



# Profile and perceptions of men in nursing in Western Australia: **Research Report 2014**



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Images of male nurses from Western Australia used throughout this document are of men who helped in the production of a DVD "Men in Nursing" (2013). Talent release documentation was signed by the men for the film and related projects and the authors are grateful for their ongoing support and commitment to the concerns of men in nursing.

## 'Male Nurse'

Authors have endeavoured to refrain from using the term 'male nurse' in the report and have instead used the term 'men in nursing', or 'men who are nurses' where possible. Some verbatim respondent comments have been retained to stay true to the respondent's voice and occasionally grammatical constraints have meant the term 'male nurse' has been retained.

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# Executive Summary

## Research Project Title:

Profile and perceptions of men in nursing in Western Australia.

## Aim:

To establish a profile of men in nursing in Western Australia and gather information about how men in nursing perceive themselves and are perceived by their female colleagues.

## Background:

Some of the project team came together to produce a DVD to explore and promote the role of men in nursing in Western Australia. The completion of this project left project members with many questions about the profile and perceptions of men in nursing and a wider project group was established to undertake the research presented herein.

## Methodology:

The study employed a non-experimental, comparative, descriptive research design with a focus on quantitative methodology that employed an on-line SurveyMonkey questionnaire (distributed via email) to Registered Nurses, Enrolled Nurses and Midwives in Western Australia.

## Sample:

The target group were nurses and midwives from across Western Australia. A convenience sample was employed and the respondents were in many respects, generally representative of the potential respondent population, with the exception of a high response rate from men who are nurses; more experienced and older nurses; and a limited number of Enrolled Nurses.

## Results:

The respondents were predominantly female (76.6%) with male respondents representing over twice the State average of men who are nurses (23.4%). The majority of respondents were Registered Nurses (76.6%), with Midwives (4.1%) and Nurse Practitioners (2.5%) being well represented, with Enrolled Nurses being underrepresented (4.4%). Over half of the respondents were born in Australia (56.1%) and of those, 37.7% were born in Western Australia, although few were of Aboriginal or Torres Strait Islander descent (0.8%). The majority of respondents (74.5%) identified their primary cultural heritage as Australian, English, European, Anglo Saxon, Celtic or Caucasian. The majority of respondents (68.8%) were over 41 years of age with 63.4% having over 16 years practice experience; 55.8% held either a PhD, Masters degree or a Bachelors degree. The majority of respondents (80.5%) were from the metropolitan area.

Respondents worked in a wide range of professional areas, with men working predominantly in Critical Care, Emergency Care and Mental Health, with a significant male presence in management positions. The respondents had predominantly been in their current role and planned to stay in their current role for the foreseeable future. Both male and female nurses had considered starting their nursing career before the age of 20 however, 48.1% of males considered a nursing career beyond the age of 21 compared to 17.4% of females. Men also started their nursing/midwifery careers much later than their female counterparts. Therefore men were more likely to commence nursing after other careers or other life experience.

Additional key findings included:

1. The main influences for choosing a career in nursing or midwifery were similar for both men and women and were related to: helping others; a nursing career being people-focused; secure employment; flexible work hours, geographic mobility; career stability; the availability of a variety of career paths; the influence of family and friends; the profession offering travel opportunities; exposure to caring by a relative or through being a patient. Altruistic or personal reasons were more prevalent than economic reasons or employment conditions.
2. The disadvantages of being a nurse/midwife included: feeling frustrated at being powerless; workload pressures; feeling undervalued; shift work; the emotional burden of caring for sick people; poor salary and poor morale.
3. Nursing and midwifery are not perceived by society as masculine careers.
4. Misperceptions of men who are nurses included: most men who are nurses are gay; nursing is a profession not suited to men; men tend to be seen as less caring and compassionate than women; men enter nursing because they do not possess the level of intelligence required to study medicine; most male nurses are lazy and the pay is too poor for men in comparison to other professions.
5. A career in nursing and midwifery are portrayed as being more suitable for women by the media and indeed, the portrayal of men who are nurses by the media as gay or effeminate in nature often discouraging men from choosing a career in nursing or midwifery.



6. Despite misperceptions, over three quarters of respondents would recommend nursing as a career to men.
7. Reasons provided by men for leaving nursing included: cultural influences; poor salary; lack of upward mobility; negative stereotypes; lack of guidance or information; a lack of male nurse role models; a lack of intellectual challenge; nursing being viewed as an inappropriate career for men; family influences and men being perceived as uncaring.
8. Suggestions to promote nursing to men included: highlighting that nursing and midwifery are challenging and responsible professions; nurses and midwives are highly skilled professionals; the potential of nurses and midwives to make a difference; the fact that nursing and midwifery offer stable employment, professional diversity and opportunities for team work.
9. There is a lack of awareness of what career opportunities nursing has to offer men.
10. It was perceived that negative stereotypes related to men in nursing still persist.
11. The challenges faced by men who are nurses during their careers were: being viewed as 'muscle' by female colleagues, only to be used for heavy work; some practice areas being considered inappropriate for men (e.g. midwifery); bullying by nursing colleagues; care demands in a time poor environment; being in the minority gender; reluctance by some female patients to be cared for by males; being considered less of a professional than some other professions.
12. To attract more men into nursing, suggested strategies included: offering better career guidance in schools; increasing school visits by men who are nurses; creating male nurse role models in television programs; placing strategic advertisements in mass media and creating work-shadow programs. Male respondents also suggested that men could be attracted to nursing if the profession was showcased as positive and rewarding by highlighting the beneficial attributes of a career in nursing or midwifery. Such as the advantages of job security, good working conditions and the potential to earn a good salary; through demonstration of the many options a career in nursing and midwifery offer, as well as making efforts to eliminate the negative stereotypes of men who are nurses.

### Summary of the Recommendations:

There are two set sof recommendations:

The first set of recommendations was aimed at attracting more men into nursing or midwifery by:

1. targeted recruitment specifically to attract men e.g. men seeking a move to a second or later life career;
2. focusing on high school recruitment;
3. ensuring the recruitment message is appropriate and
4. developing innovative means to encourage the recruitment of men into nursing.

The second set of recommendations was aimed at gaining a better understanding of the profile and perception of men in nursing and midwifery by:

5. focusing further research on a wider cultural mix;
6. extending the survey to address 'men in nursing' across the nation and / or extending the study in Western Australia;
7. varying the study platform using interviews and other study methods, and
8. addressing bullying and other issues that negatively impact upon the morale and retention of men in nursing.

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Project members represent each of the five Western Australian universities that teach nursing and midwifery, and thanks go to each of these institutions for supporting and encouraging their staff to remain actively committed to the project's completion. These universities are: Curtin University, Murdoch University, The University of Notre Dame Australia, Edith Cowan University and The University of Western Australia. Thanks also go to the research assistants who supported the data analysis: Margaret Haigh, Karen Stanley, and Jiawei Si. Special thanks go to Sheona Harrison (from UWA) for her work typing up the many drafts of the SurveyMonkey questionnaire. To Ian Li for his advice and support throughout the project and to Jeanette Robinson (from the WANMCT) who offered expert nursing and research advice on the survey instrument development.

David Stanley (Project Leader)

## 2. Introduction

This report provides a summary of the results, implications and recommendations of a study that sought to establish a profile of men in nursing in Western Australia and gather information about how men in nursing perceive themselves and are perceived by their female colleagues.

The report outlines the study rationale, the aim and objectives, and the significance of the study. A literature review is also presented as a prelude to the research and offers the methodological principles that underpin the study. Much of the report deals with the questions and results offered in a way that facilitates a clear interpretation of the data gathered and allows an echo of the 'respondent's voice' to speak through the results.

The results are followed by a discussion that explores many of the findings and matters identified in the study. It concludes with a set of recommendations that may be used to guide further insight and greater understanding of the issues faced by men in nursing.

## 3. Background

### 3.1 Influences on the development of the study

During the production of the DVD and YouTube clip entitled: “Men in Nursing”, [http://www.youtube.com/watch?v=kORSrMhsEzk&feature=youtube\\_gdata\\_player](http://www.youtube.com/watch?v=kORSrMhsEzk&feature=youtube_gdata_player), involvement at subsequent conferences that focused on men in nursing and further reading related to the topic of men in nursing, it became clear that while some statistical data and a number of qualitative studies existed, the literature related to this topic was limited. The available data offered in terms a profile of men in nursing and their experiences of being a male nurse suggested that little was known about why men become nurses; if these reasons are the same as those for women; or why, and if, men tend to stay in nursing; and how this information may impact on the potential for greater recruitment for men who wish to be nurses or midwives. There was also limited data regarding male or female nurses’ perception of men in nursing or their thoughts on how men who are nurses are perceived by society.

Men who are nurses are frequently tarred with stereotypical and negative images of being lazy, effeminate and/or homosexual, incompetent, uncaring or even cruel (Stanley, 2012, 2013). The process of making the DVD reinforced the project team’s assumptions that these stereotypical views do not reflect reality and as a result a follow up project was established to further explore the issue of men in nursing in Western Australia.

The purpose of the study was to build a robust profile of men who are engaged in nursing work across Western Australia and to explore how men who are currently working as nurses are perceived. It was envisaged that gaining such deeper insights would provide the impetus to enhance the recruitment of men into nursing and midwifery, and offer a more complete understanding of the men who work as nurses and midwives, as well as how they were perceived by the female contingent of the profession.

In Australia there are currently 354,399 registered and enrolled nurses, 10.41% of whom are men (Australian Institute of Health and Welfare (AIHW), 2011; Nursing and Midwifery Board of Australia (NMBA) [2013]. This is an increase from 8.6% in 2003 (Health Workforce Australia (HWA) [2013]. Of these, 36,440 are registered to practice as general nurses, midwives, or enrolled nurses in Western Australia, with 8.82% being men (NMBA, 2014). These figures are on par with comparable countries where the proportion of men in nursing is similarly low – 10.2% in the United Kingdom (UK) (Mohammed, 2012), 7.2% in the United States of America (USA) (O’Lynn, 2013) and 6% in

Canada (Rajacich, Kane, Williston, & Cameron, 2013). The current gender imbalance misrepresents patient group and community diversity. Diversity in nursing, whether it relates to age, gender or race is crucial, for as O’Lynn (2013) argues, patients relate better to nurses who are similar to them. Therefore, the nursing workforce should mirror the population and this is clearly not the case.

The nursing and midwifery workforce 2011 survey (Australian Institute of Health and Welfare, 2011) and biannual report from the NMBA provides other preliminary data on men in nursing in Australia. For example, their principal area of work and their distribution across a range of population areas including work locations, as well as general information about registered nurse, midwifery and enrolled nurse numbers by state. However, as the survey examines the entire nursing and midwifery workforce throughout Australia, the information provided specifically on men in nursing is limited to general numbers and percentages. Therefore, apart from highlighting absolute numbers, the AIHW (2011) survey and NMBA (2014) registrant data does not shed any further light on the men who comprise these figures.

The structure and direction of this research project has been influenced by other research projects that have examined issues related to men in nursing. Most notably, Hodes Research (2005) which took the form of an online survey provided to male nurses in California; between 2004 and 2005. The aim of this research was to understand a range of issues about men in nursing. Their survey succeeded in providing a substantial body of qualitative data from the respondents and highlighted the challenges and opportunities experienced by men working within the predominantly female nursing profession. Their survey evaluated a number of recruitment campaigns for the nursing profession that specifically targeted men in the USA at the time and met its aims of capturing many positive ideas from the respondents on a number of effective means of attracting male recruits into the nursing profession.

The outcome of the Hodes Research (2005) study was an increased profile of men in nursing in California. Therefore, the Hodes Research (2005) approach, and to some extent, the issues addressed in that study have been influential in the research project that has led to this report. However, this study is more far-reaching as it includes female nurses and addresses respondent’s perceptions and attitudes towards men who are nurses.

In order to explore nurses’ and midwives’ perceptions of men in nursing, the work of Bartfay, Bartfay, Clow and Wu (2010) which determined attitudes and perceptions toward men in nursing in Canada, was used to guide the survey design. Permission was sought and gained to include the

same six questions from their study that explored, non-nursing students (n = 67) and nursing students (n = 82) attitudes and perceptions of men in nursing. The survey used for the research within this report used the same six questions to explore male and female nurses' and midwives' attitudes and perceptions of men in nursing.

This research project applied many of the ideas utilised in the studies described above to establish a profile of the men in nursing in Western Australia. The survey was constructed to obtain the necessary information to understand who these men were, how they came into nursing and how their nursing careers had progressed. It also captured their opinions regarding career opportunities and the barriers and challenges they had faced as men in nursing. Additionally, the study captures both male and female respondents' attitudes towards men in nursing and how they believe these attitudes have impacted upon the participation of men in nursing.

### **3.2 Significance of the Study**

This study is directed at positively promoting and gaining an understanding of the image of men in nursing in Western Australia and how they are perceived. This study is significant as it offers information that supports potential strategies for increasing the recruitment of men into nursing and midwifery, and offers a wider understanding and profile of the current population of men who are nurses in Western Australia. It considers: why respondents are nurses; what motivates them and keeps them in nursing; where they work; and how they (and their female colleagues) see or perceive their role in the nursing profession. This study offers a more detailed and robust profile that enhances the profession's insights and capacity to support and promote men in nursing in Western Australia.

Through the use of open ended questions, respondents were offered a voice and an opportunity to express their opinions about the issue of men in nursing. As such, it captures a richer field of data on this important topic. The study findings are very valuable for future workforce planning as it addresses a number of areas that impact upon male nurse retention and the motivating factors for why men enter or stay in the nursing/midwifery professions. This is of particular relevance in Western Australia where there will soon be an increased demand for nurses due to the near completion of three new tertiary hospitals that will service the expanding Western Australian population. Attempting to recruit men into nursing is one way to address these issues and limit negative male nurse stereotypes that persist.

## 4. Aim/Objective

The aim of this project was to establish a profile of men in nursing in Western Australia and gather information about how men in nursing perceive themselves and are perceived by their female colleagues.

### **The research project objectives were to:**

1. Produce a profile of men in nursing in Western Australia;
2. Describe male and female nurses' perceptions of male nurses and midwives and compare the differences (if any) between these two sets of views;
3. Gather and analyse data related to the respondents' prior experience of being a male nurse / midwife or dealing with men in the nursing / midwifery profession;
4. Analyse the respondents' perceptions of how best to promote the concept of men in nursing;
5. Analyse the respondents' perceptions of society's attitudes towards men in nursing;
6. Gather data that can be used to develop information that may lead to targeted and successful recruitment strategies / interventions for male nurses / midwives;
7. Develop greater insights into the motivating forces that drive men to become nurses / midwives or stay in the nursing and midwifery profession.

### **Additional objectives related to the project in general included:**

1. To facilitate a successful collaboration of inter-university partners throughout the Project. (All five Western Australian Universities and the WA DoH via a representative of the Nursing and Midwifery Office are represented on the project team, making this a unique collaborative research project);
2. To attend and present the study results at one national and one international nursing conference;
3. To produce at least one scholarly article based on the research results.

## 5. Literature Review

A literature search was carried out using relevant key words to interrogate OneSearch, Academic Search Premier, CINAHL and *Trove* (at the National Library of Australia) to establish whether any research projects on this topic had previously been carried out.

The literature search revealed substantial material on the topic of 'men in nursing' but surprisingly, little of an empirical nature was Australian-based. The key themes that emerged included investigations into the masculinity of male nurses, the perception and general stereotyping of men in nursing, as well as the barriers encountered by men entering the profession and those already within the profession. A body of literature was also found that examined the career development of men in nursing, much of it suggesting that men are more successful than their female counterparts. However, few sources revealed a deeper insight into men in nursing in and none from a Western Australian perspective.

Much of the recent literature about men in nursing claims that nursing remains the realm of women (White, 2014; Maiolo, 2014) and that the path to nursing for men remains difficult, with the nursing culture dominated by women (Olson, 2014). However, many of the media pieces acknowledge that a paradigm shift is taking place, as men drive the campaign toward greater recruitment of male nurses (Olson, 2014). There is increasing evidence of the percentage of men in nursing increasing in the UK, the US and Australia and echoing this trend, Marsh (2012), Pratt (2014), Marrell (2014) and Stanley (2014) support the perception that more men than ever are entering the nursing workforce.

Gilmore (2014) even offers an insight into an Australian truck driver who changed careers to become a midwife. Significantly, Olson (2014) claims that nursing will have a more sustainable workforce if the nurses are recruited from across the population. These press-related articles report on research and offer the views of key academics but are opinion pieces, which are not empirical in nature.

Evans (2004) considers an historical perspective, which focused on the cultural factors that influenced nursing through the years. It is argued that although men have had a long association with nursing, this is usually overlooked, as history text focus on achievements by women in nursing (Evans, 2004). This biased perspective of nursing is reinforced by a patriarchal culture, which reinforces the belief that nursing is 'women's work' and is a contributing deterrent to male participation in the profession (O'Lynn, 2013). Conversely this gender stereotyping continues once men enter the profession

and Evans (2004) argues, conversely, that advances in the careers of men, often result in the disproportionate attainment of seniority and positions of leadership.

Brown (2009, p.120) further examines the level of achievement by men in nursing and investigates the '*notion that it is somehow difficult being a man in nursing*'. It is argued that, despite their low numbers, men do in fact carve out successful careers in the nursing profession and are promoted to leadership positions in numbers that are disproportionate to their overall low numbers (Brown, 2009)? Therefore, it is questioned how the commonly held belief in the literature that men are a disaffected, downtrodden minority has evolved when the evidence would suggest otherwise (Brown, 2009). Evidence is provided claiming that male nurses are twice as likely to hold key management positions in England's leading hospitals than female nurses (Santry, Gainsbury, & Ford, 2010).

This notion of high achievement by men in nursing is reiterated by Kleinman (2004), who asserts that although men account for a small proportion of the nursing profession, this minority status seems to give them a professional advantage, unlike women who appear to struggle in male dominated fields. Any obstacles that men may encounter before entering the profession are soon overtaken by a quest for career advancement, which brings about a disproportionate level of success once they are established in the profession (Kleinman, 2004). It is as if there is a '*glass escalator effect*', *subtly enhancing men's position within nursing* (McMurry, 2011, p.22). As McMurry (2011, p.23) states, '*Men take their gender privilege with them when they enter predominantly female occupations*'.

Also, with regard to the theme of gender delineation, caring is largely associated with the female gender role. Caring is arguably considered to be the core trait associated with nursing. Loughrey (2008) examined the gender and caring perceptions of male nurses and despite some study limitations, the results demonstrate that the sample of men in the study, adhere more to female role norms than male. However, it is not clear whether the respondents entered nursing due to a low level of adherence to society's image of masculinity, or whether their adherence to male role traits was diluted during the course of their nursing careers (Loughrey, 2008).

Fisher (2011) further explores the theme of masculine identity by investigating the differences in perceived gender characteristics between Australian male nurses and Australian male engineers. His findings indicate differences in expressive characteristics between male nurses and male engineers, with male nurses believing themselves to have feminine characteristics, which they



consider to be essential for nursing. In contrast, the male engineers associate more with a traditional view of masculinity by identifying most strongly with masculine traits. It is argued that this pervasive ideology of gender stereotyping needs to be eliminated if more men are to be attracted into the profession (Fisher, 2011).

Harding (2007) claims that the stereotyping of male nurses as gay persists. Inherent with this is the apparent discrimination associated with homosexuality. He believes that men entering 'feminine' professions are at risk of their gender identity being brought into question by choosing a role not traditionally perceived as 'masculine' and thereby becoming associated with effeminateness and homosexuality. Furthermore, in a profession where touch is fundamental to the provision of care, endemic attitudes which stereotype male nurses as gay, create a potential barrier to the provision of effective nursing care (Harding, 2007). Despite widespread calls for men to further participate in nursing, Harding (2007) claims that this stigmatising creates a barrier, which deters men's entry into the profession and may affect retention.

This stigmatising may be further reinforced by the media's portrayal of male nurses. Stanley (2012) found the portrayal of male nurses in films to be generally negative with the men frequently shown as being morally corrupt, effeminate or simply incompetent. Few media depictions of male nurses are competent, self-confident men. Portraying male nurses in such a negative light may have a deleterious effect on public perception of male nurses, which in turn, may create barriers to entry into the nursing profession and impact negatively on recruitment of men into nursing (Stanley, 2012).

The perceived barriers to men entering the nursing profession are identified by Meadus and Twomey (2007) and Roth and Coleman (2008) as sexual stereotyping, lack of recruitment strategies, a female oriented profession and lack of exposure to male role models in the media. Meadus and Twomey (2007) assert that there will continue to be a low representation of men in nursing until these barriers are addressed and until gender neutrality in nursing is emphasised. A number of strategies are presented that are aimed at challenging public perceptions of nursing and diminishing these barriers. Foremost, is the suggestion that the profession should critically assess and, if required, address the image of nursing as it is presented to the public to ensure it reflects gender diversity (Roth & Coleman, 2008).

Rajacich, Kane, Williston and Carmeron (2013) studied the experiences of men in the female dominated profession of nursing. In this small-scale qualitative study carried out in an acute care setting in a hospital in Canada, various issues were explored that men who work as nurses

experience in their work lives. In addition, the study examined why these men decided to pursue a career in nursing, their level of job satisfaction and how nursing could better attract and retain men. The study concluded that a better understanding of the men's experiences will benefit the healthcare system by providing policy makers with the strategies needed to attract and retain men in nursing (Rajacich et al., 2013).

It appears that public perceptions create entry barriers to men in other professions that are traditionally viewed as the domain of females. Men may be deterred from becoming primary school teachers due to a public perception that such a career with its ease of coursework is a waste of their ability (Weaver-Hightower, 2011) or because of deeply ingrained stereotypes combined with concerns that men will be labelled as paedophiles (Patton, 2013). Cushman (2005) considers the 'low status' theme that she claims creates opposition to men entering primary school teaching. She links this low status classification with society's traditional perception of child-related work as being the role of women and therefore traditionally devalued (Cushman, 2005). The comparison with society's perception of men in nursing is clear.

The Hodes Research (2005) study aimed to provide an understanding of a range of issues about men in nursing and succeeded in providing a substantial body of statistical and qualitative data that highlighted the challenges and opportunities male nurses face. However, whilst the Hodes Research (2005) study also evaluated a number of recruitment campaigns for the nursing profession; offered advice, based on respondent comments that supported a more effective approach to recruiting men into nursing; as well as successfully establishing a profile of men in nursing in California, the study failed to address the respondent's perceptions of, and attitudes towards men in nursing. This was however, considered by Bartfay et al. (2010) who reported that there was a general perception in Canada that nursing is a more suitable career for women than men, with negative, stereotypical perceptions dominating attitudes and perceptions towards men in nursing. Bartfay et al. (2010) also concluded that these attitudes may contribute negatively to male nurse recruitment and retention.

It is apparent that it is not solely external factors that present difficulties for men, whether contemplating a career in nursing or if already established in the profession; challenges are posed from within the profession. Evidence exists that there continues to be a problem of acceptance of men in nursing by some of their female colleagues with reports of traditional attitudes toward male nurses persisting (McMillian, Morgan, & Ament, 2006). In fact, O'Lynn (2013) reports that the main

challenge faced by men in nursing is communicating and working with female colleagues. An issue that is more prevalent nowadays, with the increased emphasis on teamwork in the health care environment.

Although substantial literature is available regarding men in nursing generally, there is a paucity of literature related to men in nursing that offers insight into the issues faced by men in nursing in Australia. Furthermore, the available literature highlights a gap in current knowledge about how men are perceived by their peers, how they see themselves and what they feel are the major issues that affect the recruitment of more men and the retention of the current male nursing and midwifery workforce.



## 6. Methodology

### 6.1 Introduction:

A quantitative non-experimental, comparative, descriptive research design was employed, using an on-line survey. The survey questionnaire, using the SurveyMonkey platform was distributed via email to a convenience sample of registered nurses, enrolled nurses and midwives in Western Australia. Respondents were invited to complete the online survey at a single point in time. The data was analysed to elicit a profile of men in nursing in Western Australia and responses from male and female nurses were compared in order to determine any differences in their perceptions of men in nursing between the two groups.

### 6.2 Survey Instrument:

The self-reporting questionnaire (Appendix 1) consisted of 30 questions in seven sections for all participants, an additional section with 4 questions for men only and a final section for free text comments. Most of the information captured was quantitative in nature although questions 20, 32, 33 and 34 invited respondents to add comments of a qualitative nature.

The project team developed the questionnaire with advice from external expert consultants. Much of the questionnaire structure and content was designed with reference to a questionnaire used by Hodes Research (2005) that sought to explore the image of male nurses in California and that employed a similar online survey. The questions in Section E of the questionnaire concerning attitudes and perceptions towards men in nursing used six questions taken verbatim, with permission, from a study carried out by Bartfay, et al., (2010).

Each member of the project team and a nursing research expert from the WANMCT repeatedly reviewed the draft questionnaire for content validity. As a result, the questionnaire underwent a number of revisions, with questions being reformatted and redesigned in keeping with information gleaned from the Nursing and Midwifery Board of Australia, Nurse and Midwife Registrant Data documents and Australian Institute of Health and Welfare, National Health Workforce Series Number 2 on the Nursing and Midwifery Workforce (2011).

The majority of the questionnaire was comprised of multiple choice questions to gather descriptive data regarding: background information on the respondents; their path to nursing studies; views on nursing as a career and attitudes regarding the image; and promotion of men in nursing. Questions in section F offered respondents a scale of responses in a Likert format. The questionnaire was a structured instrument with all respondents

being asked to respond to the same questions in the same order, with the exception of section G, which was applicable to male nurses only. Some questions allowed for respondents to offer multiple responses and in places to elaborate on some answers by providing comments which enriched the data.

An online questionnaire was chosen as the most suitable data collection instrument for a number of reasons. Online questionnaires are inexpensive and required little time and effort to administer. They can be easily distributed to a geographically dispersed target audience and offer the assurance of anonymity as well as removing the possibility of any interviewer bias (Polit & Beck, 2010). The questionnaire was constructed to ensure completion within ten minutes, to encourage a high response rate.

A pilot study was planned to have been undertaken to test the effectiveness of the distribution method, as well as the content and structure of the questionnaire. However, this was not done (see Limitations, page 34).

### 6.3 Recruitment:

Registered Nurses, Enrolled Nurses and Midwives in Western Australia were invited to participate in this study, with the exception of those employed at some private health care providers who were unable to participate due to time and ethical constraints. Potential participants were informed of the study via direct and indirect email and internal DoH e-newsletter and via an article in the Australian Nursing Federation (ANF) Western Nurse publication. The email held a link to the 'Men in Nursing' questionnaire which included instructions for completion. The link also directed respondents to the 'Participation Information Form' (Appendix 2), which explained the purpose of the study and addressed the ethical considerations, specifically the issues of consent and reinforced that the questionnaire was anonymous.

The project team was bolstered by support from the Nursing and Midwifery Office, with the WA Chief Nurse and Midwifery Officer agreeing to support and promote the project and offering a staff member from her team to join the project team. Specifically, they supported the distribution of the online questionnaire to nurses and midwives across a wide range of public, private and non-government sector organisations in Western Australia.

Questionnaires were sent via the WA DoH to email addresses listed on the WA DoH system with the word "nurse", "nursing", "midwife" or "midwifery" in the title. It was estimated that this would reach the email inboxes of all ADON's / DON's, SRN and level 2 WA DoH staff and many of the Registered Nurses, Enrolled Nurses and Midwives in the WA DoH workforce. Senior staffs receiving the email were asked to "cascade" the

SurveyMonkey link on to staff in their departments or wards. As WA DoH employs approximately 19,000 nurses and midwives, it was estimated that approximately 8,802 received the email inviting them to respond to the survey (Table 1).

**Table 1: Questionnaire distribution by WA DoH**

Designation	N	%	Estimated % reached	Estimated number reached
EN	1520	8.0	25	380
ASEN	760	4.0	25	190
RN / RM	9700	51.1	50	2425
Level 2 RN / RM	4850	25.5	75	3637
SRN	2150	11.3	100	2150
EDON / AEDON	20	0.1	100	20
<b>Total</b>	<b>19,000</b>	<b>100.0</b>	<b>-</b>	<b>8802</b>

These emails were sent on the 25th and 26th of November 2013. At the time of the study there were 36,440 Registered Nurses, Enrolled Nurses and Midwives practicing in WA (NMBA, 2014). Although an estimate has been attempted, it was difficult to accurately estimate the number of nurses and midwives that received or indeed opened the email inviting them to take part in the study. However, it was clear from the response rates that a representative sample of Western Australian nurses and midwives responded to the survey.

In additional, invitations to participate in the survey were sent to 2802 individually targeted emails. Including those outlined below:

- All Western Australian University Heads of School, with a request to pass the survey on to the nursing academic staff in their school
- All Western Australian Technical and Further Education (TAFE) nursing coordinators at Central TAFE, West Coast TAFE, Challenger TAFE, Marr Mooditj, South West TAFE, Great Southern TAFE, Goldfields TAFE, CY O'Connor TAFE, Pilbara TAFE and Geraldton TAFE
- Directors of Nursing at Mercy Hospital, Peel Health Campus, Attadale Hospital, Joondalup Hospital, The Mount Hospital and Hollywood Private Hospital
- Australian Health Professions Regulation Agency state manager and registrations

- The Western Australian Nursing and Midwifery Charitable Trust
- Special Interest Groups including: The Operating Room Nurses' Association of Western Australia (Inc) (ORNA), Australian College of Critical Care Nurses (ACCN), Neurological Council WA and Medicare Local
- Directors at a range of aged care sector institutions including: Uniting Church Homes; Aged Care WA; Aged Care and Community Services; and Brightwater
- Silver Chain
- Australian Nursing Federation (ANF) President
- United Voice
- Department of Justice and Western Australian Correctional Service)
- Royal Flying Doctor Service

All 2013 award finalists (40) from the WA Nursing and Midwifery Excellence Awards from across WA health, private and non-government sector.

The study was also publicised via a WA DoH newsletter in the December/January edition, 2013/2014. Also, in December 2013, the ANF publication 'Western Nurse' ran an article about the study with a link to the SurveyMonkey questionnaire.

## 6.4 Ethical Approval:

Ethical approval was granted from the University of Western Australia Human Research Ethics Committee (HREC).

## 6.5 Data Distribution and Collection Method:

The questionnaire, using the SurveyMonkey on-line survey format was distributed by email. A link to the survey was also provided in the ANF publication 'Western Nurse' in December/January, 2013/2014 and via a WA DoH newsletter in December, 2013. The respondents were asked to complete the questionnaire during the six-weeks between late November, 2013 to early January, 2014, and were only able to complete the questionnaire once, capturing a cross-section of data at that particular point in time. A small number of respondents returned paper-based questionnaires (by printing the questionnaires and posting them to the chief researcher). A research assistant entered these results into the electronic data record, whilst ensuring respondent anonymity.

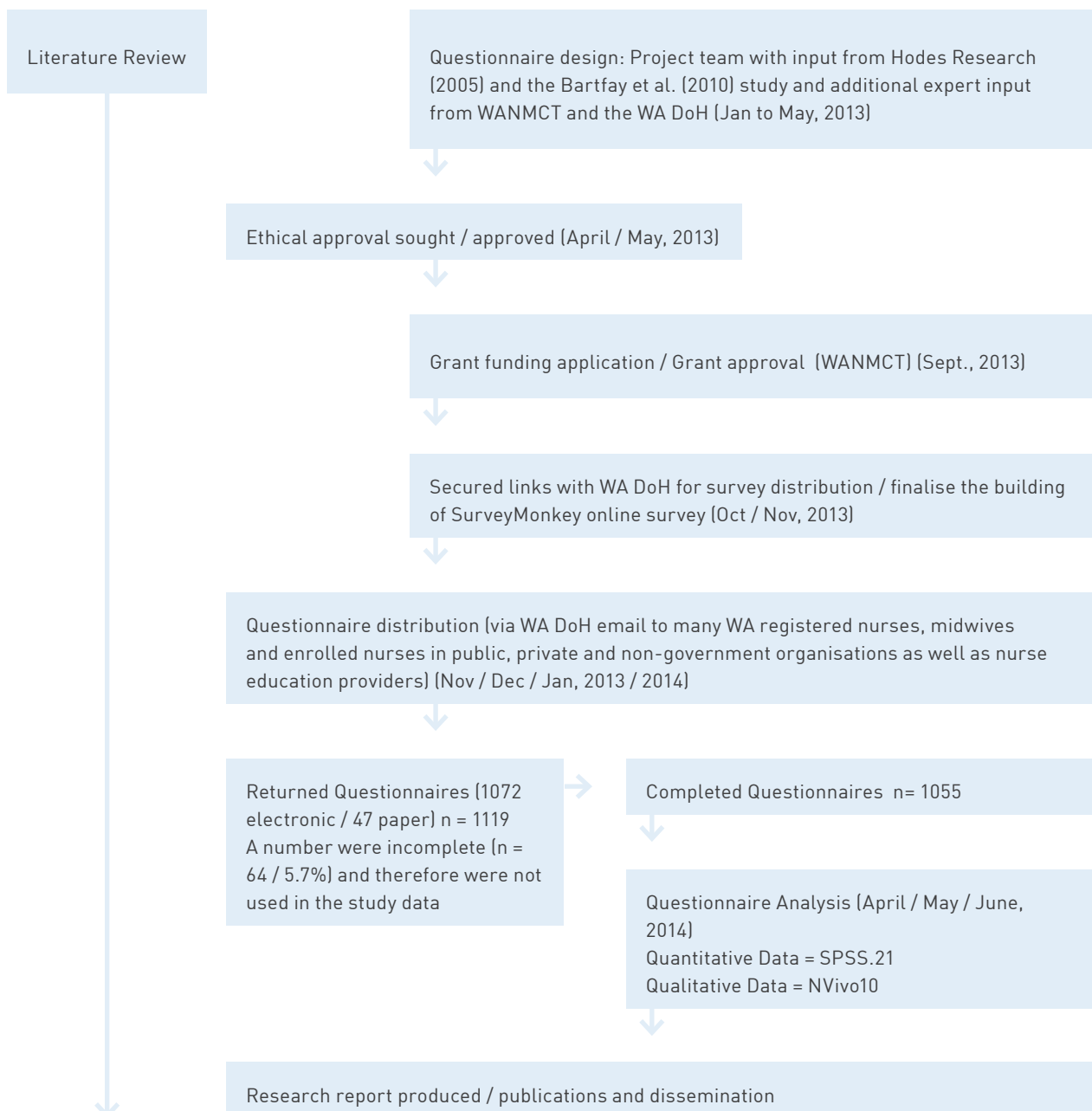
## 6.6 Data Analysis:

The quantitative data were analysed using descriptive analysis through Statistical Product and Service Solutions (SPSS 21) including; frequency, central tendency and dispersion (range, variance and standard deviation). The second stream of the quantitative analysis used a chi-squared test for independence or relatedness to analyse the relationship between two categorical variables (male / female gender) (Coakes & Ong, 2011).

The qualitative analysis explored the data by examining content for specific words, which were categorised and subsequently, sub-categories were created. From this, themes were identified, patterns confirmed and an integrated picture of the data content was created. Initially, the qualitative data were analysed manually with notes and coloured markers and with the aid of the NVivo10 program the final, detailed analysis of the qualitative data took place. The output from the statistical analysis was a description of respondents and their responses and a comparison of aspects of the data collected from different groups.

The study outline and process is summaries in Figure 1.

**Figure 1: Study Outline / Process:**





## 6.7 Setting:

Western Australian health care environments within the public and private sector, nurse education institutions and some non-government providers across rural, remote and metropolitan locations were included in the study catchment.





## 7. Limitations

### Limited access to the whole of the WA nursing and midwifery population.

A concern raised by the funding body was that an electronic survey may be less effective in reaching the desired population than other, more focused strategies. Also, it is known that electronic surveys can attract a low response rate (Polit & Beck 2010). Access to the WA DoH distribution networks was central to reaching as many respondents as possible and this was facilitated via links with the WA Nursing and Midwifery Office. Although considerable assistance with the distribution was evident, the extent of the survey reach remains unclear. Additionally, as the survey was potentially perceived as a WA DoH project, this may have resulted in unforeseen negative consequences that may have weakened the survey response rate.

### Limited ethics coverage

Ethical approval was secured from the UWA HREC, which hampered potential distribution networks, as some institutions were unwilling to accept this approval process alone. Soon after the questionnaire distribution began it became clear that even some public hospitals required additional ethical approval limiting their engagement with the study.

### Limited age range of respondents

Results from the study indicate that few young or newly qualified nurses responded to the survey (see question 6 and question 10). Given the result for these questions, it is possible that questionnaires were not well distributed to new staff in many of the institutions involved, or that WA DoH networks had yet to reach all new or younger employees. As a result, the majority of respondents were experienced, senior staffs, who were therefore older, which may have skewed the results because younger, less experienced staff may hold differing opinions to mature, experienced staff.

### Less Midwives and Enrolled Nurse's responded

Results from the study indicate that fewer Midwives and Enrolled Nurses responded to the survey. As such, it is possible that questionnaires were not well distributed to staff in midwifery areas or to clinical level Enrolled Nurses. As a result, the majority of respondents were experienced Registered Nurses and senior staff, which may have skewed the results because fewer respondents from the Midwifery or Enrolled Nurse cohorts were not as evident in the respondent groups.

### SurveyMonkey quirks

Questionnaires were distributed directly to individuals by email and via a link within e-newsletters and the ANF

Western Nurse publication. Additionally, questionnaires were sent to senior staff who, were asked to cascade the questionnaire to the staff they manage. However, the nature of the SurveyMonkey platform rendered the latter approach problematic, as once the initial recipient completed the questionnaire, if they had not previously passed on the link, future recipients were locked out of the questionnaire, as the system is unable to distinguish between users. Thus, the cascade approach failed and the following recipients were barred from participation. Warnings and follow-up emails to pass on the questionnaire link before completion did not reach all participants as intended and the response rate could have been affected as a result.

### Selection Bias

As a convenience sample was used for the study, there was the potential for selection bias, which may have impacted on a participants' decision to participate in the study. It is possible that respondents could potentially have been only those who were particularly interested in the topic and those with a strongly held view. Securing the views of a large male nurse cohort (23.41%) (which is significantly higher than the percentage of male nurses employed in WA 8.82%) (NMBA, 2014) may have been the result of selection bias.

### Electronic Issues:

Approximately 50 respondents resorted to paper versions of the questionnaire as the electronic link was unstable and a number of people informed the project leader that the link did not work. In each case a further electronic link was sent but not always utilised. It is also possible that a number of potential respondents abandoned the questionnaire if the electronic questionnaire failed to open, again limiting the potential respondent pool.

### Non-respondents

The survey procured 1119 respondents but 64 of these completed question one only, which indicated gender. These 64 responses were not included in the study. It was speculated that as the questionnaire link was sent to some email addresses containing the word 'nurse', it may be that some recipients were assistants in nursing or nurse aids. Therefore, these recipients completed the first question only and when reading question two, which asked them to indicate their registration status, these recipients abandoned the questionnaire as they felt the survey did not apply to them. With hindsight, a further category of 'other' could have been added to question two, in order to capture the views of healthcare staff beyond the four groups included in the study data.

### Pilot Study

A pilot study was planned to test the distribution process and confirm the validity of the questionnaire. However,

this was not undertaken as the questionnaire had already been reviewed by the 'Men in Nursing Project Group' and external experts and confirmed as a valid tool. However, it is noted that testing the distribution processes may have improved the questionnaire distribution.



## 8. Results

The results are presented question-by-question in the exact order in which they appeared in the questionnaire. The data is offered as simply as possible with limited discussion as the discussion section follows. A total of 1119 questionnaires were returned (1072 via SurveyMonkey and 47 that were posted back as paper based responses n=1119). However, 64 respondents answered only the first question about their gender and left the rest of the survey blank. As such, the study offers data from the remaining 1055 respondents.

### 8.1 Section A: Introductory Question

#### Question 1: Gender composition of the respondents

Respondents were offered the choice of selecting either 'Male' or 'Female'. All of the 1055 respondents to the questionnaire selected one or other option, with 808 (76.6%) indicating that they were female and 247 (23.4%) indicating that they were male. Results are offered in Table 2 and Figure 2, with comparison to WA Registration by gender distribution in Figure 3.

**Table 2: Are you...male or female? Study and WA data**

Gender	Study n	%	WA 2013 n	%
Female	808	76.58	33,225	91.18
Male	247	23.41	3215	8.82
Total	1055	100.0	36,440	100

**Figure 2: Gender distribution of study respondents**



**Figure 3: Gender distribution of WA Registrants 2013 (NMBA 2014)**



## Question 2: Registration category of respondents

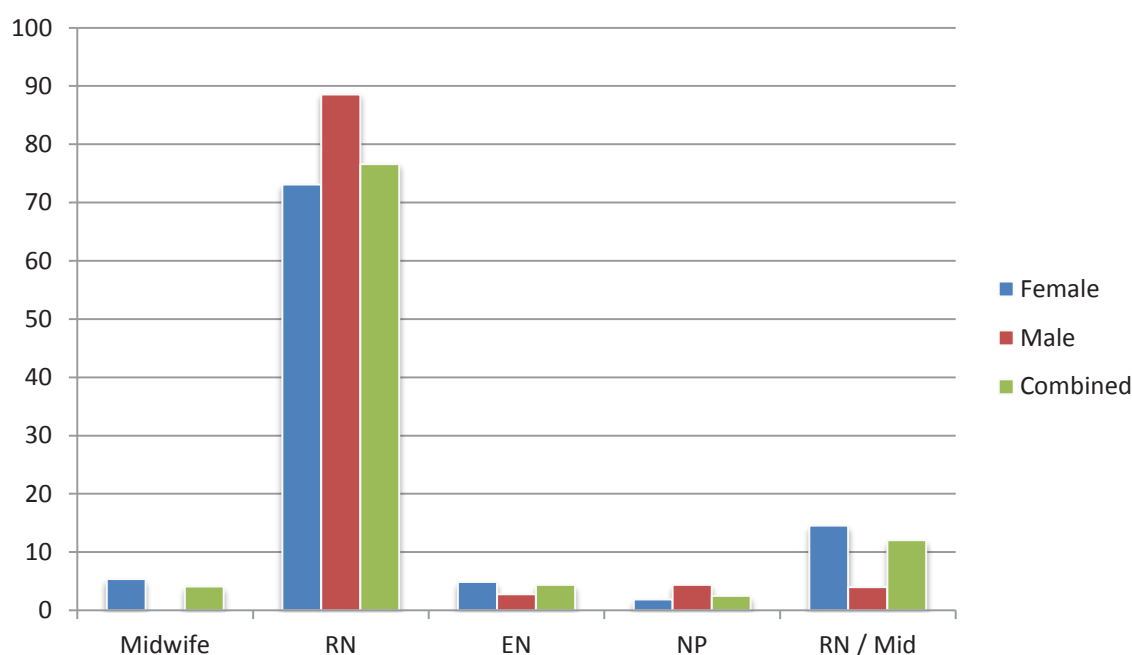
This question asked respondents to select their current registration category. Respondents were able to select more than one category. The 'Registered Nurse' category was by far the most common category selected, with 809 (76.6%) (n = 590 female and n = 219 male). Although (n = 128) respondents indicated that they were registered as both a Registered Nurse and Midwife (21.1%), with far more females (n = 118 / 14.6%) compared with males (n = 10 / 4.0%) indicating that they had dual qualifications. The next most popular category selected was 'Enrolled Nurse' (n = 47 / 4.4%). The percentage split between the genders showed a higher proportion of male respondents

to be Registered Nurses (88.6%) compared with females (73.1%). This was balanced by a higher proportion of females in other registration categories, apart from 'Nurse Practitioner' where males made up a higher percentage of respondents (4.4% males / 1.9% females) making this a statistically significant difference ( $p = 0.031$ ). Only females indicated that they were solely registered in the 'midwife' category (5.4%), with males with midwifery registration indicating that they were also registered nurses (n = 10 / 4.0%), suggesting a significant statistical difference between male and female respondents in this category ( $p = <0.001$ ). Similarly, a larger proportion of females were Enrolled Nurses (4.9% female to 2.8% male). Complete results are offered in Table 3 and Figure 4.

**Table 3: What is your current registration category?**

	Midwife		Registered Nurse		Enrolled Nurse		Nurse Practitioner		RN / Mid	
	n	%	n	%	n	%	n	%	n	%
<b>Female</b>	44	5.4	590	73.1	40	4.9	16	1.9	118	14.6
<b>Male</b>	0	0.0	219	88.6	7	2.8	11	4.4	10	4.0
<b>Combined</b>	44	4.1	809	76.6	47	4.4	27	2.5	128	12.1

**Figure 4: Percentages for male/female and combined numbers of Registered Nurses, Midwives, Enrolled Nurses and Nurse Practitioners who responded to the questionnaire**



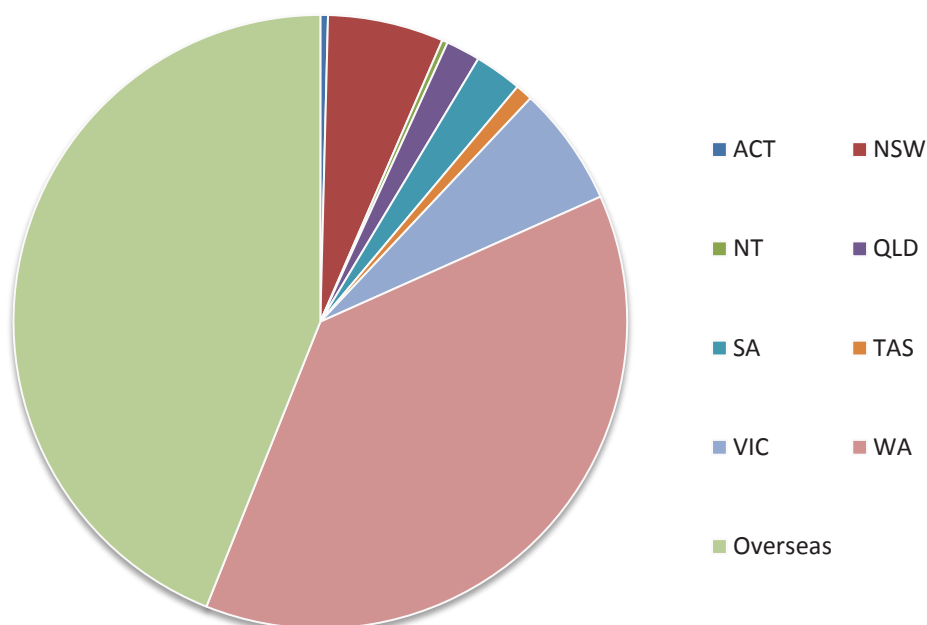
### Question 3: Respondent's place of birth

This question asked respondents to select their place of birth and to state the country if born overseas. Most respondents were born in Australia (n = 592 / 56.1%). Of Australian born respondents, the largest proportion were born in Western Australia with 398 (37.7%) (n = 301 female and n = 97 male) selecting this option. The remainder of the respondents (n = 464 / 43.9%) were born overseas. Australian Bureau of Statistics (ABS, 2013) migration data indicates that only one-third of Western Australian residents were born overseas indicating that the study respondents born overseas are at a higher proportion than those in the general Western Australian population. The largest proportion of respondents (n=233 / 50.2%) that were born overseas were from the UK with 233 (see Table 4 and 5 and Figure 3). In addition, Table 5 offers a breakdown of the counties offered by the 43.9% of respondents who indicated that they were born overseas. Results are offered in Table 4 and 5 and Figure 5.

**Table 4: Where was your place of birth?**

Place of birth	Female		Male		Combined	
	n	%	n	%	n	%
<b>ACT</b>	4	0.5	0	0	4	0.4
<b>NSW</b>	53	6.5	12	4.8	65	6.1
<b>NT</b>	2	0.2	1	0.4	3	0.3
<b>QLD</b>	14	1.7	5	2.0	19	1.8
<b>SA</b>	25	3.0	1	0.4	26	2.5
<b>Tas</b>	9	1.1	1	0.4	10	0.9
<b>Vic</b>	50	6.1	16	6.4	66	6.3
<b>WA</b>	301	37.2	97	39.2	398	37.7
<b>Total Aust.</b>	458	56.6	134	54.2	592	56.1
<b>Overseas</b>	350	43.3	113	45.7	464	43.9
<b>Total</b>	808	100.0	247	100.0	1055	100.0

**Figure 5: Respondent's place of birth (Combined male and female)**



**Table 5: Overseas place of birth**

Place of birth	n	%
Borneo	1	0.2
Bosnia	1	0.2
Burma	2	0.4
Canada	3	0.6
China	5	1.0
Croatia	2	0.4
El Salvador	1	0.2
Germany	6	1.2
Hong Kong	3	0.6
India	20	4.3
Ireland	21	4.5
Israel	1	0.2
Japan	1	0.2
Jordan	1	0.2
Kenya	2	0.4
Malaysia	15	1.3
Mauritius	1	0.2
Netherlands	2	0.4
New Zealand	48	10.3
Norway	2	0.4
Papua New Guinea	1	0.2
Philippines	5	1.0
Poland	1	0.2
Portugal	1	0.2
Saudi Arabia	1	0.2
Serbia	1	0.2
Sierra Leone	1	0.2
Singapore	6	1.2
South Africa	18	3.8
South Korea	2	0.4
Spain	1	0.2
Sweden	1	0.2
Uganda	1	0.2
United Kingdom	233	50.2
Western Samoa	1	0.2
Zimbabwe	17	3.7
Country of birth not stated	35	7.5
Total born overseas	464	43.9

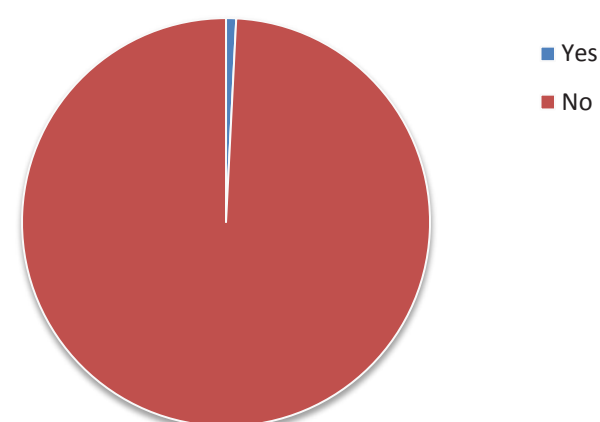
#### Question 4: Respondent's indigenous status

This was a 'Yes' / 'No' question. The majority of respondents, 1047 (99.2%) (n = 802 female and n = 245 male) indicated that they were not Aboriginal or Torres Strait Islanders and 8 (0.8%) (n = 6 female and n = 2 male) indicated that they were. Results are offered in Table 6 and Figure 6 below.

**Table 6: Are you an Aboriginal or Torres Strait Islander?**

	No		Yes		Total	
	n	%	n	%	n	%
Female	802	99.2	6	0.8	808	100.0
Male	245	99.2	2	0.8	247	100.0
Combined	1047	99.2	8	0.8	1055	100.0

**Figure 6: Are you an Aboriginal or Torres Strait Islander?**





### Question 5: Respondent's primary cultural heritage?

This question offered a free text box for participants to describe their cultural heritage. A wide range of responses were provided with many reflecting clear similarities but offering slightly different descriptive words (e.g. Australian / Aussie / White Australian / True Blue / Ozzy / Anglo Australian). The most common cultural groups represented are from the Australian culture, British culture and Anglo Saxon / Anglo Celtic or Caucasian cultural groups, with these groups of white Caucasian respondents making up 64.9% of the respondents. Results are offered in Table 7. A small number of respondents offered more than one cultural heritage description of saw themselves in more than one group hence the larger number of responses.



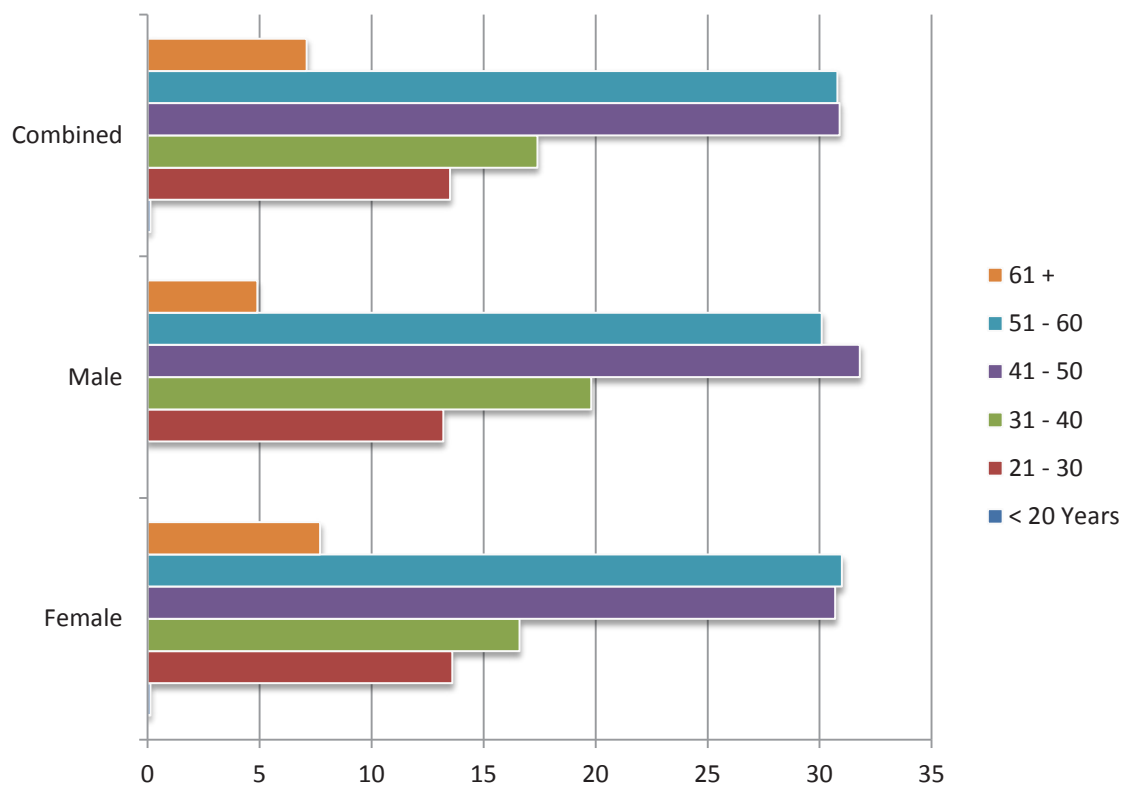
**Table 7: Summary of cultural descriptors provided**

<b>Cultural descriptor provided</b>	<b>n</b>	<b>%</b>
Australian / Aussie / White Australian / True Blue / Ozzy / Anglo Australian	400	37.6
English / British / White British	169	15.8
European	67	6.30
Anglo Saxon / Anglo Saxon Protestant / WASP / White Anglo-Saxon Protestant	61	5.73
Irish / Celtic / Anglo Celtic	49	4.6
Caucasian	48	4.5
Offered a non-specific answer: e.g. "Modern world" / "Western" / "traditional up bringing" / "Don't have one" / White trash" / Surfing and skateboard culture" / Westernised" / "Rich and Vibrant"	43	4.0
Scottish	37	3.40
New Zealand / Maori / Pakeha / NZ Maori	25	2.35
Dutch	19	1.7
Indian / Anglo Indian	17	1.59
Multicultural / Mixed cultural group / Mixed nationalities	17	1.59
Italian	13	1.22
African / South African / African Cultural heritage / Shona / Black African	13	1.22
Chinese / Malaysian Chinese / Asian Chinese	13	1.22
Did not know / Do not have an opinion / no comment / None	10	0.94
Asian / Eastern	8	0.75
Catholic / Strong RC	6	0.56
Christian / White Christian	6	0.56
No comment / wrote "Nil"	5	0.47
German	5	0.47
Aboriginal / Part Aboriginal "All Australian" / European & Aboriginal	4	0.37
White - middle class	3	0.28
Filipino / Chinese Filipino	3	0.28
Scandinavian / Swedish / Norwegian	3	0.28
Cornish	2	0.18
Malay Malaysian	2	0.18
Croatian	2	0.18
Canadian	2	0.18
Burmese /Anglo Burmese	2	0.18
French	1	0.09
Pacific Islander	1	0.09
Portuguese	1	0.09
Polish	1	0.09
Brazilian	1	0.09
Arabian	1	0.09
Latin American	1	0.09
Mauritian	1	0,09
Muslim	1	0.09
Total	1063	100.0

### Question 6: Respondent's age

This question asked respondents to select their age category. Fifteen respondents (1.4%) did not offer a response. Of the 98.6% of respondents that did offer their age range, the '41-50 years' and the '51-60' year categories were the most commonly selected with a total of 643 (61.7%) (n = 493 female and n = 150 male) respondents within these age categories. The distribution of genders was relatively equitable with 30.7% / 31.0% of females and 31.8% / 30.1% of males within into these age categories. It is noticeable that the proportion of females in the oldest age bracket (i.e. '61 years +') was higher for females (7.7%) than for males (4.9%) and that only one female and no male respondents were below the age of 20, so that no bar appears for the age range of less than twenty (see Table 8 and Figure 7).

**Figure 7: Age ranges by gender and combined**



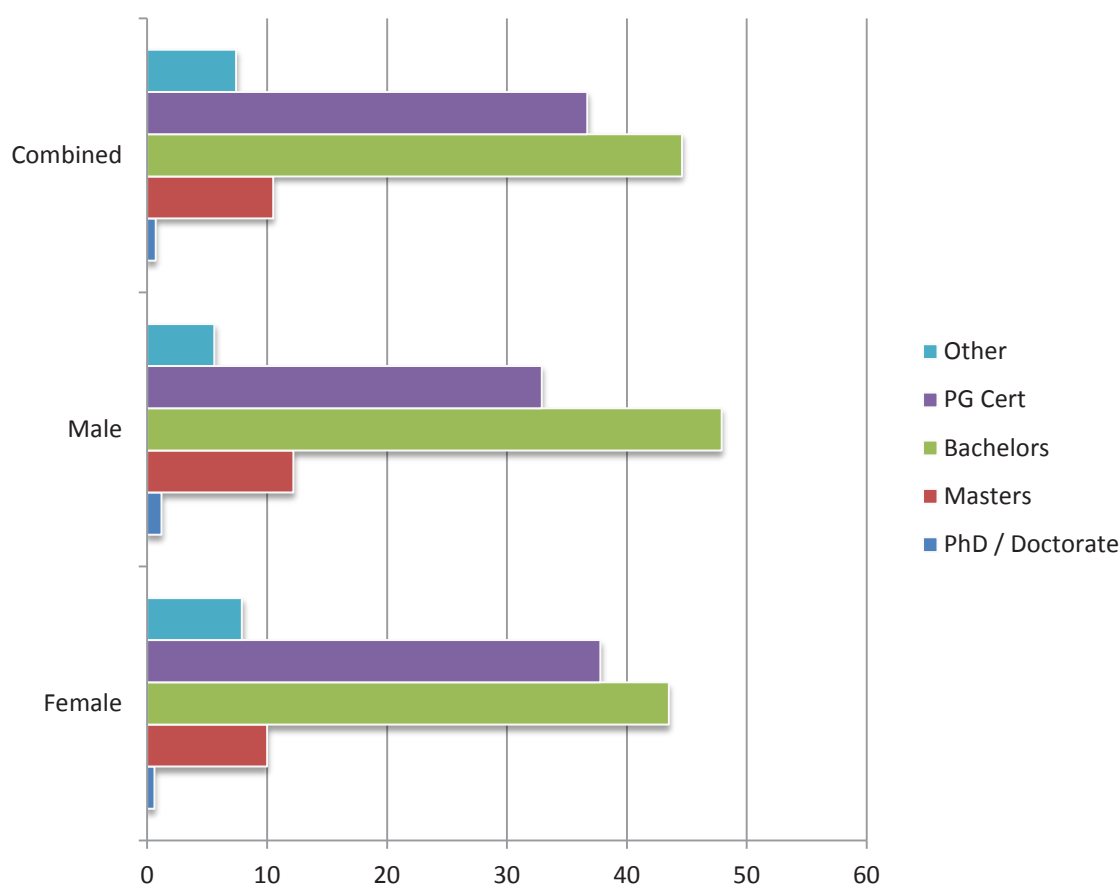
**Table 8: What is your age?**

Age	Female		Male		Combined	
	n	%	n	%	n	%
< 20 years	1	0.12	0	0.0	1	0.1
21-30 years	109	13.6	32	13.2	141	13.5
31-40 years	133	16.6	48	19.8	181	17.4
41-50 years	245	30.7	77	31.8	322	30.9
51-60 years	248	31.0	73	30.1	321	30.8
61 years +	62	7.7	12	4.9	74	7.1
<b>Total</b>	<b>798</b>	<b>100.0</b>	<b>242</b>	<b>100.0</b>	<b>1040</b>	<b>100.0</b>

### Question 7: Respondent's highest complete nursing qualification held

This question allowed participants to select the category which indicated their highest complete nursing qualification. One male respondent (0.09%) did not offer a response to this question. The most common category selected was 'Bachelor' with 470 (44.6%) (n=352 female and n=118 male) selecting this option. The proportion of males holding Bachelor degrees was slightly higher than females (47.9% compared with 43.5%). Similarly, for both 'Masters Degrees' and 'PhD/Professional or other Doctorate' the balance was in favour of the males, but a smaller portion of males (32.9%) than females (37.8%) held 'PG Cert/Diploma'. Results are offered in Table 9 and Figure 8.

**Figure 8: Qualifications held by respondents by gender and combined**



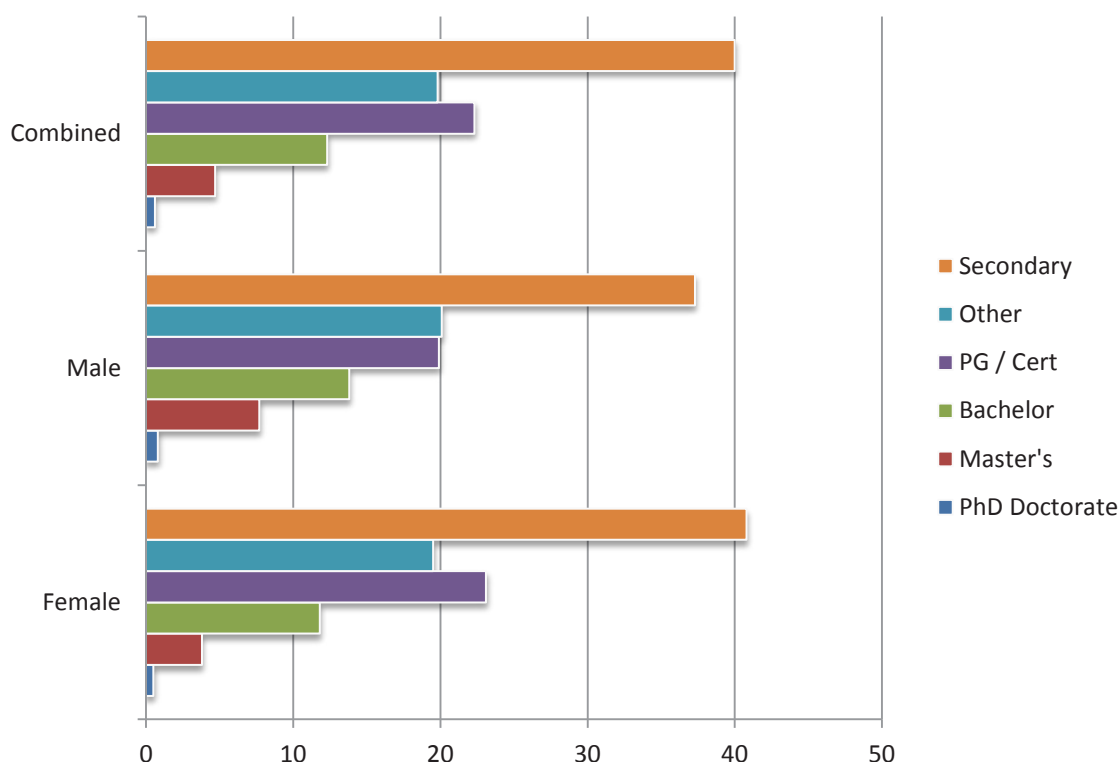
**Table 9: What is your highest complete nursing qualification held?**

Highest qualification	Female		Male		Combined	
	n	%	n	%	n	%
PhD / Professional or other doctorate	5	0.6	3	1.2	8	0.7
Masters degree or equivalent	81	10.0	30	12.2	111	10.5
Bachelor	352	43.5	118	47.9	470	44.6
PG Cert/Diploma	306	37.8	81	32.9	387	36.7
Other	64	7.9	14	5.6	78	7.4
Total	808	100.0	246	100.0	1054	100.0

#### Question 8: Respondent's highest other (non-nursing) qualification held (if any)

This question allowed participants to select the category which indicated their highest complete non-nursing qualification. Nine respondents (0.85%) did not offer a response. Of the remainder, the most popular category selected was 'Secondary Education' with 419 (40.0%) (n=327 female and n=92 male) selecting this option. It is noticeable that whilst a higher proportion of females than males held qualifications at both 'Secondary' and 'PG Cert/Diploma' level, a higher proportion of males held qualifications at degree level or above, with proportionately twice as many males (7.7%) than females (3.8%) holding Masters degrees. Results are offered on Table 10 and Figure 9.

**Figure 9: Highest other (non-nursing) qualification by gender and combined**



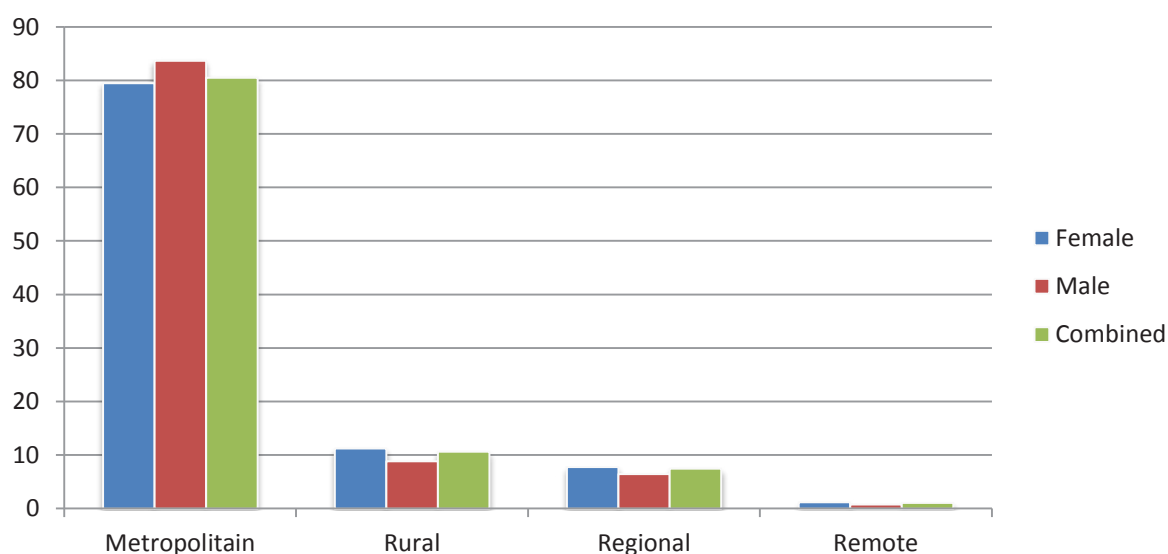
**Table 10: What is your highest other (non-nursing) qualification held?**

Highest qualification	Female		Male		Combined	
	n	%	n	%	n	%
PhD / Professional or other doctorate	4	0.5	2	0.8	6	0.6
Masters degree or equivalent	31	3.8	19	7.7	50	4.7
Bachelor	95	11.8	34	13.8	129	12.3
PG Cert/ Diploma	185	23.1	49	19.9	234	22.3
Other	158	19.5	50	20.1	208	19.8
Secondary education	327	40.8	92	37.3	419	40.0
Total	800	100.0	246	100.0	1046	100.0

#### Question 9: Respondent's place of residence

This question asked respondents to select their area of residence. Six respondents (0.6%) declined to offer an answer. The terms used in this study reflect those used by the Australian Institute of Health and Welfare (AIHW) (2011) in their study of nursing demographics across Australia. The majority of the 1049 respondents who answered this question (i.e. 845 (80.5%) n= 639 female and n=206 male) indicated that they lived in metropolitan areas. A higher proportion of men than women lived in metropolitan areas (83.7% compared with 79.5%) but in all other areas, this situation was reversed with the proportion of females outnumbering males. Results are offered on Table 11 and Figure 10.

**Figure 10: Areas of residence by gender and combined**





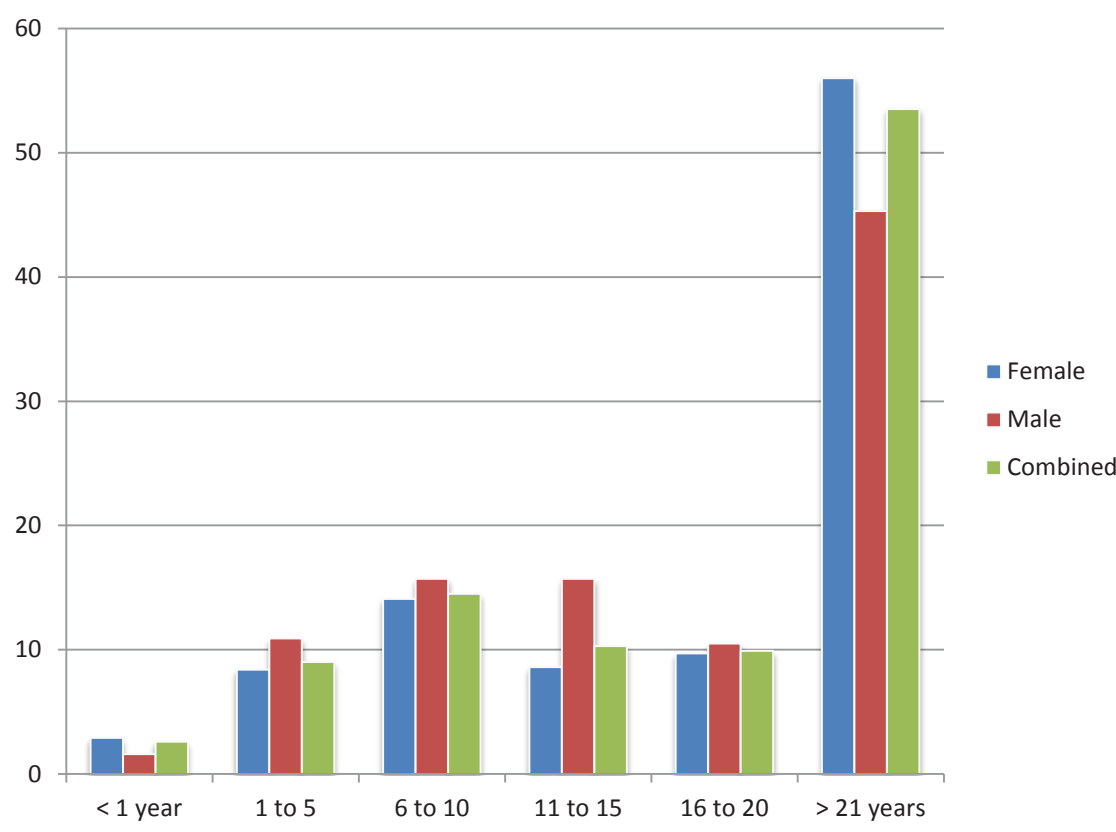
**Table 11: Where is your area of residence?**

Area of residence	Female		Male		Combined	
	n	%	n	%	n	%
<b>Metropolitan</b>	639	79.5	206	83.7	845	80.5
<b>Rural</b>	91	11.3	22	8.9	113	10.7
<b>Regional</b>	63	7.8	16	6.5	79	7.5
<b>Remote</b>	10	1.2	2	0.8	12	1.1
<b>Total</b>	803	100.0	246	100.0	1049	100.0

#### Question 10: Time as a nurse or midwife

This question asked respondents to indicate how long they had been working within the nursing/midwifery profession. One female respondent (0.09%) did not answer this question. The category with the highest number of responses by both males and females was '21 years and over' with 564 (53.5%) (n = 452 female and n = 112 male) selecting this category. The proportion of females in this group (56.0%) was significantly higher than males (45.3%). The next highest category (n = 153 / 14.5%) was '6 to 10 years'. The number of men in this category equalled the number in the next most selected category of '11 to 15 years' (i.e. n = 39 / 15.7%). The proportion of men in the '11 to 15 category' significantly exceeded the proportion of women in this category (8.6% female to 15.7% male). Results are indicated on Table 12 and Figure 11.

**Figure 11: Time in the nursing profession**



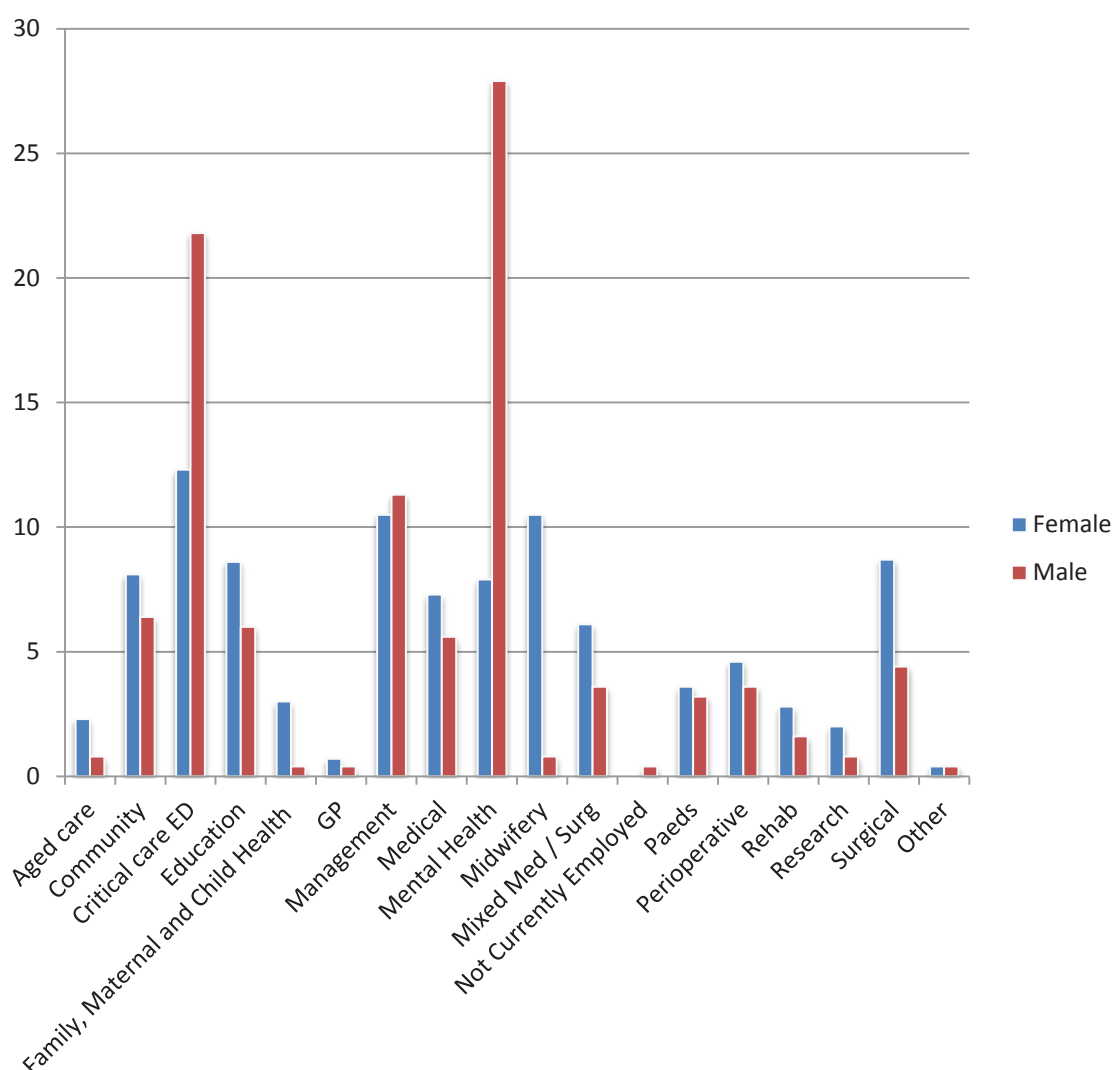
**Table 12: How long have you been working within the nursing/midwifery profession?**

Length of service	Female		Male		Combined	
	n	%	n	%	n	%
< 1 year	24	2.9	4	1.6	28	2.6
1 to 5 years	68	8.4	27	10.9	95	9.0
6 to 10 years	114	14.1	39	15.7	153	14.5
11 to 15 years	70	8.6	39	15.7	109	10.3
16 to 20 years	79	9.7	26	10.5	105	9.9
21 years and over	452	56.0	112	45.3	564	53.5
<b>Total</b>	<b>807</b>	<b>100.0</b>	<b>247</b>	<b>100.0</b>	<b>1054</b>	<b>100.0</b>

### Question 11: Respondent's main work setting

This question asked respondents to indicate their main work setting. All 1055 respondents answered this question. 'Critical Care and ED' had the largest number of respondents overall with a total of 154 (14.5%) (n = 100 female and n = 54 male). However, in this category there was a marked difference between the proportion of females (12.3%) and males (21.8%) ( $p = <0.001$ ). Other categories which indicated a discrepancy of representation according to gender were Mental Health (7.9% female compared with 27.9% male), Midwifery (10.5% female compared with 0.8% male) and Surgical (8.7% female compared with 4.4% male). Results are offered in Table 13 and Figure 12.

**Figure 12: Work setting of the main job**



**Table 13: What is the work setting of your main job?**

Work setting	Female		Male		Combined	
	n	%	n	%	n	%
<b>Aged care</b>	19	2.3	2	0.8	21	2.0
<b>Community</b>	66	8.1	16	6.4	82	7.7
<b>Critical care and ED</b>	100	12.3	54	21.8	154	14.5
<b>Education</b>	70	8.6	15	6.0	85	8.0
<b>Family, maternal &amp; child health</b>	25	3.0	1	0.4	26	2.4
<b>General practice</b>	6	0.7	1	0.4	7	0.6
<b>Management</b>	85	10.5	28	11.3	113	10.7
<b>Medical</b>	59	7.3	14	5.6	73	6.9
<b>Mental health</b>	64	7.9	69	27.9	133	12.6
<b>Midwifery</b>	85	10.5	2	0.8	87	8.2
<b>Mixed medical/surgical</b>	50	6.1	9	3.6	59	5.5
<b>Not currently employed</b>	0	0.0	1	0.4	1	0.1
<b>Paeds</b>	29	3.6	8	3.2	37	3.5
<b>Perioperative</b>	37	4.6	9	3.6	46	4.3
<b>Rehab</b>	23	2.8	4	1.6	27	2.5
<b>Research</b>	16	2.0	2	0.8	18	1.7
<b>Surgical</b>	71	8.7	11	4.4	82	7.7
<b>Other</b>	3	0.4	1	0.4	4	0.4
<b>Total</b>	<b>808</b>	<b>100.0</b>	<b>247</b>	<b>100.0</b>	<b>1055</b>	<b>100.0</b>

### Question 12: Time in current work setting

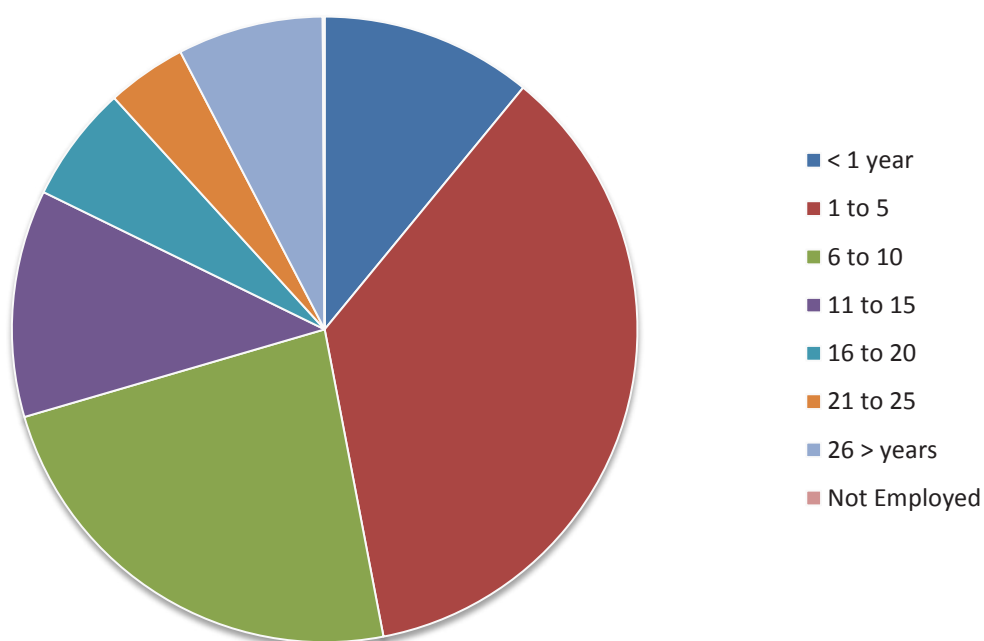
This question asked respondents to indicate how long they had worked in their current work setting. All 1055 respondents answered this question. Between one and five years was the most common response overall with a total of 379 (35.9%) (n = 293 female and n = 86 male). In addition, it was the most selected option for each gender (36.2% female and 34.8% male). The '6 to 10 years' category was the next ranked category for respondents combined, 247 (23.4%) and also by gender (n = 192 female and n = 55 male). Apart from a slightly higher proportion of females with less than one year in the current work setting, there were no significant differences observed between the genders in relation to years worked in the current work setting. Results are offered on Table 14 and Figure 13.

**Table 14: How long have you worked in your current work setting?**

Years in setting	Female		Male		Combined	
	n	%	n	%	n	%
< 1 year	97	12.0	19	7.6	116	10.9
1 to 5 years	293	36.2	86	34.8	379	35.9
6 to 10 years	192	23.7	55	22.2	247	23.4
11 to 15 years	89	11.0	35	14.1	124	11.7
16 to 20 years	46	5.6	18	7.2	64	6.0
21 to 25 years	30	3.7	14	5.6	44	4.1
26 years and over	61	7.5	19	7.6	80	7.5
Not currently employed	0	0.0	1	0.4	1	0.1
<b>Total</b>	<b>808</b>	<b>100.0</b>	<b>247</b>	<b>100.0</b>	<b>1055</b>	<b>100.0</b>

Results (shaded) show that greater than 70.2% of combined respondents (over two thirds) had been at the same work setting for less than 10 years (Table 14 and Figure 13).

**Figure 13: Time in their current work setting (Combined only)**



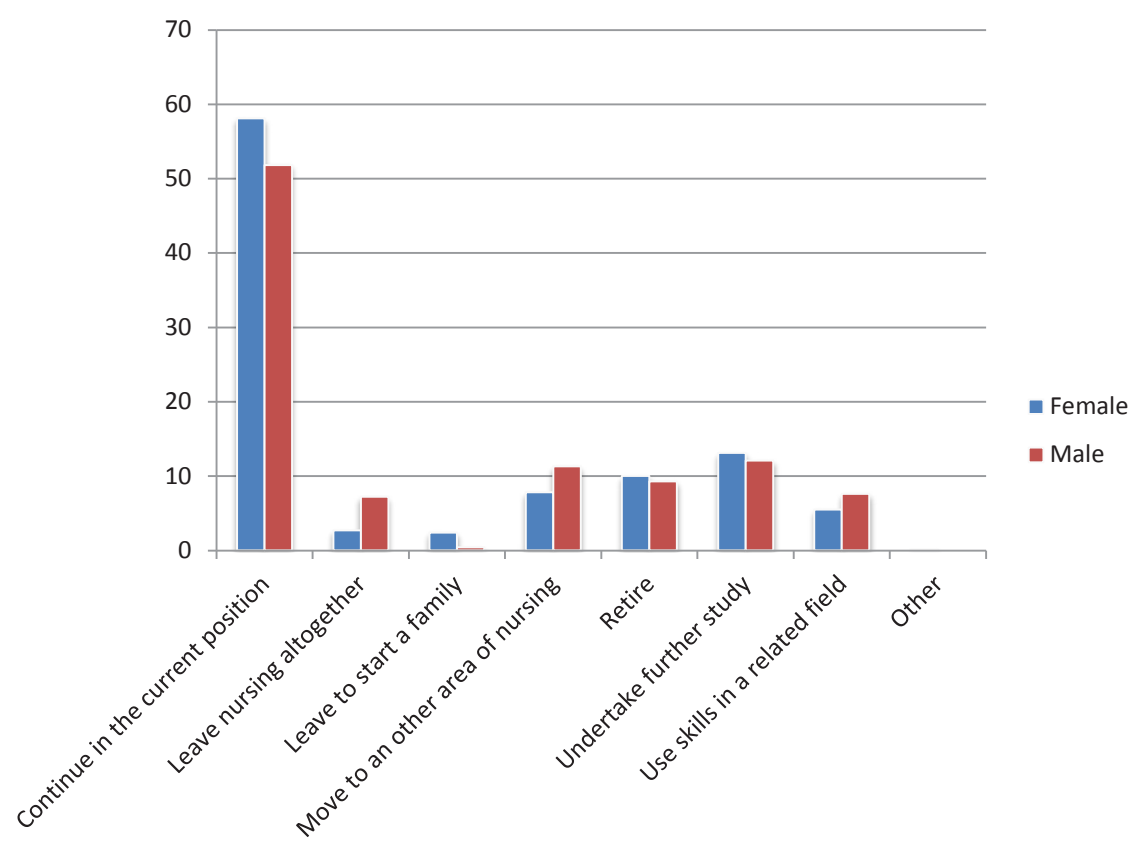
### Question 13: Career goals in the next 5 years

Respondents were asked to select their career goals over the next 5 years and only allowed participants to choose one option. One female (0.09%) respondent did not answer this question. The most popular option by those who did answer (in total and by gender) was 'Continue to work in current area'. This was selected by 597 participants (56.6%) (n = 469 female and n = 128 male). However, the proportion of males who selected this option (51.8%) was lower than the proportion of females (58.1%). The option 'Undertake further study' was the next most commonly selected category. It is noticeable that, although small, a higher proportion of male than female respondents chose the option to 'Leave nursing and related fields completely', 7.2% male compared with 2.7% female. Results are offered on Table 15 and Figure 14.

**Table 15: What are your career goals in the next 5 years?**

Career goals	Female		Male		Combined	
	n	%	n	%	n	%
<b>Continue to work in current area (Education / Management / Research / Clinical)</b>	469	58.1	128	51.8	597	56.6
<b>Leave nursing and related fields completely</b>	22	2.7	18	7.2	40	3.7
<b>Leave to start a family</b>	20	2.4	1	0.4	21	2.0
<b>Move into another area</b>	63	7.8	28	11.3	91	8.6
<b>Retirement</b>	81	10.0	23	9.3	104	9.8
<b>Undertake further study</b>	106	13.1	30	12.1	136	12.9
<b>Use nursing background in related field</b>	45	5.5	19	7.6	64	6.0
<b>Other</b>	1	0.1	0	0.0	1	0.1
<b>Total</b>	<b>807</b>	<b>100.0</b>	<b>247</b>	<b>100.0</b>	<b>1054</b>	<b>100.0</b>

**Figure 14: Career goals in the next 5 years**



### 8.3 Section C: Path to Nursing / Midwifery

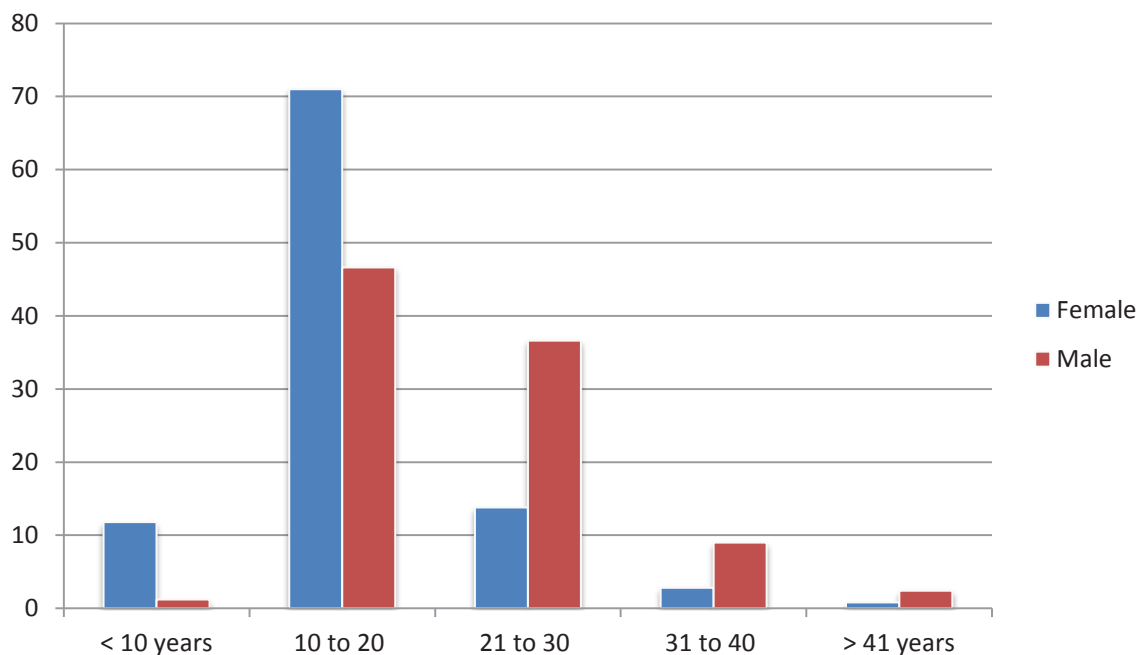
#### Question 14: Age when respondents first started to consider a nursing career

This question asked respondents to select the age at which they first considered a career in nursing. Twelve respondents (1.1%) chose not to offer a response. The most common age at which the respondents first considered a nursing career was between 10 and 20 years of age. This was selected by 686 participants (65.7%) (n = 568 female and n = 118 male). However, there was a significant difference in the proportion of females who selected this option (71.0%) than males (46.6%) ( $p = <0.001$ ). The next most selected option was '21 to 30 years' which was selected by 203 respondents (19.4%). However, there is a greater representation of males in this category (36.7% males compared with 13.8% female), suggesting that males were more mature when first considered a career in nursing. This is reinforced by figures from the '31 to 40 years' category which demonstrates that 9.0% of the males first considered nursing during their thirties, with only 2.8% of the females in this category. Conversely, 11.8% of the female respondents said that they first considered nursing when they were younger than 10 years of age, while only 1.2% of the males responded in this way. Results are offered in Table 16 and Figure 15.

**Table 16: At what age did you first start to consider a nursing career?**

Age considered nursing	Female		Male		Combined	
	n	%	n	%	n	%
< 10 years of age	94	11.8	3	1.2	97	9.3
10 to 20 years	568	71.0	118	46.6	686	65.7
21 to 30 years	110	13.8	93	36.7	203	19.4
31 to 40 years	22	2.8	23	9.0	45	4.3
41 years and over	6	0.8	6	2.4	12	1.5
Total	800	100.0	253	100.0	1043	100.0

**Figure 15: Age that respondents started to consider a nursing career, by gender**



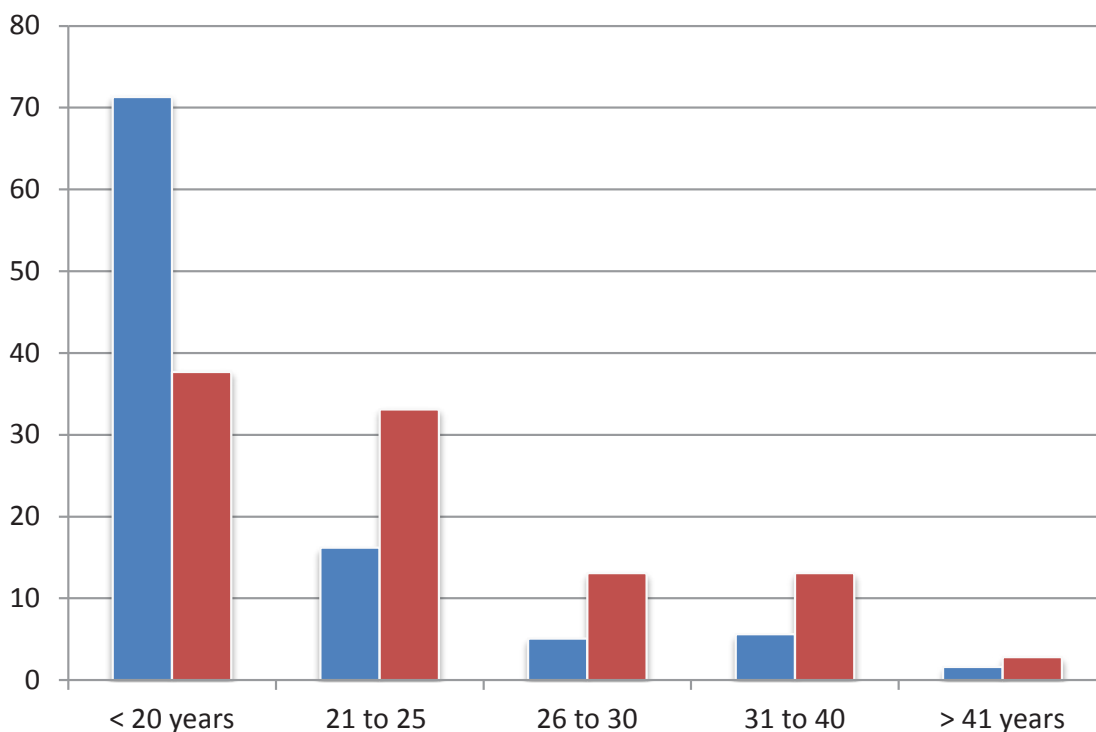
### Question 15: Age when respondents started their initial nursing studies

This question asked respondents to select the age at which they actually started their nursing studies. Thirteen respondents (10 female and 3 males) (1.2%) did not answer this question. The most common age at which the respondents first started their nursing career was less than 20 years of age. This was selected by 661 participants (63.4%) (n = 569 female and n = 92 male). However, there was a significant difference in the proportion of females who selected this option (71.3%) and the proportion of males (37.7%) ( $p = <0.001$ ). The next most selected option was '21 to 25 years' (211 / 20.2%). However, there is a greater representation of males in this category (33.1% males compared with 16.2% female), suggesting that males were more mature when commencing their nursing careers. This is reinforced by figures from the '26 to 30 years' category which demonstrate that 13.1% of males first started nursing at this age, compared to 5.1% of the females. This trend continues throughout the older age categories reflecting a more mature male entrant into the nursing profession. Results are offered on Table 17 and Figure 16.

**Table 17: Age at which respondents actually started their initial nursing studies?**

Age started nursing	Female		Male		Combined	
	n	%	n	%	n	%
< 20 years of age	569	71.3	92	37.7	661	63.4
21 to 25 years	130	16.2	81	33.1	211	20.2
26 to 30 years	41	5.1	32	13.1	73	7.0
31 to 40 years	45	5.6	32	13.1	77	7.3
41 years and over	13	1.6	7	2.8	20	1.9
<b>Total</b>	<b>798</b>	<b>100.0</b>	<b>244</b>	<b>100.0</b>	<b>1042</b>	<b>100.0</b>

**Figure 16: Age at which respondents actually started their initial nursing studies, by gender**





### Questions 16: Respondent's career or activity that preceded their nursing or midwifery career

This question asked respondents to identify the career or activity they were engaged in directly before they started their nursing career. Eleven respondents (8 female and 3 males) (1.0%) did not answer this question. The category with the highest number of responses was 'High school' with 440 (42.1%) (n = 394 female and n = 46 male) selecting this category. This represents the largest single group of female respondents at 49.2% but, at 18.8%, it is only the second highest group amongst the male respondents, suggesting a strong statistical significance for this aspect of the study ( $p = <0.001$ ). For the males, the largest proportion, i.e. 51.2%, came to nursing from another career (as compared with 28.7% of

females) which reflects the findings in previous questions demonstrating that male respondents considered or actually started nursing at a later age than females. Other discrepancies between the genders are reflected in 'Caring for young children' (4.2% female to 0.4% male) and 'Military' (0.6% female to 6.1% male). Some respondents offered descriptions of the particular types of careers/activities they were previously engaged in. Among the most popular were:

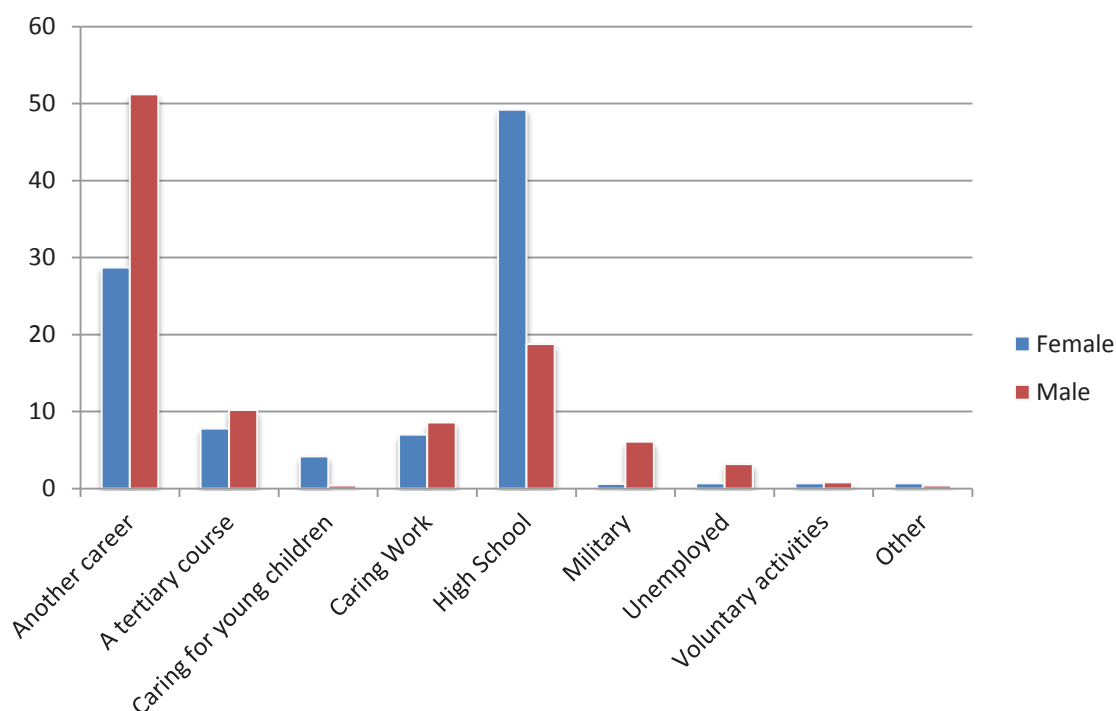
- Admin/clerical work (n = 39)
- Retail (n = 23)
- Skilled work / trade (n = 22)
- Unskilled / manual work (n = 22)
- Hospitality (n = 15)

Results are further displayed on Table 18 and Figure 17.

**Table 18: What career/activity were you directly engaged in before you started your nursing career?**

Activities before nursing	Female		Male		Combined	
	n	%	n	%	n	%
Another career	230	28.7	125	51.2	355	34.0
A tertiary course	63	7.8	25	10.5	88	8.4
Caring for young children	34	4.2	1	0.4	35	3.3
Caring work	56	7.0	21	8.6	77	7.3
High school	394	49.2	46	18.8	440	42.1
Military	5	0.6	15	6.1	20	1.9
Unemployed	6	0.7	8	3.2	14	1.3
Voluntary activities	6	0.7	2	0.8	8	0.8
Other	6	0.7	1	0.4	7	0.7
<b>Total</b>	<b>800</b>	<b>100.0</b>	<b>244</b>	<b>100.0</b>	<b>1044</b>	<b>100.0</b>

**Figure 17: Career/activity respondents were directly engaged in before they started their nursing career**



#### Question 17: Reasons for becoming a nurse or midwife

This question asked respondents to identify the main reasons why they chose a career in nursing and allowed respondents to select as many options as were relevant. The most popular option selected was 'Desire to help people'. This was selected by 485 respondents (45.9%) (n = 359 female and n = 126 male) and was the most popular choice among both genders, most notably amongst the male respondents (female = 44.4% male = 50.0%). 'Desire to have a stable career' and 'Always wanted to be a nurse' were the next most selected options at 28.8% and 28.4% of the total population. These responses however, were reversed in popularity for males and females, with a stable career featuring more dominantly for males (39.6% compared with 25.5% for females) ( $p = <0.001$ ), whilst a desire to have always been a nurse was significantly ( $p = <0.001$ ) more popular for females at 34.4% compared with only 8.9% for males. A significant number of respondents (n = 143 / 13.5%) selected the 'Other' category as a reason for choosing a career in nursing. This question offered a free text box for participants to describe their

other reasons for choosing a career in nursing and the following key themes emerged:

- Pay and accommodation provided while training = 32 (22.4% of 'Other reasons')
- Fell into it/not intentional = 13 (9.0%)
- Grades not sufficient for another course = 13 (9.0%)
- Interest in human biology/health care = 11 (7.7%)
- Lack of other career choices = 10 (7.0%)

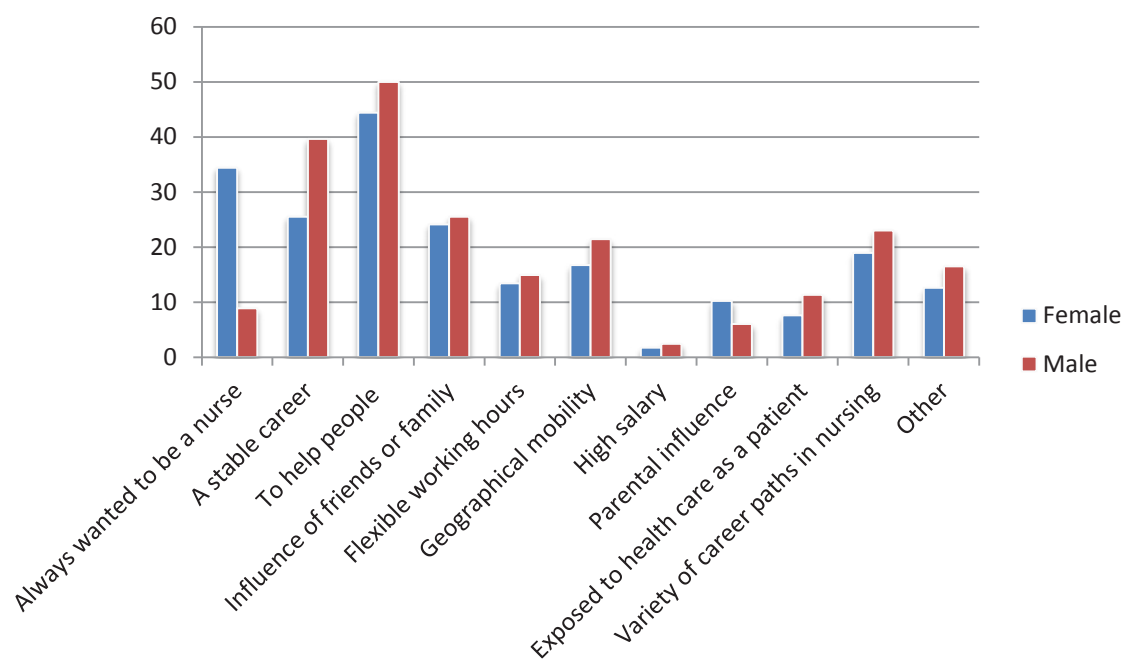
Results are offered on Table 19 and Figure 18.

Note - for this question and other questions, which allowed respondents to select multiple options, the percentage response to each option was calculated based on the overall number of respondents who participated in the survey, i.e. 808 females, 247 males and 1055 in total.

**Table 19: Main reasons for choosing a career in nursing**

Reasons for choosing nursing	Female		Male		Combined	
	n	%	n	%	n	%
Always wanted to be a nurse	278	34.4	22	8.9	300	28.4
Desire to have a stable career	206	25.5	98	39.6	304	28.8
Desire to help people	359	44.4	126	50.0	485	45.9
Family member/friend is a nurse	195	24.1	63	25.5	258	24.4
Flexible working hours	109	13.4	37	14.9	146	13.8
Geographical mobility	135	16.7	53	21.4	188	17.8
High salary	14	1.7	6	2.4	20	1.9
Parental influence	83	10.2	15	6.0	98	9.2
Was exposed to or experienced health care as a patient	62	7.6	28	11.3	90	8.5
Variety of career paths available	153	18.9	57	23.0	210	19.9
Other	102	12.6	41	16.5	143	13.5

**Figure 18: The reasons to choose a career in nursing, by gender**



## 8.4 Section D: Future Nursing Career

### Question 18: The advantages of being a nurse

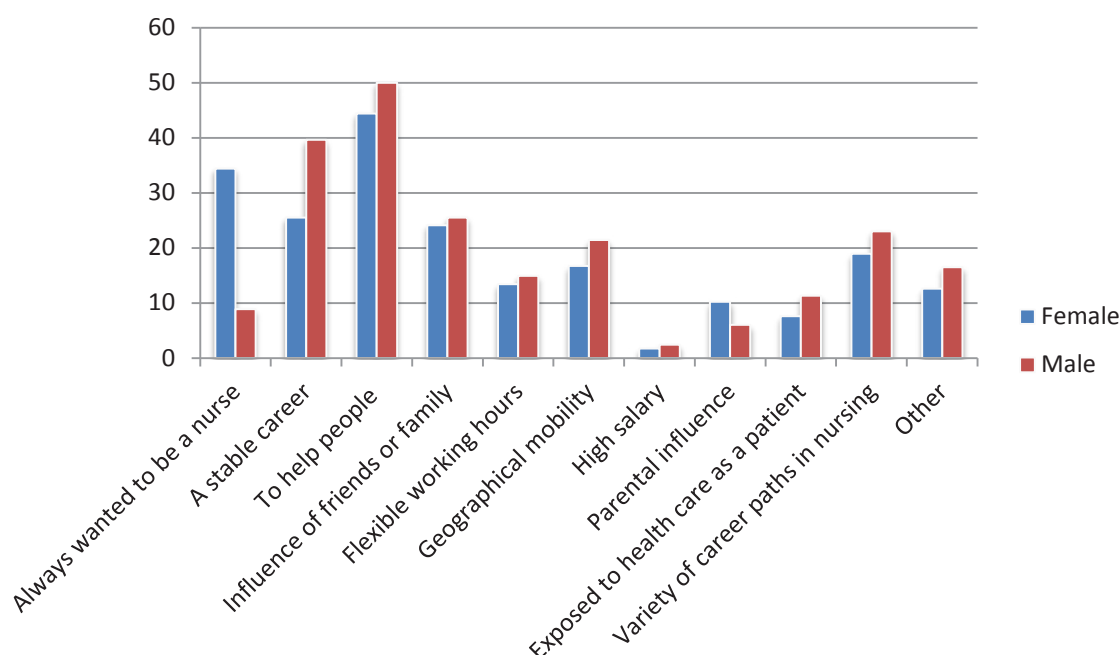
This question asked respondents to identify the advantages of being a nurse (or midwife) and allowed participants to select as many options as were relevant. The most popular option selected was 'Ability to make a difference'. This was selected by 729 respondents (69.0%) (n = 581 female and n = 148 male) and was the most popular option selected by both genders, but with a distinct preference amongst the female respondents (female = 71.9% and male = 59.9%) (p = <0.001). This was closely followed by 'Variety and challenge of work'. This was selected by 716 respondents (67.8%) (n = 569 female and n = 147 male) and again there was a distinct preference amongst the female respondents (female = 70.4% male = 59.5%). 'Ability to work in a team' was another popular option (n = 631 / 59.8%), also strongly

preferred by females (61.6%) compared with 53.8% of males (p = 0.039). The male respondents selected salary and career stability more than females. 'Reasonable salary' was selected by 53.8% of males and 45.7% of females with a slight statistical significance of (p = 0.011) and (p = 0.028) respectively. A 'Stable career with few redundancies' was selected by 59.1% of males and 49.5% of females, while females offered a stronger preference for 'Flexible working hours' (54.5%) to (45.7%) for males (p = 0.018). There were a small number of 'Other' advantages identified by respondents in the free text box provided. Among the reasons given were 'Job satisfaction/rewarding work' (40% of the 'Other' advantages identified) and 'Public appreciation/high social standing' (15% of the 'Other' advantages identified). Results are offered on Table 20 and Figure 19.

**Table 20: The advantages of being a nurse**

Advantages of being a nurse (p value)	Female		Male		Combined	
	n	%	n	%	n	%
<b>Ability to work in health care (p = 0.001)</b>	386	47.7	124	50.2	510	48.3
<b>Ability to make a difference (p = 0.494)</b>	581	71.9	148	59.9	729	69.0
<b>Ability to work in a team (p = 0.018)</b>	498	61.6	133	53.8	631	59.8
<b>Always kept busy (p = 0.191)</b>	255	31.5	67	27.1	322	30.5
<b>Flexible working hours (p = 0.018)</b>	441	54.5	113	45.7	554	52.5
<b>Geographical mobility (p = 0.579)</b>	363	44.9	106	42.9	469	44.4
<b>Good morale (p = 0.816)</b>	126	15.5	37	14.9	163	15.4
<b>Reasonable Salary (p = 0.028)</b>	370	45.7	133	53.8	503	47.6
<b>Stable career with few redundancies (p = 0.011)</b>	400	49.5	146	59.1	546	51.7
<b>Upward career mobility (p = 0.979)</b>	174	21.5	53	21.4	227	21.5
<b>Variety and challenge of work (p = 0.002)</b>	569	70.4	147	59.5	716	67.8
<b>Variety of career paths available (p = 0.018)</b>	427	52.8	109	44.1	536	50.8
<b>None (p = 0.004)</b>	5	0.6	7	2.8	12	1.1
<b>Other (p = 0.937)</b>	15	1.8	5	2.0	20	1.8

**Figure 19: The advantages of being a nurse, by gender**



### Question 19: The disadvantages of being a nurse

This question asked respondents to identify the disadvantages about being a nurse and allowed respondents to select as many options as were relevant. The most popular option selected was 'Frustration at sometimes being powerless to change things' (n = 711/ 67.3%) (n = 548 female and n = 163 male). It was equally popular among male (65.9%) and female (67.8%) respondents and was the most popular option selected by male respondents. This was marginally ahead of 'Workload/pressure' which was selected by 708 respondents (67.0%) (n = 558 female and n = 150 male) and was the option most selected by females (female = 69.0% and male = 60.7%) (p = 0.014). This was closely followed by 'Feeling undervalued', which was equally popular across both genders (female = 60.8% male = 63.5%) as were the options 'Emotional burden associated with caring for sick people' and 'Shift-work'.

Despite the agreement by both genders regarding some disadvantages associated with nursing, some differences were identified, particularly strong negative attitudes by men related to 'Inability to work independently' (p = <0.001), 'Lack of promotion prospects' (p = 0.018), 'Lack of career opportunities' (p = <0.001), 'Tedious mundane work' (p = 0.033) and 'Poor morale' (p = <0.001). There were a small number of 'Other' disadvantages identified by participants in the free text box provided. Among the reasons given were:

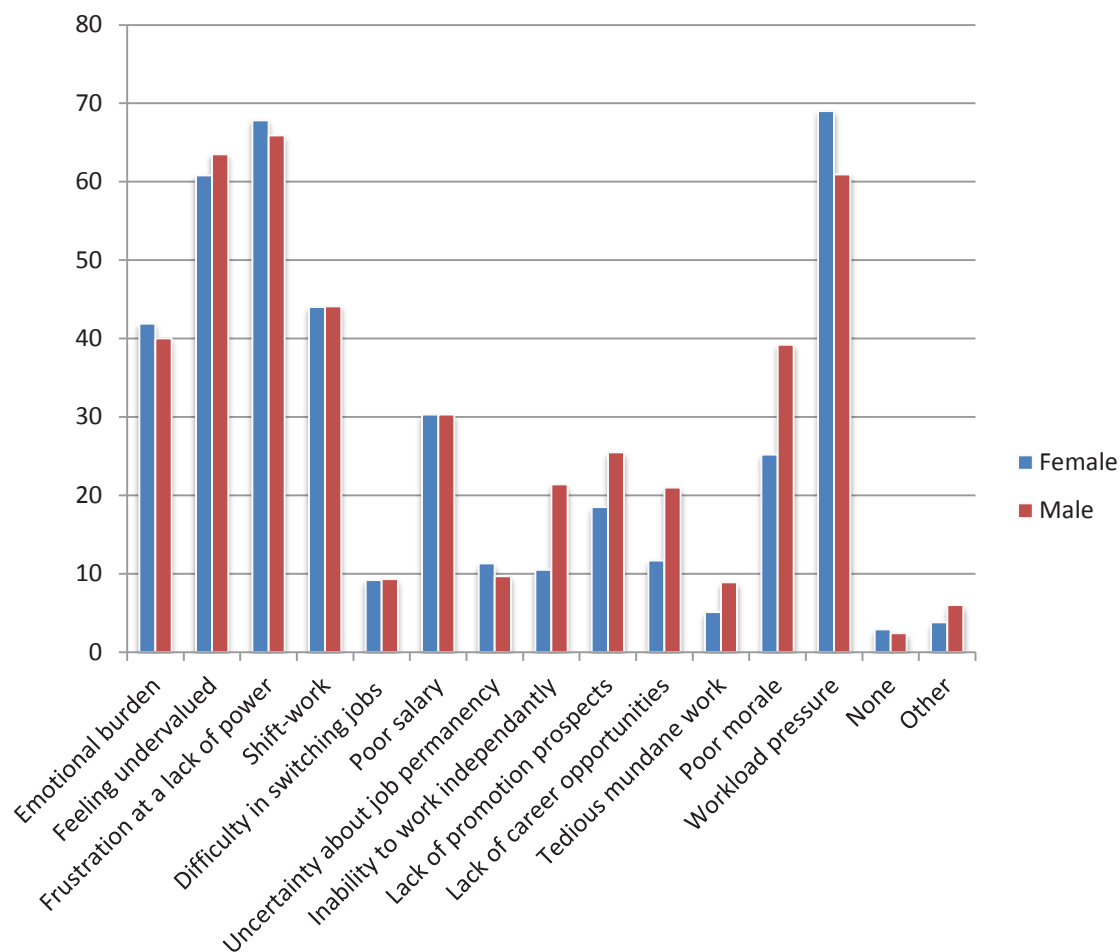
- Poor management practices = 19 (41% of 'Other' disadvantages),
- Excessive bureaucracy/paperwork = 10 (22% of 'Other' disadvantages) and
- Unsupportive colleagues = 8 (17% of 'Other' disadvantages).

Results are shown in Table 21 and Figure 20.

**Table 21: The disadvantages of being a nurse**

Disadvantages of being a nurse (p value)	Female		Male		Combined	
	n	%	n	%	n	%
<b>Emotional burden associated with caring for sick people (p = 0.631)</b>	339	41.9	99	40.0	438	41.5
<b>Feeling undervalued (p = 0.504)</b>	492	60.8	157	63.5	649	61.5
<b>Frustration at sometimes being powerless to change things (p = 0.605)</b>	548	67.8	163	65.9	711	67.3
<b>Shift-work (p = 0.932)</b>	356	44.0	109	44.1	465	44.0
<b>Difficulty in switching jobs between locations (p = 0.989)</b>	75	9.2	23	9.3	98	9.2
<b>Poor salary (p = 0.972)</b>	245	30.3	75	30.3	320	30.3
<b>Uncertainty around job permanency (p = 0.496)</b>	92	11.3	24	9.7	116	10.9
<b>Inability to work independently (p = &lt;0.001)</b>	85	10.5	53	21.4	138	13.0
<b>Lack of promotion prospects (p = 0.018)</b>	150	18.5	63	25.5	213	20.1
<b>Lack of career opportunities (p = &lt;0.001)</b>	95	11.7	52	21.0	147	13.9
<b>Tedious mundane work (p = 0.033)</b>	42	5.1	22	8.9	64	6.0
<b>Poor morale (p = &lt;0.001)</b>	204	25.2	97	39.2	301	28.5
<b>Workload/pressure (p = 0.014)</b>	558	69.0	150	60.7	708	67.0
<b>None (p = 0.654)</b>	24	2.9	6	2.4	30	2.8
<b>Other (p = 0.048)</b>	31	3.8	15	6.0	46	4.3

**Figure 20: The disadvantages of being a nurse, by gender**



#### Question 20: Recommending nursing to men

This was a 'Yes' / 'No' question followed by an option to offer free text, with respondents being asked to offer comments about why they would, or would not recommend nursing or midwifery to males they knew. Sixteen respondents (10 female and 6 males) (1.5%) did not offer a response to this question. The remaining 1039 respondents offered either a 'Yes' / 'No' response with 786 (75.6%) (n=613 female and n=173 male) selecting 'Yes' and 241 (24.4%) (n=185 female and n=68 male) selecting 'No'. A higher proportion of females than males said they would recommend nursing as a career to males (76.8% compared with 71.7%). Only 535 of the 1039 who ticked either 'Yes' or 'No' offered a comment. The majority of those who commented (n = 377 / 70.5%) indicated that they would recommend nursing / midwifery to males that they knew, with 19.6% of the respondents who selected 'Yes' being male and 80.4% being female. Of the responses who selected 'No' (n= 158 / 29.5%) almost a quarter were men (24.7%) with the majority (75.3%) being female. Results are offered on Table 22, 23, 24, 25 and Figures 21 and 21.

**Table 22: Would you recommend nursing as a career to males that you know?**

	No		Yes		Total	
	n	%	n	%	n	%
<b>Female</b>	185	23.1	613	76.8	798	100.0
<b>Male</b>	68	28.2	173	71.7	241	100.0
<b>Combined</b>	253	24.3	786	75.6	1039	100.0

A thematic analysis of all the responses was undertaken by firstly categorising the responses by gender, then analysing each comment for its content. The content was then sorted and grouped into categories and then sub-categories as themes emerged about the respondents' recommendations to advise or advise against males that they knew to undertake a career in nursing or midwifery.

The ‘Yes’ responses

The majority of respondents who offered comments in response to this question indicated that they would recommend nursing or midwifery to a male they knew (75.6%). A plethora of reasons were offered in support of their decision and many respondents offered more than one reason. Analysis of the comments indicates that they can be distilled down to seven key themes.

These are:

- 1. A Good Choice: Nursing or midwifery is a good career choice for a man.
- 2. A Good Career for Men: Nursing and midwifery are careers men do particularly well in.
- 3. A Positive Contribution: Men do make (or can make) a positive contribution to the professions of nursing or midwifery.
- 4. Suitable for Both: Nursing and midwifery are careers suited to both men and women.
- 5. Helping Others: Nursing and midwifery are careers focused on helping others and serving the community.
- 6. Only the Right Man: While they would recommend nursing and midwifery to men they knew, they would only do so to the ‘right’ men.
- 7. Something Different: Because men offer something different that adds value to the nursing and midwifery professions.

Figure 21 outlines the categories/sub-categories and themes that evolved through the data analysis. The sub-categories represented in question 20 are shown as either weak, moderate or strong by different colours as a way of conveying the power of the sub-category relative to others identified. The strength of the sub-categories was determined by a numeric analysis of the categories offered by respondents using NVivo, e.g. in theme 2 (A Good Career for Men) had less than 10 respondents offer comments (codes) to support the sub-category (Because men tend to stay in the profession as full-time employees). Thus, this was considered a ‘weak’ sub-category (light blue). As between 11 and 20 respondents offered comments (codes) to support the sub-category (Men help with diverse client groups) this was considered a moderate sub-category (salmon) and because over 21 respondents offered comments (codes) to support the sub-category (Because nursing offers great career opportunities) this was considered a strong sub-category (green). This strategy was used for all qualitative analysis throughout this study.

Table 23: Colour matches to the relative strength of sub-categorises

Strength of each Sub-Category
Weak (up to ten codes)
Moderate (between 11 and 20 codes)
Strong (over 21 codes)



**Figure 21: Why Nursing and Midwifery should be recommended to men**

Theme	1. A Good Choice: Nursing or midwifery is a good career choice for a man
Categories	Sub-Categories
Meet people / Nursing offers travel opportunities / Family friendly career / shift work is better for a family / a growing career / flexible career / flexible shifts / flexible and varied career options / varied work environments / challenging career / a rewarding career / stable job / stable career / guarantee of work for life / Nursing can lead to other career opportunities / the pay is good / the pay is reasonable / the pay is improving /	It's a growing career
	A nursing/midwifery career can lead to travel opportunities
	Nursing / midwifery is a good career to meet people
	Nursing / Midwifery is a family friendly career that supports time with a family
	Nursing and midwifery offers a flexible and varied work environment
	Nursing and midwifery are challenging careers
	Nursing and Midwifery are rewarding careers
	Nursing and Midwifery offers stable and consistent employment
	Nursing and Midwifery offers a reasonable salary
	Nursing and midwifery careers can lead to other career opportunities

Theme	2. A Good Career for Men: Nursing and midwifery are careers men do particularly well in.
Categories	Sub-Categories
Men can progress in their career more quickly / men tend to progress to higher paid jobs in nursing more quickly / men can help with diverse client groups / men can help with diverse cultural groups / nursing and midwifery offers great career opportunities / men tend to stay in the career / men are often full time employees / men have a different perspective to offer nursing / men bring a new perspective to nursing /	Men can or tend to progress well into management or senior nursing positions
	Men help with diverse client groups (e.g. some male patients, people from diverse cultural backgrounds and some people with specific cultural needs)
	Because nursing offers great career opportunities
	Because men tend to stay in the profession as full-time employees.
	Because men have a different perspective to bring to Nursing and Midwifery

Theme	3. A Positive Contribution: Men do make (or can make) a positive contribution to the professions of nursing or midwifery.
Categories	Sub-Categories
Men make care teams better / men in teams are better / men in team reduce conflict / men reduce "bitchiness" / men reduce bullying in the workplace / men bring balance to a work place / men add balance to the team / men bring balance to a female dominated workforce / men have a lot to offer nursing / men have a lot to offer midwifery / men are more dependable / men are more dedicated to their careers / men take no pregnancy breaks / men are committed to nursing / men make the clinical environment safer / men make mental health care safer / men are calm under pressure / men "just get on with it" / men can increase respect for nursing / men can increase the professional standing of nursing / men make the nursing profession stronger  Men "just get on with it"	Men in Nursing and Midwifery contribute to better teams or help teams function more effectively.
	Men bring balance to a female dominated workplace and limit "bitchiness" or can reduce bullying.
	Men have a lot to offer nursing and midwifery.
	Men are more dependable (no pregnancy breaks) and more dedicated to their careers
	Men make the clinical environment safer
	Men increase nursing and midwifery's standing as a profession and respect for nursing and midwifery as professions.
	Men are calmer under pressure
	Men "just get on with it"

Theme	4. Suitable for Both: Nursing and midwifery are careers suited to both men and women.
Categories	Sub-Categories
Nursing is not just for women / recommend nursing for both men and women / beneficial to have a mixed gender workforce / some fields of nursing are more suited to men in nursing (e.g. ICU., MH, A&E, Acute care and technical areas) / Mental Health is a good career for men / why not? / I married a male nurse / my husband is a male nurse	There are some areas of nursing practice more suited to men (e.g. Mental Health, ICU, A&E and Critical Care)
	It is a benefit to have a mixed gender workforce.
	Nursing and midwifery should be promoted and recommended as a career for men and women, it is not just a career for women.
	Why not have more men in Nursing and Midwifery?

Theme	5. Helping Others: Nursing and midwifery are careers focused on helping others and serving the community.
Categories	Sub-Categories
Help people / make a difference in people's lives / can feel good about yourself if you are a nurse / nursing is a fulfilling career / midwifery is a giving career choice / a career that serves the community	Nursing and Midwifery are careers you can feel good about being involved in
	Nursing and Midwifery are fulfilling careers
	These are careers that can make a difference in someone's life and helps people.

Theme	6. Only the Right Man: While they would recommend nursing and midwifery to men they knew, they would only do so to the 'right' men.
Categories	Sub-Categories
If they are interested in nursing / if they are suited to nursing / if they have the right personality for nursing / if men have "nursing" values / some men are caring / some men are more interested in promotion / some do not suit the nursing profession / some men suit mental health nursing or technical fields	Would only recommend Nursing or Midwifery to a male if they thought they were suitable (e.g. compassionate, caring).
	Would only recommend Nursing or Midwifery to a male if they thought they were interested in this as a career.
	Would only recommend Nursing or Midwifery to a male if they thought they held values compatible with core nursing/midwifery values (e.g. compassion, care, respect for others).

Theme	7. Something Different: Because men offer something different that adds value to the nursing and midwifery professions.
Categories	Sub-Categories
Men bring a positive benefit to nursing / need more male nurse role models / need male nurses at a national level to help support or promote nursing / men can be compassionate / caring / men can show empathy / some men are physically strong	Need more men in nursing to role model their careers
	Because men have a positive impact on Nursing and Midwifery
	Need men to advance nursing by getting senior positions at a national level

The following statements are taken verbatim as examples in support of each of the seven themes identified.

### 1. A Good Choice: Nursing or midwifery is a good career choice for a man.

"You meet lots of people and you get to look after and care for people which is interesting." (Female)

"Good stable job with good retainment figures so allows job stability, also would really suit some caring males and we could do with their skills and role modelling." (Female)

"I have found it to be a rewarding career path for me. It has allowed me to travel, meet many people and help people and their communities have a better quality of life." (Male)

"It is a great job for variety and ability to travel." (Female)

"I believe nursing is a good career with many rewards." (Male)

"It is a stable profession which is also family friendly to those with families." (Female)

"Steady work and the pay is reasonable." (Male)

### 2. A Good Career for Men: Nursing and midwifery are careers men do particularly well in.

"We have patients with different cultural backgrounds and having male nurses will assist with providing healthcare." (Female)

"The men that I know in the profession have done very well in terms of career progression and clinical opportunity. I also feel that men within this profession have a lot to offer the women they work with and the patients they care for. I have always enjoyed my professional relationships with the male nurses/midwives I have worked with." (Female)

"Males in nursing have excellent opportunities to progress their careers as they mostly have the ability to work full time. Most female nurses let their careers take second place while their children are young and work part time so miss out on opportunities." (Female)

"Solid career, management opportunities if desired." (Male)

"I have been encouraged and you can achieve if you want to." (Male)

"transferable in many sectors i.e. OSH, travel, rural and remote, variety of specialities including very technical which attract boys (e.g. ICU, ED, Theatre)." (Male)

**3. A Positive Contribution: Men do make (or can make) a positive contribution to the profession of nursing or midwifery.**

"I have found working with male midwives, helps to balance out the female ratio." (Female)

"I think we need a balanced workforce." (Female)

"Men bring a completely different perspective and often break up the "oestrogen" fuelled work environment (in a positive way)." (Female)

"We need more males in nursing." (Female)

"I find male nurses to be caring and also calm under pressure." (Female)

"Male could prove to be a more consistently dependable workforce through their years of service." (Female)

"I work with a lot of males who are great at their jobs and enjoy the work they do. We need more males to keep the playing field level." (Female)

"In a female dominated workforce, an increase in male team members aids in allowing the nursing population to be more reflective of society and adds value to the nursing cohort through diversity." (Female)

"I have worked with a number of male nurses and midwives over the span of my career as a nurse/midwife and find that they add a positive influence to the team and calm when it becomes very hectic." (Female)

**4. Suitable for Both: Nursing and midwifery are careers suited to both men and women.**

"Gender makes no difference when it comes down to sincerely caring." (Male)

"A good career choice for both genders." (Female)

"I feel regardless of sex anyone with a passion for nursing, team work and the delivery of healthcare has something to offer the profession." (Female)

"I would recommend it for all the same reasons I would recommend it to a female." (Female)

"Suits caring, hardworking, intelligent, ethical people focused men who are strong enough not to care what others think of them. Enough stable income to support a family. Not suited to highly competitive macho consumerist types." (Male)

**5. Helping Others: Nursing and midwifery are careers focused on helping others and serving the community.**

"If one wants to make a difference in the community and feel good and satisfied about oneself, it's a good profession." (Female)

"Very satisfying career if you want to help others. Very sociable career! Great if you love working with people." (Male)

"Fulfilling work, I feel like I am making a difference." (Male)

"Opportunity to choose positive life-enhancing work." (Male)

**6. Only the Right Man: While they would recommend nursing and midwifery to men they knew, they would only do so to the 'right' men.**

"If they are interested." (Female)

"Not every guy is keen on office jobs or outdoor work. Nursing is a physically and mentally active job that they might be interested in thinking about." (Male)

"I would if it was someone with an affinity and ability to deal with people in vulnerable situations and if they were interested in "caring" for people as opposed to someone only interested in being an expert technical nurse – i.e. possibly in ED/ICU etc. I think that the "caring" element of nursing practice (in relation to both male and female nurses/midwives) is demonstrably less evident in many patient/resident situations now – which is both concerning and sad." (Female)

"It would be subjective, based on the person and his desires and aspirations. Nursing is not a career for just any male." (Male)

**7. Something Different: Because men offer something different that adds value to the nursing and midwifery profession.**

"I believe that men have a lot to offer (nursing). They are much more readily accepted now than in previous times. They see things from male perspective which is valuable when offering holistic care." (Female)

"I do think if more men came into the profession the perception of nurses would change." (Female)

"I studied with a male midwifery student and was provided care by a male midwife with my third baby. Feel they have a great empathy and provide excellent care." (Female)

"Always encouraged men to look at nursing as I have always felt that this is what is missing in the nursing profession." (Female)

"Half the patients are male and having both sexes in the workforce can only enhance patient care." (Female)

### The 'No' responses

A minority of respondents offered comments in response to this question, indicating that they would not recommend nursing or midwifery to a male they knew (29.5%). Many reasons were offered in support of their decisions and many respondents offered more than one reason. During the analyses six key themes were identified.

These are:

1. **Not Anyone: Nursing or midwifery is not a suitable job for anyone, not just men.**
2. **Not Suitable for Men: Nursing and midwifery is not a suitable job/ career/profession for men.**
3. **A Poor Option: Nursing is not suitable for men because of the poor pay and work conditions.**
4. **Too Difficult: Nursing and midwifery are "too difficult" for men and too difficult for them to enter.**
5. **Wrong Values: Men's values and interests are not reflected in the nursing or midwifery professions.**
6. **To Move on: Nursing and midwifery may be used as a stepping stone to other careers / professions.**

Figure 22, outlines the categories/sub-categories and themes that evolved through the data analysis. The sub-categories represented in question 20 are shown as either, weak, moderate or strong by different colours as a way of conveying the power of the sub-category relative to others identified. The strength of the sub-categories was determined by a numeric analysis of the categories offered by respondents using NVivo, e.g. in theme 1 (Not Anyone) had less than 10 respondents offer comments (codes) to support the sub-category (Not an enjoyable job/career). Thus this was considered a 'weak' sub-category (light blue). As between 11 and 20 respondents offered comments (codes) to support the sub-category (Not a rewarding career) this was considered a moderate sub-category (salmon) and because over 21 respondents offered comments (codes) to support the sub-category (Wouldn't recommend it to anyone) this was considered a strong sub-category (green). This strategy was used for all qualitative analysis throughout this study.



**Table 24: Colour matches to the relative strength of sub-categories**

Strength of each Sub-Category
Weak (up to ten codes)
Moderate (between 11 and 20 codes)
Strong (over 21 codes)

**Figure 22: Why nursing and midwifery should not be recommended to men**

Theme	1. Not Anyone: Nursing or midwifery is not a suitable job for anyone, not just men.
Categories	Sub-Categories
In general nursing morale is low / wouldn't recommend nursing to anyone / not an enjoyable career / bullying is still common / not a rewarding career / Nursing is still dominated by middle-aged toxic women / Nursing is not valued / nursing is not a respected profession / too paper and office based / WA Health Service is a poor employer / WA Health Service in Mental Health is in disarray	Wouldn't recommend it to anyone
	Not an enjoyable job/career
	Bullying culture
	Not a rewarding career
	Dominated by middle aged toxic women
	Nursing is not a respected profession
	Too paper / office based now
	Health Service (in WA) is a poor employer
	Morale in Nursing is low

Theme	2. Not Suitable for Men: Nursing and midwifery is not a suitable job / career / profession for men.
Categories	Sub-Categories
Men are not caring / Men are not nurturers / Men are more interested in the technical aspects of nursing / some male nurses feel discriminated against / some women don't want men to handle them (especially in relation to midwifery areas / Midwifery is women's business / would recommend other jobs before nursing / it's a female's job / Male nurses are lazy / there are limited opportunities for promotion in nursing	Men are not caring or nurturing
	Limited opportunities for promotion
	Male nurses are lazy
	It is a female orientated job
	Would recommend others jobs first
	Some men are discriminated against
	Some female patients don't want men handling them (especially in Mid)

Theme	3. A poor option: Nursing is not suitable for men because of the poor pay and work conditions
Categories	Sub-Categories
Nursing offers only a poor salary / low payed work / high stress in nursing / Nursing offers limited autonomy / shift work can be disruptive / Men seen as “muscle” in some clinical areas / nursing and the health service offer poor working conditions	Poor salary
	High stress job
	Limited autonomy
	Shift work
	Men used as “bully boys” (muscle) in Mental Health
	Poor working conditions

Theme	4. Too difficult: Nursing and midwifery are too difficult for men and too difficult for them to enter
Categories	Sub-Categories
Low benchmark to enter nursing lowering the standard / there is a lack of male role models or peer support / the work is just too difficult (find an easier job) / always need to do more study	Requires too much study
	The work of a nurse is too hard (for men to do)
	Low benchmark for university entry

Theme	5. Wrong Values: Men’s values and interests are not reflected in the nursing or midwifery profession.
Categories	Sub-Categories
Men are more interested in management and executive roles / men get the senior management jobs and are competition for female nurses / men are only interested in high pay / men are only suited to some clinical areas (e.g. ICU / MH) / Men are not suited to midwifery / midwifery is women’s business and men should not be working there / men are lazy	Men are more interested in management
	Men are taking senior nursing jobs from women
	Men are only interested in high pay and promotion
	Men are only suited to some clinical areas (e.g. Mental Health / ICU)
	Men are not suited to mid (it is women’s business)
	Men are lazy

Theme	6. To Move on: Nursing and midwifery may be used as a stepping stone to other careers / professions
Categories	Sub-Categories
Male nurses are just frustrated doctors / nursing is an easy path to an Australian visa for foreign men	A way to get an Australian Visa
	As a path to medicine

The following statements are taken verbatim as examples in support of each of the six themes identified.

#### 1. Not Anyone: Nursing or midwifery is not a suitable job for anyone, not just men.

“I have never been employed where toxic bullying is so deep-set. Nursing would have to be the worst bullying environment.” (Male)

“I would not recommend the profession to either males or females. For the level of education required I feel there is inadequate financial recompense in comparison to other fields.” (Female)

“Nursing has become too paper orientated and not enough hands on.” (Female)

“Nursing is no longer the profession it used to be. Hospitals are run like a business where it is all about stats and not patients.” (Female)

“It is not just males I probably wouldn’t recommend it to anyone mainly due to my dissatisfaction with the clinical work and missing every holiday and event due to shift work.” (Female)

"The profession is moribund in WA." (Male)

"Moral of nurses is low and older nurses – non uni educated nurses are too old fashioned and are bullies." (Female)

"It is full of an unfortunately high percentage of toxic middle aged women who perpetuate the stereotype of being overworked, marginalised and handmaidens." (Male)

"If any child of family, my cousin's family, any family, ever suggested nursing as a job. I would lock them in a dark basement until they came to their senses." (Female)

## **2. Not Suitable for Men: Nursing and midwifery is not a suitable job/ career/profession for men.**

"Because males by nature are not nurturers." (Female)

"Most male nurses I have worked with are lazy and appear to have the misconception that female nurses are their "lackeys." (Female)

"(Men) wouldn't really be suited for the caring role needed. OK with management or physical hard work not the emotional caring side." (Female)

"Women like women looking after them because they don't want to be over handled by a man." (Female)

"Within midwifery there are problems with clients accepting male workers." (Female)

"Males tend to be in management roles a lot more than females. I don't want them to be in competition with me." (Female)

"I do not believe that most men are suited to nursing. Many men do not have the aptitude for nursing. Many men are not caring enough." (Female)

## **3. A Poor Option: Nursing is not suitable for men because of the poor pay and work conditions.**

"Poor earning capacity." (Female)

"It wouldn't pay enough for other male friends I know: they all work FIFO." (Male)

"The profession seems to be led by narcissistic, power hungry individuals who don't seem to care about the welfare of their underlings. Don't seem capable of reforming the education/training of nurses which has denigrated the title RN. New graduates are poorly trained and educated with a skill set barely above that of the "PTS Nurse" of old hospital training days." (Male)

"In a female dominated profession pay is lower, promotional positions once SRN are very limited and often require a move away from patient care. Males in Mental Health are quite often seen as security officer/ bully boys to deal with aggressive clients." (Male)

"Not much opportunity for promotion if you wish to continue in a clinical role." (Female)

"It (Nursing) is a thankless job with no real prospects for advancement. It's who you know, not what you know. It is mentally stressful and draining with poor pay. Wouldn't recommend it to my worst enemy." (Male)

"Allied health positions are afforded better recognition and do not have the same stress or workloads levels, most other professionals have a higher level of autonomy, ability to set up business or work privately." (Male)

## **4. Too Difficult: Nursing and midwifery are too difficult for men and too difficult for them to enter.**

"If you need to do a degree to gain a qualification you would do better doing something else for an equal wage that has regular hours." (Male)

"We are still often considered as rather dim, mainly there to assist doctors and make beds." (Female)

"Academic entrance standards are so low that I fear that standards will only continue to fall." (Male)

"The study is tough." (Female)

"Low benchmark to enter nursing lowering the standard / there is a lack of male role models or peer support / the work is just too difficult (find an easier job) / always need to do more study." (Male)

## **5. Wrong Values: Men's values and interests are not reflected in the nursing or midwifery professions.**

"(Men) will go for management positions and leave less opportunity for females in what has always been a female occupation." (Female)

"I feel that midwifery is women's business and that women relate better to women in all aspects of pregnancy and birth." (Female)

"If the number of male nurses increase the rest of the female workforce will leave. There won't be any nursing left because almost every male I know is promoted to do something that they are less experienced and less qualified in than their female colleagues." (Female)



"I don't feel that the males I know would be suited to a nursing career because it requires a personality that is not focused on wages and promotion." (Female)

"Not many males I know have the attitude of compassion and tolerance." (Female)

**6. To Move on: Nursing and midwifery may be used as a stepping stone to other careers / professions.**

"It appears that some of them (male nurses) are frustrated doctors who could not make the grade and nursing is their second choice." (Female)

"Met some new graduate o/sea staff working in various areas who stated that the only reason they became nurses was because of the 457 visa and nursing was the only job they could obtain permanent residency on." (Female)



## 8.5 Section E: Promoting Men in Nursing / Midwifery

### Question 21: Misperceptions about men in nursing

This question asked respondents to identify what they thought were the general misperceptions about men in nursing that needed to be addressed and allowed participants to select as many options as were relevant. The most popular option selected was 'Most male nurses are gay', selected by 536 respondents (50.8%) (n = 388 female and n = 148 male). This was the most popular option selected by male respondents (chosen by 59.9% of males compared with 48.0% of females) offering a statistically significant result ( $p = 0.001$ ). This was marginally ahead of 'Nursing is a profession more appropriate for females', which was selected by 535 respondents (50.7%) (n = 396 female and n = 139 male) and was the option most selected by females (female = 49.0% and male = 56.2%) again offering a marginal significant result ( $p = 0.041$ ). This was followed by 'Nursing is not appropriate for a man' (n = 452 / 42.8%), 'Male nurses must not have been smart enough to have done medicine' (n = 321 / 30.4%) ( $p = 0.002$ ), 'Men are not caring enough to be nurses' (n = 314 / 29.7%) ( $p = 0.002$ ) and 'Most male nurses are lazy' (n = 307 /

29.0%). It is noticeable that for each option (with the exception of 'Most male nurses are lazy'), there was a higher proportion of male than female respondents. It is also worth noting that a sizeable proportion of respondents (n = 150 / 14.2%) indicated that there were no misperceptions about men in nursing. There were a small number of 'Other' (6.0%) misperceptions identified by the respondents in the free text box provided. These included comments that suggested that men:

- Are better at fixing things
- Are soft/weak/girlie
- Enjoy dealing with the physical side of nursing
- Make better leaders
- Should only deal with male patients

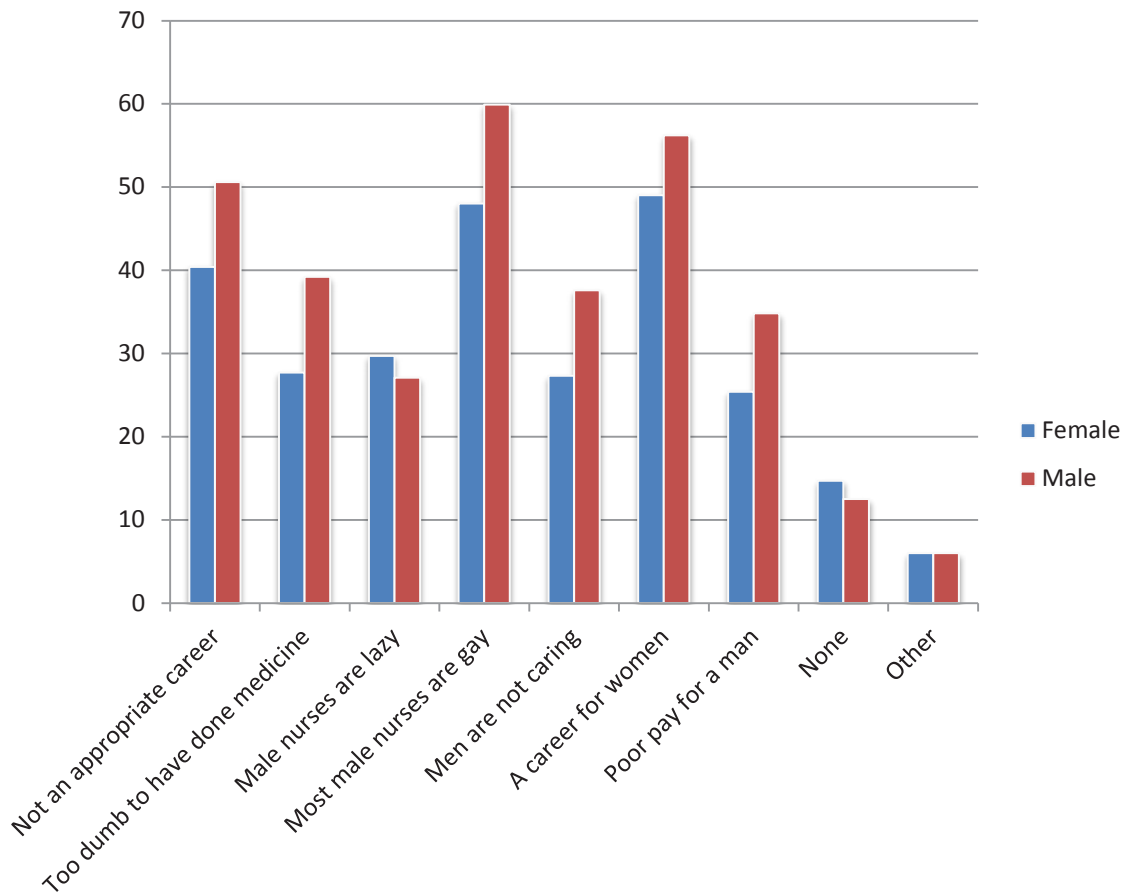
Comments were also made that misperceptions are more widespread amongst the older generation. Results are elaborated upon in Table 25 and Figure 23.

**Table 25: Misperceptions about men in nursing that need to be addressed**

Misperceptions about men in nursing (p value)	Female		Male		Combined	
	n	%	n	%	n	%
<b>Nursing is not appropriate for a man (p = 0.006)</b>	327	40.4	125	50.6	452	42.8
<b>Male nurses must not have been smart enough to have done medicine or another health care profession (p = 0.002)</b>	224	27.7	97	39.2	321	30.4
<b>Most male nurses are lazy (p = 0.650)</b>	240	29.7	67	27.1	307	29.0
<b>Most male nurses are gay (p = 0.001)</b>	388	48.0	148	59.9	536	50.9
<b>Men are not caring enough to be nurses (p = 0.002)</b>	221	27.3	93	37.6	314	29.7
<b>Nursing is a profession more appropriate for females (p = 0.041)</b>	396	49.0	139	56.2	535	50.7
<b>Poor pay for a man (p = 0.005)</b>	206	25.4	86	34.8	292	27.6
<b>None (p = 0.308)</b>	119	14.7	31	12.5	150	14.2
<b>Other (p = 0.907)</b>	49	6.0	15	6.0	64	6.0

Note - for this question and other questions which allowed respondents to select multiple options, the percentage response to each option was calculated based on the overall number of respondents who participated in the survey, i.e. 808 females, 247 males and 1055 in total.

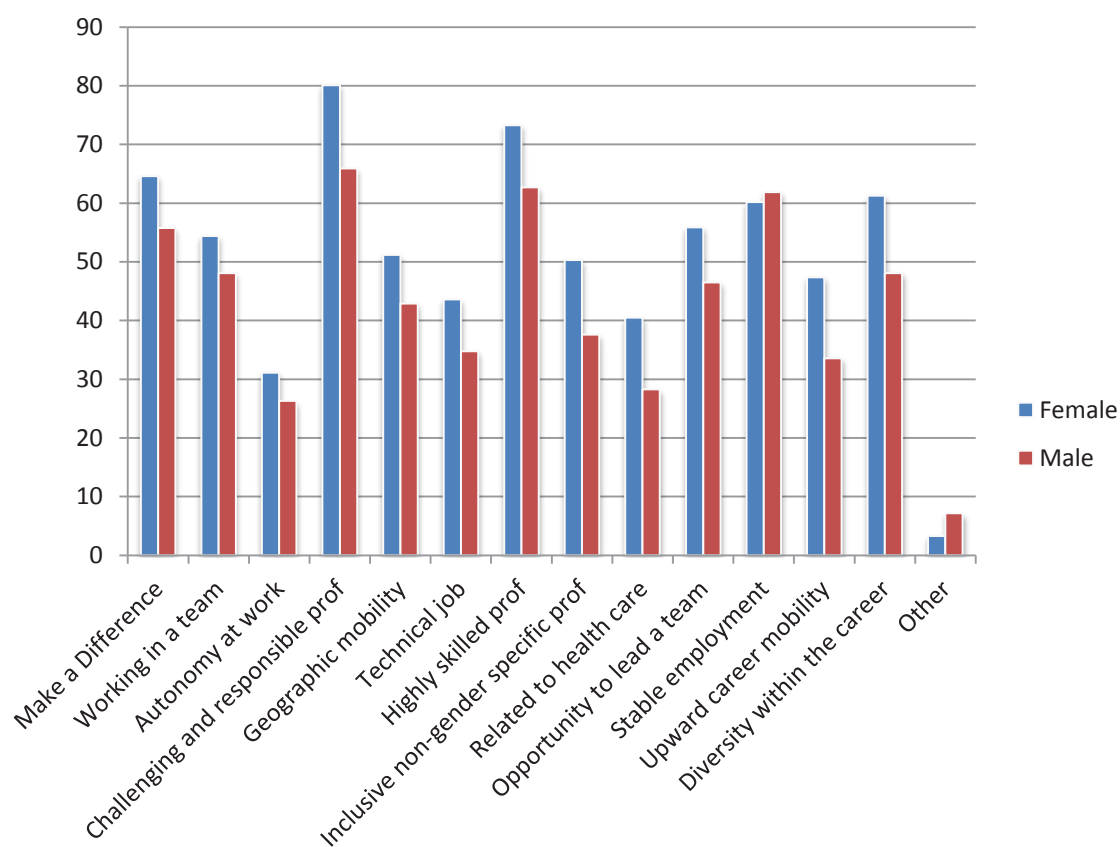
**Figure 23: Misperceptions about men in nursing, by gender**



#### Question 22: Promoting the message of men in nursing

This question asked respondents to identify what they thought should be the selling points when promoting the 'men in nursing' message to males. This question allowed participants to select as many options as were relevant. The most popular option selected was 'Challenging and responsible profession' which was selected by 811 respondents (76.8%) (n = 648 female and n = 163 male) and was the most popular option selected by both male and female respondents (chosen by 65.9% of males and 80.1% of females) (p = <0.001). The next most popular option (as a total and by each gender) was 'Highly skilled profession' (n = 748 / 70.9%). It is noticeable that for each option, with the exception of 'Stable employment', there was a higher proportion of female than male respondents. There were a small number of 'Other' selling points identified by respondents in the free text box provided including nursing provides a family friendly career, an opportunity for men to care and some patients prefer male nurses. Results are offered in Table 26 and Figure 24.

**Figure 24: What should be emphasised about nursing when promoting it to men by gender**



**Table 26: Selling points when promoting the ‘men in nursing’ message to males**

Selling points	Female		Male		Combined	
	n	%	n	%	n	%
<b>Ability to make a difference (p = 0.014)</b>	522	64.6	138	55.8	661	62.6
<b>Able to work in a team (p = 0.093)</b>	440	54.4	119	48.1	559	52.9
<b>Autonomy at work (p = 0.149)</b>	252	31.1	65	26.3	317	30.0
<b>Challenging and responsible profession (p = &lt;0.001)</b>	648	80.1	163	65.9	811	76.8
<b>Geographical mobility (p = 0.026)</b>	414	51.2	106	42.9	520	49.2
<b>Hands on technical job (p = 0.017)</b>	353	43.6	86	34.8	439	41.6
<b>Highly skilled profession (p = 0.003)</b>	593	73.3	155	62.7	748	70.9
<b>Inclusive, non- gender specific profession (p = &lt;0.001)</b>	407	50.3	93	37.6	499	47.2
<b>Interest in health care equipment and technology (p = 0.001)</b>	328	40.5	70	28.3	398	37.7
<b>Opportunity to lead a team (p 0.012)</b>	452	55.9	115	46.5	567	53.7
<b>Stable employment (p = 0.653)</b>	487	60.2	153	61.9	640	60.6
<b>Upward career mobility (p = &lt;0.001)</b>	383	47.4	83	33.6	466	44.1
<b>Wide areas of diversity (e.g. clinical, education, management, etc.) (p = &lt;0.001)</b>	496	61.3	119	48.1	615	58.2
<b>Other (p = 0.002)</b>	27	3.3	18	7.2	45	4.2

Note - for this question and other questions which allowed respondents to select multiple options, the percentage response to each option was calculated based on the overall number of respondents who participated in the survey, i.e. 808 females, 247 males and 1055 in total.

### Question 23: Not being attracted to nursing

This question asked respondents to identify why they thought more men were not attracted to nursing. This question allowed participants to select as many options as were relevant. The most popular option selected was 'Nurses and midwives are seen as intrinsically feminine'. This was selected by 752 respondents (71.2%) (n = 592 female and n = 160 male), chosen by 73.2% of females and 64.7% of males, and was the most popular option selected female respondents. The next most popular option was 'Traditionally female occupation' (n = 750 / 71.0%) followed by "Better pay in other careers" (n = 701 / 66.5%) which was the option most chosen by male respondents with 67.6% of males selecting this. Whilst there was a considerable difference between the proportion of men and women who thought that more men were not attracted to nursing because of the 'perception of negative stereotypes' (56.6% to 48.0%), the reverse was the situation in the case of 'lack of male role

models in nursing' which a higher proportion of females selected (63.3% to 56.2%). There were a small number of 'Other' reasons identified related to why more men are not attracted to nursing including:

- Unattractive nature of nursing work
- No desire to work in a 'bitchy, female-dominated' environment
- Other professions offer more autonomy
- General perception that nurses are not well educated/inferior to doctors

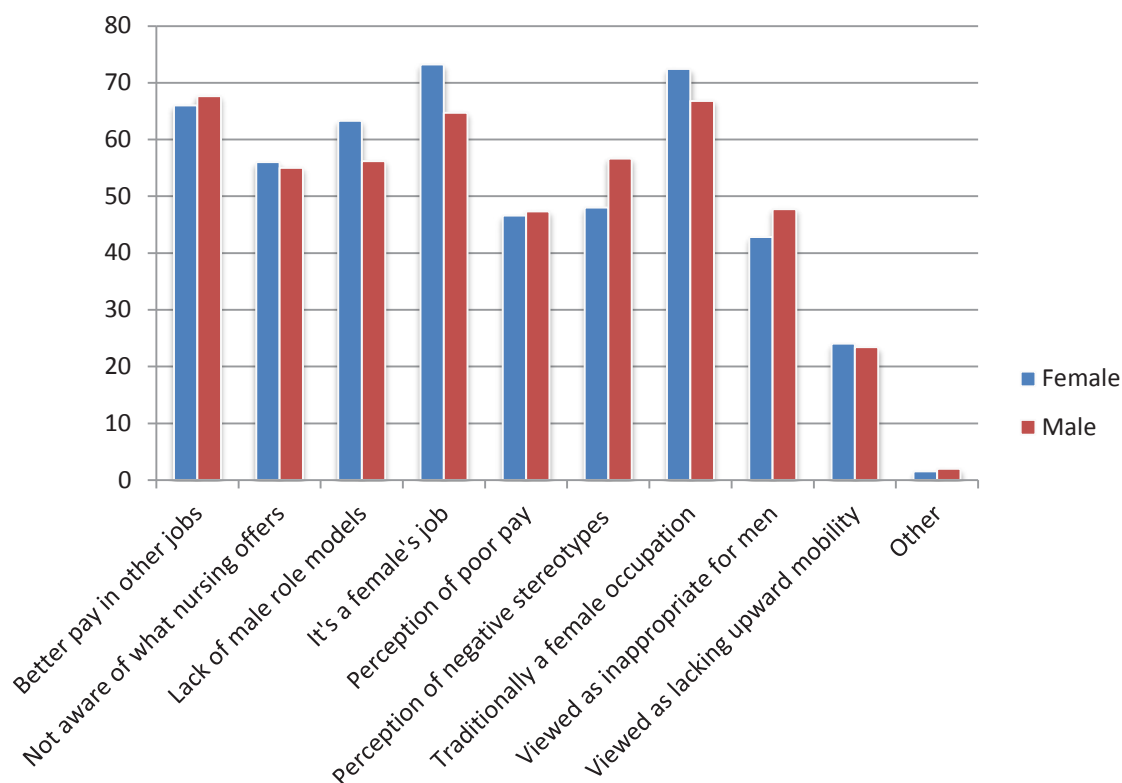
Results are offered in Table 27 and Figure 25.

Note - for this question and other questions which allowed respondents to select multiple options, the percentage response to each option was calculated based on the overall number of respondents who participated in the survey, i.e. 808 females, 247 males and 1055 in total.

**Table 27: Why more men are not attracted to nursing**

Why not attracted	Female		Male		Combined	
	n	%	n	%	n	%
<b>Better pay in other careers (p = 0.716)</b>	534	66.0	167	67.6	701	66.5
<b>Lack of awareness of what a career in nursing offers (p = 0.832)</b>	453	56.0	136	55.0	589	55.8
<b>Lack of male role models in nursing (p = 0.063)</b>	512	63.3	139	56.2	651	61.7
<b>Nurses and midwives are seen as intrinsically feminine (p = 0.020)</b>	592	73.2	160	64.7	752	71.2
<b>Perception of poor salary (p = 0.831)</b>	377	46.6	117	47.3	494	46.8
<b>Perception of negative stereotypes (p = 0.029)</b>	388	48.0	140	56.6	528	50.0
<b>Traditionally female occupation (p = 0.099)</b>	585	72.4	165	66.8	750	71.0
<b>Viewed as inappropriate for a man (p = 0.197)</b>	346	42.8	118	47.7	464	43.9
<b>Viewed as lacking upward mobility (p = 0.933)</b>	194	24.0	58	23.4	252	23.8
<b>Other (p = 0.255)</b>	12	1.5	5	2.0	17	1.6

**Figure 25: Why men are not attracted to nursing, by gender**



#### Question 24: How can men be attracted into nursing?

This question asked respondents to identify what they thought were the most suitable approaches for attracting more men into nursing. This question allowed participants to select as many options as were relevant. The most popular option selected was 'Better career guidance at school'. This was selected by 836 respondents (79.2%) (n = 666 female and n = 170 male) and was the most popular option selected by both male and female respondents (chosen by 82.4% of females and 68.8% of males). The next most popular option (as a total and by each gender) was 'School visits/presentations by male nurses' (n = 765 / 72.5%) followed by 'TV shows with male nurse role models' (n = 573 / 54.3%). These three options were more popular than the other choices selected in terms of individual genders and combined. However, it is noticeable that there was a stronger preference for interventions in schools amongst female participants than there was among male participants. Even the 'Work shadow programme' was more popular among females (31.6% to 24.6%) whilst males tended to favour less personal approaches e.g. 'Ads in magazines geared to men' (45.3% to 39.1%), 'Radio ads' (20.2% to 16.9%) and 'TV ads' (32.3% to 28.4%).

There were a small number of 'Other' suitable approaches identified including:

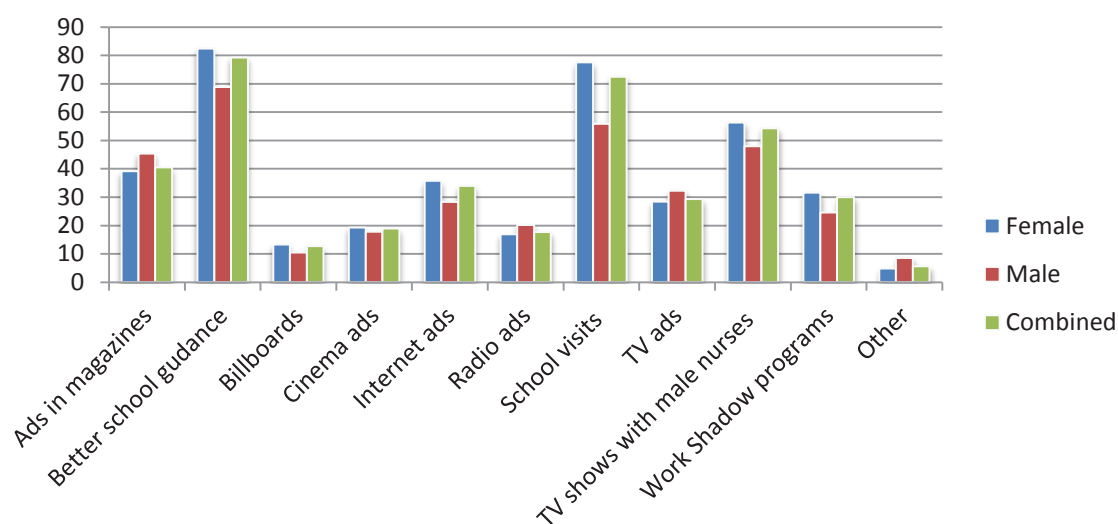
- Advertising on social media
- Changing the name of 'nurse'
- Highlighting the dynamic side/diversity of roles
- Improving pay/status of nursing
- Paying student nurses
- Promoting nursing in traditionally 'male' areas e.g. mine sites, sports clubs, etc.

Note - for this question and other questions which allowed respondents to select multiple options, the percentage response to each option was calculated based on the overall number of respondents who participated in the survey, i.e. 808 females, 247 males and 1055 in total. Results are offered in Table 28 and Figure 26.

**Table 28: Approaches for attracting more men into nursing**

Suitable approaches	Female		Male		Combined	
	n	%	n	%	n	%
<b>Ads in magazines geared to men (p = 0.095)</b>	316	39.1	112	45.3	428	40.5
<b>Better career guidance at school (p = &lt;0.001)</b>	666	82.4	170	68.8	836	79.2
<b>Billboards (p = 0.277)</b>	108	13.3	26	10.5	134	12.7
<b>Cinema ads (p = 0.646)</b>	156	19.3	44	17.8	200	18.9
<b>Internet ads (p = 0.034)</b>	289	35.7	70	28.3	359	34.0
<b>Radio ads (p = 0.256)</b>	137	16.9	50	20.2	187	17.7
<b>School visits/presentations by male nurses (p = &lt;0.001)</b>	627	77.5	138	55.8	765	72.5
<b>TV ads (p = 0.269)</b>	230	28.4	80	32.3	310	29.3
<b>TV shows with male nurse role models (p = 0.024)</b>	455	56.3	118	47.9	573	54.3
<b>Work shadow programmes (p = 0.028)</b>	256	31.6	61	24.6	317	30.0
<b>Other (p = 0.027)</b>	39	4.8	21	8.5	60	5.6

**Figure 26: How to attract more men into nursing**



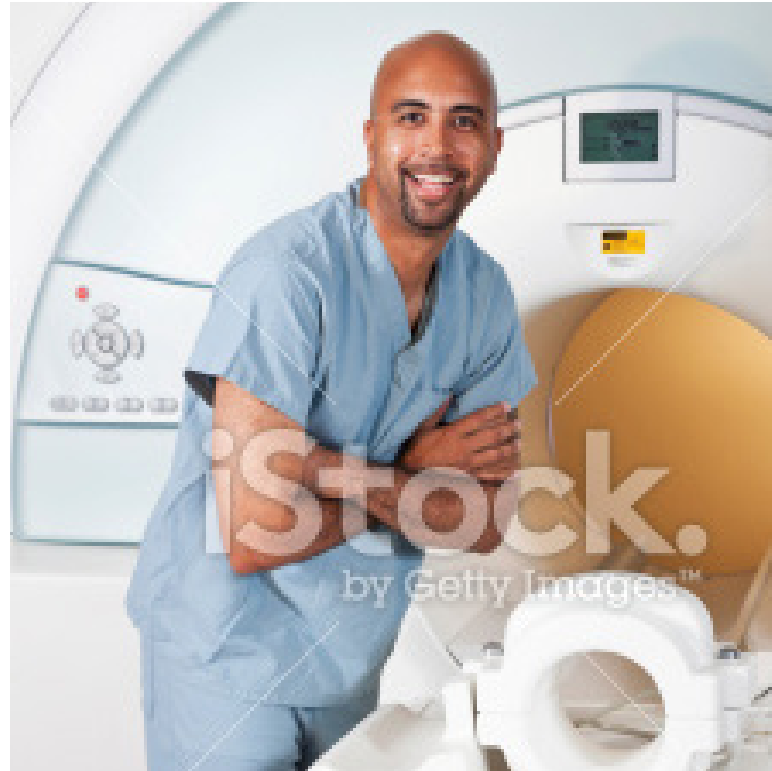


## 8.6 Section F: Attitudes and Perceptions Towards Men in Nursing

The following six questions are all replications of questions used in a study carried out by Bartfay et al. (2010) and relate to respondents' attitudes and perceptions of men in nursing.

### Question 25: Does society's perceptions about the masculinity or "macho-type" image of men influence their suitability for a nursing career?

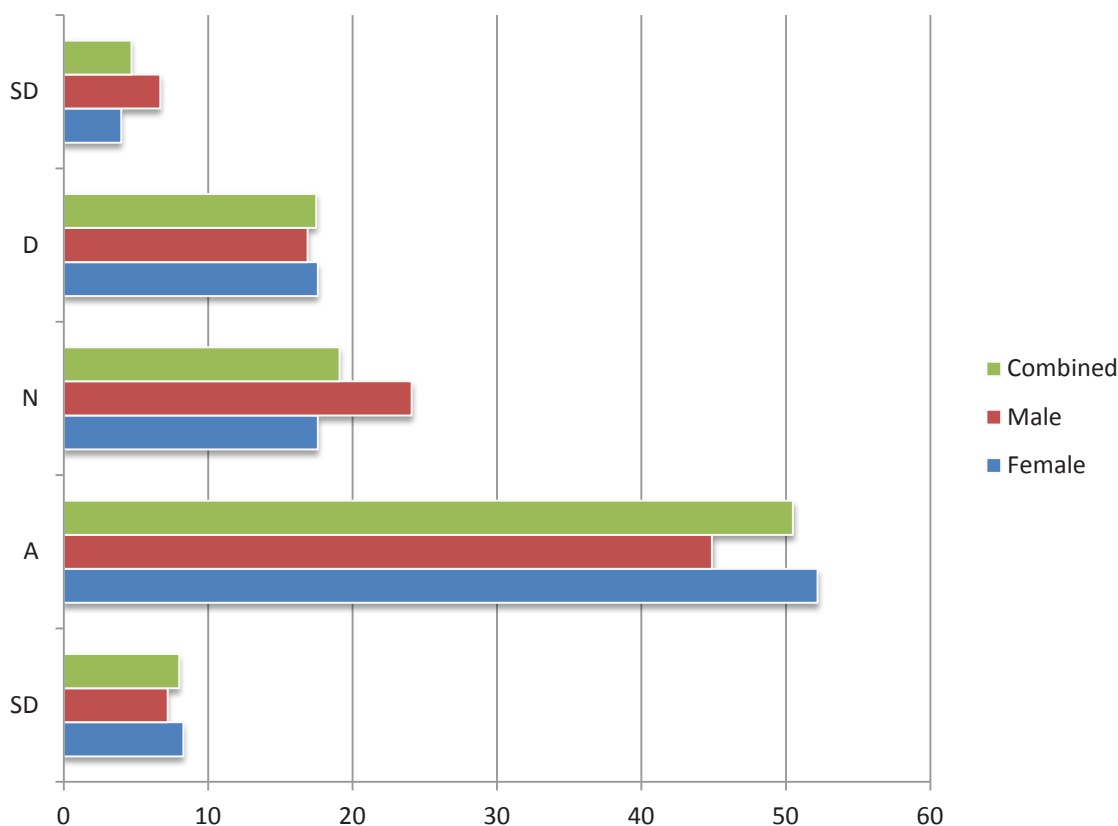
This question asked participants to select their level of agreement with regard to a statement about society's perception of nursing as being a suitably 'masculine' career for males. A group of 546 respondents (53.7%) ( $n = 415$  female and  $n = 131$  male) agreed with this statement offering a statistically significant result ( $p = 0.001$ ). The neutral stance ( $n = 189 / 18.6\%$ ) also offered a relative level of agreement on this issue where male and female responses followed a largely similar pattern, apart from disagreement with the statement (which proportionately twice as many female as male respondents selected, i.e. 14.7% compared with 6.8%) and 'strong agreement' where the reverse applied, i.e. 15.3% of males selected this compared with 8.0% of females. Thirty-nine respondents (3.7%) failed to offer a response to this question. Results are offered on Table 29 and Figure 27.



**Table 29: I believe that nursing is not perceived as a very masculine or a "macho-type" of career for males to pursue in our society**

	Female		Male		Combined	
	n	%	n	%	n	%
<b>Strongly disagree</b>	37	4.7	14	5.9	51	5.0
<b>Disagree</b>	115	14.7	16	6.8	131	12.8
<b>Neutral</b>	151	19.3	38	16.1	189	18.6
<b>Agree</b>	415	53.1	131	55.7	546	53.7
<b>Strongly agree</b>	63	8.0	36	15.3	99	9.7
<b>Total</b>	<b>781</b>	<b>100.0</b>	<b>235</b>	<b>100.0</b>	<b>1016</b>	<b>100.0</b>

**Figure 27: I believe that nursing is not perceived as a very masculine or a “macho-type” of career for males to pursue in our society**



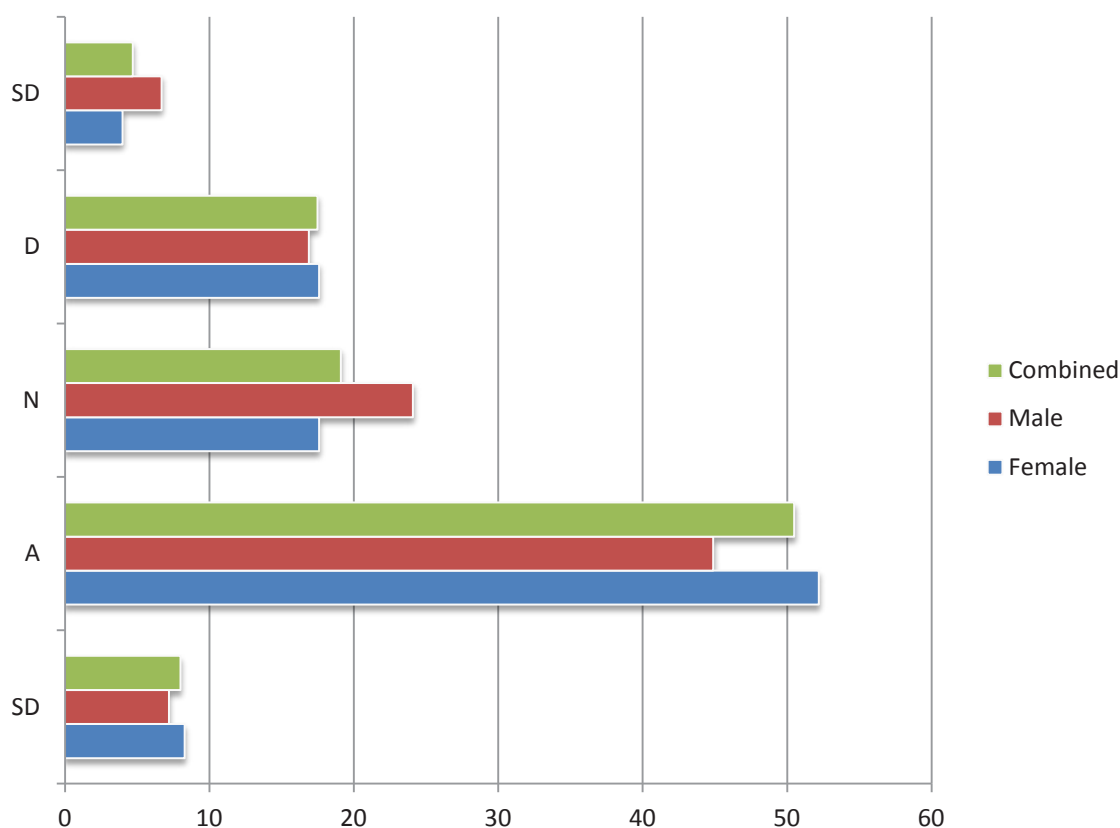
#### **Question 26: Are female nurses more caring and nurturing than male nurses?**

This question asked participants to select their level of agreement with regard to a statement about society’s perception of female nurses as being more caring than their male counterparts. As with the previous question, the largest group of 514 respondents (50.5%) (n = 408 female n = 106 male) agreed with this statement followed by a neutral stance (n = 195 / 19.1%). However, a higher proportion of female than male respondents agreed with the statement (52.2% compared with 44.9%), whilst a higher proportion of male respondents were neutral (24.1% compared with 17.6% of females). Otherwise, male and female responses followed a largely similar pattern, apart from ‘strong disagreement’ with the statement which, although small, was selected by a larger proportion of males than females (6.7% compared with 4.0%). Thirty eight respondents (3.6%) did not offer a response to this question. Results are offered in Table 30 and Figure 28.

**Table 30: I feel that there is a general perception by society that female nurses are more caring and nurturing than male nurses**

	Female		Male		Combined	
	n	%	n	%	n	%
<b>Strongly disagree</b>	32	4.0	16	6.7	48	4.7
<b>Disagree</b>	138	17.6	40	16.9	178	17.5
<b>Neutral</b>	138	17.6	57	24.1	195	19.1
<b>Agree</b>	408	52.2	106	44.9	514	50.5
<b>Strongly agree</b>	65	8.3	17	7.2	82	8.0
<b>Total</b>	<b>781</b>	<b>100.0</b>	<b>236</b>	<b>100.0</b>	<b>1017</b>	<b>100.0</b>

**Figure 28: I feel that there is a general perception by society that female nurses are more caring and nurturing than male nurses**



### Question 27: Are men discouraged from a career in nursing because of the image of nursing in the mass media?

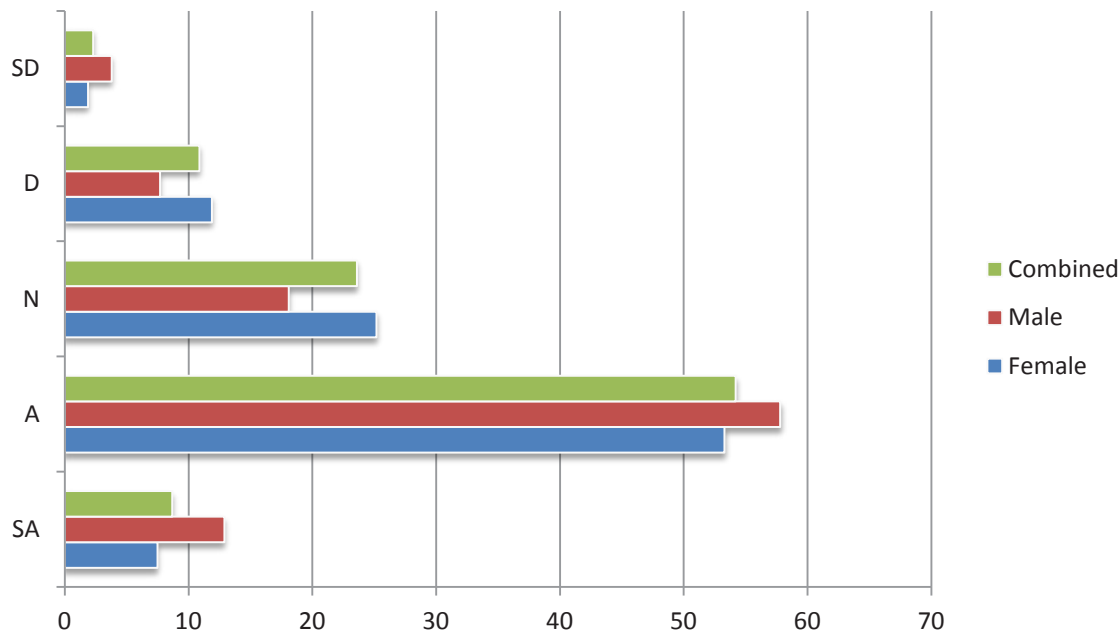
This question asked participants to select their level of agreement with a statement which suggested that the media's portrayal of nursing as being more appropriate for females discourages males from choosing a nursing career. The largest group of 545 respondents (54.2%) (n = 412 female and n = 133 male) agreed that the media's portrayal of men who are nurses negatively impacted on the career choice of men with a strong statistical significance (p = 0.006). In fact, men's overall agreement (i.e. 'Strongly agree' and 'Agree') with this statement was high (70.7%) compared with an overall agreement for

females of (60.8%). This was followed by a neutral stance (n = 237 / 23.6%). However, a higher proportion of female respondents were neutral (25.2%) than males (18.1%). Otherwise, male and female responses followed a largely similar pattern, apart from strong disagreement with the statement which, although small, was selected by a larger proportion of males than females (3.8% compared with 1.9%). Fifty-one respondents (4.8%) failed to offer a response to this question. Results are offered in Table 31 and Figure 29.

**Table 31: The current portrayal of nursing by the mass media (e.g., television, films, magazines) as being more suited for women discourages men from choosing nursing as a career**

	Female		Male		Combined	
	n	%	n	%	n	%
<b>Strongly disagree</b>	15	1.9	9	3.8	24	2.3
<b>Disagree</b>	92	11.9	18	7.7	110	10.9
<b>Neutral</b>	195	25.2	42	18.1	237	23.6
<b>Agree</b>	412	53.3	133	57.8	545	54.2
<b>Strongly agree</b>	58	7.5	30	12.9	88	8.7
<b>Total</b>	<b>772</b>	<b>100.0</b>	<b>232</b>	<b>100.0</b>	<b>1004</b>	<b>100.0</b>

**Figure 29: The current portrayal of nursing by the mass media (e.g., television, films, magazines) as being more suited for women discourages men from choosing nursing as a career**



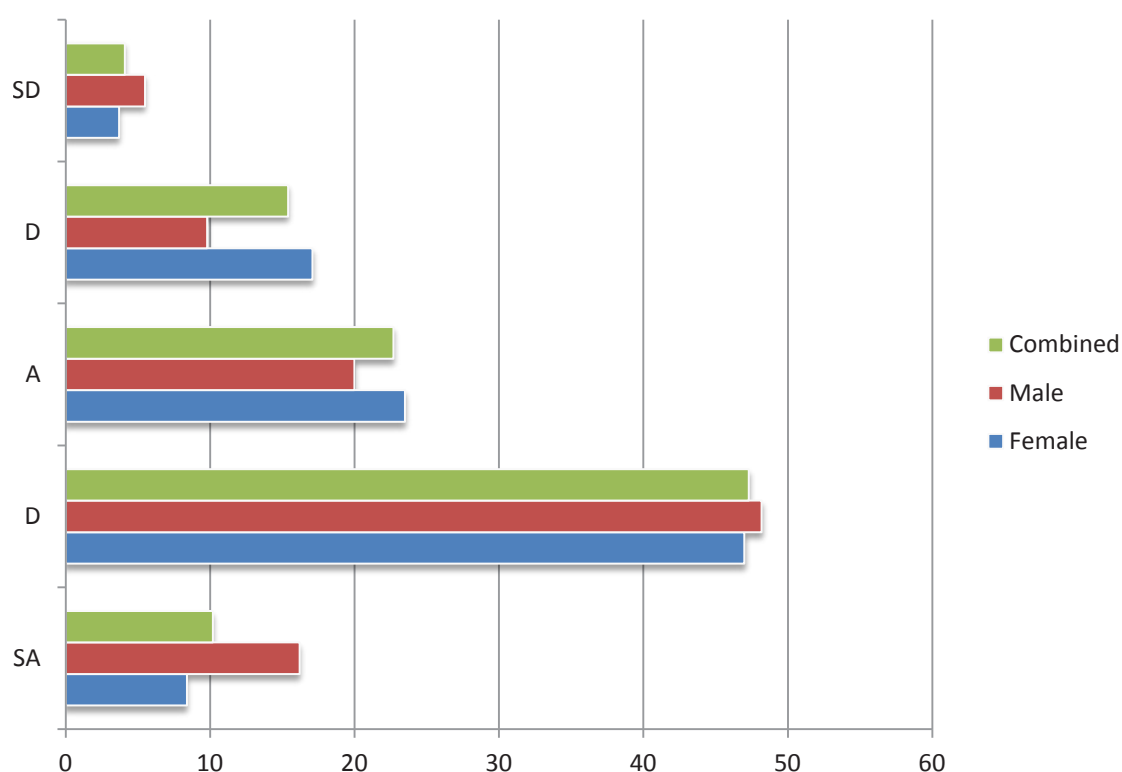
**Question 28: Does the portrayal of male nurses as 'gay' or effeminate in nature by the mass media discourage men from choosing nursing as a career?**

This question asked participants to select their level of agreement with a statement which suggested that the media's portrayal of male nurses as being 'gay' or effeminate discourages males from choosing a nursing career. The largest group of 480 respondents (47.3%) ( $n = 376$  female and  $n = 113$  male) agreed, in a statistically significant way ( $p = 0.001$ ) that the media's portrayal negatively impacted the career choice of men. This was evenly spread over male and female respondents (47.0% male) compared with 48.2% female). This was followed by a neutral stance ( $n = 231 / 22.7\%$ ), with a slightly higher proportion of females than males being neutral (23.5% compared with 20.0%). Male and female responses followed a largely similar pattern, apart from disagreement and strong agreement with the statement. In the case of disagreement proportionately twice as many females as male respondents selected this option, i.e. 17.1% compared with 9.8%. Conversely, the reverse applied in the case of 'Strongly agree' where 16.2% males selected this option compared with 8.4% of females. Forty-one respondents (3.8%) failed to offer a response to this question. Results are offered in Table 32 and Figure 30.

**Table 32: The current portrayal of male nurses as being “gay” or effeminate in nature by the mass media (e.g., television, films, magazines) discourages men from choosing nursing as a career.**

	Female		Male		Combined	
	n	%	n	%	n	%
<b>Strongly disagree</b>	29	3.7	13	5.5	42	4.1
<b>Disagree</b>	134	17.1	23	9.8	157	15.4
<b>Neutral</b>	184	23.5	47	20.0	231	22.7
<b>Agree</b>	367	47.0	113	48.2	480	47.3
<b>Strongly agree</b>	66	8.4	38	16.2	104	10.2
<b>Total</b>	<b>780</b>	<b>100.0</b>	<b>234</b>	<b>100.0</b>	<b>1014</b>	<b>100.0</b>

**Figure 30: The current portrayal of male nurses as being “gay” or effeminate in nature by the mass media (e.g., television, films, magazines) discourages men from choosing nursing as a career**



**Question 29: Do females tend to be more caring and compassionate by their innate nature than men?**

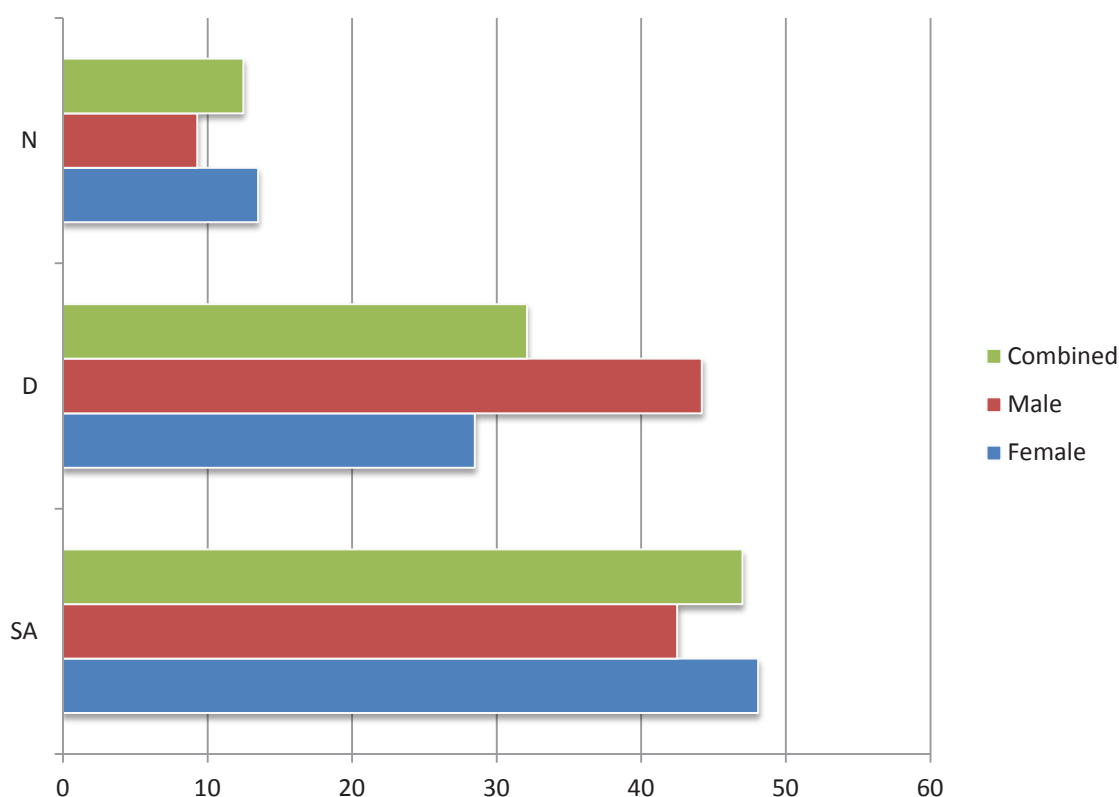
This question asked participants to select their level of agreement with a statement which suggested that nursing is more appropriate for females because they tend to be more caring and compassionate by nature. The largest group of 473 participants (47.0%) (n = 373 female and n = 100 male) significantly ( $p = <0.001$ ) disagreed with this statement, with a higher proportion of females than males represented in this category (48.1% compared with 42.5%). This was followed by strong disagreement (n = 325 / 32.1%), but with a decidedly higher proportion of males than females in this category (44.2 compared with 28.5%). However, it is notable that a higher proportion of females either had a neutral opinion on the subject or agreed. 22.1% of female respondents were in these categories compared with 11.4% of males. Forty-five respondents (4.2%) failed to offer a response to this question. Results are offered in Table 33 and Figure 31.



**Table 33: I feel that nursing is more appropriate for females because they tend to be more caring and compassionate by their innate nature**

	Female		Male		Combined	
	n	%	n	%	n	%
<b>Strongly disagree</b>	221	28.5	104	44.2	325	32.1
<b>Disagree</b>	373	48.1	100	42.5	473	47.0
<b>Neutral</b>	105	13.5	22	9.3	127	12.5
<b>Agree</b>	67	8.6	5	2.1	72	7.1
<b>Strongly agree</b>	9	1.2	4	1.7	13	1.3
<b>Total</b>	<b>775</b>	<b>100.0</b>	<b>235</b>	<b>100.0</b>	<b>1010</b>	<b>100.0</b>

**Figure 31: I feel that nursing is more appropriate for females because they tend to be more caring and compassionate by their innate nature**



**Question 30: Would respondents encourage a male family member (e.g., brother, son, partner) to pursue a challenging and rewarding career in nursing?**

This question asked participants to select their level of agreement with a statement suggesting they would encourage a male family member to pursue a nursing career. A strong statistically significant result ( $p = 0.001$ ) was indicated, with the largest group of 439 participants (43.2%) ( $n = 351$  female and  $n = 88$  male) agreeing with this statement, with a higher proportion of females than males represented in this category (45.0% compared with 37.2%). This was followed by 'neutral' ( $n = 196 / 19.2\%$ ), with a higher proportion of females than males being

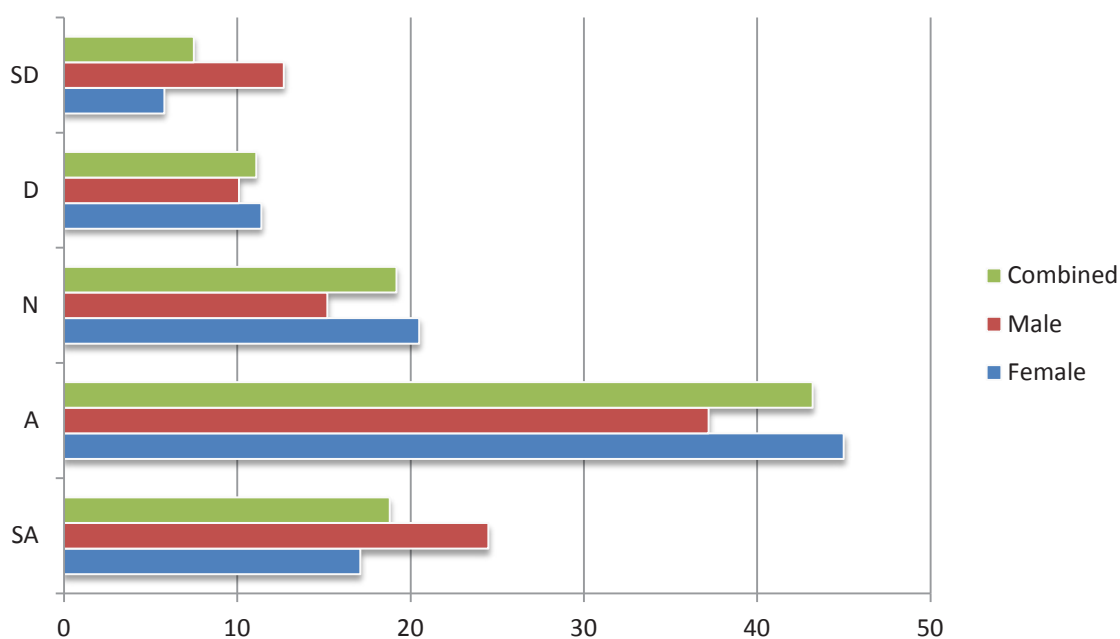
neutral (20.5% compared with 15.2%). The 'strongly agree' category was the next most popular response ( $n = 192 / 18.8\%$ ). It is notable that a higher proportion of males than females strongly agreed on the subject (24.5% compared with 17.1%) but when this is combined with the percentage in the 'Agree' category the proportion of males and females either agreeing or strongly agreeing is close (62.1% of females compared with 61.7% of males). However, the proportion of males strongly disagreeing with this statement is twice that of females, 12.7% to 5.8%. Thirty-nine respondents (3.7%) failed to offer a response to this question. Results are offered in Table 34 and Figure 32.



**Table 34: I would encourage a male family member (e.g., brother, son, partner) to pursue nursing as a challenging and rewarding career choice**

	Female		Male		Combined	
	n	%	n	%	n	%
<b>Strongly disagree</b>	46	5.8	30	12.7	76	7.5
<b>Disagree</b>	89	11.4	24	10.1	113	11.1
<b>Neutral</b>	160	20.5	36	15.2	196	19.2
<b>Agree</b>	351	45.0	88	37.2	439	43.2
<b>Strongly agree</b>	134	17.1	58	24.5	192	18.8
<b>Total</b>	<b>780</b>	<b>100.0</b>	<b>236</b>	<b>100.0</b>	<b>1016</b>	<b>100.0</b>

**Figure 32: I would encourage a male family member (e.g., brother, son, partner) to pursue nursing as a challenging and rewarding career choice**



## 8.7 Section G: For Male nurses only

The section of the questionnaire was intended to be answered by males only. However, a number of female respondents offered views. Where relevant their comments have also been included in the results.

### Question 31: Factors that have prompted men to consider leaving nursing or midwifery

This question asked male participants to identify the reasons why they might have thought about leaving the profession. This question allowed participants to select as many options as were relevant. The most popular option selected was 'Perception of poor salary' which was selected by 69 respondents (27.9% of the total potential male respondent pool). Encouragingly, a large number of respondents (n= 55 / 22.2%) said that there were no reasons to make them think about leaving nursing. 'Negative stereotypes' and 'viewed as lacking upward mobility' were each selected by 39 respondents (15.7%), closely followed by 'Lack of guidance/information' (n = 34 / 13.7%) and 'Lack of male role models / mentors' (n = 33 / 13.3%). Other reasons identified by participants behind thoughts of leaving the profession were:

- Workload/stress/burnout = 18 (6.4% of 'Other reasons')
- Poor management practices = 17 (6.0%)
- Poor treatment from female staff = 12 (4.2%)
- Feeling undervalued = 6 (2.1%)
- Poor morale = 3 (1.06%)

Further results are offered in Table 35.

Note – as this question applied to male respondents only, the responses that a small number of females provided, contrary to instructions, have not been included in the analysis as these were not relevant in to this question or representative of the views of all female respondents and to include them in the analysis would be misleading.

**Table 35: If you have thought about leaving the profession, what were the things that made you think about leaving?**

Options	Male	
	n	%
<b>Perception of poor salary</b>	69	27.9
<b>None (not thought of leaving)</b>	55	22.2
<b>Negative stereotypes</b>	39	15.7
<b>Viewed as lacking upward mobility</b>	39	15.7
<b>Lack of guidance/information</b>	34	13.7
<b>Lack of male role models/mentors</b>	33	13.3
<b>Traditionally female profession</b>	25	10.1
<b>Considered not intellectually challenging</b>	22	8.9
<b>Viewed as inappropriate for a man</b>	15	6.0
<b>Family influences</b>	13	5.2
<b>Men perceived as not caring</b>	11	4.4
<b>Cultural influences</b>	10	4.0
<b>Only an option because I had failed to become a doctor</b>	7	2.8

Note: Options ranked in order of popularity

### Question 32: The images or messages that might attract other men to consider a career in nursing

This question was offered in Section G of the questionnaire and was intended to be answered by 'men only'. Respondents were invited to provide comments in a free text box. Only 223 (21.1%) responses were offered, of these 139 (62.3%) were from male respondents and 84 (37.7%) were from women. As only 247 males responded to the questionnaire the 139 responses offered indicates that 56.2% of the male respondents offered a comment in this section.

The results are presented separately with those offered by men first and then those offered by women. A summary of key combined/duplicate suggestions offered by both men and women is provided as a conclusion.

#### The male comments:

Men offered 139 comments with many suggestions about how to make nursing/midwifery more attractive to men. Many respondents offered more than one idea. During analysis of the comments five key themes emerged.

These are summarised as:

1. A Positive Profession: Show the positive attributes of a career in nursing/midwifery.
2. A Great Job: Show the advantages of a nursing/midwifery career.
3. Many Options: Show the wide variety of practice and professional opportunities that a career in nursing/midwifery offers.
4. Eliminate the Negative: Aim to diminish the negative images and barriers to men entering the nursing/midwifery profession.
5. Spread the word: Actively promote nursing and midwifery as positive career options for men.

Figure 33, outlines the categories/sub-categories and themes that evolved through the data analysis. The sub-categories represented in question 32 are shown as either, weak, moderate or strong by different colours as a way of conveying the power of the sub-category relative to others identified. The strength of the sub-categories was determined by a numeric analysis of the categories offered by respondents using NVivo, e.g. in theme 2 (A Great Job) had less than 10 respondents offer comments (codes) to support the sub-category (Good salary). Thus, this was considered a 'weak' sub-category (light blue). As between 11 and 20 respondents offered comments (codes) to support the sub-category (Opportunities to travel) this was considered a moderate sub-category (salmon) and because over 21 respondents offered comments (codes) to support the sub-category (A flexible, rewarding, varied and challenging career, in theme 1) this was considered a strong sub-category (green). This strategy was used for all qualitative analysis throughout this study.

**Table 36: Colour matches to the relative strength of sub-categories**

Strength of each Sub-Category
Weak (up to ten codes)
Moderate (between 11 and 20 codes)
Strong (over 21 codes)

**Figure 33: What types of images or messages will attract men to consider a career in nursing and/or midwifery (Men's comments)**

Theme	1. A Positive Profession: Show the positive attributes of a career in nursing/midwifery.
Categories	Sub-Categories
Flexibility / Rewarding / Challenging / Varied work opportunities / Nurses can change the life of others / men can and do working high tech fields / men are good at caring / focus on how men can care – not just the high tech stuff they often do / focus on the values common throughout nursing (e.g. honesty, integrity, and ethics) show these to attract others / show respect for the profession / role of nursing/midwifery	A flexible, rewarding, varied and challenging career.
	Show the technical side of the profession and high impact (dramatic) areas of practice (e.g. CU, ED, Theatre, action scenes Hero roles)
	An opportunity to impact on people's lives or make a difference in other's lives.
	Show men in nursing as caring, focused on the caring side of the profession.
	Show nursing/midwifery as respected professions.

Theme	2. A Great Job: Show the advantages of a nursing/midwifery career.
Categories	Sub-Categories
Nursing offers job security / can earn good money / nursing and midwifery offers good working conditions / Male nurses are also family men – able to help with family responsibilities / promote the concept that nursing is a growing career / male nurses have the opportunity to become autonomous workers / travel / work in teams / leading with other professionals / nurses have transferable skills / nursing is a vocation / show male nurses after work at sport or doing things with their time off / there is job satisfaction / work is mostly with women	Opportunities to travel
	Good salary
	Job security
	Good working conditions
	A growing career
	Autonomous career opportunities (e.g. NP role)
	Transferable skills
	Working in teams
	Able to work alongside other professionals
	Show men after hours / with families and enjoying various social activities
	Working mostly with women

Theme	3. Many Options: Show the wide variety of practice and professional opportunities that a career in nursing/midwifery offers.
Categories	Sub-Categories
Show images of male nurses in the military / acknowledge the difference between various practice setting and the types of work done / show a wide range of clinical practice options / show the options there for promotion or advancement / show men in the mental health area	Men in military nursing roles
	Mental Health Nursing
	High technical areas of practice
	Rural and Remote practice
	Show differences in practice areas
	Management opportunities

Theme	4. Eliminate the Negative: Aim to diminish the negative images and barriers to men entering the nursing/midwifery profession.
Categories	Sub-Categories
Need to challenge common stereotypes / need to reduce negative stereotypical views of men in nursing (e.g. not all male nurses are gay) / need to improve the rates of pay / nursing culture is the problem – moaning about poor pay, workloads, poor conditions, bullying...fix the culture within nursing first / nursing is no longer a profession dominated by women / men are emotionally strong / hard to compete with other well paid male focused jobs (e.g. FIFO wages) / find another word for “male nurse” to help get rid of the male nurse tag	Try and reduce the negative stereotypes that abound about men in nursing
	Improve the pay
	Make known men’s part in the history of nursing
	Look at and act on the negative culture toward male nurses within parts of nursing/midwifery
	Reinforce the message that nursing is no longer a female dominated profession
	Get rid of the “male nurse” tag
	Make nurse education more attractive and attainable to men.

Theme	Spread the word: Actively promote nursing/midwifery as a positive career option for men.
Categories	Sub-Categories
Need more male nurse role models / show male nurses as strong professional leaders / promote the role of men in nursing in schools / use TV commercials / male nurses role model their careers for their children / male nurses are still just one of the boys / show more men in nursing on TV / show men on TV caring / make TV shows with strong male nurse characters / speak with male nurses already in practice / promote nursing from a military perspective / make nurse educational courses more attractive to middle-aged men / make nursing “sexy” / show that within nursing male nurses also have a “mateship” culture / show images of money and power / show the part men have played in the history of nursing	Show more male nurses on TV
	Make the job “sexy”
	Make commercials about men in nursing with male nurses in them
	Promote nursing in schools
	Identify male nurse role models
	Identify male nurse leaders
	Speak with male nurses already in practice
	Focus on mateship as a tool to show men as nurses are still “just one of the boys”
	Show historical perspectives of men in nursing
	Promote men in nursing from a minority perspective
	Male nurses can role model their job for children

The following statements are taken verbatim as examples in support of each of the five themes identified.

### **1. A Positive Profession: Show the positive attributes of a career in nursing/midwifery.**

"Promotion of the core values that men can be compassionate/caring /nurturing without being effeminate or soft. Challenges to stereotypes --Men can fulfil the role of care givers. It is not just a women's domain." (Male)

"That nursing is an incredibly varied and challenging career." (Male)

"Ability to accept a challenge and specialised in difficult nursing situations i.e. ICU, ED, Theatre, Mental Health, etc.). (Male)

"I think men are just as capable of caring/nursing as women. We need more male role models in nursing to educate, facilitate and describe why more men should join the nursing profession." (Male)

"Focus on what men provide in nursing - but don't focus on the "high excitement" critical care bullshit. Not every bloke needs to be elbows deep in a trauma patient to get a buzz out of nursing." (Male)

"Showing the advantages of flexible work hours (working out at the gym during office hours - not on busy weekends). Travel and Holidays - 6 weeks each year. Flexible work rosters - having 4 days off consecutively in a fortnight - so being able to surf on days off - not just on the weekends or in the evenings like traditional office work hours Being a medical resource for family and friends. Initiating effective first aid in a medical emergency in the community setting." (Male)

"That the career is well respected (like the police or fire fighters). If the pay were significantly improved. The technical side of nursing may attract more men. That is a career focused on being with people and not just technology or machines." (Male)

### **2. A Great Job: Show the advantages of a nursing/ midwifery career.**

"Family men - husbands and fathers attending to the needs of patients in hospitals, ambulance, ICU, community, etc. Equal pay and opportunity." (Male)

"How a good nurse can change lives a great deal, and save lives also How, especially in acute care, how technical it is. How nurses and doctors work harmoniously as a team and often it as a nurse that suggests an appropriate treatment plan that the doctor follows. Image of a nurses doing CPR and defibrillation

and administering IO adrenaline and is hands on saving lives as the doctor looks over in a non-hands on role." (Male)

"Working mostly with females." (Male)

"A stoic image that Men can be adaptable to the vast array of challenging situations nursing provides and be an emotionally strong support for patients and their families. It should also be displayed that once the shift is over a male Nurse can go home and be a strong/alpha male type role model to his children as well as be a loyal/ protecting/providing husband." (Male)

"Strong professional leaders. Technologically adept. Autonomous workers. Challenging clinical scenarios." (Male)

"I think images of areas like surgery and the ED would be attractive to men. And promote the ability to work all over the county and overseas." (Male)

"Sounds sexist especially based on what I just said above but for straight men it is wonderful being surrounded by kind and lovely women every day!" (Male)

### **3. Many Options: Show the wide variety of practice and professional opportunities that a career in nursing/ midwifery offers.**

"Images of male nurses in high tech fields like ICU or in theatres. Images of male nurses serving in the military." (Male)

"Potential for leadership positions, helping people, emotional satisfaction of job, good pay in middle positions." (Male)

"The variety of career pathways you can choose, from steady med ward, clinic, school type nursing to fast paced busy action, forces, ambo, RFDS, Westpac chopper nursing." (Male)

"Variety of career pathways. It's a personality type not gender that is suitable for nursing." (Male)

"More ED and critical care ads, occupational health roles -mining , rig work, remote area posts with 4 wheel drive ambulances etc. paediatric settings." (Male)

"Promote ability to progress on career ladder. Ability to specialise in areas like critical care, E.D." (Male)

#### **4. Eliminate the Negative: Aim to diminish the negative images and barriers to men entering nursing/ midwifery.**

"Stereotypes of good looking women in short dresses and mincing gay guys are what is currently portrait, or as in the film industry men only become nurses when they aren't good enough to be doctors. The idea of promoting nursing as a profession with good pay conditions and development not gender specific may help, but until the anomaly of pay rates is addressed male will continue to explore other careers that have better returns." (Male)

"I think the media representation of male nurses is very positive these days. Both in dramas and with the plethora of real life hospital shows. Nurses themselves are the barrier to attracting people, regardless of gender." (Male)

"Not an image problem, not for me anyway, but let's get the universities show male academics teaching nurses, more brochures with female / male nurses in them etc. Make the nursing course more available to mature aged Men and women that have older kids and have large mortgages." (Male)

#### **5. Spread the word: Actively promote nursing/ midwifery as positive career options for men.**

"Getting some of those excellent male nurses out there to talk about their life and experiences of being a male nurse and where nursing has taken them. About the camaraderie on the wards with the other nurses, how the patients generally love male nurses." (Male)

"Need to have media on side to present image of nursing realistically - not descriptive of nursing in stereotypical fashion. Positive images in film and TV." (Male)

"Male nurses can still be "one of the boys" and play footy and have a beer at the pub with his mates now and then." (Male)

"Diversity, Challenging, Platform of transferable skills into the healthcare industry. Model on traditional masculine role advertising, like police and navy, army. Their advertisements are masculine with a diverse range of options for appeal to females. Healthcare advertising is traditionally feminine with a diverse range of options for appeal to males. Point out the challenges, the leadership and strength of character required to be a nurse." (Male)

"I think that there needs to be better promotion in schools for males to enter a nursing career. There is such a variety of different roles in the nursing profession and promoting this to the population will only help recruit males to the profession. Just like we promote Aboriginal and Torres Strait Islanders so should we be promoting other minorities to enter the profession." (Male)

"There is too much focus on the hospital based stereotype. I have worked in numerous and varied non hospital settings and this has been the best part of my 30 plus years in the profession. I believe there should be a broader range of options shown and more information given in order to create interest. I also believe that there should be some more thought given to the curriculum in that men seem to be more sure of where they want to go in the profession earlier on (IMHO) and options should be given to stream off in 3rd year into areas like OHS/ Remote/Mine site/Detention ADF etcetera. I am sure there would be some benefit from showing what sort of annual income can be generated as well. It's easy for a L1 RN to make \$100,000 annually WA has some of the best penalty rates in the country at the moment." (Male)

"An honest portrayal of what nursing actually is. Forget the glitz and glamour, just show nursing for what it is: A stable job, few redundancies, easy to change specialties and have some good patient contact." (Male)

"That "normal blokes" do it, we play sport, go out with mates, watch footy etc., but we are still nurses." (Male)

#### **The female comments:**

Women, although not invited, offered 84 comments with many suggestions about how to make nursing / midwifery more attractive to men. Many respondents offered more than one suggestion. During analysis of the comments two key themes emerged.

These are summarised as:

- 1. A Positive Profession: Show the positive attributes of a career in nursing / midwifery.**
- 2. Spread the Word: Actions that can help promote nursing/midwifery as a positive career option for men.**

Figure 34, outlines the categories/sub-categories and themes that evolved through the data analysis. The sub-categories represented in question 32 are shown as either, weak, moderate or strong by different colours as a way of conveying the power of the sub-category relative to others identified (Table 37). The strength of the sub-categories was determined by a numeric analysis of the categories offered by respondents using NVivo, e.g. in theme 1 (A Positive Profession) a number of the sub-categories had less than 10 respondents offer comments (codes) to support the sub-category (e.g. Team working roles). Thus this was considered a 'weak' sub-category (light blue). As between 11 and 20 respondents offered comments to support the two other sub-categories (e.g. A caring role for men) this was considered a moderate sub-category (salmon) and because over 21 respondents offered comments to support the sub-category

(e.g. A variety of roles) this was considered a strong sub-category (green). This strategy was used for all qualitative analysis throughout this study.

**Table 37: Colour matches to the relative strength of sub-categories**

Strength of each Sub-Category
Weak (up to ten codes)
Moderate (between 11 and 20 codes)
Strong (over 20 codes)

**Figure 34: What types of images or messages will attract men to consider a career in nursing and/or midwifery (Female's comments)**

Theme	A Positive Profession: Show the positive attributes of a career in nursing/midwifery.
Categories	Sub-Categories
Acute care and action roles / leadership roles / a variety of career options within nursing / job security / Travel opportunities / a non-gender specific job / flexibility / show male nurse role models / show team working roles / show the caring role of men in nursing / show that male nurses contribute to society / nursing is challenging and rewarding / a stable job	Show men in leadership/management roles
	A variety of roles (e.g. remote area practice)
	Job security or a stable job
	Flexible and family friendly job
	Travel opportunities
	A challenging and rewarding job
	A caring role for men
	Contributing to society by making a difference
	Team working roles

Theme	Spread the Word: Actions that can help promote nursing/ midwifery as a positive career option for men.
Categories	Sub-Categories
Increase advertising about men in nursing / focus on areas of practice attractive to male nurses (e.g. MH, ED, ICU, Management) / promote the core skills of nursing / show nursing in remote areas / make TV shows that show positive male nurses / promote nursing to boys in school / promote non-stereotypical male nurses roles / show modern forward thinking men / ask men to talk about their role as nurses / have a career open day / show sexy / masculine men in nursing	Show the action side of male nursing and focus on areas attractive to men (e.g. acute care, ED, ICU Management)
	Increase advertising or develop a TV soap opera showing a positive male nurse
	Promote nursing skills
	Show sexy / masculine male nurses
	Career open day
	Promote nursing in schools
	Get men to talk about nursing or show male nurse role models



The following statements are taken verbatim as examples in support of each of the five themes identified.

**1. A Positive Profession: Show the positive attributes of a career in nursing/midwifery.**

"Men in management positions such as Clinical Nurses, Clinical Nurse Supervisors, Nurse Managers or Staff Development Nurses." (Female)

"Intelligent, articulate, caring, team player, sense of humour, patient advocate, politically and industrially aware." (Female)

"Emphasise the technical side coupled with the caring nature of the profession as well as the diversity in nursing and the opening up of the practitioner roles etc.

Showing it as a career, with modern forward thinking men." (Female)

"Nursing is a rewarding job and men can get job satisfaction out of it." (Female)

"Men like to advance in their careers fast. They enjoy excitement in the job. Push emergency and critical care areas this will attract the men." (Female)

"Showing men that there are many opportunities in nursing once trained. The opportunities to work in a humanitarian capacity overseas with skills that would be of great benefit. Diverse areas of employment which that can aspire to. Even if considering the armed forces they can go in at officer level once trained." (Female)

"Showing the advantages of flexible work hours (working out at the gym during office hours - not on busy weekends). Travel and Holidays - 6 weeks each year, Flexible work rosters - having 4 days off consecutively in a fortnight - so being able to surf on days off - not just on the weekends or in the evenings like traditional office work hours. Being a medical resource for family and friends. Initiating effective first aid in a medical emergency in the community setting." (Female)

"They say that nurses join the profession to marry a Dr - why wouldn't this also be an option for the male nurses - lots of young female doctors out there. A lot of hospitals also have gyms - the facilities, salary packaging cars or entertainment. Career paths, flexible working hours. Nurses are seen as being trustworthy and dependable - something which would probably appeal to the male ego." (Female)

"Chicks love clever, sensitive, stable men with a technically demanding career and a stable job." (Female)

**Spread the Word: Actions that can help promote nursing/midwifery as a positive career option for men.**

"A positive male nurse role model in a soap TV show." (Female)

"It seems a lot of media programs show females as nurses and males as Doctors. When choosing careers at school get male nurse/s to talk with students re this career move." (Female)

"Getting some of those excellent male nurses out there to talk about their life and experiences of being a male nurse and where nursing has taken them. About the camaraderie on the wards with the other nurses, how the patients generally love male nurses." (Female)

"Positive images of areas that aren't the stereotypical nursing jobs i.e. not caring for an old sick person! Show them leading a team in an ED resus, making a difference in an aboriginal community, working with RFDS on flights!" (Female)

"Need to have media on side to present image of nursing realistically - not descriptive of nursing in stereotypical fashion. Positive images in film and TV." (Female)

"Muscular and attractive men who treat women well. Ability to travel the world would also be a drawcard I would think." (Female)

"A career with upward mobility make it sexy on a male level (this can be done appropriately) i.e. movies / TV with sporty/attractive men being nurses. and, Nursing in the army for the young (rough and tough) and leading a team for the middle aged (challenging & high cognitive ability needed with the take home pay of a CNS & NM advertised)." (Female)

"Showing male nurses in mining jobs, outback remote positions, driving 4 wheel drive vehicle to do home visits or group education sessions. Working in Ed dealing with road trauma victims. RFDS images. Travelling to disaster settings, e.g. fire, earthquake, floods etc. Showing men holding older gentlemen's hands in a hospice setting, comforting family members after death. Holding a baby proudly in their hands following delivery." (Female)

"Advertisement of the clinical skills learned in nursing, i.e. resuscitation of a patient, complex procedures showing leadership opportunities within wards/clinical environments showing the collegiality between male nurses (and also the female nurses)." (Female)

"More images of male nurses telling their story and about the rewards of nursing." (Female)

### **Similarities: What male and female respondents said:**

The comments aimed at identifying the messages and images that might attract men into nursing/midwifery by male and female nurses had a number of similarities. These are outlined below.

#### **1. Both sets of comments suggested that nursing / midwifery should be shown as:**

- A flexible, rewarding and challenging profession
- A profession that offered an opportunity to make a difference in other's lives
- A caring profession with men focused on caring activities
- As a technical profession with men working and being attracted to high impact areas of practice such as ICU, ED, and Management.

#### **2. That there are a number of advantages to being in the nursing / midwifery professions such as:**

- Opportunities to travel
- Job security and a stable career
- The ability to work in teams

#### **3. That in order to promote nursing or midwifery as a viable career option for men there should be a focus on:**

- Showing more positive male nurse role models on TV or in commercials
- Showing male nurses as sexy / masculine
- Showing male nurses as leaders
- Having male nurses speak for themselves to spread their message about their experiences
- Promoting men in nursing in schools

### **Question 33: Things that have influenced men (and women) to choose a career as a nurse or midwife**

This question was offered in Section G of the questionnaire and was intended to be answered by "men only." Respondents were invited to provide comments in a free text box. Only 296 (28.0%) respondents offered comments with 172 (58.1%) being from male respondents and 124 (41.9%) from females, although many respondents offered more than one factor. As only 247 males responded to the questionnaire the 172 males that responded to this question indicates that 69.6% of the total male respondents offered comments in this section. As female nurses were not invited to respond, few did. However, their comments are interesting when compared with the male nurse's responses.

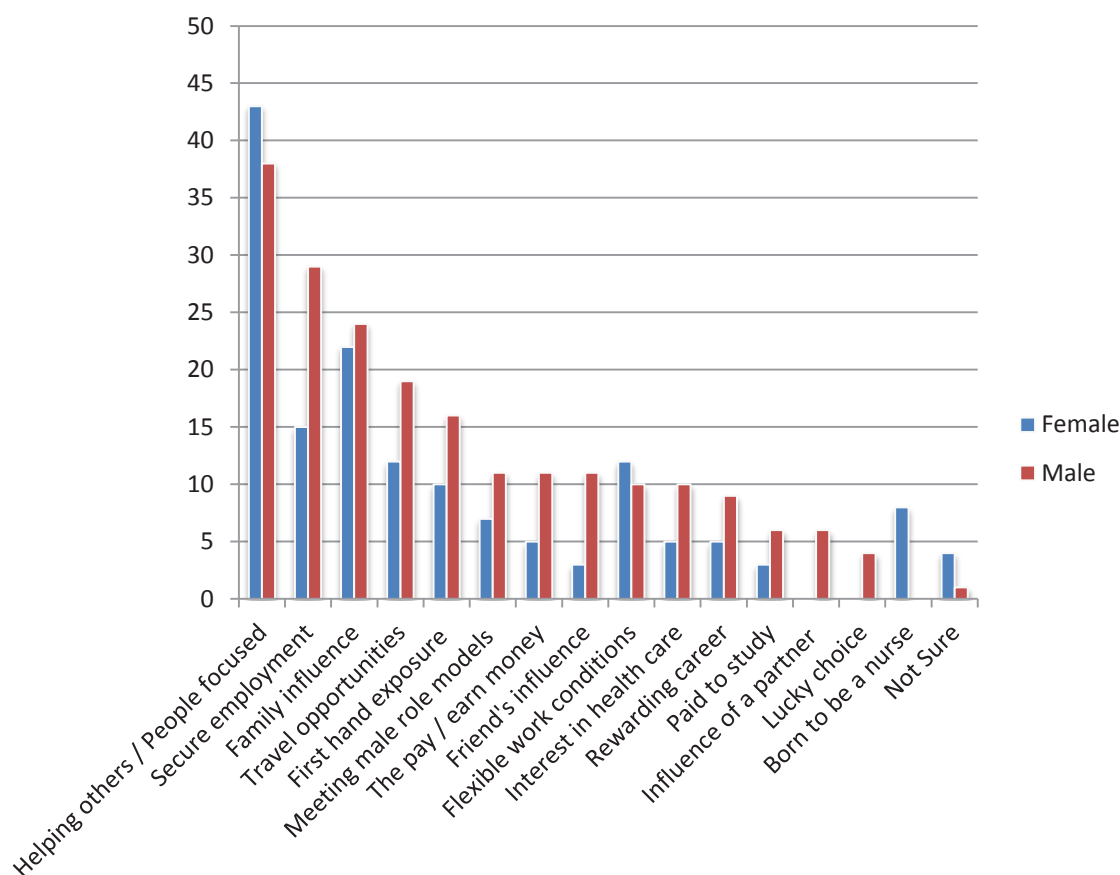
The results are presented in Table 38 and are in ranked order, with those offered by men and women shown separately. Further results are offered in Figure 35.

**Table 38: The main influencing factors of choosing a career in nursing/midwifery, by gender**

MEN			WOMEN		
Influencing Factor	#	Ranking	Influencing Factor	#	Ranking
To help others	38	1	To help others	28	1
Secure employment	29	2	Family Influence (including mothers)	22	2
Family Influence (including mothers)	24	3	People focused career	15	3
Travel opportunities	19	4	Secure employment	15	
First hand exposure to care or being a patient	16	5	Travel	12	4
Meeting male nurse role models	11	6	Flexible work	12	
The pay / earn money	11		First hand exposure to care or being a patient	10	
Friend's Influence	11		Born to be a nurse	8	6
			Variety of career opportunities	8	
Flexible work conditions	10	7	Meeting nurse / midwife role models	7	7
Interest in healthcare	10		Interest in healthcare	5	8
Interesting and rewarding career	9	8	Pay and opportunities to be financially independent	5	
Paid to study	6	9			
Influence of partner or wife	6				
Interest in Human Biology	5	10	Not sure	4	9
Lucky choice	4	11	Friend's Influence	3	10
The "care factor"	3	12	Interesting and rewarding career	3	
The social side of nursing	3		Paid to study	3	
Team work	2	13	Interest in Human Biology	2	11
Career change	2		Dad was a nurse	2	
A respected profession	2		A respected profession	2	
Tertiary Qualification	2				
Key to other prospects	2				
Army Influence	2				
Not sure	1	14			

Note: Shaded area represents the top 5 ranked factors

**Figure 35: The top 15 influencing factors of choosing a career in nursing/midwifery, by gender**



The top 5 influencing factors for both genders made up 61.3% of all influencing factors offered. These are explored further in Table 39, below.

**Table 39: A comparison of the top five influencing factors for both genders**

#	Influencing factors	Rank	
		Male	Female
1	<b>To help others /People focused career</b>	1	1 / 3
2	<b>Secure employment</b>	2	3
3	<b>Family Influence (including mothers)</b>	3	2
4	<b>Travel opportunities / Flexible work</b>	4	4
5	<b>First hand exposure to care or being a patient</b>	5	5
These five influencing factors represent		55.2% of all male factors	69.9% of all female factors

### Question 34: The challenges male nurses have encountered during their career in nursing

This question asked male participants to identify the challenges they have encountered as a male nurse. This question allowed participants to select as many options as were relevant. The most popular option selected was 'Male nurses seen as or used as "muscle" by female colleagues' which was selected by 144 respondents (58.2%). The next most selected option (n= 96 / 38.8%) was 'Care demands in a time poor environment'. 'Being

considered inappropriate for some practice areas' and 'Bullying by nursing colleagues' were each selected by 91 respondents (36.8%), closely followed by 'Difficulty of being a minority gender' (n = 84 / 34.0%) and 'Being considered less of a professional than some other health professionals' and 'Reluctance of female patients to be cared for by males' (n = 79 / 31.9%). Results are offered in Table 40.

**Table 40: The challenges encountered as a male nurse during their career in nursing**

Challenges encountered	Male	
	n	%
Male nurses seen as or used as "muscle" by female colleagues	144	58.2
Care demands in a time poor environment	96	38.8
Being considered inappropriate for some practice areas e.g. midwifery	91	36.8
Bullying by nursing colleagues	91	36.8
Difficulty of being a minority gender	84	34.0
Being considered less of a professional than some other health professions	79	31.9
Reluctance of female patients to be cared for by males	79	31.9
Poor salary	76	30.7
Lack of male role models/mentors	71	28.7
Marginalised in a traditionally female profession	68	27.5
Tagged inappropriately to negative stereotypes	68	27.5
Viewed as an inappropriate profession for a man	57	23.0
Bullying by other health professionals	54	21.8
Being seen as a "failed doctor"	54	21.8
Being considered inappropriate for some specialties e.g. aged care	50	20.2
Communication difficulties with other female health care professionals	49	19.8
Being seen as "not caring"	39	15.7
Not being taken seriously by other health professionals	39	15.7
Struggled to secure upward mobility	34	13.7
Communication difficulties with other professionals	25	10.1
None	21	6.5

Note: Options ranked in order of popularity

Note – as this question applied to male respondents only, the responses that a small number of females provided, contrary to instructions, have not been included in the analysis as these were not representative of the views of all female respondents and to include them in the analysis would be misleading.

## 8.8 Section H: Comments

### Free Text Comments

The final question invited all respondents to offer free text comments on the topic of men in nursing. Of the total respondent group only 274 (25.9%) offered comments. Male respondents offered 77 comments (28.1% of the 274 responses or 31.1% of the total male respondent group) and female respondents offered 197 comments (71.9% of the 274 responses or 24.3% of the total female respondent group). The comments offered cover a range of topics addressed in the study, some repeat comments made previously and many provide new perspectives to issues previously addressed. To honour the respondents' time and the effort in completing the questionnaire, these often detailed responses are provided, in full, in Appendix 3.



## 9. Discussion

### 9.1 Introduction

This study aimed to establish a profile of men in nursing in Western Australia; to gather information regarding men who are nurses' self-perception and how their female counterparts perceive them; to compare any differences in this perception; to describe the respondents' experiences of being a nurse, analyse their views on society's perceptions of men who are nurses, as well as to analyse the respondents' opinions and ideas of how the concept of 'men in nursing' could be promoted to increase recruitment and retention of men who are nurses.

### 9.2 A profile of men in nursing in Western Australia

The study results indicated that a higher proportion of male nurses responded (23.4%) to the questionnaire than is typically represented in the general nursing population for Australia (10.41%) (NMBA, 2014), or compared with all employed nurses and midwives in the Western Australia nursing / midwifery population (8.82%) (NMBA, 2014). This suggests that male nurses / midwives have a significant interest in the subject matter, as they responded to the questionnaire in disproportionately higher numbers. The Hodes Research (2005) study aimed to articulate the reasons for the small percentage of men in nursing in the USA, which was approximately 6% at the time of their survey. Their survey was only addressed to male Registered Nurses and male nursing students and gained a reasonable response rate with a total of n = 498 respondents. Although no comparative data is offered for the national or California-wide percentage of male nurses. Therefore, it is impossible to determine if male nurses responded in greater proportions than the national and state wide average.

The profile of respondents is broadly in line with the wider Australian nursing / midwifery population. The Health Workforce Australia, workforce series (2013) places the average age of Registered Nurses in Australia in 2009 at 44.1 years of age. In this study, the majority of the respondents (68.8%) were over the age of 41, which is slightly above the national average at 65.3% (NMBA, 2014). Slightly under the national average of 40.94% (NMBA, 2014), 37.9% of the respondents were over the age of 50. Reflective of the national average of 13.8% (NMBA, 2014), 13.6% of respondents were under the age of 30. However, the national average of those under the age of 20 is 3.41% compared with only 0.01% that responded to the survey. Therefore, whilst the study response rates and national averages in most age categories were close, the number of respondents in the study under the age of 20 was much lower than the

national percentage, indicating that only this population of nurses / midwives were poorly represented in the study data. Hodes Research (2005) considers age ranges differently, so a direct comparison is difficult. However, the data suggests a profile of male nurse age ranges that are parallel within the two studies.

Unsurprisingly, '21 years and over' was the most commonly identified category for the longest length of service, with over half of respondents selecting this category (53.5%). However, the proportion of females in this category (56%) was significantly higher than the proportion of males (45.3%). As there is no significant difference in the age profile of the male and female respondents, apart from a slightly higher proportion of females in the '61 years and over' category, this would suggest that the male respondents entered nursing at a more mature age and therefore, although they are the same age as their female counterparts, they have fewer years of service.

In relation to registration categories, 14.6% of respondents identified themselves as having dual registration as a nurse and midwife and 5.4% as a midwife only. In Western Australia, 10.5% of registered practitioners are midwives (NMBA, 2014). In the survey, 76.6% of respondents indicated that they were Registered Nurses, compared with 76.8% of the Western Australian nursing population. Enrolled Nurses were under-represented in the study, with only 4.4%, compared with approximately 14.0% in the Western Australian nursing population (NMBA, 2014). This supports the assumption that the survey failed to reach all levels of the nursing workforce. The Western Australian nursing population of Nurse Practitioners make up only 0.47% (NMBA, 2014) of the total nursing workforce but 2.5% of the study respondents were Nurse Practitioners and twice the percentage of male Nurse Practitioners responded (4.4% male / 1.9% female). This suggests that the survey may have reached experienced and more mature nurses, or that they were more interested in responding to the survey.

It is interesting to note that the data suggests that men in nursing are significantly over-represented in particular work settings. The three most prominent work areas are critical care and emergency areas (21.8%), management (11.3%) and mental health (27.9%). Many of the qualitative comments within the survey supported these statistical findings. One female nurse indicated that she worked '*in a critical care area and worked with a large number of men*'. She added, '*The diversity in the workplace means there is less bullying and bitching by female nurses to other female nurses*' and that '*the men I work with are my colleagues and some of the best nurses I know*'. Another respondent added, '*in my experience men in nursing tend to move*



quickly into more senior management positions, or prefer to work in areas such as ED or ICU'. The study data supported this view.

However, the data demonstrated that men who are nurses are significantly under-represented in other work settings, for example, aged care (0.8% compared with 2.3% of female nurse respondents), general practice (0.4% compared with 0.7% of female nurse respondents), surgical (4.4% compared with 8.7% of female nurse respondents), midwifery (0.8% compared with 10.5% of female respondents) and research (0.8% compared with 2.0% of female respondents). A number of respondents commented that midwifery is an inappropriate profession for men, with one respondent indicating that she does 'not think males are appropriate for the midwifery profession' adding, '*there are too many boobs, bums and vaginas and intimate bits and pieces for it to be appropriate for a man to be involved.*'

These results are partially in keeping with the results of Hodes Research (2005), which concluded that men were more likely to work in critical care (27%), Emergency Departments (ED) (23%) and management (19%); although, fewer male nurses (7%) worked in mental health (referred to as psychiatry in the US). A true comparison is difficult, as 41% of the respondents in Hodes (2005) research divulged their work area as 'other' and some of the clinical specialities are known by different titles in the US. Similarly, to the data presented above, male nurses in the US study were poorly represented in midwifery (called 'ob/gyn' or obstetrics and gynaecology) at only 1%, whilst many of the other under-represented categories were in the 'other' category and could not be directly compared.

The distribution of the survey may have impacted upon the data, as it is likely that the questionnaire reached a higher proportion of WA DoH employees than those employed in the private sector. This may account for the higher representation of men who are nurses working in critical care and ED, as they are typically employed in the public sector and the low representation of men who are nurses working in aged care and general practice, who are typically employed in the private sector.

Study data is in keeping with a general perception that men who are nurses work predominantly in areas such as critical care, emergency departments and other high technology areas and those deemed 'advanced', e.g. Nurse Practitioner roles. Other areas where there is a more traditional representation of men in nursing, such as management and mental health were also well represented in the study. One respondent commented that '*more needs to be done on the variety of jobs in nursing that male nurses tend to be in*' citing that there are many

male nurses in '*ED, ICU and Mental Health areas with very few in ward areas*'. This perspective was supported by comments some respondents made in relation to ways to attract more men into nursing with a call to, '*show the technical side of the profession and high impact (dramatic) areas of practice (e.g. critical care, ED and Theatre)*'.

There is a higher representation of metropolitan-based respondents in the survey than in the wider nursing population. Whilst just over 80% of the survey respondents stated that their area of residence was 'metropolitan', according to the AIHW (2011) study, 69.9% of nurses are based in major cities. Similarly, whilst 18.2% of survey respondents stated that they lived in rural or regional areas, in the wider nursing population this figure is 27.9% (AIHW, 2011). In the 'remote' category, the proportion in the survey is half that of the wider nursing community. This may be reflective of the poor cascade effect of the survey distribution path or it may imply that there are fewer opportunities to access email outside metropolitan settings. Either way, the study results are dominated by the views of metropolitan-based nurses.

The Hodes Research (2005) study results, regarding recommending nursing/midwifery as a career to men, demonstrate that there is a general view that many male nurses progress in their careers more quickly than women, or that more men attain management and senior positions. In Hodes Research (2005) study, 19% of respondents described themselves as 'middle managers' whilst a further 10% described their positions as 'director/executive level.' In response to question 20 in this study, a strong theme emerged of nursing is '*a good career for men: Nursing and midwifery are careers men do particularly well in*'. A strong sub-category of views was evident that supported the idea that men progress well, moving into management and senior nursing positions. Although the percentage of men that indicated they were in management positions was only slightly higher than those selected by women (11.3% men/10.5% women), the disproportionately small number of men in the nursing workforce in Western Australia (8.82% men/91.18% women) makes this disparity very significant. This data supports the perception that men are indeed more commonly and disproportionately represented in management positions.

Also evident in the data were a higher proportion of males than females in more advanced nursing roles, e.g. 4.4% of male respondents and 1.9% of female respondents identified themselves as being a Nurse Practitioner. Similarly, male respondents indicated a higher level of educational achievement, with a higher proportion holding postgraduate degrees, whether nursing or non-nursing related (non-nursing 8.5% male/4.3% female;

nursing 13.4% male/10.6% female). Although, overall these percentages are low, it may reflect the arrival of men into nursing later in life or after having explored other career or educational options.

The majority of respondents were born in Australia (56.1%) with a large proportion of these born in Western Australia (37.7%). Of the 43.9% of respondents who indicated they were born overseas, the majority were from the UK (50.2%), whilst the remainder came from a plethora of other nations including, South Africa, Ireland, India, Malaysia and New Zealand. This dominance of Australian and UK-born respondents is reflected in the descriptions of cultural heritage, with 74.5% describing their cultural heritage as 'Australian', 'English', 'European', 'Anglo-Saxon', 'Celtic' or 'Caucasian.' The remaining cultural groups offered a range of responses, commonly describing the respondent's country of origin or religious persuasion. Interestingly, only four respondents described their cultural heritage as Aboriginal or part-Aboriginal, whilst eight respondents (0.8%) answered 'yes' to the question 'Are you an Aboriginal or Torres Strait Islander'.

The sample was predominantly Caucasian, of either Australian or British descent. However, whilst this information about cultural groups and the respondents' country of birth is loosely in keeping with Australian Bureau of Statistics (ABS, 2011) data, which indicates that of the Australian population of 21,507,719 in 2011, roughly 30% of the population were born overseas, with the largest proportion coming from the UK. Significantly this indicates that the Western Australian nursing workforce is populated by a higher proportion of overseas and culturally diverse nurses than is seen in the general Australian population. More recent ABS data (ABS, 2013) indicates that while about 33% third of Western Australia's population were born overseas, the nurses and midwives that responded to the survey, make up significantly more than this percentage, at about 43.9%.

### 9.3 Path to Nursing / Midwifery

The hypothesis that men who are nurses enter nursing at an older age than their female counterparts is validated by the responses to Question 14 and 15 which show that the male respondents started to think about a career in nursing later and subsequently started their nursing careers later. Indeed, 82.8% of females had started to consider a career in nursing before the age of 20, compared with only 47.8% of the male respondents. This suggests that the majority of men entered nursing after the age of 20, which is consistent with Hodes Research (2005) in which, only 16% of male respondents had considered nursing as a career before the age of 20.

The majority of female nurses in the study (71.3%) indicated that they began their nursing careers before the age of 20 years, whilst 37.7% of males began their careers before reaching the age of 20. Consequently, men are represented in higher proportions in each of the older age groups with regard to entering the nursing profession. One respondent, who started his nursing career later, stated *'as a mature age entrant with extensive work history across numerous work environments, I have not experienced any negatives that have led me to question my decision to become a nurse. I have however, had occasion to intervene, sometimes strenuously with colleagues, in support of younger less experienced male nurses who were being bullied'*.

This trend of an older entry age to nursing on the part of the male respondents is reflected in activities which participants were engaged in directly before they started their nursing career. Whilst the largest group of females stated that they came to nursing straight from high school (n = 394 / 49.2%), only 28.7% of females, compared with 51.2% of males came to nursing from 'another career.' These findings are consistent with those from Hodes Research (2005) where 61% of men came to nursing either from the 'military' (17%) or from 'another career' (44%). However, it should be noted that for both genders in the survey the majority of respondents (57.9%) indicated that they did not start their nursing career directly from high school (18.8% male / 49.2% female). However, this was predominantly the case for female nurses.

In support of this, in Hodes Research (2005) study, only 20% of the male respondents entered nursing directly from high school. This suggests a certain level of maturity on the part of most male entrants into the nursing profession or it reflects the more diverse entry paths available to respondents who entered nursing in the past, as the majority of the respondents (53.5%) to this survey indicated that they entered nursing over 21 years ago. It may also indicate a failure on the part of the nursing profession or universities to sell or make a career in nursing attractive to male school leavers. A number of respondents suggested improving male nurse recruitment by targeting high schools with comments such as, *"I think a programme aimed specifically at boys school would yield results"* and that, *"male nurses in scrubs should visit schools to encourage guys into nursing."*

The more mature age at which men first considered or entered a career in nursing is further illustrated in the reasons for choosing a career in nursing. Within the survey, a higher proportion of females (34.4%) selected the option of 'always wanted to be a nurse' but only 8.9% of males selected this option. This result is consistent with the results of Hodes Research (2005) study in which

few men (2.55 on the five point Likert scale) indicated that nursing was 'something they always wanted to do.' This suggests that many of the male respondents made their decision to enter nursing after gaining life experience or being exposed to a range of career choices as an adult.

Factors that influenced men to pursue a nursing career were numerous but it was highlighted that they had a 'desire to help people.' Indeed, this was the main motivating force for both genders (50.0% male/44.4% female) and was also the main reason given in Hodes (2005) study, with a score of 4.24 on the five point Likert scale. Men also highlighted a desire to have a stable career as a significant factor, with 39.6% selecting this reason. This reason rated highly in the Hodes (2005) study, scoring 3.67 on the five point Likert scale. A further reason was the influence of a family member or close friend who was already a nurse (25.5%) and a desire to secure a career with a variety of career paths (23.0%). Hodes (2005) study also indicated these reasons, however the results suggested that the second most likely reason men chose to enter the nursing profession was because it offered many career paths (4.00 on the five point Likert scale) and the influence of a family member or friend was seen as a less significant.

Hodes Research (2005) study suggested that the fourth most significant reason for choosing a career in nursing was a desire to travel, or because nursing offered a variety of geographical career choices (3.45 on the 5 point Likert scale). Many respondents in this survey (21.4%) selected this option suggesting it was considered important. Whilst the desire to secure a high salary was mentioned, it was the least significant factor with only 6.0% of male and 10.2% of female respondents citing this as a factor in their choice to become a nurse. Interestingly, the Hodes Research (2005) placed 'salary' as the fifth most likely reason for men to choose a career in nursing, scoring 3.26 on the five point Likert scale.

## 9.4 Future Nursing Career

It is noticeable that for men, a desire to help people, the desire to have a stable career and secure employment with career variety, all rated highly as motivating forces for choosing a career in nursing. These results were consistent with Hodes Research (2005) findings. That in addition, suggested the advantages of being a nurse, included a suitable salary and career stability as being relatively more important for males than females.

However, altruistic reasons, e.g. 'a desire to help people' and 'the ability to make a difference', emerged as the key reasons for respondents of both genders originally choosing nursing as a career. These were also highlighted as the advantages they now associate with a career in nursing. Many men who enter nursing

at a mature age, may be seeking a career that offers a combination of meaning and financial or job security and this goal may be a significant driving force to enter nursing.

On closer examination, it becomes apparent that, with the exception of the factors relating to salary and career stability identified above, and an 'ability to work in health care', the female respondents selected each of the options associated with advantages of a nursing career in greater proportions than the male respondents. This apparently greater enthusiasm for the advantages of nursing may indicate a higher level of career satisfaction for the female respondents.

A further indication of the lower level of career satisfaction among male respondents is that whilst 76.8% of female respondents stated that they would recommend nursing as a career to males, a smaller proportion (71.7%) of male respondents stated that they would. This apparently lower degree of enthusiasm may also be found in the responses to question 13 in which 7.2% of male respondents, compared with only 2.7% of female respondents, indicated that they had intentions of leaving nursing, or related fields, within the next five years. This was surprisingly consistent with Hodes Research (2005) study, in which 7% of respondents indicated an intention to leave nursing and related industries completely. In addition, more male respondents indicated that they planned to move to another field of nursing, or to use their nursing skills in a field related to health but not within the nursing arena. Interestingly, almost twice as many men (21.4% male / 11.7% female) suggested that a disadvantage of nursing was the lack of ability to work independently and significantly more men suggested that their morale was poor (39.2% male / 25.2% female).

There is further evidence of the ambivalent attitude of male respondents towards the nursing profession because, while 51.8% indicated that they intended continuing to work in their current work setting, 58.1% of females expressed this intention. These findings were not directly comparable with Hodes Research (2005) study however, which found that only 23% of men wished to remain in clinical nursing. A significant number (45%) stated that they wanted to undertake further study to progress their careers; move into education (28%); move into a related healthcare industry (23%) or move into management (14%). These findings strongly indicated that male nurses within Hodes Research (2005) study wished to move away from clinical nursing roles.

When men were asked to suggest reasons for leaving nursing, the most popular option, selected by 27.9%, was 'poor salary' and this was followed by the impact of negative stereotypes (15.7%). However, despite a suggestion of lower job satisfaction among the male

respondents, it must be noted that 22.2% of male respondents stated that there were no reasons they could think of to make them consider leaving the nursing profession. A number of male respondents also suggested that they, *'love nursing as much now as the day they started'* and that it was an *'awesome career'*.

## 9.5 Promoting men in nursing / midwifery

As noted, the female respondents selected each of the options associated with the advantages of a nursing career in greater proportion than males. They were also more emphatic in their recommendation of nursing as a career for males. This trend is also noticeable as respondents endorsed various selling points to promote the 'men in nursing' message. With the exception of the option relating to career stability, for each option there was a higher proportion of female than male respondents. This apparently greater degree of enthusiasm of female respondents, for promoting the 'men in nursing' message, brings into question the level of career satisfaction experienced by the male respondents.

However, the options, 'challenging and responsible profession' and 'highly skilled profession' were particularly popular selling points for both genders. This may suggest that the respondents believed that these selling points are not widely understood among the wider public and require a higher profile. These points were reiterated in the responses to Question 32, which offered respondents the opportunity to provide suggestions regarding the types of images and messages that should be used to promote 'men in nursing'. Similar themes emerged, as the respondents suggested that key themes such as, *'flexible, rewarding, varied and challenging career'* and *'the technical side of the profession'* need to be highlighted when promoting the 'men in nursing' message. Another respondent added that, *'I have worked with many amazing male nurses. Perhaps because of the technical aspect of haemodialysis more males are attracted to this area.'*

Similarly, the female respondents were more emphatic in their choice of suitable approaches for attracting more men into nursing. Even though 'better career guidance at school' and 'school visits/presentations by male nurses' were the top options selected by both genders, a higher proportion of females than males selected them. A number of comments were offered to support the interest respondents had in promoting nursing to school-aged boys, with one suggestion that *'males need to be targeted at an earlier age'*. This and other views supported the proposal that targeting the 'men in nursing' message towards a young audience was a popular strategy. It also highlights the perceived importance of face-to-face interventions over mass-media approaches.

## 9.6 Attitudes and perceptions toward men in nursing

Bartfay et al. (2010) undertook a study of nursing and non-nursing university students' attitudes towards men in nursing education. Their findings suggested that there was a general perception in Canadian society that nursing was a career more suited to women. They suggested that societal perceptions and stereotypical views of men in nursing were that they were gay, effeminate, less compassionate and less caring than female nurses. With the result being that these views had a negative impact on male nurse recruitment and retention in university programs. The project team contacted Bartfay and his colleagues to seek permission to use their questions about attitudes and perceptions in this study and with their permission, the questions were used to further explore attitudes and perceptions of men in nursing.

The majority of respondents agree (63.4% agree or strongly agree) that society's perceptions about the masculinity or macho image of men, influences their suitability for a nursing career, with male respondents feeling this more keenly than their female counterparts (71.0% male/61.1% female). There was also broad agreement (62.9% agree or strongly agree) that men are discouraged from a career in nursing because of the media image of nursing. Male respondents felt more strongly that the impact of the media was dominantly negative (70.7%). The view that the media has a negative impact on male nurse recruitment, or perpetuates negative stereotypes, is supported by a number of research studies that all discuss the representation of male nurses with biased and stereotypical profiles, none of which support a positive, professional or caring role for men in nursing (Rasmussen, 2001; Hereford, 2005; Takase, Maude & Manias, 2006; O'Lynn & Tranbarger, 2007; Stanley, 2012; Weaver, Ferguson, Wilbourn & Salamonson, 2013). A number of the respondents supported this with comments such as, *'I think pressure should be put onto the media to prevent stereotyping males'*.

The majority of respondents also agreed or strongly agreed (57.5%) with the statement that the portrayal of male nurses as gay or effeminate in nature by the mass-media discourages men from choosing nursing as a career. Indeed, twice as many male respondents strongly agreed with this statement, possibly indicating that they have had personal experience with regard to this misconception. A number of comments supported this, for example, *'I feel that the nursing profession is still failing to bring males into the profession due to the perceived biased generalisation that all males are homosexual'*. Another added that, *'most of my male friends (not in health) have the opinion that males nurses are gay or effeminate, which is certainly not the case'*.

Harding (2007) suggests that because nursing is perceived as a career that requires empathy, compassion and support, male nurses or midwives are therefore commonly stereotyped as effeminate or gay. Evans (1997) is also of the view that labelling men in nursing as effeminate or gay could be an effort by female nurses to exert social control over male nurses and retain nursing as a female dominated profession. This view implies a degree of sexism and may also reflect the shadow of homophobia promoted by the mass-media and unwittingly supported and promoted by peers, colleagues and patients/clients.

Many respondents (58.5%) agreed with a statement suggesting that there was a general perception by society that female nurses are more caring and nurturing than male nurses. However, a higher proportion of females agreed with this statement (52.1% male compared with 60.5% female). Interestingly, when responding to a statement that females are actually more caring, 79.1% of respondents either disagreed or strongly disagreed. Of the men, 44.2% strongly disagreed with this statement, hence contradicting how they believe society perceives the caring capacity of men.

Ekstrom (1999) considered how caring is perceived by nurses and patients in terms of the gender of the carer and found that there was no significant difference in caring according to nurse gender, from either the nurse or patient's perspective. However, he found that expectations of certain caring behaviours were significantly lower for male nurses, from both nurse and patient perspectives. Importantly, Penprase, Oakley, Ternes and Driscoll (2013) suggest in a study of male and female nursing students, that male nursing students demonstrated only slightly less empathy than their fellow female nursing students and significantly more than both genders in the general public. These findings were supported by Fisher (2011), although her comparison was with male engineers, therefore, these studies support the perceptions expressed in the study results, indicating that males are no less caring than their female colleagues and more so than perceptions held by society. Indeed, a number of female respondents made very passionate statements about how caring and compassionate they had found many male nurses to be. One respondent said, *'I have loved working with male nurses for 45 years. They are great nurses, make the shift very pleasant, are more caring than some of the female nurses I have worked with over the years'*. Another said, *'I have worked with some excellent and caring male nurses that were often streets ahead of their female counterparts as both clinician's, patient advocates and leaders'*.

## 9.7 Why become a nurse

According to the respondents, the most common societal misperceptions regarding men in nursing relate to gender stereotyping, the inappropriateness of nursing as a career for men and the assumptions made about a man's sexuality as a consequence of his career choice. These misperceptions are felt most acutely by males, as all of the options provided in Question 21, apart from 'most male nurses are lazy', were selected by a higher proportion of male respondents than females. In particular, men felt that the sentiments, 'most men are gay' (56.5%) and 'nursing is a profession more appropriate for females' (53.1%) are held by the public at large.

There is broad agreement among respondents that the media perpetuates these misperceptions, discouraging men from choosing nursing as a career. Male respondents, in particular, strongly agreed that the media is responsible for reinforcing these misperceptions. Men were also more emphatic in their choice of 'perception of negative stereotypes' (53.4%) compared with the female response rate of 45.3%. In addition, males strongly agreed at almost twice the level of females (13.7% and 7.4% respectively) to Question 25 that stated, 'I believe that nursing is not perceived as a very masculine or a 'macho-type' career for males to pursue in our society'. Indeed, 'negative stereotypes that exist in society' are identified by male respondents as one of the main reasons for considering leaving the profession. As Hodes (2005) study found, this was the most significant challenge that male nurses identified, with 73% of respondents citing it as an issue. A higher proportion of female respondents selected 'parental influence' as a reason for choosing a nursing career (9.7% compared with 5.7% for males). It is possible that these societal attitudes influence parents in the level of encouragement they give to their children to embark on a nursing career. Perhaps parents reflect society's attitudes and consider nursing to be a favourable career for their daughters but not for their sons.

## 9.8 The challenges of being a male nurse

The particular challenges identified by the male respondents, due to their status as a minority gender in the nursing profession, focussed less on being marginalised or victimised, although bullying by colleagues (36.8%) and other health professionals (21.8%) did emerge as an issue. Instead, the results highlighted ways in which male nurses felt they were treated differently, purely on the basis of gender. For example, 58.2% suggested that they were often used as 'muscle' by female colleagues, whilst others (36.8%) indicated that it had been considered inappropriate for them to work in some practice areas (e.g. midwifery). Others suggested



that some female patients were reluctant to be cared for by male nurses (31.9%). This is a view supported by a study by Lodge, Mallett and Blake (1997) that considered perceived levels of embarrassment of gynaecological patients when being nursed by female and male nurses. They found that patients with no prior experience of male nurses were indeed reluctant to be cared for by men. This illustrates how the male respondents felt they were not regarded in a similar manner to their female colleagues. This issue was commented upon by a number of male respondents, with one indicating that, *“a constant negative for me is being refused care by female patients. Whilst to a certain degree I can understand this, especially by women around my own age group, when it occurs on an almost daily basis it can become somewhat frustrating / depressing”*.

In keeping with this challenge, male primary school teachers and childcare workers have expressed similar concerns, with men being seen as inappropriate to care for children because of fears of being (falsely) labelled as paedophiles (Patton, 2013; Jozwiak 2012). Indeed, the Adelaide Advertiser (2014) suggests that men are becoming too scared to teach, for fear of being falsely accused of child sex offences and currently 50 schools in South Australia have no male teachers, with the rate of male teachers likely to worsen. This is contradicted by national and international data, as about 19% of primary school and 43% of high school teachers in Australia are male (McKenzie, Rowley, Weldon & Murphy, 2011). The number of male primary school teachers in the UK is also 19% and this figure is expected to increase as more men become primary school teachers in response to Government initiatives that offer a high starting salary, a training bursary of between \$10,000 and \$18,000 per annum and the same pay scales between primary and high school positions (Department for Education UK, 2012). In the US only 2% of kindergarten and preschool teachers are male (Donaldson-James, 2013) and stereotypical views about it being a female dominated profession and one that is inappropriate for men persist. However, it is argued that as boys are not as academically strong as girls, more male role models in the early stages of education could be an advantage (Donaldson-James, 2013).

Historically, opposition to the advent of male flight attendants has been venomous with homophobic campaigns by the media and airlines, particularly in the US, delaying and hindering the employment of men in this field. However, successful legal suits by the airline workers union in the 1960s saw a slow acceptance of men into the role of flight attendant (Tiemeyer, 2007). Discrimination, reminiscent of nursing's employment or industrial development existed for female flight attendants too, with policies aimed at dismissing them

if they married or became pregnant. However, these draconian policies were successfully challenged by the unions in the late 1960s. As well as more liberal labour laws for female flight attendants, men were given legal rights to work as flight attendants. Currently, 26% of US flight attendants are male (Saenz & Evans, 2009). Interestingly, male flight attendants faced significant prejudice and homophobic rhetoric from the airline industry, with some airline executives claiming their passengers would rather look at a beautiful young woman doing what they saw as a 'woman's work', that was unfit for men, while the media openly ridiculed men considering a career as a flight attendant (Tiemeyer, 2007).

While the number of men who are primary school teachers, kindergarten teachers and flight attendants remains low in comparison with the number of women in these careers, there have been significant increases in their numbers. In 1967, there were 700 male airline stewards in the US, approximately 1%. However, by 1980, this number had reached 19.3% and by 2007 it had escalated to 26.4%. Although the percentage of male kindergarten teachers remains very low, the number of male primary school teachers (apart from South Australia) appears to be growing and recruitment is being encouraged, particularly in the United Kingdom.

There is however, one point of note about these careers that separates them from nursing. The word 'nursing' has 'female' connotations and is affiliated with breast feeding a baby. The activity of nursing, throughout history, has been very strongly associated with 'women's work.' However, the words 'teacher' or a 'flight attendant' do not have gender specific connotations, they are gender-neutral terms. Therefore, recruiting men into these careers does not carry the attendant stereotypes that the title 'nurse' seems to. A number of men suggested in the survey that recruiting more men into nursing could be supported by addressing the title 'nurse.' One male respondent stated, 'Please drop the tag of *'male nurse'*'. Many respondents suggested that a more gender-neutral title could be considered, although alternate titles were not forthcoming in the data.

Many of the challenges men have faced, or continue to face, when pursuing a career in primary school teaching, kindergarten teaching or as a flight attendant, are in keeping with the comments made by men in this study. Views based on homophobic or stereotypical perspectives also resonate, to some extent, with the findings from Hodes Research (2005) study, in which the majority suggested that the main challenge to men in nursing arose from negative stereotypes. Male respondents in this survey added that the main challenges arose from nursing being a traditionally female profession (59%);

that other professions were seen as more appropriate for men (53%); a lack of male role models/mentors (42%) and a lack of guidance/information from high school (27%).

Other challenges were reflected in responses men offered to question 34 and, although not attracting an overwhelming response, the number and variety of issues identified suggested a plethora of concerns that male nurses felt impacted negatively on their career journey. Issues such as not being taken seriously by other health professionals; being viewed as uncaring; men being viewed as inappropriate for work in some nursing specialities such as midwifery or aged care; as well as being bullied by nursing colleagues or other professionals, were all issues that should be addressed to positively encourage male nurse retention. However, unlike the strong result from the Hodes research (2005) study, being tagged with negative stereotypes was considered a challenge by only 27.5% of male respondents in this study.

Some of the challenges identified by male respondents were not unique to their gender minority. Many similar issues were highlighted when all participants were asked to identify the disadvantages of being a nurse. Male and female respondents identified such challenges as 'poor salary' (30.3% for each gender), 'frustrations with feeling undervalued' (63.5% male/60.8% female) and the 'emotional burden associated with caring for sick people' (40.0% male/41.9% female). Interestingly, men identified poor morale and a lack of career opportunities as disadvantages of being a nurse, much more than females (poor morale - 39.2% male/25.2% female) (lack of career opportunities - 21.0% male/11.7% female).

It is noticeable that many of the options identified as key disadvantages of nursing, are based on emotions and feelings resulting from the type and volume of work associated with nursing, e.g. 'frustration at sometimes being powerless to change things'; 'feeling undervalued'; 'shift work' and the 'emotional burden associated with caring for sick people'. This is a reflection of the emotionally challenging nature of the work and is indicative of the propensity of all nurses, regardless of gender, to suffer from work-related stress.

As has been highlighted, poor salary was identified as a disadvantage associated with nursing and was also offered as a reason for leaving the profession, particularly among male respondents. Therefore, it was unsurprising that the option 'better pay in other careers' (67.6%) was most chosen by male respondents to the question 'why do you think more men are not attracted to nursing?' However, the most popular options selected by respondents, regarding why more men are not attracted to nursing, were 'nurses and midwives are seen as

intrinsically feminine' (64.7% male/73.2% female) and 'traditionally female occupation' (66.8% male/72.4% female). These options, and 'perception of negative stereotypes' (56.6%), which was particularly popular among the male respondents, highlight the degree to which the respondents believe society's gendered, even prejudiced views can have a negative impact on recruitment of men into nursing and resonates a little more closely with the main challenge of 'stereotypes' identified in Hodes Research (2005) study.

## 9.9 Conclusion

Apart from a higher proportion of male participants and a mature and more experienced respondent population, many aspects of the profile of respondents are broadly in line with the wider nursing population. However, it appears that men entered nursing at an older age than females. Secure employment and salary considerations were more important in men's decision to choose nursing, with salary and career progression continuing to feature as an influencing factor on male nurses' job satisfaction. Female respondents were more positive with regard to validating the advantages associated with nursing as a profession, with planning to remain in nursing and with recommending nursing as a career for males. Unsurprisingly, men report challenges associated with being a minority gender, ranging from being used for their physical strength, persistent issues with stereotypical views of men in nursing and bullying. The perception of nursing as being an intrinsically feminine occupation, together with the perception of negative gender stereotyping exacerbated by the media, were the main reasons identified for more men not being attracted to the profession.

## 10. Recommendations

**The following recommendations have been generated as a result of the research findings:**

### 10.1 Recruitment aimed at attracting more men to nursing / midwifery

One of the study objectives was to gather data that could be used to develop information that may lead to targeted and successful recruitment strategies/interventions for male nurses. Another objective sought to explore enhanced means of promoting the concept of men in nursing. The following recommendations relate to these objectives.

#### **Recommendation 1: Targeted recruitment to attract men into nursing / midwifery**

Almost two thirds of the male respondents stated that they were mature entrants to nursing and had been involved in previous careers, indicating that targeted recruitment, aimed at more mature males may be of benefit. Male respondents suggested that cultivating and promoting the positive attributes of nursing and midwifery through television, magazine and radio advertising may prove effective in attracting mature men to nursing. Internet and cinema advertising were also suggested for consideration.

#### **Recommendation 2: High school focused marketing / recruitment**

Respondents suggested that a clearer focus on attracting male high school students to nursing should be considered. To facilitate this, it was proposed that career counselling in high school should promote a nursing or midwifery career to young men. In addition, it was proposed that male nurse / midwife role models be engaged in schools to champion nursing / midwifery. Such role models could recount career experiences, which focus upon the positive aspects of being a male nurse and offer insight into the role of the male nurse. The majority of the male respondents indicated that they were over 20 years of age before they thought about a nursing career, which would suggest that nursing is not being presented as a potential career option for boys in high school. It is clear that a significant gap exists in the promotion of nursing as a career for men, which needs to be addressed in order to raise the profile of nursing to those in the key stages of career planning. However, it could be added that the demographic makeup of the respondents does not include many young people directly from a school environment. Therefore, an additional recommendation could be to generate a new study to consider male nurse recruitment and the perceptions of men in nursing from a new graduate nurse and midwife perspective.

The promotion of men in nursing to a younger male audience could take a two-pronged approach. Firstly, teachers could be educated about men in nursing in order for them to disseminate career guidance appropriately. Additionally, career guidance could be aimed directly at male high school students to inform them of the opportunities a career in nursing offers, which would also address the other identified shortcoming, i.e. the need for more male role models in nursing. School visits with presentations by men who are nurses could serve to raise the profile of men in nursing, whilst simultaneously educating school age young men about a career in the nursing profession. This, together with face-to-face meetings with men who are nurses could act as a means of combating the negative stereotypes that exist around men in nursing.

#### **Recommendation 3: Getting the message right**

Those who promote the men in nursing message need to be mindful of some of the prevalent misperceptions about nursing, e.g. that nursing is a feminine profession and that most men who are nurses are gay or effeminate. The other negative stereotypes surrounding men who are nurses should be tackled e.g. that men do not care enough to be nurses or that male nurses simply provide 'muscle' and are handy to have around for their physical strength. Indeed, even the reference to men who are nurses as 'male nurses' identifies them as different from other nurses and needs to be addressed for the right message to be created. The 'men in nursing' message needs to demonstrate that it is appropriate for a man to be a nurse and that men in general, not just those who are homosexual can be as caring as women. However, the message needs to be tailored so that it appeals to the right person, as many respondents highlighted that nursing is not necessarily 'right' for everyone.

The message to promote men in nursing should reflect nursing as a gender/ethnic-neutral, highly skilled profession offering challenging, responsible work with a multitude of possible global career paths. The fact that nursing is a stable, recession-proof career, with few redundancies should be emphasised as this would be a strong selling point to men in particular. Also, that nursing is a profession in its own right and not just a 'second best' career for a person who was unsuccessful in gaining a medical degree or other health-oriented qualification should be highlighted. The message should also promote the idea that men in nursing have the ability to make a difference in a variety of roles, whether these are in roles that are considered typically masculine, e.g. leadership or management, those highlighted as 'inappropriate' roles, e.g. midwifery or paediatrics, or 'action' roles, e.g. emergency or intensive care nursing.



**Recommendation 4: New ways to get the message across**

As face to face meetings are not always possible and reach a limited audience, further means of promoting the 'men in nursing' message should be considered. Television shows with men who are nurse as role models were identified as a particularly effective means of using the mass media to attract more men into nursing, as were advertising through radio, magazines, cinema and the internet. Few channels of communication can surpass the ability of television and the internet to reach a mass audience. By reaching a vast audience rich in diversity, these media sources are able to convey a message to people of all ages, genders and cultural backgrounds, providing exactly the blend required to achieve a balanced nursing workforce.

**10.2 The profile and perception of men in nursing and midwifery**

The main study objectives were to gather data about men in nursing in Western Australia and to describe male and female nurse's perceptions of men who are nurses. A further objective was to gather, analyse and compare data related to the participants' prior experience of being a male nurse or dealing with men in nursing. The following recommendations relate to these objectives.

**Recommendation 5: Focus further research on a wider cultural mix**

The majority of respondents identified with a cultural heritage loosely classed as either 'white Australian' or 'white Caucasian' (64.9%). Interestingly, the respondent population were more ethnically and culturally diverse than the general Australian population of about 70% Australian (Australian Bureau of Statistics, 2011). Capturing a more representative cultural sample in a follow-up study, or by conducting a larger scale study, may offer insights into nurses' and midwives' perceptions of men in nursing more in keeping with the demographic makeup of the Australian population. This would support the notion that it is in the interest of patients/clients that nurses reflect the makeup of the wider population in terms of gender and ethnicity, as this gives the patient/client a degree of affinity with health professionals. The results of the study support a view that the nursing workforce is indeed more ethnically and culturally diverse than the wider Australian population. Therefore, additional research could explore the impact and degree of the cultural mix within the nursing and midwifery workforce, to gauge its relevance and reflection of the wider Australian cultural community.

**Recommendation 6: Extend the survey to address 'men in nursing' across the nation or extend the study in Western Australia.**

A key objective of the study was to produce a profile of men in nursing in Western Australia and the results of this study add to this profile and provide a suitable insight into the perceptions of men in nursing in Western Australia. However, a larger study with a wider scope in Western Australia, or one conducted across the whole of Australia would offer richer data and could be used to support or repudiate the findings from this study. The nursing and midwifery workforce in Australia is such that a study of this scope could be contemplated and managed appropriately. It would offer a genuinely unique insight into the perception of men in nursing and therefore offer useful data to support an understanding of men in nursing and how, or if, we need to recruit more men, or better support the men currently employed in nursing.

**Recommendation 7: Vary the study platform**

In order to gather a wide range of data this study used an electronic, questionnaire. However, it was noted that a wider set of research tools and approaches could be employed to gather significantly more data, or data with a more varied focus. For example, researchers could employ focus groups, interviews or more specific survey questions to address the issue of men in nursing, by dealing directly with the groups not well represented in this study e.g. Indigenous Australian nurses and midwives and those from other minority ethnic or cultural groups, as well as nurses and midwives in the private sector and other health services that were unable to participate. A different research approach may potentially offer more focused and richer data, broadening the insights offered on this topic.

**Recommendation 8: Address bullying and other issues that negatively impact upon morale.**

Numerous respondents, both male and female, indicated that morale in the health service was low and that bullying is a cause of concern for many. It is understood that the WA DoH is addressing the issue of bullying with workshops on resilience and emotional intelligence as well as workshops specifically targeting inappropriate staff behaviour. However, there is clearly a residual issue that is impacting on many staff and their morale or job satisfaction. The intent of this study was not to consider the issue of bullying but the issue was highlighted as the third most important area of concern (36.8%) for male respondents when offering views about the challenges they faced. This was further reinforced when in the same question, 21.8% of respondents indicated that they faced bullying by other health professionals. While not a focus for the outcomes of this study, it may be valuable for the WA Health Service to review or reconsider their strategies for dealing with matters of bullying.

# 11. Summary

The study has produced a profile of men in nursing in Western Australia; described nurse's perceptions of men who are nurses in order to compare any differences between male and female nurses' perceptions; gathered data about the experience of being a male nurse in Western Australia; gained an insight into the challenges faced by nurses and men who are nurses in particular; as well as exploring strategies to support increased male nurse recruitment and retention to nursing and midwifery.

The response rate to the survey was disappointing but did not hinder the study in terms of addressing the aims. The respondents offered a representative sample of the Western Australian nursing population although, it is acknowledged that a higher proportion of men who are nurses responded than the proportion of men within the population of nurses; many of the respondents were older and more experienced nurses and that few enrolled nurses responded to the survey. However, employment speciality area, place of birth, indigenous profile and regional location were broadly in line with the wider nursing population (AIHW, 2011). It appears that most males were more mature when starting their nursing careers than their female counterparts. Secure employment and salary considerations were more important to males when initially deciding on a career in nursing. Salary and career progression continue to feature as a strong influencing factor on job satisfaction for men who are nurses.

The results demonstrate that men in nursing are viewed less positively than females, as the respondents' perceptions of society's view of nursing is that it is an intrinsically feminine occupation and that negative gender stereotyping is exacerbated by the media. Female respondents were more positive with regard to the advantages associated with nursing as a profession as

they planned to remain in nursing and would recommend nursing as a career for men. Unsurprisingly, men report challenges associated with being in the minority gender such as being used for their physical strength, bullying and persistent issues with stereotypical views of male nurses.

Males indicated that they were sometimes treated differently, purely on the basis of their gender and suggested that the challenges they faced included: being used as 'muscle' by female colleagues; views that some practice areas (e.g. midwifery) were thought to be inappropriate for men; suggestions that there was a reluctance on the part of some female patients to be cared for by men; nursing being perceived as a traditionally female profession; other professions were seen as more appropriate for men; a lack of male role models / mentors and a lack of guidance/information in high school. These and issues of a lack of career advancement opportunities and poor morale, dominated the reasons identified for why more men were not attracted to the profession.

In concluding this report a number of recommendations are provided to support the development of strategies that will encourage a higher level of recruitment of male nurses / midwives. This could be achieved by: targeted recruitment to attract males to nursing and midwifery; greater high school-focused promotion of nursing as a career; getting the recruitment message right and finding new ways to get the recruitment message across. Also, the profile and perception of men in nursing and midwifery can be enhanced by: focusing further research on a wider cultural mix within nursing; extending the survey to address 'men in nursing' across the nation or repeating the study on a larger scale; varying the study platform to seek a better and more representative response rate; by addressing bullying and other issues that negatively impact upon morale in nursing.

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## APPENDIX 1

## Appendix 1: The Questionnaire

### **MEN IN NURSING QUESTIONNAIRE**

We would appreciate if you could take a few minutes to complete the following questionnaire. This questionnaire asks for information about you as a RN / EN or Midwife and your opinions on the subject of men in nursing. Finding out more about men in nursing is important and therefore we value your feedback. If you have any queries about the survey, please contact Associate Professor David Stanley by emailing [david.stanley@uwa.edu.au](mailto:david.stanley@uwa.edu.au)

#### **SECTION A – Introductory Question**

1. Are you
  - a. Male
  - b. Female

#### **SECTION B - Background Information**

2. What is your current registration category?
  - a. Midwife only
  - b. Registered Nurse only
  - c. Enrolled Nurse only
  - d. Nurse Practitioner
3. Where was your place of birth?
  - a. ACT
  - b. New South Wales
  - c. Northern Territories
  - d. Queensland
  - e. South Australia
  - f. Tasmania
  - g. Victoria
  - h. Western Australia
  - i. Overseas: please state country \_\_\_\_\_
4. Are you an Aboriginal or Torres Strait Islander
  - a. Yes
  - b. No
5. What is your primary cultural heritage?
  - a. Australian (including Aboriginal or Torres Strait Islanders)
  - b. International: please describe \_\_\_\_\_
6. What is your age?
  - a. Less than 20 years
  - b. 21 – 30 years
  - c. 31 – 40 years
  - d. 41 – 50 years
  - e. 51 – 60 years
  - f. 61 years and above
7. What is your highest complete **nursing** qualification held?
  - a. PhD / Professional or other doctorate

- b. Masters degree or equivalent
  - c. Bachelor
  - d. Post Graduate Certificate/Diploma
  - e. Other: please state
8. What is your highest other (non–nursing) qualification held? **(If any)**
- a. PhD /Professional or other doctorate
  - b. Masters degree or equivalent
  - c. Bachelor's
  - d. Post Graduate Certificate/Diploma
  - e. Other (e.g. TAFE award)
  - f. Secondary education
9. Where is your area of residence?
- a. Metropolitan (major city)
  - b. Regional
  - c. Rural
  - d. Remote post
10. How long have you been working within the nursing/midwifery profession?
- a. Less than 1 year
  - b. 1 to 5 years
  - c. 6 to 10 years
  - d. 11 to 15 years
  - e. 16 to 20 years
  - f. 21 years and over
11. What is the work setting of your main job? (Pick the most suitable option)
- a. Aged care
  - b. Community
  - c. Critical care and ED
  - d. Education
  - e. Family, maternal & child health
  - f. General practice
  - g. Management
  - h. Medical
  - i. Mental health
  - j. Midwifery
  - k. Mixed medical/surgical
  - l. Not currently employed
  - m. Paeds
  - n. Perioperative
  - o. Rehab
  - p. Research
  - q. Surgical
  - r. Other
12. How long have you worked in your current work setting?
- a. Less than 1 year
  - b. 1 to 5 years
  - c. 6 to 10 years
  - d. 11 to 15 years
  - e. 16 to 20 years



- f. 21 to 25 years
  - g. 26 years or longer
  - h. Not currently employed
13. What are your career goals in the next 5 years?
- a. Continue to work in the current area (Education, management, research or clinical)
  - b. Leave nursing and related fields completely
  - c. Leave to start a family
  - d. Move into another area
  - e. Retirement
  - f. Undertake further study
  - g. Use nursing background in related field
  - h. Other: please state

### **SECTION C - Path to Nursing**

14. At what age did you first start to consider a nursing career?
- a. Less than 10 years of age
  - b. 10 – 20 years
  - c. 21 – 30 years
  - d. 31 – 40 years
  - e. 41 years and above
15. At what age did you actually start your initial nursing studies?
- a. Less than 20 years of age
  - b. 21 – 25 years
  - c. 26 – 30 years
  - d. 31 – 40 years
  - e. 41 years and above
16. What career / activity were you directly engaged in before you started your nursing career?
- a. Another career
  - b. A tertiary course
  - c. Caring for young children
  - d. Care work in an unqualified capacity
  - e. High school
  - f. Military
  - g. Unemployed
  - h. Voluntary activities
  - i. Other: please state
17. What were the main reasons that you choose a career in nursing? **(Select all that apply)**
- a. Always wanted to be a nurse
  - b. Desire to have a stable career
  - c. Desire to help people
  - d. Family member/friend is a nurse
  - e. Flexible working hours
  - f. Geographical mobility
  - g. High salary
  - h. Parental influence
  - i. Was exposed to or experienced health care as a patient
  - j. Variety of career paths available

- k. Other: please state

#### **SECTION D – Future Nursing Career**

18. What do you think are the advantages about being a nurse? **(Select all that apply)**

- a. Ability to work in health care
- b. Ability to make a difference
- c. Ability to work in a team
- d. Always kept busy
- e. Flexible working hours
- f. Geographical mobility
- g. Good morale
- h. Reasonable Salary
- i. Stable career with few redundancies
- j. Upward career mobility
- k. Variety and challenge work
- l. Variety of career paths available
- m. None
- n. Other: please state

19. What do you think are the disadvantages of being a nurse? **(Select all that apply)**

- a. Emotional burden associated with caring for sick people
- b. Feeling under valued
- c. Frustration at sometimes being powerless to change things
- d. Shift-work
- e. Difficulty in switching jobs between locations
- f. Poor salary
- g. Uncertainty around job permanency
- h. Inability to work independently
- i. Lack of promotion prospects
- j. Lack of career opportunities
- k. Tedious mundane work
- l. Poor morale
- m. Workload/pressure
- n. None
- o. Other: please state

20. Would you recommend a nursing as a career to males that you know?

- e. Yes
- f. No

If No, Why?

If Yes, Why?

#### **SECTION E - Promoting Men in Nursing**

21. What do you think are the misperceptions about men in nursing that need to be addressed?  
**(Select all that apply)**

- a. Nursing is not appropriate for a man
- b. Male nurses must not have been smart enough to have done medicine or another health care profession

- c. Most male nurses are lazy
  - d. Most male nurses are gay
  - e. Men are not caring enough to be nurses
  - f. Nursing is a profession more appropriate for females
  - g. Poor pay for a man
  - h. None
  - i. Other – please state
22. What do you think should be the selling points when promoting the “men in nursing” message to males? **(Select all that apply)**
- a. Ability to make a difference
  - b. Able to work in a team
  - c. Autonomy at work
  - d. Challenging and responsible profession
  - e. Geographical mobility
  - f. Hands on technical job
  - g. Highly skilled profession
  - h. Inclusive, non- gender specific profession
  - i. Interest in health care equipment and technology
  - j. Opportunity to lead a team
  - k. Stable employment
  - l. Upward career mobility
  - m. Wide areas of diversity (e.g. clinical, education, management, etc.)
  - n. Other: please state
23. Why do you think more men are not attracted to nursing?
- a. Better pay in other careers
  - b. Lack of awareness
  - c. Lack of male role models in nursing
  - d. Nurses and midwives are seen as intrinsically feminine
  - e. Perception of poor salary
  - f. Perception of negative stereotypes
  - g. Traditionally female occupation
  - h. Viewed as inappropriate for a man
  - i. Viewed as lacking upward mobility
  - j. Other: please state
24. Which of the following are the most suitable approaches for attracting more men into nursing? **(Select all that apply)**
- a. Ads in magazines geared to men
  - b. Better career guidance at school
  - c. Billboards
  - d. Cinema ads
  - e. Internet ads
  - f. Radio ads
  - g. School visits/presentations by male nurses
  - h. TV ads
  - i. TV shows with male nurse role models
  - j. Work shadow programmes
  - k. Others: please specify.

## **SECTION F – Attitudes and Perceptions towards Men in Nursing**

Please select the response that best reflects your own personal opinion related to each of the following statements.

25. I believe that nursing is not perceived as a very masculine or a “macho-type” of career for males to pursue in our society.

Strongly disagree      Disagree      Neutral      Agree      Strongly agree

26. I feel that there is a general perception by society that female nurses are more caring and nurturing than male nurses.

Strongly disagree      Disagree      Neutral      Agree      Strongly agree

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

Strongly disagree      Disagree      Neutral      Agree      Strongly agree

28. The current portrayal of male nurses as being “gay” or effeminate in nature by the mass media (e.g., television, films, magazines) discourages men from choosing nursing as a career.

Strongly disagree      Disagree      Neutral      Agree      Strongly agree

29. I feel that nursing is more appropriate for females because they tend to be more caring and compassionate by their innate nature.

Strongly disagree      Disagree      Neutral      Agree      Strongly agree

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

Strongly disagree      Disagree      Neutral      Agree      Strongly agree

### **SECTION G – For male nurses only**

**Please answer the following question only if you are a male nurse**

31. If you thought about leaving the profession, what were the things that made you think about leaving? **(Select all that apply)**

- a. Considered not intellectually challenging
- b. Cultural influences
- c. Family influences
- d. Lack of guidance/information
- e. Lack of male role models/mentors
- f. Perception of poor salary
- g. Negative stereotypes
- h. None
- i. Traditionally female profession
- j. Viewed as inappropriate for a man
- k. Viewed as lacking upward mobility
- l. Only an option because I had failed to become a doctor
- m. Men perceived as not caring
- n. Other – please state

32. What type of images or messages do you think would attract other men to consider a career in nursing?
33. What was the biggest single influence on you to choose a career as a nurse?
34. What are the **challenges** you have encountered as a male nurse **during your career in nursing? (Select all that apply)**
- a. Being considered inappropriate for some specialties e.g. aged care
  - b. Being considered inappropriate for some practice areas e.g. midwifery
  - c. Being considered less of a professional than some other health professions
  - d. Being seen as a “failed doctor”
  - e. Being seen as “not caring”
  - f. Bullying by nursing colleagues
  - g. Bullying by other health professionals
  - h. Care demands in a time poor environment
  - i. Communication difficulties with other female health care professionals
  - j. Communication difficulties with other professionals
  - k. Difficulty of being a minority gender
  - l. Lack of male role models/mentors
  - m. Male nurses seen as or used as “muscle” by female colleagues
  - n. Marginalised in a traditionally female profession
  - o. Not being taken seriously by other health professionals
  - p. None
  - q. Poor salary
  - r. Reluctance of female patients to be cared for by males
  - s. Struggled to secure upward mobility
  - t. Tagged inappropriately to negative stereotypes
  - u. Viewed as an inappropriate profession for a man
  - v. Other: please state

#### **SECTION H - Comments**

Please add any comments you feel may be appropriate about men in nursing, e.g. in relation to barriers becoming a nurse, challenges and opportunities that a nursing career has presented, attitudes towards men in nursing, etc.

**Thank you for completing the questionnaire**

## APPENDIX 2

## Appendix 2: Participant Information Form

Dear Participant

### **Profile and perceptions of men in nursing in Western Australia.**

The “Men in Nursing” project group is currently undertaking the above research project examining the theme of men in nursing. This research project’s aim is to establish a profile of men in nursing in Western Australia and gather information about how men in nursing perceive themselves or are perceived by their female colleagues.

#### **The project objectives are:**

1. Produce a profile of men in nursing in Western Australia;
2. Describe male and female nurse’s perceptions of male nurses and compare the differences (if any) between these two sets of views;
3. Gather, then analyse data related to the participants’ prior experience of being a male nurse or dealing with men in nursing;
4. Analyse the participants’ perceptions of how best to promote the concept of men in nursing;
5. Analyse the participants’ perceptions of societies’ attitudes towards men in nursing;
6. Gather data that can be used to develop information that may lead to targeted and successful recruitment strategies / interventions for male nurses;
7. To develop greater insights into the motivating forces that drive men to become nurses or stay in the nursing profession.

The project is being implemented by means of the attached questionnaire which is being emailed to all nurses and midwives in Western Australia. The questionnaire comprises a series of multiple choice questions and aims to gather data on the following topics - background information, path to nursing studies, views on nursing as a career and attitudes regarding the image and promotion of men in nursing. There is also provision in the questionnaire to add comments if there is extra information you want to include.

The questionnaire should take approximately 5 - 8 minutes to complete and participation is voluntary. The questionnaire is anonymous and all data will be reported in summarised format. Information will not be released in any form that may identify you as a participant.

Please note that by completing this questionnaire you are providing consent to take part in this research project.

If you have any questions or would like further information please contact Dr David Stanley by email: [david.stanley@uwa.edu.au](mailto:david.stanley@uwa.edu.au)

Thank you in anticipation for your willingness to take part in this research project. Your participation is greatly appreciated.

David Stanley

*Permission has been given by UWA for this research to be carried out. Approval to conduct this research has been provided by The University of Western Australia, in accordance with its ethics review and approval procedures. Any person considering participation in this research project, or agreeing to participate, may raise any questions or issues with the researchers at any time. In addition, any person not satisfied with the response of researchers may raise ethics issues or concerns, and may make any complaints about this research project by contacting the Human Research Ethics Office at The University of Western Australia on (08) 6488 3703 or by emailing [hreo-research@uwa.edu.au](mailto:hreo-research@uwa.edu.au).*

*All research participants are entitled to retain a copy of any Participant Information Form and/or Participant Consent Form relating to this research project (attached with this email).*





