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Attitudes of male undeclared university majors toward male nurses

Horsmann, Rob, M.S.N.
San Jose State University, 1991



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# ATTITUDES OF MALE UNDECLARED UNIVERSITY MAJORS TOWARD MALE NURSES

#### A Thesis

#### Presented to

The Faculty of the Department of Nursing

San Jose State University

In Partial Fulfillment
of the Requirements for the Degree
Master of Science

By
Rob Horsmann
May 1991

### APPROVED FOR THE DEPARTMENT OF NURSING

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APPROVED FOR THE UNIVERSITY

#### **ACKNOWLEDGEMENTS**

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A special thanks to my Lady, Jeanne Marie, who convinced me that my mission in this lifetime is to learn patience.

#### Abstract

# ATTITUDES OF MALE UNDECLARED UNIVERSITY MAJORS

#### TOWARD MALE NURSES

#### by Rob Horsmann

This thesis addresses the attitudes of male, undeclared university majors toward male nurses. This study resulted from an attempt to identify a potential untapped source of future nurses. Data were collected from 62 male undeclared university students to determine if certain demographic factors have any relationship to attitudes toward male nurses. Attitudes toward male nurses by this group may have an effect on their potential for choosing nursing as a career. An exploratory, descriptive approach using a mailed questionnaire was utilized to survey the attitudes of a randomly selected group of men enrolled at a northern California university. A self administered questionnaire developed and modified by Laroche and Livneh (1983, 1986) was used to survey the attitudes of undeclared, male university majors toward male nurses. The study indicated that the subjects generally had moderately positive attitudes toward male nurses. Based on the research data, recommendations for further study were made.

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#### Chapter 1

#### INTRODUCTION

There is a severe nursing shortage across the entire country which may negatively affect the quality of health care in our country. Historically, women have made up the majority of the nursing population. As women create more and more opportunities for themselves throughout business and other professions, the pool of potential female nurses continues to shrink. According to Miller (1989), men represent 3.3% of the nursing population. Therefore, men are an under-represented group within the nursing profession. These individuals may represent a potential source of future nurses. In order to assess the potential of an untapped source of future nurses, it is imperative that a select population be identified. Male, undeclared majors in the university setting may be such a source. Social psychologists have the general opinion that attitudes not only affect an individual's behavior, but could also have a profound effect on an individual's career choice (Sears, Freedman, & Peplau, 1985). Therefore, before attempting a recruitment effort, it is first necessary to determine the attitudes these students have toward men in nursing. This descriptive, exploratory study examined differences between ethnicity, age, marital status, class level, other degree, possible major, religion, military service, military dependency and attitudes of undeclared, male university majors toward men in nursing.

Though nursing has been one of the most studied occupations in history, studies of men in nursing are relatively few (Miller, 1989). The majority of the studies are descriptive surveys with homogeneous samples from specific geographic locales. Studies using similar tools have conflicting results. Fottler (1976) found that 75% of a select group of female nurses had positive attitudes toward males and no desire to exclude them from the profession. Among the remaining 25%, the majority of the negative attitudes

concerned real or potential favoritism toward males in nursing (Fottler, 1976). When McCarragher (1987,1989) studied stigmatization of male nurses within the profession, his results were contrary to that of Fottler. Two other researchers investigated attitudes toward male nurses by the general population. Using the Attitudes Toward Male Nurses Survey (ATMN), Laroche and Livneh (1983, 1986) found that higher education and female gender both correlated with a positive attitude score toward male nurses.

This study examined the attitudes of men toward male nurses. The sample was 290 male undeclared majors enrolled at a university in northern California.

#### Problem Statement

There is a nation wide shortage of nurses and men are an under-represented group within nursing. Undeclared male university majors represent an untapped potential source of future nurses. What are the attitudes of male, undeclared university majors toward men in nursing?

#### Questions

This study addressed three questions. They were:

- 1. What are the attitudes of male, undeclared university majors toward male nurses?
- 2. Is there a statistically significant difference in attitudes of male, undeclared university majors toward male nurses based on ethnicity?
- 3. Is there a statistically significant difference in attitudes of male, undeclared university majors toward male nurses based on university class level?

#### Purpose

The purpose of this study was to explore the attitudes of undeclared, university men toward male nurses. This research builds on a previous research project, but with two important changes. Laroche and Livneh (1983, 1986) examined attitudes toward male nurses by the general population. Only female gender and higher education were

predictive of positive attitudes toward men in nursing. This study examined the attitudes of male, university students exclusively. In addition, the population sample is much broader in ethnicity than that of Laroche and Livneh.

#### **Definition of Terms**

- 1. Attitude: An attitude is a position, disposition, or manner with regard to a person, place or thing as measured by the Attitudes Toward Male Nurses Survey.
- 2. Educational level: The specific, educational level such as associate, baccalaureate, master's, or doctorate.
- 3. Male nurse: a licensed registered nurse of male gender.

#### Research Design

This study was nonexperimental using a descriptive survey. A mailed questionnaire was the method used to collect data. Survey research is exploratory and a subset of descriptive research. Descriptive research generally "seeks to describe and document a phenomenon rather than specifically search for a relationship between variables" (Oyster, Hanten, & Llorens, 1987, p 90). Survey research may be either purely descriptive or a form of ex post facto research which attempts to identify relationships between variables (Oyster, Hanten, & Llorens, 1987). Based on related literature, research objectives, and conceptual framework, the purely descriptive design was appropriate for this study.

#### Scope and Limitations

The study sample was male, undeclared majors enrolled in a university in northern California. The sample was ethnically representative of the university population. This survey took place in one geographic area and may not be reflective of the general population. Therefore, the results of this study should be generalized cautiously.

An additional limitation of the study is the research design. A major concern with using a mailed questionnaire is a low response rate. Rates of 10 to 35 per cent are not

uncommon. This may result in a biased sample. Questionnaires can be misinterpreted due to literacy level, primary language, or cultural background (Oyster, Hanten, & Llorens, 1987).

#### Chapter 2

# CONCEPTUAL FRAMEWORK AND REVIEW OF THE RELATED LITERATURE Conceptual Framework

Social psychologists have studied attitudes extensively. An attitude is defined as "an enduring orientation with cognitive, affective, and behavioral components" (Sears, Freedman, & Peplau, p 133, 1985). The cognitive component consists of the thoughts, knowledge, and beliefs with respect to an attitude object. The affective component concerns an individual's feelings toward an object. An ability or tendency to act describes the behavioral component of an attitude. The major theories concerning attitude formation are: (a) learning, (b) incentives, and (c) cognitive consistency (Sears, Freedman, & Peplau, 1985).

The incentive theory defines attitude formation as a process of balancing the pros and cons of various scenarios then adopting an outcome which produces the most gain. A variant of this theory, the cognitive response, suggests that individuals respond to a communication with either positive or negative thoughts. This determines the character of the resulting attitude.

The cognitive consistency proposition suggests that individuals seek harmony and consistency in their attitudes. They seek homogeneity between their attitudes, behavior, previous attitudes, and cognitive structure (Sears, Freedman, & Peplau, 1985).

Finally, the learning theory suggests that attitudes are "learned" in much the same way as habits. Individuals acquire information and facts. In addition, they also learn the feelings and values which go along with facts and information. In many ways, the formation of attitudes involves the same processes as other types of learning. Individuals acquire information and feelings by association. When stimulae appear at the same time and place, associations are formed. For example, a child views his father

cursing the loud, heavy beat of music coming from a low slung car driven by Hispanics. The child may form negative attitudes toward all Hispanics based on his father's reaction. Learning can also occur through reinforcement. If individuals receive compliments on how they look after starting an exercise regimen, they will be likely to develop a positive attitude toward exercise (Fox & Mathews, 1981). In addition, they will also continue their exercise routine. Finally, attitudes are learned through association. People imitate others; especially those individuals they like and respect. Children imitate their parents and adolescents imitate their peers and heroes. The major vehicles for the learning of attitudes are association, reinforcement, and imitation. This approach for the acquisition of attitudes infers that the individual is primarily passive. Attitudes are acquired through numerous learning processes. The final attitude contains all the fragments of associations and values the person has accumulated (Sears, Freedman, & Peplau, 1985).

#### Review of the Related Literature

Though Florence Nightingale is known as the mother of modern nursing, she was also a strong contributing factor in redefining nursing as a feminine profession (Miller, 1989). Prior to Nightingale's lifetime, nursing care was predominantly performed by men. Some historians believe that the first formally trained nurses appeared between 406 and 370 BC. Levine and Levine state that nursing care "was undoubtedly performed chiefly by men and almost always under the supervision of men" (as cited in Miller, 1989). Written historical accounts of the Middle Ages first described men as providers of organized nursing care. Pope Urban II called upon the citizens to help thwart the Moslem takeover of the Holy Land. Various groups formed in response to this plea. One such group was the Teutonic Knights, a military order of male nurses whose responsibilities included caring for those injured in battle and providing protection for those who could not protect themselves. The fact that the Teutonic Knights was a

military order is important since early nurses were responsible for not only caring for the wounded, but also with combat and protective duties (Mericle, 1983). This role is similar to the one performed by military corpsmen in combat during the Vietnam War.

The Alexian Brothers was one of the early nonmilitary fraternities dedicated to nursing. The Alexians were officially commissioned to nurse the dying and bury the dead during the first half of the 14th century. In 1472, they were approved as a religious order. Two earlier orders, the Hospital Order of St, Anthony (1247) and the Hospital Order of the Holy Spirit (1198), were dedicated to the nursing of the poor, sick, and injured in urban settings. Though especially important after the crusades, the Black Death (1338 - 1340) was also an extremely important time for nursing fraternities. These orders, including the early Alexian Brothers, spread throughout central Europe as the need for nursing care increased with the expanding population (Kaufman, 1976).

By the early 1500s, the newly established Reformation churches, for some unknown reason, strongly encouraged women rather than men to nurse the sick (Mericle, 1983). This trend continued until the 1800s. The Industrial Revolution had a profound effect on the distribution of men and women in health care. Men moved toward engineering, and other professions, including the budding medical profession, whereas women were pushed toward lines of work such as production and nursing (Miller, 1989). After the Civil War, women who functioned as nurses in that conflict had a desire to better nursing and encourage hospital reform. Furthermore, this came during the same period when America felt the influence of Florence Nightingale. The first Nightingale school opened in 1873. A totally female student population was a typical characteristic of this and subsequent nursing schools. The first opportunity for men to again become involved in nursing occurred with the establishment of the McLean Asylum Training School in 1882. This was the first attempt to train nurses in caring for the mentally ill. In

addition, it further defined the segregation of men and women in nursing (Mericle, 1983).

Though nursing had become gender specific except for certain specialties prior to the 20th century, the formation of the Army and Navy Nurse Corps further mandated nursing as a feminine profession. By order of the United States Congress, both organizations were restricted to females (Miller, 1989). After such a profound message, it was highly unlikely for any young man of the early 1900s to choose nursing as a career. The exclusion of males from military service continued until August 1955. At that time, then President Eisenhower signed the Bolton Amendment to the Army-Navy Act which enabled men to become commissioned as officers in the Nurse Corps (Mericle, 1983). This type of socialization resulted in nursing being defined as a feminine profession to the population at large. In addition, it caused male nurses to experience discrimination, role strain, and conflict very similar to that experienced by women entering a male dominated profession (Miller, 1989).

One would expect that the Civil Rights movement of the 1960s and the Women's Movement of the 1970s would have had a profound effect on the numbers of men in nursing due to changes in laws and perceptions concerning minorities in the work force. Primarily, the Women's Movement focused on occupations dominated by men. Today, not only are 52% of pharmacy students, 42% of dental students, 33% of law, engineering, medical and management students women, but this year more women applied to medical schools than to nursing schools. The reverse, however, does not follow suit. Today, across the nation, 3.1 percent of nurses are male. In California, only 2.0 percent of a population of 180,000 registered nurses are male. Male enrollment in nursing schools has remained near 3 percent during the past decade (Miller, 1989).

Though minorities have been actively recruited into institutions of higher learning, including nursing schools, the small percentage of males in nursing has not been

addressed (Miller, 1989). Many universities have ongoing programs to attract underrepresented groups into their programs, but men are not a designated minority in nursing.

As stated in the introduction of this document, studies of men in nursing are relatively few even though nursing is one of the most studied occupations in history (Miller, 1989). Several studies of attitudes toward male nurses using similar evaluation tools have conflicting results (Fottler, 1976; Laroche & Livneh, 1983, 1986; McCarragher, 1986, 1989). Role strain among male nurses has also been investigated. A study of 367 randomly selected male nurses in Oregon reveals that, as a group, these men: a) experienced only mild role strain in their contacts with community members, coworkers, and patients, b) received support on their career choices from their families, and c) considered inadequate pay a major source of strain in their work (Egland & Brown, 1988). There has also been a difference noted between male and female nurses in attitudes toward treatments and patients. In a study of 208 psychiatric nurses, significant attitudinal differences were noted in relation to gender. Male nurses tended to favor therapeutic techniques which emphasized independent nurse action and psychological closeness to patients. Female nurses favored physical methods of treatment and were significantly more authoritarian and formal toward patients (Scott & Philip, 1985).

Attitudes toward nursing as expressed by nursing and non-nursing males have been investigated. A sample of 247 male non-nursing majors and 94 male nursing students were given the Attitudes Toward Nursing Scale developed by the investigators.

Statistical analysis revealed that communication majors were similar to nursing majors in attitudes and would consider nursing as an alternative career. Also, nursing majors tended to be older, married, and have military corpsman experiences. London (1987) and these investigators agree that recruitment of males into nursing was unlikely to

solve the current shortage of nurses (Johnson, Goad, & Canada, 1984). More males in nursing would help the profession reach a state of androgyny, a balance of male and female characteristics which is extremely important to the effectiveness of an individual nurse (Miller, 1989).

The male nursing student as a token was investigated in two midwestern associate degree nursing schools. Previous to this study, the majority of similar literature was devoted to problems faced by women entering male dominated occupations. Tokens are individuals in a social category being numerically scarce within a certain occupation. The outcomes of this situation are social isolation, entrapment in stereotypical roles, and being placed under increased pressure to perform. This study failed to find the dynamics previously reported in studies of female tokens (Snavely & Fairhurst, 1984).

Finally, attitudes toward male nurses in the peripartum setting have been investigated. Brown (1986, 1987) states that personal attitudes and values derived from the socialization process are not confined to the general public, but also exist in many health-care professionals. One hospital conducted a survey which followed a dispute over male nurses staffing the obstetrics and gynecological division of an emergency room. This study revealed that the group who objected to a male nurse being involved with pelvic examinations or other gynecological procedures was female nurses (Turnipseed, 1984). The author, as an educator, reflects that nurse educators are vital to the success of providing male nursing students with learning experiences similar to that of female students. Additionally, professionalism must be stressed throughout the curriculum. Students must respect patients' rights, privacy, and dignity. The instructor also stresses that male students are just as capable of respecting these values as female students. Another investigator conducted a survey of 400 postpartum mothers in a major metropolitan teaching hospital. In answering the general question of maternity care by a male nurse, 78% responded affirmatively (Mynaugh, 1984).

Johnston (1987), reflecting on males in emergency nursing states "What, then, do males nurses add to the emergency setting? They add the same skill and individualism that any other emergency nurse does. They may have to deal with a slightly different set of pressures than do their females cohorts. Yet their contribution to emergency care is based on the same commitment to patient care that has been the hallmark of all nurses. This contribution, rather than sexual stereotypes, should remain the most important focus" (Johnston, 1987, p. 90).

#### Summary

Studies concerning attitudes toward male nurses are few in number. The results of these studies vary widely. Some indicate that there are no negative attitudes toward males in nursing. Others note a strong negative component in their attitude surveys. All of the studies were from geographic areas with very specific demographics.

#### Chapter 3

#### RESEARCH DESIGN AND METHODOLOGY

This chapter describes research design and methodology used to examine attitudes toward male nurses by men. The methodology includes the research design, instrumentation, sampling method, and data collection procedures.

#### Research Design

An exploratory, descriptive approach using a mailed questionnaire was utilized to survey the attitudes of a randomly selected group of men enrolled at a northern California university. The computer generated random sample was selected from all male, undeclared majors enrolled at the university for Fall 1989 and Spring 1990. Sample

A random sample of 290 male, undeclared majors was selected from 728 men enrolled at the university for the school year 1989 - 1990 with an undeclared major classification. The number of individuals in the sample reflects a combination of the investigator's desire to sample approximately half of the undeclared male majors enrolled at the time and the effect of programming the computer to select a randomized group which is ethnically representative of the university population. The university Office of Admissions and Records provided a mailing list of the 290 students. The Family Education Rights and Privacy Act of 1974, California Education Code section 22509 permits access to this information. More restrictive local university policy provides this information to individuals only for legitimate educational reasons.

#### instruments

A self administered questionnaire developed and modified by Laroche and Livneh (1983, 1986) was used to survey the attitudes of undeclared, male university majors toward male nurses. A copy of the Attitudes Toward Male Nurses Survey (ATMN)

(Appendix A) and permission to use the instrument (Appendix B) was received from the author, Ed Laroche. The demographic sheet (Appendix C) was developed by the investigator and a statistical consultant. Though the original instrument was tested for validity and reliability by the authors, information was not available concerning either the validity and reliability of the modified instrument or the interpretation method of the modified ATMN.

Six individuals pretested the questionnaire to assess its clarity. These scores were not used in the final analysis of the data. Prior to mailing the survey package, the project was approved by the Committee for the Protection of Human Subjects at San Jose State University (Appendix D).

The final survey consisted of four parts. These were: (a) cover letter, (b) demographic sheet, (c) modified ATMN, and (d) a stamped envelope addressed to the investigator. Part A, the cover letter, explained the purpose of the study, that participation was voluntary, and that return of questionnaire signified informed consent. Subjects were asked to complete and return the ATMN and demographic sheet within two weeks. Part B of the survey requested demographic data which included: (a) age, (b) ethnicity, (c) marital status, (d) class level, (e) other degree, (f) religion, (g) possible major, (h) military service, and (i) military dependent. Part C consisted of the 19 question modified ATMN. Respondents were asked to indicate their level of agreement or disagreement using a 4 - point Likert type scale. The response mode and order were: 1 - strongly agree, 2 - agree, 3 - disagree, and 4 - strongly disagree. Fifteen of the statements were stated in a negative manner. An answer of disagree or strongly disagree indicated a positive attitude toward male nurses. Three of the statements (numbers 10, 15, 19) were stated in a neutral manner and one (number 16) was negative toward female nurses. An answer of disagree or strongly disagree

indicated a negative attitude toward male nurses. These four statements were excluded from the final analysis in order to compute a mean ATMN score.

There were 290 surveys mailed. Twenty-eight were returned to sender with no forwarding address. A total of 62 (24%) completed surveys were returned.

#### **Data Analysis**

Descriptive statistics in the form of frequency numbers and percentages were calculated for each of the nine demographic variables using the Statistical Package for the Social Sciences (SPSS). The mean, as an index of central tendency, was used to evaluate the attitude scores of the respondents. Mean attitude scores were compared for all of the demographic variables. In addition, a two tailed t-test was used to compare the attitudes of ethnic minorities to caucasians and lower division to upper division students.

# Chapter 4

#### ANALYSIS AND INTERPRETATION OF THE DATA

This chapter describes the findings obtained from the study which examined the attitudes of male, undeclared university majors toward male nurses. A descriptive analysis was used to determine if there was a relationship between attitudes and selected demographic data.

#### Description of the Sample Population

Two hundred ninety survey packets were mailed. Twenty-eight packets were returned with no forwarding address and 62 (24%) were returned completed. Demographic data indicated that the majority of respondents were less than 25 years old (80.6%) with a mean age of 23. Table 1 displays the respondents' ethnicity.

Table 1

Ethnicity of Respondents (n =62)

Category	Frequency	Adjusted Percentage
Asian	14	23.0
Black	5	8.2
Caucasian	31	50.8
Mexican-American	3	4.9
Other Hispanic	1	1.6
Filipino	4	6.6
Other	3	4.9
Omitted	1	Missing

The majority (87.1%) of respondents were single. Sixteen (26%) were classified as freshman, twenty (32.8%) were sophmores, twelve (19.7%) were juniors, nine (14.8%) were seniors, and four (6.6%) were classified as graduate students. One

respondent omitted this answer.

Forty respondents declined to answer the demographic category of "other degree."

This leads the investigator to believe that the purpose of this question was not clear.

Table 2 represents the respondents' religion. The majority (44.8%) answered in the "other" category. This may be due to lack of specific religious categories.

Table 2

Religion of Respondents (n = 62)

Category	Frequency	Adjusted Percentage
Protestant	7	12.1
Catholic	18	31.0
Buddhist	5	8.6
Hindu	1	1.7
Jewish	1	1.7
Other	26	44.8
Omitted	4	Missing

The respondents were also queried about their possible major. These categories reflect the organization of schools within the study university. The one exception is the nursing category where Nursing is a department within the School of Applied Arts and Sciences. Table 3 reflects the respondents' possible majors. The remaining two categories queried respondents about military service and military dependency. Individuals in either of these categories have a high probability of being the recipients of health care from male, non-physician care givers in the form of military corpsman or medics. Six (9.7%) of the respondents answered affirmatively to "military service" and three (4.9%) answered yes to the "military dependent" category.

Table 3

Possible Major of Respondents (n = 62)

Category	Frequency	Percentage
Applied Arts	8	12.9
Business	18	29.0
Education	3	4.8
Engineering	10	16.1
Science	7	11.3
Humanities	4	6.5
Social Science	4	6.5
Nursing	2	3.2
No Answer	6	9.7

Descriptive Analysis of Attitudes of Male Undeclared University Majors

Toward Male Nurses

This section reflects the attitude scores of male, undeclared university majors toward men in nursing. The <u>n</u> varies with different categories due to omissions or multiple answers.

#### **Findings**

Research Question #1. What are the attitudes of male, undeclared university majors toward male nurses? The score for the entire sample ( $\underline{n} = 53$ ) indicates a mean of 3.16 with a standard deviation of .45. The overall score for the sample population indicates a moderately positive attitude toward male nurses.

2. Is there a statistically significant difference in attitudes of male, undeclared university majors toward male nurses based on ethnicity? Ethnic minorities ( $\underline{n} = 26$ ,

 $\underline{M}$  = 3.033,  $\underline{SD}$  = .391) were compared to Caucasians ( $\underline{n}$  = 26,  $\underline{M}$  = 3.256,  $\underline{SD}$  = .477) using a two tailed t-test. There was no statistically significant difference at the .05 level of significance ( $\underline{t}$  = 1.84,  $\underline{df}$  = 50).

3. Is there a statistically significant difference in attitudes of male, undeclared university majors toward male nurses based on university class level? Undergraduates  $(\underline{n} = 31, \underline{M} = 3.07, \underline{SD} = .47)$  were compared to upper division and graduate students  $(\underline{n} = 21, \underline{M} = 3.25, \underline{SD} = .38)$  using a two tailed t-test. There was no statistically significant difference at the .05 level of significance  $(\underline{t} = 1.47, \underline{dt} = 50)$ .

#### Additional Findings

The attitude scores for age and religion were computed. The mean attitude score was 3.159 for the age group of 24 and below and 3.152 for ages 25 and greater. Results in the religion category were as follows: Protestant - 3.02 ( $\underline{n}$  = 6), Catholic - 3.122 ( $\underline{n}$  = 18), Buddhist - 3.080 ( $\underline{n}$  = 5), and Other - 3.2 ( $\underline{n}$  = 26).

The mean scores for possible majors were also computed. Table 4 reflects these results.

#### Interpretation of the Data

In this study, the attitudes of male, undeclared university majors toward male nurses were surveyed. Overall, the entire sample had moderately positive attitudes toward male nurses. There was no statistically significant difference between the attitude score of ethnic minorities and Caucasians using a two-tailed t-test. A comparison of undergraduate and upper division/graduate students also revealed no statistical significance.

Additional analysis of the data outside of the research questions revealed potential areas of further study. The attitude scores of age and religion categories were very similar. One category did reveal rather interesting results. For the "possible major" category, both Business ( $\underline{n}$  =14) and Engineering ( $\underline{n}$  = 9) had scores less than 3.0

(Business = 2.90, Engineering = 2.93). Comparison to Education ( $\underline{n}$  = 3,  $\underline{M}$  = 3.13) and Humanities ( $\underline{n}$  = 2,  $\underline{M}$  = 3.90) indicates potential statistical significance if a larger sample size was available for each group.

Table 4

Mean attitude Scores According to Respondents' Possible Major

Major	n	Mean	SD
Applied Arts	6	3.27	.50
Business	14	2.90	.36
Education	3	3.13	.31
Engineering	9	2.93	.48
Science	7	3.32	.36
Humanities	2	3.90	.14
Social Science	4	3.35	.46
Nursing	2	3.20	.38

#### Chapter 5

#### CONCLUSIONS AND RECOMMENDATIONS

This chapter presents the conclusions stemming from the data on attitudes of 62 male, undeclared university majors toward male nurses. Recommendations for further study are presented.

#### **Conclusions**

The data indicated that the entire sample had moderately positive attitudes toward male nurses. Generally, demographic characteristics had little effect on attitudes toward male nurses by this population. The differences of Caucasians compared to ethnic minorities and undergraduates compared to upper division and graduate students were not statistically significant. Potential business and engineering majors had mean attitude scores of less than 3.0. This indicates that a small portion of their answers were negative toward male nurses.

#### Recommendations

As a result of this study, the following recommendations can be made:

- 1. Data from this study indicated that the study population generally had positive attitudes toward male nurses. Though further study is needed, recruitment efforts should target men as potential nurses. Individuals with engineering and business interests may not be as approachable if the data from this study is an indicator.
- 2. Replicate this study using a larger sample and a different instrument. Sixteen of the nineteen questions in the Attitudes Toward Male Nurses survey (ATMN) (Laroche & Livneh 1983, 1986) were stated negatively. This may have had a adverse effect on the response rate noted in this study.

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# APPENDIX A Attitudes Toward Male Nurses Questionnaire

# Attitudes Toward Male Nurses Scale

(ATMN)

This survey was developed to assess your views and attitudes towards males in the nursing profession. It is designed for you to express your views about particular statements in terms of agreement or disagreement. Please mark the appropriate response using the following scale:

	greenest or analysis and the appropriate responds using the following	, soulc.
1:	Strongly Agree; 2: Agree; 3: Disagree; 4: Strongly Disagree	• • • • • • •
1.	Male nurses are not smart enough to be doctors.	
2.	Nursing is not an appropriate career for men.	
2		
	Female nurses generally are more nurturant and caring than male nurses.	
4.	Male nurses are not masculine.	
5.	Male nurses should only be allowed to work in certain clinical settings.	
6.	Male nurses make me feel uncomfortable.	
7.	Female nurses are better suited for nursing than are males.	
8.	Male nurses belong only in administrative capacities.	
9.	Men do not stay in the nursing profession for a long time.	******
10.	Female nurses have the same clinical training as male nurses.	
11.	Male nurses are inferior males.	
12.	The appearance of males in nursing is a passing thing.	
13.	Male nurses should only be allowed to care for male patients.	
14.	Male nurses have a chauvinistic attitude towards female nurses.	
15.	If hospitalized, I would not mind a male nurse caring for me.	
16.	Male nurses should make more money than female nurses.	
17.	Male nurses are more assertive than female nurses.	
18.	Unlike women, only particular types of men are interested in nursing as a career.	
19.	I would not mind a male nurse taking care a member of my family if they were	
	hospitalized.	

#### APPENDIX B

**Permission Letter** 

11/20/89

Rob Horsmann 171 N.18th Street San Jose, CA 95112

Mr. Horsmann:

Attached please find the information I believe you were requesting. Also included is a copy of the current study Dr. Livneh and myself are doing. It is a modified version of the ATMN being distributed with a scale measuring attitudes toward disabled people. The PIS has also been modified to reflect some new demographic variables I was interested in reviewing: religion and heritage. I have attempted to pull out original papers regarding this research and that is the primary reason in my delay in responding to you.

Please feel free to use either version of the ATMN. If you utilize the adapted model, I would appreciate receiving the completed forms after your study is complete. Currently, this new form has been distributed in RI, MA, and Oregon.

Thank you for your interest and good luck with your graduate pursuits.

Sincerely,

Ed Laroche 188 First Street

Pawtucket, RI 02861

### APPENDIX C

Demographic Sheet

# Demographic Information

1.	Age:	Please specify in years
2.	Ethnicity	Asian Black White
		Mexican-American Other Hispanic
		Filipino American Indian
		Pacific Islander Other
3.	Marital Status:	Single Married Divorced
		Widowed Separated
4.	Class level	Freshman Sophomore Junior Senior
		Graduate
5.	Other degree	AA BA/BS MA/MS Other
6.	Religion	Protestant Catholic Buddhist
	-	
	-	Hindu Jewish Other
7.	Possible major	
7.	Possible major	Hindu Jewish Other
7.	Possible major	Hindu Jewish Other Applied Arts & Sciences Business
7.	Possible major	Hindu Jewish Other  Applied Arts & Sciences Business  Education Engineering Science
	Possible major  Military Service	Hindu Jewish Other  Applied Arts & Sciences Business  Education Engineering Science  Humanities and ArtsSocial Science

### APPENDIX D

Project Approval

A campus of The California State University



Office of the Academic Vice President • Associate Academic Vice President • Graduate Studies and Research One Washington Square • San Jose, California 95192-0025 • 408/924-2480

To: Rob Horsmann, Nursing 171 North 18th Street San Jose, CA, 95112

From: Charles R. Bolz

Office of Graduate Studies and Research

Date: March 8, 1990

The Human Subjects Institutional Review Board has approved your request to use human subjects in the study entitled:

"Survey of Male Undeclared University Majors of Attitudes Toward Male Nurses"

This approval is contingent upon the subjects participating in your research project being appropriately protected from risk. This includes the protection of the anonymity of the subjects' identity when they participate in your research project, and with regard to any and all data that may be collected from the subjects. The Board's approval includes continued monitoring of your research by the Board to assure that the subjects are being adequately and properly protected from such risks. If at any time a subject becomes injured or complains of injury, you must notify Dr. Serena Stanford immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised that each subject needs to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate or withdrawal will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted.

If you have any questions, please contact Dr. Stanford or me at (408) 924-2480.

cc: Jerry Stamper, Ph.D.

APPENDIX E

**Cover Letter** 

#### Dear participant;

I am Rob Horsmann, a graduate student in the Department of Nursing at San Jose State University. I am conducting a research study of the attitudes of men toward male nurses. The results of this study should increase our understanding of the attitudes held by a selected group of men within our society toward men as nurses.

Attached is a questionnaire asking you about your feelings concerning men in nursing. Filling out and returning the enclosed questionnaire implies that you have given informed consent for participating in my study. Please spend 10 minutes to complete the form and mail it to me in the next two weeks.

It is important for you to understand that participation in this study is voluntary. The results of this study may be published, but due to the nature of the questionnaire, you and your replies will remain anonymous. You may choose not to participate in this study without harm to your relationship with San Jose State University. There are no risks to you, but your participation may have a possible beneficial effect on future recruitment efforts in nursing.

If you have any questions about this study, please feel free to contact me through my graduate advisor Dr. Jerry Stamper at 924 3179. For additional information about research subject's rights contact Serena Stanford, PhD. (Associate Academic Vice President for Graduate Studies and Research) at 924 2480. I hope that you will find the time in your busy schedule to help us better understand male attitudes toward men in nursing.

Thank you for your time and effort in this study,

Sincerely,

Rob Horsmann RN, BSN Graduate Student Department of Nursing San Jose State University