted and guided by semi-structured open-end questions. Interviews were transcribed verbatim, coded and thematically categorized to make sense of the essential meanings.

Results: Barriers to recruitment and retention of males in schools of nursing included the feminization of nursing curriculums; reverse discrimination by female nursing students, faculty and nursing clinical staff; a lack of positive male role models in academia, and negative social stereotypes including that men in nursing are effeminate, gay or are labeled as inappropriate caregivers

Conclusion: The active recruitment and retention of males into schools of nursing may help to address, in part, the predicted global shortages facing the profession, while also helping to promote gender diversity and social equity in this critical health care profession.

Key words: Male nurse, stereotypes, recruitment, retention, gender diversity

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Introduction

Across diverse cultures globally, labour is often divided into distinctive and differing roles for men and women [1-3]. According to social role theory, when labour is divided along gendered lines, consistencies in behaviour that arise from these differing social roles are often misattributed to behavioural differences between genders [4,5]. Moreover, the persistent social observation of men or women in specific activities or occupations leads to the social assumption and stereotype that one's gender provides them with unique personalities that make them particularly suited and befitting to those activities or occupations. For example, if a given society or culture consistently observes women caring for young infants and children, then they are more likely to believe that women are better suited to provide child care, and also possess the necessary female characteristics for this activity including nurturance and warmth [5]. Similarly, when considering the female dominated profession of nursing, minority males may be subject to increased social gender stereotyping and prejudice [5-7]. For example, Bartfay and Bartfay [7] reported that 93% of their female students sampled in a Canadian study agreed that nursing was more appropriate and suited for women because they tend to be more caring and compassionate in nature.

Many people in diverse cultures and societies; which often incorporate nurses and nurse educators, do not seem to realize and appreciate that there is a rich history of men in nursing. In fact, the first documented formal training schools for nurses were established during the third century B.C.E. in India [6,7]. Ironically, these training schools only accepted qualified male applicants who had to learn and master many nursing functions analogous to those performed by students today. For examples, male nurses needed to possess a knowledge of how drugs should be prepared and administered; have an understanding of the relationship between the mind and body to promote health; be intelligent, understanding and loyal; be skilled in bathing, physical therapy, and providing wound care. It is also noteworthy that during the Middle Ages (476 C.E. -1453 C.E) significantly more priests, monks, friars and deacons cared for the poor and sick, in comparison to nuns or deaconesses [5-7]. For example, the Brothers of St. Anthony in Rome cared for victims of the disfiguring skin disease erysipelas. Similarly, a variety of military male nursing orders including the Knights Hospitallers, Knights of St. John of Jerusalem and Teutonic Knights provided community-based nursing care to victims of leprosy; built many hospitals in Europe and the middle-east to care for the sick, and were the first documented nursing orders to provide nursing care to individuals with psychiatric disorders.

The establishment of nursing as a respectable profession for females first occurred during the 19th century due to educational reforms and training standards first instigated by Florence Nightingale. Although this subsequently increased the status of women and nursing

in England and globally, it also resulted in larger systemic barriers and social stigma for males wishing to pursue nursing as a viable career [7,8]. In fact, Nightingale was the first to define, declare and characterize nursing as a female-only vocation in 1860 [8]. For more than 150 years, the romanticized image of Nightingale has come to represent and embody the quintessence role model of a nurse and the very image and perception of being feminine in society globally [9-12].

This image and epithet was later reinforced by legislation such as the Nurses Act of 1919 in England, which established nursing as the first all-female self-determining profession in the world. Similarly, the Army Nurse Corp and the Navy Nurse Corp of the United States barred qualified male nurses from serving their country in 1901 and 1908, respectively [7,12]. As recently as the 1960s, only 25 out of 170 (14.7%) of diploma-granting nursing schools in Canada accepted male applicants [13,14]. It is significant that the first male nurse in the Canadian Armed Forces to finally receive his rightful commission and salary as an officer occurred in 1970 after working 18 years as an X-ray technician, and a long struggle for gender equality [7,15]. Similarly, it is notable that the first male nurse licensed to practice in the province of Québec, Canada occurred in December, 1969, following decades of struggle for gender equality and petitioning to be formally recognized as registered nurses (RNs) [16,17].

The present disproportion of males practicing as nurses in Canada remains a challenge in the new millennium. The earliest record detailing the total number of male nurses in Canada occurred in 1951, and men accounted for a mere 0.3% (N = 138) of all nurses nationally [18]. Currently, there are 270,724 RNs in Canada, of which 252,763 (93.4%) are female and only 17,961 (6.6%) are males [19]. The shortage of nurses is not limited to Canada, but appears to be a growing international concern [20-23]. The number of nurses in the European Union (EU) is 826 per 100,000, and by 2020 will have a shortfall of 1.6 million nurses [23,24]. The WHO [15] reports that there are currently 57 countries with a critical shortage of nurses and physicians. This is equivalent to a global deficit of 2.4 million health care professionals, which includes the global average of 4.1 nurses per 1,000 individuals. In China, there are 2.18 million nurses of which only 21,000 (1%) are males [25]. Caribbean and Latin American nations currently have 1.25 nurses for every 1,000 individuals, which is 10 times fewer in comparison to the EU or the United States. In Malawi, there are only 17 nurses per 100,000 individuals, and in India 2.4 million nurses are urgently needed [15].

Aim

Currently little is known about the lived experiences of male nursing students and their perceptions of their nursing programs and clinical training experiences, especially from the Canadian context [1,4-7,26,27]. Accordingly, the aim of this study was to fill

this noted gap by examining the lived experiences of male nursing students at a mid-sized undergraduate school of nursing in Ontario, Canada.

Design

A phenomenological study was employed to examine the lived experiences of male nursing students enrolled in various years of their degree program. Phenomenology is defined as an approach to human inquiry that emphasizes the complexity of human experiences and the need to study those experiences holistically as they are actually lived [28]. Because phenomenological inquiry requires that the integrated whole be explored, it is a suitable method for the investigation of phenomena important to nursing [29].

Methods

Purposive and snowball sampling techniques were employed to recruit male students from a mid-sized university school of nursing in Ontario, Canada. Purposive sampling is the most common sampling approach used in phenomenological investigations, as it selects individuals for participation based on their particular knowledge of a phenomenon [29]. In addition, participants were also recruited via snowball (network) sampling techniques as word-of-mouth referrals. Ethical approval in compliance with Tri-council (TCP2) [30] guidelines was obtained from the university's research ethics board (REB), and informed written consent was obtained from all study participants. The inclusion criteria consisted of the following: (i) Subjects had to be a part-time or full-time male nursing student registered in an accredited undergraduate program, and (ii) had to have completed at least one year of their four-year undergraduate program. Hence, all subjects had at least one full year of exposure, acquaintance and experience as a nursing student to qualify for this investigation. Recruitment of subjects took place via targeted e-mail invites to prospective male students registered in the program, recruitment posters placed around campus bulletin boards, and by word-of-mouth referrals as noted above by the researchers.

In-depth interviews guided by three semi-structured open-ended questions were conducted face-to-face with all participants, and were recorded on a high-quality table-top digital voice recorder (Panasonic™ IC recorder model RR-US490, Singapore Pte. Ltd). To ensure consistency of style and approach, interviews were conducted by the primary author who is an experienced researcher and male nurse themselves in an effort to encourage and foster open and true dialogue and discussions and to promote an atmosphere of acceptance and tolerance. The specific research questions were: (i) Can you tell me about your experiences as a male nursing student; (ii) What are some of the social stereotypes you face as a male nursing student, and (iii) How can nursing schools in Canada do a better job attracting and retaining more men to the profession? Although no piloting of the research questions took place, they were based on

previous findings involving Canadian male nursing students [1,5,31,32]. Additional probing and clarifying questions included the following: (i) Could you tell me more about that specific experience and how it made you feel, and (ii) Could you provide me with a specific example and how you felt afterwards? The interviews took approximately 90 to 120 minutes in duration per participant. The interviews were subsequently transcribed verbatim by a professional transcriptionist, coded and thematically categorized to make sense of the essential meanings and lived experiences. Twenty-percent of the transcribed transcripts were also checked against the recordings to ensure precision and accuracy. To help ensure privacy, confidentiality and anonymity of the subjects given the nature of the study and the potential of being identified by nursing faculty given their limited numbers, the specific years of data collection are not reported in accordance with the consent form and institutional REB requirements.

A modification of Giorgi's [29,33] inductive seven step methodological guide was employed for the interpretation of the meaning of the transcribed data until data saturation was reached, as follows:

- (i) We read the entire description of the experience to get a sense of the whole, which entailed the collective experiences of male nursing students on campus, in classroom and laboratory settings, in clinical settings, and in their social community;
- (ii) We subsequently reread the descriptions provided by the 37 nursing students interviewed;
- (iii) Identified the essential phenomenon and relationships of the experiences;
- (iv) We sought to clarify and to elaborate on the meanings of their collective descriptions and identified phenomenon and themes by conducting member checks during a debriefing session with all 37 subjects present to ensure accuracy and that data saturation was obtained;
- (v) We reflected on the feedback provided by the subjects and attempted to identify phenomenon and themes employing the language of the subjects themselves;
- (vi) We subsequently transformed this concrete language into the language or concepts of science, and,
- (vii) We integrated and synthesized these noted insights into a descriptive structure of the meaning of the experience of being a male nurse in Canada as a whole.

Once the data was transcribed and coded, the process of data analysis took the form of data clusters, which were comprised of data sets with similar themes. A theme is an abstract entity that brings meaning and identity to a current experience and its variant manifestations, and captures and unifies the nature or basis of the experience into a meaningful whole for the

researcher [28,29,33]. These student insights and themes were subsequently synthesized into a descriptive structure for the meaning of the lived experience of being a male nursing student in Ontario, Canada. Critical to these insights and themes was the concept of the phenomenological nod, which is based on the premise that the reader should experience a resonance or ring of truth upon reading the portrayal of the lived experiences of male nursing students as a reflection of the merits and rigor of the findings, obtained. Although Giorgi's [29,33] original seven-step procedure does not require the validation of the meaning of results obtained, member checks were subsequently conducted during a debriefing session with the participants to check for accuracy and completeness of the interpreted data set as a whole. This technique is consistent, however, with Colaizzi's [34] method that calls for validation of the results by returning to the study participants. Descriptive statistics were also tabulated to determine the number of participants, mean, standard deviation, and range for the demographic characteristics.

Results

Twenty-four full-time and three part-time male nursing students (N =37 total) participated in this investigation. Participants were representative of all four years of the undergraduate nursing program of study. The mean age was 24.6 (\pm 8.2 S.D., range 18-42), and approximately six-to eight- percent of all nursing students are male in this program. The results presented are based on the lived experiences of the 37 subjects collectively as a whole, although the examples provided are for specific subjects. Although individual experiences may have varied, there were no noted significant individual differences per se. Ten specific major themes emerged from the data and are presented below.

(i) Feelings of seclusion and loneliness

The first major theme that emerged was a sense of isolation and loneliness due to a lack of fellow male nursing students in the program and/or a lack of exposure to positive male role models. Participants talked about feeling secluded or lonely within their school and frequently attributed this to a lack of positive male role models in their educational and clinical settings. For example, one male respondent said, "There are too few men in nursing to begin with and especially in the classroom and clinical settings. You're lucky to encounter one working on a med-surg [medical-surgical] floor, but you would never see in one in O.B.S. [obstetrics] for sure." Another male student commented, "I often feel isolated and alone when it comes to group work that some profs. [professors] just can't get enough of. There are several clicks [groups] that have formed and I literally have to beg to join a click in order to complete my group assignment for marks." Another male student noted, "We had to do a presentation about the historical roots of nursing. All the females in class talked about Florence Nightingale and how she was a champion for

feminists during Victorian times. I choose to talk about the Knight Hospitallers and Teutonic Knights, who were warriors and male nurses who also fought on the battlegrounds in Europe and even took care of lepers. However, my prof [professor] claimed they weren't really nurses. When I challenged her and showed her published articles to show her I was right. She said, real nursing began with Nightingale in 1860."

(ii) Lack of emotions and caring

The second major theme centred on lack of emotions and caring in nursing curriculum, and the expectations of certain clinical instructors. For example, one respondent noted, "I hate the touchy-feely stuff about nursing. If a patient happens to have complications or dies, the instructor just loves it when females open-up and share their feelings...cry and get all emotional. Guys aren't like this. There's too much of these expectations associated with the so-called caring curriculum that is based on female attributes and expectations." Another male student commented, "There's too much emphasis on subjective stuff like caring and empathy for the patient in nursing, which are female attributes. We [men] prefer the more objective and technical stuff like how to insert a Foley catheter, IV's [intravenous lines] or do a proper sterile dressing."

(iii) Feminized culture of nursing

The third major theme that emerged involved the feminized culture of nursing. For example, one male respondent described a clinical laboratory situation where catheterization techniques were being shown on male and female manikins. "The lab instructor just skipped over the female anatomy and physiology very briefly because she stated 'you all know your own anatomy quite well I'm sure'. However, she spent a lot more time on the male anatomy, taking about what to do if they have an erection or piercings and tattoos on male anatomy. This really made me feel uncomfortable and I thought a lot of this stuff was really not appropriate to begin with. What about female tattoos and piecing's also hey?" Another student commented, "We spend an awful amount of time each class on feminist theory and ways of knowing. Men also know stuff too but it's not full of emotions and tears. The whole caring curriculum, in my opinion, is based on motherly attributes and features. Guys also provide excellent care but in different ways you know. When I gave my male client a high five in clinical, I was accused of being unprofessional. Can you believe it?" Another student commented, "I don't know how many times I heard the word 'she' when talking about nurses in class. Once in a while, a prof [professor] might say, 'and male nurses too of course', but this is condescending and make you stand-out like a sore thumb in class. I felt she was further segregating men in nursing."

(iv) Being singled-out, gender categorized and discriminated

The fourth major theme that evolved from the interviews involved feeling of being singled-out, gender categorized

and/or discriminated against. For example, one male respondent commented, "Sometimes I was selected-out to be the guinea pig for the task because I was the only male in class. Like I was told by the lab [laboratory] instructor to take-off my shirt to demonstrate how to do an E.C.G. [electrocardiogram]. I was the only male and I don't feel comfortable taking-off my shirt in public. Why can't a girl take off her shirt instead? We are all supposed to be professionals regardless if we wear bras or not. Hey! It's just as bad for me and there's nothing to cover my nipples in public." Another student described a situation where a female instructor asked him to provide a urinary sample to demonstrate how to conduct a urinary analysis. "The instructor told me to give her a sample because it was easier for guys than girls. Why is that...tell me? We both have to pee! As a man in a female dominated class, you have to learn to bit your tongue and not challenge the teacher if you want to pass and move ahead." A male nursing commented, "I often feel singled-out or classified as a misfit by my nursing instructors because I'm a man. When I had an O.B.S. [obstetrics] rotation, the instructor went to ask the patient if it was ok to have me. She didn't ask any of the girls in my clinical rotation for sure. In addition, I'm sure they never ask patients if it's ok to have a male O.B./G.Y.N. [obstetrics/ gynecology] medical student." Another respondent commented, "I hate being called 'male-nurse'. Just call me 'nurse' ok. You never hear any patient or instructor calling a female student- female nurse? As a male student, we always have to carry this baggage with us."

(v) Issue of inappropriate touch

The fifth major theme identified related to increased stress and anxiety surrounding the issue of touch of young female clients in clinical settings. Several male nursing students commented that they were uncomfortable in performing intimate nursing procedures (e.g., urinary catheterizations or bed baths) due to a fear or apprehension of being accused of inappropriate touch or contact. For example, one male nursing student commented, "I am often reluctant to perform a procedure I know I can do no problem on a young girl or women...like doing a catheterization. It's not because I'm not capable, but I'm afraid of being accused of inappropriate touch and stuff like that because I'm a guy." Another respondent commented, "I find it hard to be a guy in a female profession because I'm always fearful that I might be sued for something. It's really hard to do certain procedures where their private parts [genitals] might be exposed...like putting in a Foley [urinary catheter]. Female nurses and docs [physicians] don't have to worry about these things when do provide care to male patients. We are always on the edge."

(vi) Male nurses are gay and/or effeminate

The sixth prominent theme that emerged under this data cluster centred on the notion that men who enter nursing are gay and/or effeminate in nature. One male student commented, "I felt kind-of embarrassed to tell

my friends that I was going into nursing because it's still largely a female dominated profession you know. Everyone knows about Florence Nightingale, but they never talk about any famous man in nursing." Another student commented, "Nursing is still a girly profession in society. Guys are supposed to be doctors, construction workers, electricians, or office dudes. If you go into nursing.... everyone thinks you're gay at first and have to prove you're not but doing guy stuff like sports, grown a manly beard, get some tattoos and drive a Harley [motorcycle] or something."

(vii) Male nurses as want-to-be physicians

The seventh theme that emerged was the perception that men in nursing went into nursing because they weren't competent or smart enough to be physicians or aspire to become physicians someday. One male student noted, "I'm often asked by patients if I really wanted to go into medicine and was using nursing as a stepping stone for my career." Another respondent commented, "Being a male nurse is sometimes like being a second class citizen or something. People often think I went into nursing because I wasn't smart enough to get into medicine." A male nursing student provided the following insights, "Guys are competent when it comes to the technical stuff like dressings, giving injections and stuff like that. Instructors typically know we like this stuff and are good at it. However, when it comes to things like empathy, caring or bed-side manners... providing therapeutic communication...we suck in the eyes of instructors."

(viii) Negative portrayal of male nurses in the mass and social media

The eight major theme that emerged involved the societal perception of how men in nursing are often habitually negatively portrayed in the mass and social media's. One male nursing student noted, "Social media and television don't help with the image of male nurses sure. They're usually gay, crazy or some kind-of psychotic killer. Just the other day I was watching The Black List [American TV drama] and there was this crazy psychotic male nurse going around torturing people. When people see this, they get the impression that all men in nursing are crazy killers." Another student commented, "When you see a movie like Meet the Parents with Ben Stiller, I actually feel mad because guys in nursing are being stereotyped as gay and feminine-like." One male student noted, "I would really like to see some feature film where the male nurse is a hero for a change and not some crazy dude you know! Some kind of war hero or super-hero that saves a bunch of kids or something based on some real life character would be a bonus for sure."

(ix) Need for more male role models in nursing

The ninth major theme that emerged under this data cluster involved the active recruitment of more male professors and instructors. One male nursing student noted, "We need to see a lot more male profs [professors] and clinical instructors. It would be good for both of us

[both males and females].” The second major theme involved changing the nursing curriculum to decrease the emphasis on female attributes, feminist theories and ways of knowing and including more male contributions to the historical development of nursing. “We should learn more about male nurse theorists and the history of men in nursing. I’m sick and tired about hearing about feminist theory and how great Nightingale was.” Another respondent commented, “I would like to see more discussion about nursing written by male theorists and researchers for a change. It would be great to include a section in year one about the history and contributions of men to the profession over time. This would help us to feel a lot more welcomed and included for sure. It would also help to open the eyes of female students to let them know that men were nurses long before Nightingale came on the band-wagon.”

(x) Feelings of stress and vulnerability

Lastly, several male students commented that they felt stressed and were considering or had considered dropping-out of their nursing program. For example, one male respondent noted, “Nursing for men is really harder... Much easier for females because we [male nursing students] are misfits. We stand-out like a sore thumb. A lot of guys can’t handle the extra stress and pressure...so they drop-out. Another male nursing student commented, “I often think about quitting. I know a couple of guys who did or changed programs because of the unwanted stresses from all sides. You have to have really thick skin to survive in this female environment.”

Taken together, these results suggest that being a male nursing student in a female dominated educational program in Ontario, Canada results in negative feelings of discrimination, isolation and vulnerability due to persisting and stable gender occupational stereotypes still inherit in nursing in the new millennium. Moreover, these findings suggest that male nursing students continue to encounter and confront a variety of social, practice and educational barriers that are consistent with social role theory [1-4].

Discussion

Our findings are consistent with other reports related to the feminization of nursing curriculums, and feelings of isolation and discrimination by male nurses [1,11,26,27,31-35]. For example, an internet-based survey conducted by the U.S. based Bernard Hodes Research Group [27] that sampled 498 practicing men in nursing and found that the top reasons they choose to enter nursing was a desire to help people; work in a growth profession with diverse career paths; career stability, and the ability to work in a variety of geographic locations. However, 56% of respondents reported encountering discrimination in their nursing programs due to their gender, and were perceived as being muscle by female nurses for lifting and moving patients. Similar findings related to feelings of being isolated-out and discriminatory practices encountered by men in nursing

have been reported by a number of researchers [5,11,26,33-37].

It is interesting to note that several male students reported increased stress and anxiety when performing intimate procedures (e.g., urinary catheterizations) involving touch or contact with young female patients. Specifically, males expressed fear and apprehension due to the possibility of being wrongfully accused of engaging in inappropriate touch or contact. This finding is echoed by other researchers who reported similar findings related to the issue of touch and contact by male nursing students when providing care to female patients in clinical settings [9,10,38].

Unfortunately, most nursing students in North America are taught that the vocation of nursing began with Nightingale and fail to acknowledge the many impacts and contributions made by male nurses prior to this era. Interestingly, several male nursing students in this study noted that they would like to see changes to their existing curriculums in terms of including content related to the history and contributions made by men to the profession; increased exposure to male theorists and researchers, and the active recruitment of more male professors and clinical instructors. Accordingly, the recruitment and retention of more men in nursing will require an evolution of the profession to meet changing healthcare needs, changes in nursing education and curriculum, and in workplace environments [22-24,26,32,33,39,40].

We argue there is a need to remove the hyphenated term ‘male-nurse’, and avoid referring to nurses by their gender altogether in educational and clinical environments. This was echoed by participants in our study who expressed feelings of isolation or being singled-out due to their gender in classroom, laboratory and/or clinical settings. Notably, the terms “her” and “she” are still being widely utilized as generic terms for nurses by provincial regulatory bodies in Canada, including the College of Nurses of Ontario (CNO), the province in which our sample of male nursing students was derived from. For example, in the spring 2008 issue of *The Standard* [41] it clearly refers to the nurse as female only: “Any nurse can have a complaint filed against her” (p. 27). In comparison to other contemporary health care professional programs (e.g., medicine, dentistry, pharmacy, physiotherapy) and textbooks for health professionals, one rarely comes across the hyphenated term female-physician, female-dentist, female-pharmacist or female-physiotherapists [7,39,40].

The current association between females and nursing is so dominant in many cultures and societies globally, that many individuals seem to find it difficult to reconcile males in the role of the nurse [1,40]. For example, when people are asked to describe a nurse, they typically describe a female with very feminine or motherly attributes [42-44]. Social role theory suggests that by increasing the numbers of men to the profession of nursing globally, this would result in a gradual change in

current gender stereotypes related to who is or should be a nurse per se [1-3].

Except for personal experience, television and the mass and social media's are the most common sources of information related to nursing that individuals are exposed to. Indeed, men in nursing are often portrayed as misfits, oddities, wimpy, gay, effeminate in nature or as psychotic killers [5,31,35-40,42-47]. For example, in the 2008 film entitled *Killer Nurse*, Charles Cullen is portrayed as a psychotic male nurse, rapists and sadist who tortured and killed 35 to 40 dependent and vulnerable patients in his care [45]. In the motion picture *Meet the Parents*, the actor Ben Stiller portrays a male nurse who must face and confront his father-in-law's criticism that men in nursing are gay and effeminate. Other classic films such as *The Lost Weekend* and *Magnolia* help to reinforce societal stereotypes that men in nursing are gay, effeminate, oddities and/or misfits in this female dominated profession [5,7,45]. We argue that the mass and social media's are powerful vehicles for shaping and/or changing societal perceptions related to men in nursing. For example, the mass media (television, movies, and magazines) often helps to reinforce the feminine and motherly images of nursing first espoused by Nightingale during the 19th century [32,45,47]. Hence, many men in nursing feel that there are negative stereotypes about them, and there is a need for a positive portrayal of men as nurses by the mass and social media's in order to recruit and retain more men to the profession globally. We argue that schools of nursing and professional organization should actively lobby the film and television industries to portray more positive images of men in nursing and actively challenge such negative portrayals.

Conclusions and Limitations

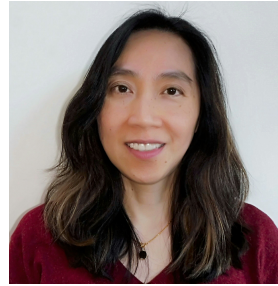
Despite the impending shortage of RNs in Canada and internationally, the recruitment and retention of males to the profession has been a challenge. The current challenge in nursing surrounds the gendered division of labour that has evolved since the nineteenth century which implies that females naturally possess desirable or more suitable attributes necessary for being a nurse [1-3]. Hence, this has led to the development of negative gender stereotypes towards men in nursing education which has remained stable and prominent in diverse cultures and societies globally [4,10,33,35,40]. Reported barriers and hurdles include: (i) the feminization of nursing curriculums; (ii) reverse discrimination by female students, faculty and RN's; (iii) lack of positive male role models in academia, and (iv) negative social stereotypes such as men in nursing are effeminate, gay or are inappropriate caregivers [5, 9,10,26,35-40,42-47]. Taken together, these findings suggests that there are major barriers and challenges for those involved in nursing education in regards to the recruitment and retention of more male nursing students and positive male role models in academia and diverse practice settings.

More men in nursing are critical to meet predicted global shortages in the nursing workforce, and also to promote gender equality in the profession. Consistent with social role theory predictions, the history of nursing suggests that if the distributions of genders changes overtime, then societal stereotypes of who should be a nurse will also change and evolve overtime [1-3,47]. Our findings, however, need to be interpreted with caution due to the fact that the experiences of our subjects may not be representative of all male nursing students across Ontario, Canada as a whole or internationally. Moreover, although the individual conducting the interview was a male nurse and an experienced researcher, we cannot ascertain whether or not the subjects may have responded differently and/or provided more intimate or personal details if the interviewer was, in fact, female. Nonetheless, based on the results of this study and others [1,4-15,26,35-40], we argue that there is a critical need to actively recruit more men to the profession, including more male instructors and professors. Indeed, several of our participants expressed concern related to the lack of positive male role models in educational and clinical settings. Furthermore, the Kampala Declaration and Agenda for Global Action in 2008 stressed the importance of developing strategies to combat nursing shortages, including effective recruitment and retention strategies [23]. The active recruitment and retention of males into schools of nursing may help to address, in part, the predicted global shortages facing the profession, while also helping to promote gender diversity and social equity in this critical health care profession. Lastly, further investigations are warranted at different nursing schools to confirm and compare the live experiences of male nursing students in different regions in Canada and internationally.

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Dr. Emma Bartfay, PhD

She received her doctoral degree in Epidemiology from Western University in London, Ontario. During her tenure at UOIT, she was nominated for the UOIT university-wide Teaching Excellence Award, and was called the '*most influential professor*' by student alumni. She has received numerous research funding and awards. Most notably, she received the prestigious Ontario Ministry of Health and Long-Term Care (OMHLTC) Career Scientist Award in health services research through the Health Research Personnel Development Program open competition. She has accumulated over 100 publications, which includes international peer-reviewed journal publications, conference proceedings, chapters in books and monographs.

Author's Profile



Dr. Wally J. Bartfay, RN, PhD

His career in nursing spans more than 30 years. He has over 150 publications and monographs including the co-author of the books *Public Health in Canada 2.0* (2016) and *Community Health Nursing: Caring in Action* (2010). His work has appeared in national newspapers and other media and has served as a reviewer for several nursing and scientific journals. He is the recipient of various teaching awards including University of Windsor Male Teacher of the Year Award; Faculty of Health Sciences Teaching Award, Queen's University and the Reddick Award for Excellence in Nursing Education, Queen's Nursing Society.