

Lack of awareness of nursing as a career choice for men: A qualitative descriptive study

Max Guy¹   | Kerri-Ann Hughes²  | Philip Ferris-Day³ 

¹Massey University, Palmerston North, New Zealand

²Massey University Manawatu, Palmerston North, New Zealand

³Massey University Wellington, Wellington, New Zealand

Correspondence

Max Guy, Massey University, Manawatu, Palmerston North, New Zealand.
Email: m.guy@massey.ac.nz

Abstract

Aims: This research aimed to identify the factors that impact why men do not view nursing as a career choice.

Design: Qualitative description was utilized to capture the rich narratives and insight of participants.

Methods: Through convenience sampling, nine New Zealand qualified male nurses within their first three years of practice were recruited. Semi-structured interviews were conducted between November 2019 and January 2020 via zoom from sites across New Zealand. All interviews were recorded and transcribed, with the data analysed using Braun and Clarke's thematic analysis.

Results: The findings reflected the experiences of the research participants as they made sense of a predominantly female-dominated work environment both during their undergraduate training and prior to recruitment. The research identified two key themes: The first found that men in nursing experienced isolation due to the societal gendering of nursing influencing the participant's knowledge and understanding of what nursing was, as a career. The second theme found that for participants, nursing was not prominent in their awareness when leaving school and making career choices.

Conclusion: This research indicates that nursing as a career choice for men is still underpinned by a lack of understanding of the actual role of the nurse and what nurses do, and is more supported by a societal perception that nursing is still a feminized profession. Findings can be used to make recommendations for change in the profession to strengthen diversity in the workforce and redefine the recruitment of men into nursing.

Impact: This research reviewed the career choices of men in nursing and why they chose nursing as a profession. Understanding the barriers of why men do not consider nursing as a career choice assists with finding strategies in both the clinical and academic environments that can enable greater gender diversity within the nursing profession.

No patient or public contribution: This applies to this research as the focus was on male registered nurses only.

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KEYWORDS

clinical and academic environments, gender, male nurses, male nursing student, male student nurses, men in nursing, nurses, qualitative approaches, academic qualitative descriptive

1 | INTRODUCTION

The term 'Islands of Masculinity' was initially used by Egeland and Brown (1988) to describe the pockets where the few men tended to situate themselves within the female-dominated nursing profession. The ongoing social construction that nursing is 'women's work' still permeates thinking as to why men do not consider nursing a viable option, and the representation of these beliefs is deep-seated (Harding, 2005). Over three decades later, this phenomenon persists, with men in the nursing workforce remaining the clear minority. Further research by Harding et al. (2018) noted that 'fewer men are still enrolling in nursing programmes, are less likely to graduate and less likely to remain in the nursing workforce postgraduation' (p. 257).

In New Zealand (NZ), the numbers of men in nursing remain low, with male representation across university nursing undergraduate programmes at 8.5% (New Zealand Nursing Organisation, 2012). There are no recent data concerning male students' representation in undergraduate nursing programmes. However, the most recent NZ nursing workforce data (Nursing Council of New Zealand, 2020) put the number of men in the nursing workforce at 9%, which would indicate there has been minimal change in the numbers over the last decade. These low numbers in NZ are consistent with the findings from Whitford et al. (2020) recording across different countries that men account for around 10% of the nursing workforce with examples such as Chile recording 6–10%, the USA 9.6%, Australia 10.9%, Hong Kong 12.7% and Scotland between 8 and 10%.

Understanding the experiences of registered nurses who identify as men will enable the nursing profession to look at strategies to aid in increasing workforce numbers. This paper sets out to explore the views of NZ-qualified male nurses who have been working as registered nurses and are within three years of completing their nursing training. The findings will offer insight into ways strategies can be formulated to increase the uptake of men into the nursing workforce.

1.1 | Background

A review of the current literature supports the views that nursing is a gendered profession and that several issues impact the low numbers of men in the workforce. The invisibility of minorities is one such issue discussed by Brody et al. (2017). The negligible increase in men in the nursing workforce is also seen as an extension of the minimal numbers of male academics evident within the nursing profession (Brody et al., 2017). Bujang et al. (2018) undertook a study of male nurses to understand the perceptions and motivations of male nurses in Brunei. Their research on 11 male nurses found that

men chose to nurse because an opportunity presented itself, or they were influenced by people that were significant in their life, but they had not directly considered nursing when consciously thinking about choosing a career. Clifton et al. (2018) argued that whilst the gender imbalance in nursing has been noted since the mid-1940s in the UK when there were separate registers kept for female and male nurses, little has been done to improve the uptake into the profession. The Chief Nursing Officer for England acknowledges that more is needed to be done and has a joint project with the Royal College of Nurses to look at strategies that will help attract males into the nursing workforce (Haydon, 2017). The current shortage of nursing shortage combined with the imbalance of male to female nurses has been argued by Haydon (2017, p. 35) as 'too important an issue to ignore'. Palazzo and Erikson (2020) note that 'gender stereotyping, role strain, isolation within the profession, attrition, and suspicion around intimate touch when performing nursing care' are still barriers to men entering the nursing workforce (p. 96).

Whitford et al. (2020) provide further evidence that the low number of men in the workforce continues to be maintained through the gendered lens through which nursing is perceived as a profession. The authors also add the lack of relative importance placed on nursing as a man's career, where 'technical specialities' such as engineering continue to dominate career decision-making choices of men.

As indicated by the literature across different countries, the low number of men in the nursing workforce continues to be an issue and this research explores why this is also the case in NZ. This research also aims to ascertain the views of participants who have been practising for less than three years since they were registered to provide a recent understanding of the factors that they saw influencing their choice of career.

2 | STUDY

2.1 | Aims

This research aimed to explore the views of NZ qualified male nurses within the first three years of practice and their awareness of nursing as a career choice, and the factors that may influence recruitment.

2.2 | Design

This study used a qualitative descriptive design to capture participants' rich narratives and broad insights into the phenomena being studied (Neergaard et al., 2009). Utilizing a qualitative descriptive design enables the accuracy and meaning of the participant's voice

to be maintained throughout the research and provides a deeper understanding of the phenomena being researched. As the research is inductive, the exploration of the phenomena enables flexibility in drawing on theoretical constructs that may be relevant to the analysis (Doyle et al., 2020; Kim et al., 2017). Braun and Clarke's (2006) thematic analysis provided a framework from which to draw themes from the participants' narratives.

2.3 | Sample/participants

Nine participants were recruited using convenience sampling. An advertisement was posted on the nursing Facebook page *New Zealand Please Hear Our Voice* in October 2019 that had members from across NZ. Twelve respondents expressed interest initially, yet three were excluded due to not meeting inclusion criteria that (1) participants had to be registered nurses who were male, (2) they held a current annual practising certificate (verified via public register), (3) they had trained at a NZ Bachelor of Nursing programme and (4) they were no more than three years post-registration. Participants in this study came from diverse backgrounds and ages and entered nursing both as a first, second or even third career (See Table 1).

2.4 | Data collection

After obtaining informed consent, nine semi-structured interviews were conducted between November 2019 and January 2020 using Zoom video conferencing software. After demographic information (Table 1) was collected, each interview lasted 30–90 min. Each interview was guided by a 15-item open-ended interview guide (Table 2). The open-ended interview questions were adapted from DeVito (2016) Harding (2005) and Lloyd (2013). Each participant was also sent a condensed version of the interview questions a week before the interview to allow them time to gather their thoughts and enhance the richness of the data. The question guide was pilot tested and refined under guidance from senior researchers before

TABLE 1 Demographics

	Age	Years practising	Practice area	First career
Steve ^a	25	3	Perioperative	Yes
Rob ^a	48	2	Aged care	No
Sammy ^a	28	2	Emergency	No
Ian ^a	30	1	Acute Medical	No
Ben ^a	37	3	Perioperative	No
Caleb ^a	22	2	Acute Surgical	Yes
Shane ^a	38	3	General Practice	No
Pete ^a	24	2.5	Perioperative	Yes
Tim ^a	25	1	Rehabilitation	Yes

aPseudonyms.

commencing interviews. All interview recordings and transcriptions were stored in a password-protected computer in a locked office.

2.5 | Ethical considerations

The research gained institutional low-risk ethics on 5 July 2019 - approval number: 4000021383.

2.6 | Data analysis

Thematic analysis (TA) was used to extract and code data from the nine video interviews. During each interview, written notes were recorded to capture aspects of non-verbal communication such as body language, laughter or long pauses. Interview recordings were transcribed verbatim by the primary researcher. This enhanced the researcher's familiarity with the dataset (Braun & Clarke, 2006).

Using Braun and Clarke's (2006) six-step iterative process, transcripts were initially read and re-read to perform the first wave of coding. The second wave of coding was then conducted to condense and streamline the initial codes. As an essential component of TA, all transcripts were finally re-read to ensure no valuable data had been missed (Braun & Clarke, 2006). Through this process, it was determined by the researchers that data saturation had occurred, and further interviews were not required.

2.7 | Rigour

Transferability is supported by providing contextual information such as age, areas of practice and years since graduation (Table 1). This allows the reader to determine if the findings apply to other similar populations (Koch, 2006). Auditability was maintained throughout, where various appendices were kept, such as participant information forms, interview questions (Table 2) and transcript verification emails (Sandelowski, 1986). To ensure credibility, participants were invited to review the transcripts to confirm that they were accurate descriptions of the interview, with three opting to do so, however no amendments were made. Furthermore, the process of coding, analysis and theme mapping was regularly reviewed by co-researchers using the COREQ 32-item checklist.

3 | FINDINGS

Participants were aged between 22 and 48 (mean = 31) with postgraduate experience ranging from one to three years (mean = 2.1 years). Five of the nine participants entered nursing as a second or third career change (56%). Participants came from various locations across NZ, with four based in large city centres, one from a rural setting and the rest from provincial centres. Two participants worked in primary health care, with the rest working in acute hospital services (Table 1).

TABLE 2 Interview questions

1. Tell me about your employment/educational experience prior to your nursing training? What attracted you to a career in nursing?
2. Which area of nursing have you worked in since graduating? Where do you envisage your career taking you? Why does this area interest you?
3. Do you remember the very first time you encountered a male nurse? Tell me about that?
4. Here in New Zealand, why do you think more men do not go into nursing?
5. When learning about nursing theory, did you ever learn about prominent male nurses or male nursing theorists? If so, who? How were men represented within textbooks and course material?
6. During the degree, was there any educational content around 'male specific' health conditions or health promotional activities?
7. How many male nurses were you exposed to during your education and clinical placements? Were there any that stood out for you? For what reasons?
8. Who did you personally consider key mentors or role models during your training and first year out? (Male or female).
9. How many male peers did you have in your class during your degree? How did you connect with your male peers? How did you connect with your female peers?
10. Do you think there are any constraints upon men's participation in nursing that women do not experience?
11. How do patients (or patient families) respond to you as a nurse/student who is male? Regarding your gender, were there any events or responses (positive or negative) from patients or their families that stood out for you?
12. Tell me about how it is providing personal care to patients? Has this ever caused any issues or discomfort? What kind of preparation/support/debriefing was provided by teaching staff?
13. Hypothetically, imagine you were in a position to design a nursing degree and/or new graduate programme. What would you put in place to support men to ensure they complete the training and stay in nursing long term?
14. Finally, how do you think we could attract more men to nursing?
15. Is there anything further you would like to add?

Two major themes that emerged were an 'isolated position within' and 'off the public radar'. The first theme is underscored by the socio-historical construction of gender roles and norms that still permeate nursing. The second theme was defined according to an outsider's lack of awareness regarding what nursing is, and what nursing is not in terms of scope and diversity.

3.1 | An isolated position within

All participants felt that whilst nursing had progressed, men in nursing were still isolated due to the societal view that still primarily sees it as a gendered profession underpinned by heteronormative gender roles. Here, participants felt nursing was categorized as 'woman's work', where society views nursing as 'this lovely pretty lady who dances around on a ward and showers people' (Pete). Participants

spoke of their younger selves and how they never saw nursing as an option due to their gender:

Ian: I would have never suspected nursing for me in my teen years. I probably would have thought it was only for girls, to be honest.

Shane: For me working in the trades, you always thought, it wasn't really a man's role, that's what females choose to do.

Participants discussed the influence of the mass media concerning where men sit in nursing. Overall, this was based on stereotypes regarding sexuality. Several participants referred to TV programmes and movies where the male nurse was portrayed as 'very flowery and quite gay' (Sammy). Whilst these portrayals are now quite dated, one participant goes on further to discuss a contemporary version of male nursing seen in social media:

Ian: There's a Facebook nurse who is a really campy flamboyant gay male nurse. And he's just doing him, but I think that it's definitely a part of an image of a male nurse as well that a slightly more intellectually lazy viewer might consider.

Ian's final remark here is poignant regarding the formation of stereotypes. These stereotypes around assumed sexuality may present as a barrier to those considering nursing, or perhaps a cause of attrition during undergraduate education:

Caleb: A few guys I lived with in the halls were a bit harsh about it, making comments about my sexuality and things like that... that were more than just jokes really. I mean, it bummed me out a little bit.

Whilst Caleb described these interactions regarding his choice of career as jesting, it was still unwelcome. In contrast to the influence of mass media, one participant experienced a sense of enlightenment that challenged his stereotypes formed by personal reality:

Pete: You know it's actually ok for men to be nurses, and not all men who are nurses are gay. Because my Mum's a nurse, and all the men that were in her year, were all gay. So, then I had this mindset that all male nurses are gay.

Multiple participants at some point during their training journey were challenged about their choice of career. Some comments stemmed from overt discomfort with having men in nursing:

Steve: I actively got told that 'I shouldn't be in nursing because I'm a male'. I have heard this three times now... every female patient I had was unhappy having a male student, basically like 'oh no we couldn't possibly have a male nurse'!

Ben went on to highlight the hypocrisy concerning the discomfort patients may feel regarding having a male RN undertaking physical assessment, versus a male doctor:

Ben: You do sometimes get people who are a bit standoffish about a male examining them... that isn't a doctor for some reason, I don't know what the difference is.

Pete appeared to have internalized Ben's above point:

Pete: I still don't feel completely comfortable introducing yourself as a nurse, as you know, a male doctor is fine, as he's a doctor and he's doing his job... but I guess the way I see it, is that if it was my wife going into surgery, I don't think I would be comfortable with another man, I mean doctors I think are a little bit different.

Many participants were questioned why they had chosen nursing over medicine. Shane and Tim felt it was assumed by others that nursing was a stepping stone to medicine. These assumptions came from patients, family and even medical staff:

Shane: So, I've had quite a few people ask, 'when are you going to finish your training and become a doctor?' Usually, I just laugh as I find it quite funny it's like 'Oh you know, just because I'm a guy doesn't mean I want to be a doctor.'

Tim: There is the constant expectation that one day I'll try to become a doctor. Or just constantly asked, 'why nursing?' Or I feel like people need to give me reassurance that I made the right decision. Almost like they feel I wouldn't be happy with my decision.

All participants felt that males were largely absent from the teaching faculty. Many had no male nursing faculty, or if they did, they taught mental health later in the degree. Most participants could not recall any males within the clinical teaching zone, and in general, participants had limited exposure to male RN preceptors or mentors when in clinical placements. Tim comments that having more male teachers early in the degree could lessen male students' perception of being isolated:

Tim: I definitely think having male educators is a big thing, like we only had the one. It was still helpful to know that starting out, right in the front, there was a male nurse. I think if you went into nursing and there were only females and if you were the only male in the class, and I know that is often the case, and then all you had is female colleagues, and female educators, and then female preceptors, I think that would be quite overwhelming. So, I think having the male lecturer and the odd male out in placement was very helpful, just to know you weren't alone.

In line with Tim's comment, all participants discussed their isolated position amongst their female peer groups as well as the high attrition rates for males:

Caleb: There were three of us when I started. But I was the only one that finished.

Tim: We started with 11 and graduated with five.

Sammy: We had 120 people starting the course and six men. And we had 100 graduates with three men.

These three participants witnessed 50–66% of their male peers withdrawing from the student cohort, with Sammy highlighting the disproportionate attrition rate between genders.

3.2 | Off the public radar

Participant's made frequent references to the public ignorance of the scope and diversity of nursing as a career choice. This sentiment was not coming from a place of criticism, as participants who came into nursing as a second career saw this lack of awareness within their younger selves. One participant spoke specifically of the multitude of specialities that a nursing career offers:

Rob: I don't think they quite realise the potential you can have once you get into nursing. Before I started nursing, I didn't realise how many different fields you can get into because it is not publicised. I counted it one day you can get into about 150 different streams of nursing, and that's just not well known out in the general public.

Participants discussed that insight of 'what nursing is' comes from in three forms: having RNs within the family, having the patient experience of being the recipient of nursing care, or working alongside RNs and witnessing nursing in action:

Tim: With Mum being a nurse, it was always in the back of my mind, so I was brought up with that caring and empathetic mentality.

Sammy: There was a nurse who worked on our ski patrol and was doing the ski patrol part-time in winter. So, we had a medical clinic on our ski field where we worked quite closely with nurses.

For Sammy, this was his gateway moment to the diversity and excitement of a nursing career. In contrast, several participants who entered nursing as school leavers were actively dissuaded from a nursing career by family members and high school career advisors. Career advisors who worked at single-sex schools appeared markedly resistant to nursing:

Steve: I don't think nursing was even on their radar. Unless it was a doctor, accountant, lawyer, or a trade, they didn't want to know you... I know I had it from my dad and my grandmother, 'it's not a real job'. A generation ago, it was a woman's job. I got asked about nine times during my training, 'is this really what you want to do?'

Caleb: I know when I was at school, nursing was never really something that was presented as an option the same way other careers are, such as medicine or physio.

Steve and Caleb's comments imply that career advisors actively diverted them from nursing into more 'male appropriate' professions such as law and medicine. Ian goes on to discuss how language reinforces the ingrained link between nursing and femininity.

Ian: Socially and linguistically, we have the word 'nurse', which means feeding a young one, so breastfeeding and things like that. So, it's really embedded quite deep when you look at it at that level.

Ian then draws attention to the public perception that nursing is still subordinate to medicine, which may present a barrier for males:

Ian: Maybe just avoiding the issue of nurses as the doctor's assistant, as it's still promoted like that.

Rob reiterates and expands on Ian's point, then adds a possible solution to keep men interested and engaged in nursing earlier in the degree:

Rob: It's not well recognised that nurses are qualified as they are.

To get guys to stay and make the undergraduate degree more attractive. I would be pushing them into some of the more specialised areas, and not so much into the general field, because of the perception of nurses being handmaidens. So spending a week in the first year going around specialised areas and talking to nurses, and talking specifically to male nurses who work on the floor, so they can learn the different pathways you can go down.

To attract more men to nursing, most participants believed the highly technical areas of nursing such as emergency, critical care and perioperative care should be showcased.

Pete: We see probably the vast majority of male nurses who graduate like you go down to ED, and there is always loads of males down there, and the same with theatre. Maybe we need to promote those areas more. And that's not to say push women out of them, but if that kind of work is attractive to men, let's push it to them.

Whilst Ian agreed with this strategy, he did not fail to see the irony:

Ian: if you want to get guys, go for the more technical action-packed stuff. And that's trying to address a stereotype with another stereotype, of course!

Caleb speaks of his personal engagement with nursing undergraduate promotional material and recruitment drives and offers suggestions:

Caleb: A lot of promotional material doesn't really seem to factor men in terms of advertising nursing degrees. I did look through a few different providers before I started. I think it would be good to have more male representation in the promotional material by the uni, I mean I helped out at the open days when I was at *name of university* so, encouraging the male nursing students to get involved in that sense.

4 | DISCUSSION

The emergent themes within this study are echoed in the literature on men in nursing globally (Bartfay & Bartfay, 2017; Blackley et al., 2019; Harding, 2005; Powers et al., 2018; Smith et al., 2020; Stanley et al., 2016; Whitford et al., 2020). The themes of socially constructed gender roles, stereotyping and stigma were also noted in this study. The prevailing discourse still purports that being male *and* a nurse remains incongruent with socially constructed gender roles (Blackley et al., 2019; Harding, 2005; Stanley et al., 2016). Participants were acutely aware of the embedded discourse that positions the provision of nursing care as an exclusively feminine trait (Bartfay & Bartfay, 2017; Smith et al., 2020). In line with this, participants entering the profession as a second or third career change never viewed nursing as a valid career option earlier in their lives, as they previously perceived nursing as a female occupation (Whitford et al., 2020).

All participants in this study had prior knowledge of nursing before entering training. Some had family members or people in their close social circles who were nurses. This may be protective as it provides an insider's view of the nursing world and is a source of support and mentoring (Schmidt, 2016; Yi & Keogh, 2016). Similarly, participants entering nursing as a second or third career change had either worked alongside nurses in employment settings or had personal experience receiving nursing care or support (Schmidt, 2016; Yi & Keogh, 2016). Further research is required to understand how insider knowledge influences recruitment and retention, as it may be more common for males than females (Christensen & Knight, 2014).

All participants were aware of or had been the recipients of stigma and stereotypes relating to men in nursing that are still purveyed by the mass media (Smith et al., 2020; Stanley, 2012). The most prominent stereotype painted male nurses and, by proxy, male nursing students—as gay (Bartfay & Bartfay, 2017; Blackley et al., 2019; Powers et al., 2018). This stereotype is so entrenched that further into his study, one participant was surprised to discover that many male nurses were heterosexual (Blackley et al., 2019). For the most part, participants could see this stereotype for what it is—a stereotype. Resilience to stereotyping was also demonstrated by participants in other studies (Kane et al., 2020; Whitford et al., 2020). Nevertheless, stereotypes around sexuality are arguably one of the most significant barriers to entering nursing, especially for younger men (Bartfay & Bartfay, 2017; Blackley et al., 2019; Powers et al., 2018; Smith et al., 2020; Stanley et al., 2016), with Weaver et al. (2014) suggesting that stereotypical media portrayals of male nurses are partly responsible for impeding recruitment.

Participants spoke of the stigma they perceived around caring for female patients, which participants observed as appearing less evident for male doctors. Many felt that a clear double standard existed due to their isolated position as a male minority (Christensen & Knight, 2014). It was acceptable for a male doctor to perform a physical examination on a female patient (Whitford et al., 2020), yet this was an uncomfortable space for males, where the risk of accusation of inappropriate touch became a concern (Bartfay &

Bartfay, 2017; Maykut et al., 2016; Powers et al., 2018). Stanley et al. (2016) argue that this internalized discomfort may stem from a media-driven discourse that pigeonholes men in nursing as oddities or sexual deviants.

Most participants were challenged by family, colleagues and patients regarding their choice to pursue nursing, and not medicine (Kane et al., 2020). At a fundamental level, participants attributed this to socially constructed gender roles (Blackley et al., 2019; Harding, 2005; Smith et al., 2020; Stanley, 2012). Here, several participants felt the constant need to justify their career choice to others that nursing was not a stepping stone to medicine, or a 'plan B' due to failing medical school (Powers et al., 2018).

Similarly, younger participants who displayed an interest in nursing stated that high school career advisors attempted to funnel them towards perceived masculine roles in health, such as medicine, physiotherapy and occupational therapy (Glerean et al., 2017). These actions led to a clear sense that nursing was unsuitable for men (Bartfay & Bartfay, 2017; Powers et al., 2018; Smith et al., 2020; Stanley, 2012). From this study, this aversion to supporting male school leavers to enter nursing appeared pronounced in single-sex schools. This is a critical consideration for tailored support and education for career advisors in co-ed and single-sex schools (Kane et al., 2020).

Participants felt that even before applying to an undergraduate nursing programme, the minority status of men was highly conspicuous. Whilst all participants mentioned their minority status and male attrition rates within the classroom (Bartfay & Bartfay, 2017; Maykut et al., 2016), some also noted the absence of male faculty members and clinical role models (Clifton et al., 2018), especially in the first year of the degree. This absence of males may theoretically be mirrored within promotional material and recruitment activities, and therefore present as a barrier to recruitment. Intentionally ring-fencing male staffing positions may mitigate this and enhance the institution's responsibility towards the targeted recruitment of male nursing students (Clifton et al., 2018). This could be in the form of an equal representation of all genders within promotional material, but also deliberately positioning male staff and students at open days and recruitment activities.

Participants highlighted the public ignorance of the true scope and diversity of a nursing career, and how this may be a barrier to the recruitment of male school leavers. Unless one had insider knowledge of the nursing world, participants felt the public perception of nursing was narrow and undervalued (Schmidt, 2016; Yi & Keogh, 2016). Participants argued that showcasing a realistic image of modern nursing in promotional material would attract more men. Here, marketing strategies should display the diversity of nursing practice areas and the flexibility, travel opportunities and job security that come with a nursing qualification (Christensen & Knight, 2014; Harding et al., 2018; Whitford et al., 2020).

Many authors argue that men will gravitate towards the specialities such as critical care, emergency medicine and perioperative nursing (DeVito, 2016; Harding, 2005). Nursing care in these areas may be perceived as more technical and exciting (Bartfay & Bartfay, 2017; Blackley et al., 2019; Harding, 2005), where teamwork

is crucial, and where men are more physically visible. In these specialities, multiple authors argue that male nurses are shielded from the risk of accusation, especially when caring for female patients or other vulnerable populations (Bartfay & Bartfay, 2017; Blackley et al., 2019; Harding, 2005; Powers et al., 2018).

Despite these traditional trajectories for male nurses, five out of the nine participants in this study (from all age groups) positioned themselves external to these 'islands of masculinity' (Egeland & Brown, 1988; Harding, 2005). Nonetheless, many participants suggested to attract more men to nursing, high acuity and technical areas should be marketed towards males (Devito, 2016; Whitford et al., 2020), with one participant acknowledging this would perhaps reinforce traditional masculine gender roles in the workplace. To enhance retention, another participant saw potential benefit with some level of exposure of year one male students to areas outside the normal first-year clinical rotations (Whitford et al., 2020), where they are permitted to witness and interact with male RNs demonstrating their role.

4.1 | Limitations

Limitations of the study included the limited geographical location of the study as it reflects NZ male novice nurses and NZ European culture. This study aimed to seek insight from participants regarding their experience before and during undergraduate education. It must be acknowledged however, that as all participants were practising RNs at the time of data collection, their views may have been influenced by their postgraduate experience. The primary researcher was a male registered nurse meaning bias was possible regarding the subject, the interaction with participants and data analysis. Possible bias was mitigated by having a female nurse expert who assisted and advised with data analysis and interpretation. Finally, in terms of ethnicity, only one participant identified as NZ Māori, with the rest being NZ European. Future research should explore Māori and other minority populations of men in their journey into nursing practice.

5 | CONCLUSIONS

Men remain underrepresented in nursing in NZ in both healthcare services and nursing education programmes, as is the case globally, and was reflected by the observations and views of the participants that were interviewed in this study. The ratio of smaller numbers of male nurses to female nurses is incongruent with the gender makeup of the wider population that the nursing pipeline serves. This study aimed to explore the male journey into nursing and the subsequent barriers that deter men from becoming nurses. The first theme highlighted the isolation male students experience which is fuelled by the socially constructed view of nursing as a feminine role that is at odds with ideas of what being masculine means. The second theme focussed on the societal perception that nursing was not a fitting career choice for men. Participants felt that the scope and diversity of nursing were unknown to those who did not hold insider knowledge.

Instead, the public perception of nursing is based on schemas and stereotypes that fall back on gender roles that consequentially devalue nursing. To attract more men to nursing, recruitment strategies need to emphasize the scope and roles of the 21st-century nurse whilst simultaneously offering gender equity in promotional media through imagery and language that also appeals to men. In terms of presence, male faculty and role models should be positioned early in undergraduate education and be empowered and resourced to take the lead in recruitment efforts.

AUTHOR CONTRIBUTIONS

Max GUY – primary investigator and author of the study for master's degree in nursing thesis requirement.

Kerri-ann HUGHES – primary contributor to drafting and revising the manuscript for publication.

Philip FERRIS-DAY – thesis supervisor, article editor.

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The authors have no conflict of interest to declare.

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DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ORCID

Max Guy  <https://orcid.org/0000-0003-2563-140X>

Kerri-Ann Hughes  <https://orcid.org/0000-0001-6898-0701>

Philip Ferris-Day  <https://orcid.org/0000-0002-0417-5364>

TWITTER

Max Guy  @MaxGuyRN

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