

Stressors and rewards experienced by men in nursing: A qualitative study

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Abstract

This study explored men's experiences in nursing. A qualitative research design was utilized to examine (a) the stressors experienced by male nurses, (b) the strategies male nurses use to cope with these stressors, (c) the factors that motivate men to pursue a career in nursing and (d) what motivates men to remain in the profession. Six participants were conveniently and purposively selected from a range of nursing positions including cardiac, intensive care unit, theater, and general nursing to participate in semi-structured interviews detailing their experiences. Thematic analysis of the interview data revealed that male nurses still experience gender role conflict, feelings of exclusion, and numerous other stressors working in a female-dominated occupation. Despite these challenges, participants reported that they experienced a great sense of satisfaction in their nursing careers. Further development of educational programs aimed at challenging and breaking down the perceived social stigma regarding men entering the profession may assist in recruiting more men into nursing roles. At a broader policy level, the development of more effective strategies to prevent and manage stress may assist health care agencies to deliver more gender diverse care and retain more men in the profession.

KEYWORDS

gender roles, men, nursing, rewards, stressors

The proportion of men entering nursing remains relatively low, at least partially due to deeply ingrained cultural and historical views of nursing as a female profession.¹ In Australia, women represent 89.1% of the nursing workforce while men represent only 10.9% of all nurses.² Contemporary feminist perspectives suggest that historical views of nursing as an extension of a woman's domestic role have been instrumental in establishing the profession not only as a "woman's occupation" but also an unskilled occupation of low value compared to those traditionally viewed as "male" including medicine.³ While progress towards gender equality in nursing has been

made, including greater numbers of male nurses, many sexist attitudes and stereotypes remain prevalent which depict male nurses as "wannabe doctors," effeminate, homosexual, deviant, and incompetent which may bias public perceptions of the profession and dissuade some men from pursuing a nursing career.⁴ To attract and retain more male nurses in the profession research is needed to understand the experiences of male nurses and in particular, the challenges and stressors they face and their coping strategies.

Research pertaining to occupational stress in nursing has been extensive.⁵ The emotional demands of interacting with families during times of illness, the physicality of the work, combined with excessive workloads, limited resources, increased patient acuity, and increasing numbers of health care consumers makes nursing a

"One of the most distinguishing roles the male nurse occupies is his gender role; after all the quintessential difference between a female nurse and a male nurse is indeed maleness" (Loughrey, 2008, p. 1327).

challenging occupation.⁶ While many studies have explored occupational stress and coping in nurses, fewer studies have explored the link between gender and experiences of stress and coping.

Studies that have explored potential gender differences in occupational stress among nurses have resulted in somewhat contradictory findings.^{6,7} Some research has suggested that male nurses, in comparison to female nurses, tend to experience less physical and mental health-related problems,⁸ while other studies have found that male and female nurses experience relatively comparable levels of stress.⁷ There is also research that suggests that men may experience specific stressors or obstacles that pertain to being part of a gender minority in a female-dominated occupation, including the additional stress of gender role conflict.⁹

In a seminal paper O'Neil¹⁰ described gender role conflict and role strain as psychological states where masculine, feminine, or androgynous roles have negative consequences for a person and produce considerable psychological stress. Studies have found that male nurses may experience gender role conflict given that the expectations associated with their traditional masculine role often conflicts with their role as a nurse which has traditionally been viewed as a female occupational role.^{9,11-13} In addition to gender role conflict, male nurses have also reported feelings of isolation and exclusion when working in a female-dominated environment.¹¹ To cope with these potential gendered occupational stressors, male nurses may use strategies to reframe their nursing role in a way that is more congruent with a traditionally masculine identity.¹⁴

1 | RATIONALE

Research indicates that if current trends in nursing retention continue and projected retirements are taken into consideration, there will be shortages of more than 85 000 registered nurses by 2025 and by 123 000 by 2030.¹⁵ Although the number of men entering and remaining in nursing is slowly increasing,^{1,16} nursing remains a female-dominated profession. While many studies have investigated occupational stress and coping among nurses, there is relatively limited research that has specifically explored stress and coping in male nurses and what motivates them to remain in nursing despite the challenges they may face.^{17,18} Therefore, the overall aim of the current study was to explore the experiences of men working in the nursing profession. The specific research questions were:

- (a) What stressors do male nurses experience?
- (b) How do male nurses cope with these stressors?
- (c) Why do men become nurses?
- (d) Why do male nurses remain in the profession?

2 | METHODOLOGY

2.1 | Design

A phenomenological research design was employed in the current study to explore the lived experiences of male nurses. Phenomenological

methods have proven useful for understanding the subjective elements of human experience and are consistent with values of patient-centered and holistic care intrinsic to the nursing process.¹⁹ Phenomenological approaches are consistent with an interpretivist perspective where the understanding of a participant's experience requires the researcher to interpret experience within a certain context.²⁰ By engaging in semi-structured interviews the researcher may come to understand the participant's experiences through a process of intersubjective communication and guide the inquiry in response to what is being learned.²¹

2.2 | Participants

A convenient and purposive, snowballing sampling method was utilized to recruit participants from the researcher's extended social network. The first author asked friends and acquaintances if they knew of any male nurses who would be potentially interested in participating in the study. Thirty friends and acquaintances including former nursing student colleagues were approached. The inclusion criteria for the study was that male participants must be currently working in the nursing profession or been previously registered by the Australian Health Practitioners Regulatory Agency as a division 1 registered nurse employed in a nursing position. All of the male nurses who expressed interest in the study and met the inclusion criteria agreed to participate in the study. In total there were six participants, which according to Smith and Osborn²² were likely to provide a sufficient sample size to achieve data saturation. The participants' ages ranged from 30 to 54 years. The participants worked in a range of areas within the nursing profession including intensive care unit (ICU), cardiac nursing, theater nursing, and general surgical nursing. Two of the participants were assistant nurse unit managers and another managed an organ donor clinic. The years of experience working as nurses ranged from 1 year to 28 years. All participants held a bachelor degree in nursing and four of the six participants had also completed postgraduate-level training.

2.3 | Materials and procedure

A semi-structured interview schedule was developed with reference to previous research and literature pertaining to the experiences of men who work in nursing.^{12,17,18} The interview schedule consisted of 16 open-ended questions that focused on the participants' experiences of work related role stress and the ways in which they coped with these stressors. Other questions focused on participants' motivations for entering and remaining in nursing.

Following approval from the University Research Ethics Committee, semi-structured interviews were conducted with six participants. The interviews were conducted individually and ran between 40 and 55 minutes. Each interview was audio recorded and later transcribed verbatim by the first author.

2.4 | Data analysis

A thematic analysis was used to analyse the interview transcripts incorporating the method and six-phase process outlined in Braun and

Clarke.²³ Thematic analysis focuses on identifying and describing semantic themes in the data that represent both implicit and explicit ideas conveyed by participants.²¹ It is also a data reduction and analysis strategy by which qualitative data are segmented, categorized, summarized, and reconstructed in a way that captures the important concepts within the data set as they pertain to the research topic.²³

The researchers also acknowledged that a critical aspect of qualitative inquiry is the notion that researchers bring with them their own values and assumptions that can potentially bias or impact the research process.²⁴ In establishing rigor in qualitative inquiry Guba and Lincoln²⁵ suggest four criteria are required. These are credibility, transferability, dependability, and confirmability.²⁵ To meet these criteria a selection of transcripts were subject to analysis by all authors to identify and crosscheck common themes that emerged from the data and to ensure the rigor of the analysis.

3 | FINDINGS AND DISCUSSION

3.1 | Overview

The present study explored the experiences of male nurses. Participants reported experiencing numerous stressors including gender role conflict as a gender minority in a female-dominated occupation. Participants employed a variety of strategies to cope with these stressors. Despite these experiences, the participants described nursing as a rewarding career and outlined numerous motivations to enter and remain in the profession.

3.2 | Stressors experienced by male nurses and coping strategies

3.2.1 | Gender role conflict

Male nurses in the present study experienced a degree of gender role conflict working in a nursing role. Participants reported an awareness that by becoming nurses they may be perceived by others to have transgressed traditional gender roles.

I think it's because it's historically been a very female-dominated environment and you have to have be very compassionate and some men feel quite uncomfortable being that compassionate person because it um reflects on their "manly-hood." (Will)

I think it's ah more of a historical thing and a lot of people would think that men are probably not as...you know? There a bit rough and gruff you know and I think that's where I'm coming from, that's what I see and society in general sees men as seen as (having less empathy) and as more dominant people and would see it as historically nursing has always been a female role. (Ollie)

This transgression created difficulties for some participants to conform to traditional masculine norms while simultaneously identifying with their nursing role.

I was a pretty much...and I suppose I still am to a certain degree a man's man you know. I probably don't speak about me job too much with me mates. (Barry)

Even just the expression "male nurse" I find a little bit uncomfortable... I'm a little bit uncomfortable with it because it's like I mean... "I'm a registered nurse." I'm a nurse ok. I'm not a male nurse. I'm a man who happens to be a nurse. You know what I mean? I find it just a little bit objectionable. It's like their saying that there's something different about you. (Dave)

However, participants' experiences of role conflict appeared to be less prominent when compared to reports obtained by male nurses interviewed in older studies.^{26,27} This finding may be largely due to more progressive views of occupational gender equality permeating the nursing culture in Australia in recent years.²⁸ Still, nursing remains embedded with numerous stereotypes which have been unjustly attributed to male nurses,⁴ and samples of male nurses from previous studies who internalize these concepts,^{29,30} may have experienced conflict between their masculine identity and occupational identity.

In contrast, men in the present study were proud to identify as nurses and derived a great sense of satisfaction working in a female-dominated occupation. These men reported that most of the conflict they experienced resulted from being on the receiving end of opinions others expressed about them.

I guess another stereotype with men in nursing as well as is people yeah they assume that you are a doctor. You'll have people make comments like "Oh so when are you gonna become a doctor?" or you know "Oh is this just something that you do on your way to becoming a doctor?" It's like they just yeah naturally assume that you're gonna be a doctor because you're a man. Even if you're absolutely unambiguous and state "I'm not a doctor, I'm a nurse." They'll be like "Oh thank you doctor." I mean yeah it's cute but sometimes it is a little bit frustrating and you try to be clear about that and it's sort of a sexual stereotype... I've had someone give me homophobic abuse in the foyer of the hospital. That was pretty unfun. (Dave)

Um jokes about being a male nurse but also jokes about my sexuality. Yeah often and I'm very broad shouldered and you know I've been happy with who I am for many years but I'll take a joke and I'll go along with it but I have been very offended on many occasions but again I try not to make them see the response or show that I am offended (sic) because it's like a winning zone. (Ollie)

That the source of the role conflict was attributed to the external perceptions of others may account for why these projections had less

of an impact on the present sample of male nurses. As was identified in similar studies^{13,31} role conflict may actually stem from the male nurses' frustration at other's erroneous views of them, rather than how they view themselves.

However, despite reporting low levels of role conflict, participants still reported anxiety in anticipation of the negative reactions from others when disclosing their occupational role. Furthermore, as was similarly observed in previous studies,^{13,32} several participants were able to minimize this anxiety by exercising discretion when disclosing their jobs to others who they perceived to be more likely to hold negative stereotypical views of them.

3.3 | Feelings of exclusion in the workplace

Some men in the present study reported feeling excluded during regular social interactions that occur in their workplace. As was observed in previous studies by,^{14,33} several of the participants in the present study experienced difficulty assimilating into the nursing culture and at times felt excluded among their female peers.

Yeah. At every handover on every shift... Because you'd be starting your shift and quite often you're the only male and all the female nurses sort of small talk and banter is around female-dominated issues you know yeah. So you tend to you tend to ah what's that word where... you internalize. Yeah I tend to do that a lot at times like when the females are taking over and it's like a cacophony of noise. (Barry)

Occasionally I will come onto a shift and I'm the only man on that shift and I do feel a bit like "oh it would be nice if there was a bloke or two around." Um I've seen some wards that can get quite a toxic culture when they only have women on them and I don't know if that's just because they are so female-dominated or other factors but I think throwing a few guys into the mix somehow it just changes the atmosphere in a good way. (Dave)

Often and always I feel a lot of like I work in a very tight commune, small brood of nurses, and um there's a lot of you know you'll walk into a room and then it'll go silent... You know there's a conversation happening and they'll go "Shhh we'll go out here and talk." You feel 'completely' excluded you know, you're not a part of that system. (Ollie)

Dave's description of female-dominated workplace as a "toxic culture" and Barry's allusion to his coworkers' conversations as a "cacophony of noise" suggest that they may harbor some resentment towards female colleagues they perceive as the source of their exclusion. The language used may be a way of both expressing their frustration but also a strategy to reassert and reposition their masculinity in line with hegemonic notions of masculinity. Interestingly these participants worked on general wards that were

overwhelmingly female-dominated while other participants who did not report feelings of exclusion, all worked in higher acuity areas with greater numbers of male peers.

Um no no I ah I like women. I get along with them so generally it's all pretty good I think. Where I work, I mean working in ICU I think it's probably there are more men there so you know there's a lot more (men) to associate with. So I just did a shift on Saturday and there were probably three or four blokes working immediately around me. So it's a bit more even. It's certainly more female-dominated but ah yeah there's quite a few blokes around. I think blokes tend to be more attracted to those sorts of ICU, theater, emergency sort of specialty things. (Travis)

As was found in previous research,^{18,27} working in areas of nursing that contain higher numbers of male peers may serve to buffer against feelings of exclusion.

3.4 | Apprehension providing personal care to female clients

Participants in the present study all reported experiencing apprehension when providing personal care to female patients. Personal care typically involves direct physical contact and may include assisting patients with personal hygiene.³⁴

As a young bloke working with kids I've often found families were a little bit ah... apprehensive with you to start with. You know like they weren't as comfortable as perhaps if I was a young female nurse and it would take that bit extra to sort of win them over to earn their trust and you I guess you'd get in this situation where their quite vulnerable and their entrusting their child to a virtual stranger. Interesting I've always found that being a bloke in that situation could be a bit more tricky. (Travis)

I have had ladies in the past decline my service and my help and I've had to swap with another nurse and I've asked "can you do that and I'll do that." It does sort of set you back a bit. You think hang on a minute you know I'm doing this everyday and I know that they need to be comfortable as well but it does just put you in that um you feel a bit hopeless, you feel like "what the hell am I doing here?" You cop that a few times and you do start to think may be it's time at my age to move into another area completely and be away from that side of the direct hands on care or hygiene care and things like that so that is pretty uncomfortable at times. "I think it's because I'm a guy um... and you know...It's purely because I'm a guy." (Ollie)

As has been observed in previous studies,³⁵ male nurses fear that female patients may unjustly perceive personal care that is provided

by male nurses as motivated by sexual intentions. In the present study, all participants reported instances where their care had been declined by female patients which they all attributed to a view that women may perceive them as a potential risk for boundary transgressions of a sexual nature. This elicited fears that allegations of sexually inappropriate behavior would be made against them and led some of the male nurses to re-evaluate their suitability for the profession given the frequency in which personal care duties are required.

3.5 | Disproportionate assignment of “masculine” tasks

One participant described how the male nurses on night duty were frequently relegated to the role of the security response team to deal with hostile situations, while several other participants described being assigned heavy lifting duties with overwhelming regularity. As was observed in previous research,^{17,18} several participants reported frustration with the inherent unfairness of these arrangements as well as the extra demands these tasks placed upon them, including the disruption to their regular nursing care.

Every second shift when I get to work they say to me “we’re sorry mate” and straight away I know I’ve either got a psychiatric patient or some other troublesome patient who people can’t understand or the nurse hasn’t looked after them before, whereas because I have I know what to do”...and generally speaking it works. (Neil)

I don’t know if that’s because I’m male but yes I have amassed a higher proportion of the annoying ones because they can be really abusive and that kind of thing but I haven’t really thought that it’s because I’m a male or it’s just because I’ve got a thick skin and don’t let it penetrate. I mean yeah it probably is because I’m a bloke. See these are all the things I don’t think about...roles. (Will)

Often and always, you know when we’ve got the extra large patients and when a chair is needed to be moved or something like that its always if I’m about “can you grab that?” and I must say at times you do stop and you think “this is enough, this is ridiculous.” We’re all here where all here for the same purpose and where all paid for the same job. (Ollie)

At times I’ve found that I’ve been put sort of in a heavy section for too long and I’ve thought “come on, enoughs enough.” You could rotate me here...but I haven’t said anything...Yeah. (Barry)

Due to their high visibility, unique physical attributes and the masculine stereotypes attributed to them, male nurses may be entrapped into the roles of the protector and heavy lifter in their

workplace in addition to the typical occupational role of a nurse.¹⁴ In previous studies,^{17,18} male nurses reported running past rooms to avoid being asked to lift patients, yet the men in the present sample were unable to provide many suggestions as to how to cope with these stressors. Despite the inequality of this arrangement, some participants suggested that this worked for the betterment of the ward. This may be viewed as a trade off for having female nurses take on more of the personal care roles, as mentioned earlier.³⁵ Furthermore, as was found in previous studies,¹⁸ occupying the role of a protector or heavy lifter may also provide an opportunity for some male nurses to engage in masculine practices that enable them to reaffirm their masculine identities and reduce their feelings of gender role conflict.

3.6 | Becoming a nurse and remaining in the profession

Numerous reasons were reported for entering the profession. Male nurses in the present study cited the humanistic elements of the profession and the satisfaction of providing care for others as a primary motivation for entering the profession.

Yeah I don’t know I think way back when I was 14 I liked caring for people and working with people. I suppose I was someone who always wanted to make people better. I suppose that was just my makeup, my personality as I believe nursing is not a job to get some money it’s actually a vocation. It’s something you’re drawn to. (Ollie)

One participant described nursing as a moral calling. As has been observed in previous studies,^{12,36} the sense that one is doing “good” is a powerful motivator to both enter and remain in nursing. Several participants reported that they had not initially considered a career in nursing, but rather, it was an option that was presented to them by insiders to the profession from within their extended social circles. Similar studies,^{12,36} suggest that men are often unaware of nursing as a career option until presented with it through encounters with family, friends, or other nurses who are able to provide them with personal insights and advice to gain entry into the profession.

Several participants also reported admiration for the men in their families who had worked as nurses and identified them as role models.

My old man he was sort of the sole carer for his mum and dad who were going through a tough time with dementia and strokes and what not and so he spent countless hours trying to look after them. I saw that sort of first hand and through the job he was doing. (Barry)

Um well we’ve got there’s a few health people in my family. My brother is a doctor and my uncle and my great aunt was a nurse, so I guess that’s sort of in the background as well and there have been a few along the

road you know like much older people that I have really respected who have been nurses as well. (Dave)

An interesting finding amongst the present sample of male nurses was that they did not directly identify the significant women in their lives who worked as nurses as role models. One participant stated how growing up around a lot of women in his home may have led to the acquisition of characteristics required for a caring role yet he identified his uncle who was a nurse as a role model. As was seen in previous studies,^{12,36} these findings suggest that role models are highly influential in a man's decision to enter nursing and therefore an important factor for health care agencies and educational providers to consider regarding recruitment.

Similar to findings in previous studies,³⁷ the men reported that working in a female-dominated environment enabled them to escape the competitiveness that occurs between men when working in more traditionally male occupations. This finding may explain the lower levels of role conflict reported by the men in the present sample. In a female-dominated occupation women are reportedly more likely to compete and engage in workplace politics with each other while male nurses have often been found to be excluded from this dynamic.³² Therefore, working in a male dominated occupation may actually elicit greater levels of role conflict.

Yeah I think (I like nursing) because you're not competing against other men. I don't know it's just human nature to be competitive and I think you find a lot of the girls on the ward are competing to be better than the other and I think that's where a lot of the politics start, whereas you can just sit back and do your job and no one's gonna try and rock ya. You know what I mean. (Barry)

The findings also reflected those in previous studies that have found that an interest in the more technical aspects of the profession and a desire to pursue higher level qualifications and higher-paying nursing roles often motivates men to enter and remain in the profession.¹⁶ Therefore, as has been suggested in previous studies,^{12,16} creating more opportunities for men to enter into more advanced and more autonomous nurse practitioner roles may encourage more men to consider a career in nursing and improve gender diversity in the profession.

4 | LIMITATIONS

Although the participants were all registered nurses and met the criteria for inclusion in the study, their individual characteristics and experiences are unique. Furthermore, time constraints did not allow for a follow up of the interview questions with the participants. This would have undoubtedly enriched the data, allowing for a more in depth examination of the participant's and a more parsimonious discussion of the topic.

5 | CONCLUSION AND IMPLICATIONS FOR PRACTICE

Despite reporting a great sense of career satisfaction, the participants in the current study reported facing gender role strain and stereotyping when fulfilling their nursing responsibilities. They reported that they felt they were disproportionately assigned more "heavy lifting/protector" roles than their female colleagues. However, there was an underlying tension when providing personal care for female patients in terms of how they were being perceived by patients. This study's findings also suggest that male nurses experienced feelings of exclusion.

Despite these findings, the role conflict reported by men in the current study was relatively minimal, particularly when compared to the findings of studies published in the 1970s and 1980s.^{26,27} In contrast to these earlier studies, men in the present study were proud to identify as nurses and derived a great sense of satisfaction working in a female-dominated occupation. This finding could also be largely attributable to more progressive views regarding gender equality permeating nursing²⁸ and the broader Australian culture in recent years.

A multifaceted approach is needed to help ameliorate these sources of stress. Improving education and awareness of the specific stressors faced by male nurses is paramount to develop effective strategies to prevent and manage stress. It is important that nurses be actively involved in discussions of how nursing roles continue to some extent be gendered. Opening up a respectful dialog between colleagues is imperative in helping to critically reflect upon, challenge and change what is happening within the work context. At a broader policy level, strategies need to be implemented to challenge and breakdown perceived social stigma regarding men entering nursing. Health care agencies may benefit from the development of formal processes to enhance professional conduct among staff and assist nursing leaders in identifying, responding to, and documenting issues pertaining to occupational stress among male nurses as they arise in their workplace. In the long term, increased participation and visibility of male nurses will help challenge long held stereotypes of nursing as a "women's role" and in turn may encourage more men to consider nursing as a profession. Exploration of how a greater number of men entering nursing may potentially impact on broader society's views of nursing as a profession also warrants further discussion and research.

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How to cite this article: Blackley L, Morda R, Gill PR. Stressors and rewards experienced by men in nursing: A qualitative study. *Nurs Forum*. 2019;1-8.
<https://doi.org/10.1111/nuf.12397>