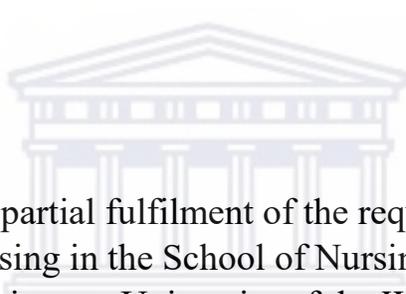


**A CROSS-SECTIONAL PROFILE OF MALE STUDENTS
REGISTERED FOR THE BACHELOR OF NURSING AT A
NURSING TRAINING INSTITUTION IN THE WESTERN CAPE**

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A mini - thesis submitted in partial fulfilment of the requirements for the Degree of
Magister Education in Nursing in the School of Nursing, Faculty of Community
and Health Sciences, University of the Western Cape

The logo of the University of the Western Cape, featuring a classical building facade with columns and a pediment, rendered in a light blue color. Below the building, the text "UNIVERSITY of the WESTERN CAPE" is written in a serif font, with "UNIVERSITY" in all caps, "of the" in lowercase, and "WESTERN CAPE" in all caps.
UNIVERSITY of the
WESTERN CAPE

Supervisor: Professor H. Julie

Co-supervisor: Mr. J. Hoffman

December 2019

A CROSS-SECTIONAL PROFILE OF MALE STUDENTS REGISTERED FOR THE BACHELOR OF NURSING AT A NURSING TRAINING INSTITUTION IN THE WESTERN CAPE

Ilhaam Noordien

Keywords:

- Male nurse
- Nursing training institution
- Recruitment
- Role strain
- Intrinsic Motivation
- Extrinsic Motivation
- Challenges



Abstract

A CROSS- SECTIONAL PROFILE OF MALE STUDENTS REGISTERED FOR THE BACHELOR OF NURSING AT A NURSING TRAINING INSTITUTION IN THE WESTERN CAPE

Men comprise about 10% of the nursing population globally and approximately 15% of the nursing workforce according to the South African Nursing Council. There has been an increase noted in the number of males entering the nursing profession. However, it is reported that male nurses experience discriminatory encounters related to gender bias, nursing culture, lack of equity in learning opportunities, and the stigmatisation of male nurses by the media.

Although figures indicate that men remain a minority within this female-dominated profession, a university in the Western Cape reported an increased enrolment of males in the nursing programme. However, little is known about what motivates them to enter this female-dominated profession and the challenges they face within the nursing profession. Therefore, the aim of this study was to compile a profile of the current male student nursing population at his school of nursing. The objectives were to identify factors motivating male students to choose nursing as a profession; identify the perceived challenges of male students in the nursing programme; and determine any associations.

A quantitative, descriptive study design was used to collect data from the study population, 218 male students registered for the undergraduate nursing programmes in 2018. Stratified sampling was used to select male students for participation in the cross-sectional survey and 143 completed the self-administered questionnaire. The tool in this

study was adapted from studies conducted by Bartfay et al (2010) and from O'Lynn (2003, 2013). The Cronbach's Alpha coefficient for the Likert scale questions to determine the motivation for choosing nursing was 0.700 -and 0.905 for the perceived challenges.

The Statistical Package for the Social Sciences (SPSS) version 25 was used to calculate descriptive and inferential statistics. Spearman's correlations to calculate the strength of the relationship between the dependent variables. Mann-Whitney U test and the Kruskal-Wallis tests were used to determine the associations between the different variables.

A response rate of 65.5% (143) was obtained. The majority of the male students, 84% (120) were aged between 18-25 years and 13% (18) between 26 and 33 years. The majority, 77% (110) were Blacks, 19% (27) Coloureds and 1% (2) White. Forty four percent (63) resides in the Eastern Cape, whilst 39% (56) is from the Western Cape. The spread across the different year levels from 1st to 4th year of the B. Nursing programme are 25% (35), 27(39), 21% (29) and 20% (28) respectively. The majority, 88% (126) had no previous nursing experience before commencing the nursing programme but 53% (76) were studying. The majority, 95% (137) were single and 79% (114) indicating no dependents.

The desire to make a difference in society (97%, n=137) and always wanted to be a nurse (38%, n=54) were identified respectively as the most and least important intrinsic factor for entering the nursing profession. The highest rated extrinsic factors for choosing nursing ranging from 92% -76% included having a stable career; variety of career paths; travelling abroad; career mobility and using nursing as a steppingstone to other careers. However, 39% (56) were encouraged by family to do nursing. In terms of perceived

challenges, the majority of male students indicated that media portrayed nursing as a female profession, 86% (122) and male nurses as gay or effeminate, 71% (102).

Challenges in the clinical settings reveal that 71% (102) of the respondents fear being accused of inappropriate touching of female patients, 82% (118) indicated that female patients were reluctant to receive care from male nurses, and 78% (112) perceive that female colleagues utilize male nurses primarily to lift heavy objects or heavy patients.

Finally, the results indicate that extrinsic motivations were significantly associated with the respondents' race ($p = 0.004$) and province ($p = 0.047$). A significant association was found between intrinsic motivation and the age of those respondents who considered nursing as a profession ($p = 0.000$). There was a significant association between extrinsic motivations and the age when the respondents considered nursing ($p = 0.016$).

The main recommendation that nurse educators and clinical staff be informed of the challenges and gender-based issues that male student nurses face and implement remedial actions in both the classroom and clinical areas.

DECLARATION

I, Ilhaam Noordien, hereby declare that **A cross- sectional profile of male students registered for the Bachelor of Nursing at a nursing training institution in the Western Cape** is my own work, that it has not been submitted for any degree or examination to any other university, and that all the sources I have used or quoted have been indicated and acknowledged by complete references.

ILHAAM NOORDIEN

November 2019



Signed



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Abbreviations

B. Nursing	Bachelor of Nursing
ECG	Electrocardiogram
EI	Emotional intelligence
HEI	Higher Education Institution
ICU	Intensive care unit
NSFAS	National Student Financial Aid Scheme
OSD	Occupation Specific Dispensation
SANC	South African Nursing Council
SASI	Student Administration System Information
SPSS	Statistical Package for the Social Sciences

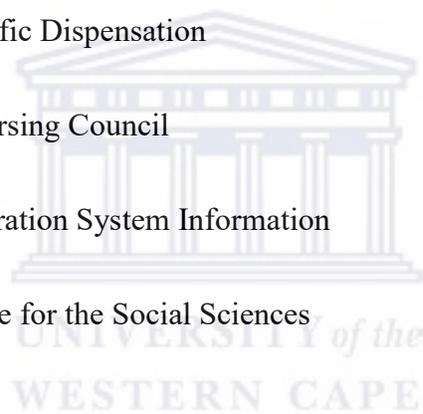


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CHAPTER 1

ORIENTATION TO THE STUDY

1.1 Introduction

In the mid-nineteenth century, nursing has traditionally been a female-dominated profession and was limited to a small number of men entering the profession (Meadus & Twomey, 2011). Global, national and provincial statistics indicate a growth in the number of male nurses, as the total nursing population provides evidence of the number of male nurses on the nursing registers (Adeyemi-Adelanwa, Barton Gooden, Dawkins & Lindo, 2016; Nursing and midwifery council, 2018; Nursing and Midwifery Board of Australia, 2018; Canadian nurses association, 2019; South African Nursing Council (SANC), 2018; Student Administration System Information, 2018). Table 1.1 below gives an overview of the male population in nursing.

Table 1.1 Male population in nursing

Male nurses per nursing population	Percentage	Reference
United States	10.0	Adeyemi-Adelanwa, Barton Gooden, Dawkins & Lindo, 2016.
United Kingdom	11	Nursing and midwifery council, 2018
Australia	11.1	Nursing and midwifery board of Australia, 2018
Canada	9.5	Canadian nurses' association, 2019
South Africa (National)	15	South African Nursing Council, 2018.
Western Cape (Provincial)	10	South African Nursing Council, 2018.
University in the Western Cape	20.0	Student Administration System Information, 2018 & SANC 2018

Table 1.1 illustrates that men remain a minority within the profession despite repeated calls for recruitment and retention of male nurses (Twomey & Meadus, 2016). However, the 20% male nurse enrolment for undergraduate nursing at a local university in the Western Cape is higher than both the international and national figures listed.

1.2 Background

South Africa's healthcare system is predominantly nurse-led and requires nurses to have the competence and expertise to manage the country's burden of disease and to meet South Africa's healthcare needs (National Strategic Plan for Nurse Education, Training, and Practice 2012/13 - 2016/17). With increasing globalisation, expanding immigration and minority population growth, there is a need to increase diversity within the nursing profession to better meet the needs of the South African society (Bednarz, Schim & Doorenbos, 2010). Such diversity should include recruiting more male nurses to meet the client's preferences, especially in male-dominated specialities such as urology, orthopaedics and radiology (Xu, 2008).

Men have been found to be providing care to the wounded, injured, and dying members of society since the beginning of recorded history (Evans, 2004). Religious groups composed of men have also cared for the sick and injured. Thus, the predominance of nursing care was relegated to males throughout history, dating as far back as biblical times (Anthony, 2004; O'Lynn & Tranbarger, 2007).

Historically, Florence Nightingale advocated for improved educational training programmes to improve the status of nurses. However, her schools of nursing did not mix males and females, and many barred men entirely from the profession (Anthony, 2004; O' Lynn 2004, 2007). She believed that nursing, by nature, was unsuitable for men (Anthony, 2004; O' Lynn, 2004, 2007). This has created the gender stereotype that males are not suitable candidates for a career in nursing (Valizadeh, Zamanzadeh, Fooladi, Azadi, Negarandeh & Monadi 2014; Bartfay, Bartfay, Clow, Wu, 2010 & Haigh, 2015). As a result of the perceived gender stereotyping, men in nursing struggle with complex issues related to gender identity and their acceptance in the nursing profession (Zysberg and Berry, 2005; Thompson, Glenn & Vertein, 2011; Prideux, 2010).

Literature also indicates that male nurses' experiences of discriminatory encounters in terms of gender bias and nursing culture may lead to feelings of isolation and despair (Anthony, 2004; Stott, 2007; Kelly, Shoemaker & Steele, 1996; Rajacich, Kane, Willston & Cameron, 2013; Clow, Ricciardelli & Bartfay, 2015; Chinkhata & Langley, 2018). Literature further highlights that the challenges related to how men are received into the profession, starts with the training experience. Those who enter nursing programmes stumble upon nursing curricula which were developed in a fashion preferential to women, along with significant barriers related to gender bias and lack of equity in learning opportunities (O'Lynn, 2004; Ndou & Moloko-Phiri, 2018; Chinkhata & Langley, 2018).

The media also play a role in further stigmatising male nurses (Stanley, 2012). Their portrayal of male nurses in movies is negative with men frequently being shown as morally corrupt, or simply incompetent, with very few media depictions showing male nurses as competent or self-confident (Stanley, 2012). Men in nursing are also portrayed as being gay or effeminate (Harding, 2007; Twomey & Meadus, 2008; Bartfay et al, 2010; Stanley, 2012; Sultana & Ahmad, 2015).

This in turn leads to societal beliefs that nursing is a female profession with a major role of caregiving, which is an attribute befitting a female, thereby perpetuating a bias that limits the role of the male in nursing (Bartfay et al, 2010; Meadus & Twomey, 2011; Haigh, 2015). This attitude has placed a barrier to recruitment and retention of men joining the nursing profession (Meadus & Twomey, 2011; Rajacich, Kane, Williston & Cameron, 2013).

The culture of nursing and gender inequality are listed as longstanding issues that contribute to the shortages in the nursing profession (Mokoka, Oosthuizen, & Ehlers, 2010). Nursing, being a female-dominated profession has developed the importance of developing and maintaining

interpersonal relationships. However, in nursing, diverse patients, communities and families hold certain gender expectations when it comes to caregivers. In some cultures, women patients prefer women caregivers and in other cultures, male patients prefer male caregivers. This creates additional challenges for men in nursing (Bednarz, Schim & Doorenbos, 2010).

Nursing culture consists of the behaviour of the workgroup, as well as the meanings that the staff attribute to their worker relationships and work. Culture includes visions, norms, beliefs and habits that occur within the workforce (Yap, Kennerly & Flint, 2014). In nursing culture, female nurses stereotype their male counterparts as being only necessary for lifting of heavy things that they are unable to. In addition, stereotypes exist that men in nursing are gay and have limited capacity to care since men are perceived as being less capable of 'caring' than females (Mac Williams, Schmidt & Bleich, 2013). The culture associated with nursing poses challenges to males entering the profession as it affects the way nursing staff interacts with patients, other staff and stakeholders (Yap et al, 2014).

South African nurses feel that healthcare delivery and healthcare organisations need to be redesigned in order to address problems like retention and recruitment (Mokoka et al, 2010). Furthermore, Mokoka (2010) stated that the number of women on the nursing registers are reducing due to the fact that they have alternative career aspirations thus contributing to the shortage of nurses. Nurses in SA have waited in anticipation for the introduction of the Occupation Specific Dispensation (OSD), which was supposed to attract young adults to the profession and attract those nurses who have left the profession and retain the public sector workers. However, weak managerial practices and poor planning resulted in very disgruntled nurses in the public sector (National Strategic Plan for Nurse Education, Training and Practice, 2012/13-2016/17). Recruiting more men into the profession is one way of addressing the

demand for more nurses and at the same time meeting the need of diversifying the nursing profession (Bartfay et al, 2010; Feng, Zhao, Shen, Chen & Li, 2016).

1.3 Problem Statement

Research indicates that statistically, men comprise of about 10% of the nursing population globally (Adeyemi-Adelanwa, Barton Gooden, Dawkins & Lindo, 2016). Similar trends exist in South Africa, which stands at 15% as displayed by the 2018 figures released and published in the South African Nursing Council statistics (SANC, 2018). Although these figures indicate that men remain a minority within the female-dominated profession of nursing, the Student Administration System Information (SASI) at a university in the Western Cape indicates that there is an increase of men in the nursing programme and that men currently constitute 20% of the nursing population at the institution. Not much is known about this group of students and it is unclear how to provide support for males in the nursing programmes and in the nursing profession. Buthelizi, Fakude, Martin and Daniels (2015) conducted research at the same university to explore the lived clinical learning experiences of male student nurses. The findings indicated that male nurses are limited in the care they can provide to female patients compared to female nurses, because of their masculinity, which could result in male students not gaining the appropriate knowledge relevant to the profession and thus could affect them as future professional nurses.

This study therefore intends to compile a profile of the current male student nursing population in a school of nursing. This profile will contribute to the understanding of how male nurses experience the B. Nursing programme by illuminating factors that either motivate or challenge male students within the nursing profession. The programme at this institution consists of a 4-year and 5-year Bachelor of Nursing (B. Nursing) programme. The latter programme, also

known as the Foundation Programme, allows students registered for this programme to join the 4-year B. Nursing programme at year level two.

1.4 Research aim

The aim of this study is to describe the profile of male students registered for the B. Nursing programme at a school of nursing to determine their motivation for choosing nursing as a profession, and also to determine their perceived challenges.

1.5 Research objectives

1.5.1 To describe the demographic profile of male students registered for the B. Nursing programme

1.5.2 To identify factors motivating male students to choose nursing as a profession.

1.5.3 To identify the perceived challenges of male students in the nursing programme

1.5.4 To determine the association between the demographics (Objective 1.5.1) and motivating factors (Objective 1.5.2).

1.5.5 To determine the association between the demographics (Objective 1.5.1) and the perceived challenges (Objective 1.5.3).

1.6 Definition of terms

Male nurse: A nurse is a person trained to care for the sick or infirm (South African Concise Oxford Dictionary, 2002:798). Operational definition: a male student registered at a nursing training institute or a male working within the nursing profession.

Nursing training institution: An academic training institution where learners study in order to become nurses and is accredited by the South African Nursing Council, as cited in the Nursing

Act 53 of 2005. Operational definition: A school at a higher education institution where learner nurses are registered for B. Nursing (4-year and 5-year program) to train in order to become professional nurses.

Recruitment: The action of finding new people to join an organization or support a cause: the recruitment of nurses (The new Oxford dictionary of English, 1998:1552). Operational definition: Encouraging men to choose nursing as profession.

Role strain: The part or character which one has to play, undertake or assume with reference to the part played by a social life (The Oxford English Dictionary, 2004:41). Operational definition: Conflict between gender behaviour and behavior expected of a male nursing student when caring for childbearing women and their infants.

Internal motivation: Intrinsic motivation is an incentive to engage in a specific activity that derives from pleasure in the activity itself rather than because of an external benefit that might be obtained e.g. money (APA Dictionary of Psychology, (2018)). Operational definition: The intrinsic motivations for most men who choose nursing range from a desire to help others to caring, community respect, interesting work, working closely with people, a sense of achievement, mentally challenging work, contributing to society and self-validation.

External motivation: Extrinsic motivation is an external incentive to engage in a specific activity, especially motivation arising from the expectation of punishment or reward (APA Dictionary of Psychology (2018)). Operational definition: The extrinsic motivations for men who choose nursing range from salary, flexible hours, autonomy, opportunity for advancement, employment security, travel opportunities, flexibility to leave and return to workforce, influence of family and friends.

Challenges: Difficult or demanding task, especially one seen as a test of one's abilities or character (The Oxford English Dictionary, 2004:1077). Operational definition: The situations or tasks within the nursing profession that makes it difficult for male students to provide effective nursing care e.g. female patients' refusal to be washed by a male nurse.

1.7 Outline of the chapters in the study

The thesis consists of the following chapters:

Chapter 1 serves as an introduction to the study that provides the background, followed by the research problem, research aim and objectives. Thereafter, the relevant definitions are defined, and the chapter concludes with a summary and the study layout.

Chapter 2 explores the literature under the following themes: stereotypical gender attributes in nursing; role strain experienced by male nursing students; factors motivating men to choose nursing as a profession and perceived challenges of male nurses.

Chapter 3 outlines the research methodology as discussed in terms of research design, research setting, population, sampling, data collection, data analysis and ethics.

Chapter 4 presents the research findings. The main findings of the study are presented according to the items in the questionnaire re: the demographic information of the respondents (students' age group, race, level of nursing, province, year student matriculated, age first considered nursing, age when started nursing, activity before nursing; healthcare/nursing experience prior the current nursing programme; marital status and number of dependents); the factors motivating men to choose nursing and also the perceived challenges of male nurses.

Chapter 5 presents the interpretation of data and the main findings of the study are discussed and compared with similar studies in the field. A summary of the study is then provided by reviewing the main findings of each objective. Conclusions are made based on the findings of the study which is then followed by the limitations of the study.

Chapter 6 outlines the main findings, recommendations and limitations of the study.

1.8 Conclusion

In this chapter, an overview of the study was given. It also incorporated the background, problem statement, research aim and objectives, definition of terms and outline of the chapters in this study. In the subsequent chapter the literature review will be presented.



CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter will explore literature relevant to the profile of male student nurses. The review will focus on the stereotypical gender attributes in nursing; role strain experienced by male nursing students; factors motivating men to choose nursing as a profession, and the perceived challenges of male nurses.

2.2 Stereotypical gender attributes in nursing

Despite the growing figures of men entering nursing, they experience negative reactions which are mainly due to the perceived gendered nature and the feminine views of caring in nursing (Kouta & Kaite, 2011). Stereotypical feminine attributes include nurturing, caring, passivity and subordination, whereas stereotypical masculine attributes include independence, aggression, strength and competitiveness (Thompson, Glenn and Vertein, 2011). This has been corroborated by Evans (2004), who declared that the history of nursing reveals a strong association of nursing being viewed as a female profession.

The stereotyping of male nurses as 'gay' persists (Harding, 2007; Sultana & Ahmad, 2015; Stanley, Beament, Falconer, Haigh, Saunders, Stanley, Wall & Nielson, 2016), as patriarchal beliefs dictate that men who choose nursing must be 'gay' since nursing is a role perceived as only suitable for women (Meadus & Twomey, 2011). This was confirmed in a study by Stanley (2016:18) that identified "most male nurses as gay" as the most common misperception about men in nursing. This stereotype is linked to discrimination associated with homosexuality, homophobia (Harding, 2007). Coupled to this homosexual perception of men in nursing, they are

also perceived as sexual aggressors, and thus the caring practices of male nurses are viewed with suspicion (Evans, 2002). The stereotype of men as sexual aggressors creates suspicion that men are at the bedside for other reasons and not out of a genuine desire to help others. An expression of caring and compassion can therefore be at risk of misinterpretation and expose them to accusations of inappropriate behavior (Evans, 2002) It creates a barrier to provision of effective nursing care (Harding, 2007). Men therefore use less touch in the provision of intimate care to prevent accusations of sexual harassment (O' Lynn, 2007).

2.3 Role strain experienced by male nursing students

Tzeng, Chen, Tu and Tsai (2009) as well as Mohamed and Mohamed (2015) reported that male nursing students face greater role strain than their female counterparts, especially in the obstetrical setting. They also found that male students “had significantly higher levels of role conflict, role ambiguity, and role incongruity than their female colleagues” (Tzeng et al., 2009:5).

Callister, Hobbins and Coverston (2000:409), found that male nursing students had higher levels of role strain than female students, as measured on the Sherrod Role Strain Scale, designed to identify “conflict between gender behaviour and behaviour expected of a nursing student when caring for childbearing women and their infants.”

Evans (2002), stated that men in nursing tend to work in technical areas such as emergency, ICU, operating rooms and anesthetics because it is more congruent with the masculine role, thus reducing the role conflict and dispersing any stereotypical labels they may experience. It reduces role strain as less personal care is needed in these areas and nurses are required to be dressed in a less traditional nurse uniform (Stott, 2007).

The incongruity existing between gender identity and occupational stereotyping, may cause men in non-traditional careers to experience role strain (Jackson, Wright, & Perrone-Mc Govern, 2010; Moore & Dienemann, 2014). For male nurses, role strain can originate from multiple sources such as masculine stereotypes (Evans, 2002; Evans, 2003; Mohamed & Mohamed, 2015), male nurses' contribution to heavy manual work (Fisher, 2009; Meadus & Twomey, 2011; Haigh, 2015), and proper use of touch (Stott, 2007; Mohamed & Mohamed, 2015).

Research by Evans (2002, 2003, 2004; Mohamed & Mohamed, 2015) suggests, even 'masculine stereotypes such as the "he-man," 'capable of taking on more of the heavy physical labour of nursing, (Evans, 2004:18), and the "enforcer," able to control aggression in psychiatric patients', (Evans, 2004:19) can serve to create role strain for men in nursing. Such stereotypes may limit a man's ability to manage care in a way that is consistent with his own values.

Gender role conflict and role stress has a negative impact on male nursing students and their ability to successfully complete a nursing education programme (Callister, Hobbins-Garbett, & Coverston, 2000).

2.4 Factors motivating men to choose nursing as a profession

Men choose nursing based on either intrinsic or extrinsic motivating factors. Intrinsic motivation is an incentive to engage in a specific activity that derives from pleasure in the activity itself rather than because of an external benefit that might be obtained e.g. money (APA Dictionary of Psychology, (2018)). Extrinsic motivation is an external incentive to engage in a specific activity, especially motivation arising from the expectation of punishment or reward (APA Dictionary of Psychology (2018)).

The intrinsic motivations for most men who choose nursing range from a desire to help others to caring, community respect, interesting work, working closely with people, a sense of achievement, mentally challenging work, contributing to society and self-validation (Boughn, 2001; Whittock, 2003; Hodes, 2005; Hart, 2005; Zysberg, 2005; Mullan & Harrison, 2008; Snyder, 2011; O'Connor, 2015; Harding, 2009; Whittock & Leonard, 2003; Ierardi, Fitzgerald & Holland, 2010; Haigh, 2015; Twomey & Meadus, 2016). Other intrinsic motivating factors were personal fulfilment, self-validation, a sense of altruism and caring, and their perception of nursing as a vocation (Harding, 2007; O'Connor, 2015). In a study by Boughn (2001), he found that although men expressed a desire to help others as motivation to choosing nursing, all male student nurses conveyed that practical motivations were more important factors.

The extrinsic motivations for men who choose nursing range from salary, flexible hours, autonomy, opportunity for advancement, employment security, travel opportunities, flexibility to leave and return to workforce, influence of family and friends (Snyder, 2011; Chou and Lee, 2007; Yang, Gau, Shiau, Hu & Shih, 2004; La Rocco, 2007; O'Connor, 2015; Haigh, 2015; Twomey & Meadus, 2016).

Furthermore, Yang, Gau, Shiau, Hu and Shih (2004), highlighted the cost of tuition fees, reputation of the school, and the convenient location of the school as the male nurses' descriptions on why they choose nursing as a profession.

In a study by O'Connor (2015), one of the participants' motivations to pursue a profession in nursing was derived from the fact that he could get sponsorship from the nursing programme as he was already employed as a caregiver. It was also found that some males choose nursing because of the perception of nursing as a profession, and because it could provide opportunities for further study within or outside of the nursing profession.

In addition, early exposure to nursing and other healthcare professionals was influential in male nurses' decision to enter the nursing profession. This also included participants who had family and friends who were nurses (Harding, 2009; Rajacich, Kane, Williston & Cameron, 2013).

Some male nurse students also had relatives and friends who encouraged them to enter the nursing profession that provided for their motivations to enter the profession (Haigh, 2015; Stanley et al, 2016; Twomey & Meadus, 2016), while one participant admitted that his guidance counsellor encouraged him to enter nursing (Zamanzadeh, Valizadeh, Keogh & Monadi, 2013)

2.5 Perceived challenges of male nurses

Men in nursing are challenged by barriers such as stereotyping, sexism, and socialisation issues (Dyck, Oliffe, Phinney & Garret, 2009; Chinkhata & Langley, 2018). Men in nursing are also perceived as gay (Harding, 2007; Stanley, Beament, Falconer, Haigh, Newton, Saunders, Stanley, Wall, 2014). These stereotypes may result in male nursing students facing many prejudices, which in turn leads to ridicule, isolation, stigma and loneliness (Kelly, Shoemaker, & Steele, 1996; Rajacich et al, 2013; Clow, Riccardelli, & Bartfay, 2015), thus preventing them from staying in the nursing profession (Meadus and Twomey, 2011; Chinkhata & Langley, 2018).

Although historically, from the earliest centuries, men were at the forefront of nursing and were identified as caregivers (Twomey & Meadus, 2008). Nursing was an exclusively male profession throughout a large portion of history (Liminana-Gras, Sanchez-Lopez, Roman & Corbalan-Berna, 2013). However, sadly this role of men in nursing either has been forgotten or overlooked (Twomey & Meadus, 2008). Evans (2004) states that this leaves male nurses with very little information about their professional background. For this reason, men experience gender discrimination and role strain within the nursing education. Failure to recognise the historical

contributions men have made to the nursing profession has created the mindset that nursing has always been a feminine profession (Anthony, 2004; Keogh & O'Lynn, 2007; O'Lynn, 2004).

In Australia, between 40% and 50% of male nursing students drop out, fail or transfer to other courses (Stott, 2007). Male nursing students and male nurses have twice the attrition rate of that of female nursing students and female nurses (Zamanzadeh, Valizadeh, Negarandeh, Monadi & Azadi, 2013).

Most challenges experienced by male nurses occur during their educational programmes. These barriers are no male faculty, no mentorship program for male students, no guidance on the use of touch” and “inadequate opportunity” to work with men in the clinical areas (O'Lynn, 2007; Stott, 2007; Ellis, Meeker, & Hyde, 2006; Ozdemir & Cevik, 2019; Kronsberg, 2017; Chinkhata & Langley, 2018).

Inoue, Chapman and Wynaden (2006) reported that providing intimate care was challenging to male nurses and they often used the strategy of humour to reduce their own embarrassment and stress, as well as the discomfort that the client might be experiencing. The researchers also found that most male nurses did not receive any other formal education on the appropriate use of humour or any other effective strategies to alleviate or lessen the discomfort that male nurses experienced when providing intimate care to female patients (Inoue, Chapman & Wynaden, 2006).

Harding, North and Perkins (2008:94) conducted a large qualitative study which looked at the issue men face when providing intimate care and concluded that male nursing students often feel “vulnerable” and they fear that they will be accused of “sexual misconduct”. In a qualitative study done by Chinkhata and Langley (2018) among male student nurse midwives in Malawi, it

was reported that the students faced more negative than positive experiences in nursing. The positive experiences were that respondents indicated that some female patients preferred male nurse midwives, especially during labour and delivery, as it was reported that female midwives shout at pregnant mothers during labour and delivery. However, there were female patients who did not want to be cared for by male midwives. Also, there were husbands who did not want their wives to be attended to by males. These students also faced issues of discrimination by female nurses and students and felt that the female nurse managers favoured female nurses. They felt a sense of isolation as nursing is a female occupation a lack of male role models is found to be a critical factor in this regard.

Similarly, in a study by Kronsberg (2017), the male students reported that they were denied many academic experiences as they never got to view or assist with any labouring mothers in their midwifery placement as their schedules were changed. They reported that the management of the nursing programme, including the Dean of Nursing did nothing to stop the discrimination despite the males voicing their unhappiness.

In a quantitative study by Bolsoy, Sen, Ulas and Durgun (2019) conducted in Turkey, it was determined that 52,2% of the pregnant respondents agreed with the opinion that both women and men could be midwives. However, the majority, namely 97,9% of the pregnant respondents indicated that they wanted to receive care from female midwives and 98,4% wanted to receive delivery service from female midwives.

Contrary to the above studies, Jooste and Mia (2015) conducted a qualitative study of male nursing students at a nursing college in the Western Cape Province. It was found that the males expressed positive feelings about their midwifery course. They acknowledged the difficulties

faced at times but that they have learned to adapt to the situation and also viewed their midwifery course as a peak experience in practice.

Evans (2002), revealed that participants mentioned that they were more comfortable touching men who were acutely ill because they were too sick to care about how they were treated and by whom. They also found that older men were more comfortable being touched by another man because they did not portray a strong macho type.

Male nursing students have reported receiving minimal or no formal education regarding coping strategies to manage difficult clinical situations, which included learning safe and effective approaches to providing intimate care for female patients, especially during the obstetrical clinical rotation (Bell-Scriber, 2008; Harding et al., 2008; Inoue et al., 2006; Roth & Coleman, 2008; Keogh & Gleeson, 2006). Often male students are left to learn these skills “on the job” or from other male nurses who have graduated before them (Inoue et al., 2006:566).

Sex-discrimination based attitudes and behaviours in the clinical setting also resulted in male students losing their motivation for remaining in the nursing profession (Ozdemir & Cevik, 2019; Kronsberg, 2017). In a qualitative study done at two universities in Turkey, all of the 15 male students reported that they faced sex discrimination after legislation was passed in 2007 allowing males to be employed as nurses in Turkey. They were used for heavy work such as lifting and carrying heavy patients and were placed mostly in orthopaedic units, emergency and intensive care units. All students reported that they faced sex discrimination by health workers, patients and their relatives, especially in clinical setting, and especially during women health and disease placements (Ozdimer & Cevik, 2019).

American textbooks were reviewed between 2003 and 2005 because they revealed unequal representation of gender and were biased in favour of women (Bell-Scriber, 2008). The underlying gender-based and biased assumptions in lectures and textbooks that nurses were of the female gender only, were found to increase negative feelings (Bell-Scriber, 2008).

Lack of role modelling in the classroom and clinical areas is one of several challenges for male learners that can affect the recruitment and retention of males in nursing (Brady & Sherrod, 2003; Kouta & Kaite, 2011; Stott, 2007; Chinkhata & Langely, 2018). A non-supportive learning environment exerts additional psychological stress on male students (Wang, Li, Hu, Chen, Gao, Zhao, & Huang, 2011). Smith, 2006; Meadus & Twomey, 2007; Ellis, et. al., 2006 have identified that male nurses would find it beneficial to have male nursing support incorporated into nursing programmes. This support may be in the form of male nursing instructors, male clinical instructors, and male preceptors (Ellis, et. al., 2006). In a qualitative study by Juliff, Russell and Bulsara (2016), the majority of the participants also reported the importance of having other men to relate to during their undergraduate years such as nursing educators, other nursing students and clinical colleagues. They felt that having this support present was as to debrief with someone who understood their issues and challenges when entering the nursing profession and offered encouragement and support. Having few or no male role models to whom male student nurses could look up to resulted in a barrier in the socialisation process and consequently compromised their learning (Chinkhata & Langley, 2018).

Media and society have influenced the perception that nursing is the domain of females. It usually associates nursing with compassion, caring and empathy and in turn these traits are related to femininity (Twomey & Meadus, 2008). Valizadeh, Zamanzadeh, Fooladi, Azadi, Negarandeh and Monadi (2014) revealed that the social construction of nursing as a female

profession creates difficulties for male nurses and questions men's abilities to offer care to patients. Similarly, McLaughlin, Muldoon and Moutray (2010) revealed that a societal perception exists that masculinity and caring are mutually exclusive. This in turn creates conflict for male nurses as they try to balance becoming a professional and caring nurse and maintaining a sense of masculinity. In a study by Codier and MacNaughton (2012), the emotional skills of undergraduate male nurses in Hawaii were explored using the ability Model of Emotional Intelligence (EI), which was developed by cognitive psychologists John Mayer and Peter Salovey. They examined 39 male nurses and compared them to 213 female counterparts. The study provided evidence that male and female nurses have equivalently measured EI ability scores. Hence male nurses may be assumed as having the same potential for emotional capability as female nurses.

An additional barrier is the societal perception around men in nursing and the persistent gender stereotyping that exists (Rajacich, Kane, Williston & Cameron, 2013). The film, 'Meet the parents,' reflects perceptions amongst some sections of society and presents the notion that men in nursing have a masculinity crisis if they are drawn towards a profession based on nurturing and caring (Duffin, 2009).

In a qualitative study by Bell-Scriber (2008:144), extensive classroom observations demonstrated that male nursing students experienced a "chilly" climate which was the result of (a) feelings of discrimination, (b) feelings that the nursing faculty "do not want men to become nurses", (c) classroom examples during lecture where the nurse was habitually referred to as she, and (d) a general overall feeling that some of the nursing faculty "would like to get rid of the men".

O' Lynn (2004) completed a study on male nurses' experience in a nursing programme(s) and compiled a list of potential barriers faced by men in schools of nursing. These barriers included items such as lack of male faculty role models, different clinical experiences in obstetrics, no opportunity to work with male nurses in the clinical setting, no history of men in nursing presented in the curriculum, faculty referring to a nurse as 'she', and a feminine style of caring emphasised in the programme. From the findings of this survey, O' Lynn (2004) developed a measurement tool called the Inventory of Male Friendliness in Nursing Programs (IMFNP), which were used to evaluate nursing programmes in terms of their rate of male friendliness. O' Lynn (2004:235) found that "nursing education, as a whole, has failed to provide an environment optimally conducive to attracting and retaining men as students and, thus, preparing men for the nursing profession".

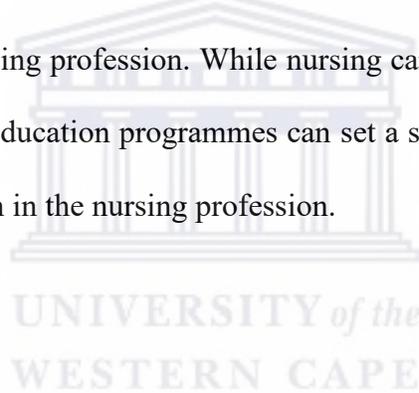
Bartfay and Bartfay (2007) examined the perceived acceptance of male students in an undergraduate nursing programme. A survey tool was developed called the Perceived Acceptance of Men in Nursing Education (PAMINE), which consisted of 25 distinct questions, with the respondent indicating either *agree* or *disagree*. The PAMINE survey was found to have test-retest reliabilities of Cronbach's alpha of 0.93 and 0.87 respectively. The results of the survey demonstrated that in the Canadian society there is a general perception that nursing is a more suitable career choice for women than men. (Bartfay & Bartfay, 2007).

An investigation at a Western Cape nurse training institution discovered in 2005 that the institution tried to balance the number of male and female students. The investigation further reported that only one third of the selected male students advanced to the fourth year. Since then the institution has reduced the amount of men gaining entry to the programme (Breier, Wildschut & Mgqolozana, 2009). This is a disturbing approach in two ways. Firstly, the high incidence of

dropout amongst the men entering the profession and secondly, the reaction of the institution with regards to the high dropout rate. McLaughlin, Muldoon and Moutray (2009) reports that males are more likely to leave the nurse training than females.

2.6 Conclusion

The review of literature highlights male students' motivation to enter the nursing profession, as well as their perceived challenges faced by them within the nursing profession. By determining the prevalence and importance of barriers that exist for male nursing students, an effort can be made to remove these barriers and improve the experiences of male students. If the experiences of male students are improved, it will reduce the rate of attrition and lead to an increase in the amount of men entering the nursing profession. While nursing cannot change societal values, the nursing profession and nursing education programmes can set a standard that impacts the current attitude that society holds of men in the nursing profession.



CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

The research methodology that guided the study will be discussed in this chapter. The research methodology informs what the researcher did to solve the research problem (Brink, Van der Walt & Van Rensburg, 2006). The research methodology will be discussed in terms of the research design, research setting, population, sampling, data collection, data analysis and ethics that the researcher considered when designing the study.

3.2 Research design

The research design is the overall plan for gathering data in the study (Brink, Van Der Walt & Van Rensburg, 2006:92). It also forms the blueprint of the study and “determines the methodology used by the researcher to obtain sources of information, such as the subjects, elements and units of analysis, to collect and analyse the data, and to interpret results” (Brink, Van Der Walt & Van Rensburg, 2006:92). The researcher used a quantitative, descriptive cross-sectional design for this study. A brief description of these methodological concepts is given below.

3.2.1 Quantitative design

A quantitative design is a traditional research method rooted in the philosophical assumptions of positivism. The major assumption of positivism is that reality exists and that it can be measured and observed. Data are gathered, then analysed objectively and statistically to produce precise and generalisable findings (Polit & Beck, 2012). Quantitative research is a formal, objective, rigorous and systematic process for generating information about the world (Burns & Grove,

2005). Quantitative research: A research method in which the variables are preselected and defined by the investigator and the data are collected and quantified, then statistically analysed (Dempsey & Dempsey, 2000).

3.2.2 Descriptive design

Descriptive research is conducted “to determine the attitudes, beliefs, opinions, behaviours and demographics of a study” (Polit & Beck, 2008:287). A descriptive study allows the researcher to describe the variables to answer the research question. (Brink et al, 2006). Hence the researcher collected data and described the variables listed for the various objectives (Dempsey & Dempsey, 2000). Furthermore, relationships between variables were also explored for Objectives 3.2.4.1, 3.2.4.2 and 3.2.4.3 (Brink, et al, 2006).

3.2.3 Cross-sectional survey

A cross-sectional survey is defined as an observational study that collects data from representative subjects at one point in time of a population (Dempsey, Dempsey, 2000). It is also described as a “design which describes a study that the researcher conducts in the present to examine that which currently exists” (Brink, Van Der Walt & Van Rensburg, 2006:10). In this study, data were collected from male student nurses registered in 2018 for the following objectives.

3.2.4 Research objectives

3.2.4.1. To describe the demographic profile of male students registered for the B. Nursing programme.

3.2.4.2. To identify factors motivating male students to choose nursing as a profession.

3.2.4.3. To identify the perceived challenges of male students in the nursing programme.

3.2.4.4. To determine the association between the demographics (Objective 3.2.4.1) and motivating factors (Objective 3.2.4.2).

3.2.4.5. To determine the association between the demographics (Objective 3.2.4.1) and the perceived challenges (Objective 3.2.4.3).

3.3 Research setting

A research setting is a physical, social and cultural location in which the researcher conducts a study (Burns & Grove, 2009). The study was conducted at a residential university in the Western Cape which offers postgraduate and undergraduate nursing programmes. This setting was chosen because this institution offers a 4-year and 5-year Bachelor of Nursing (B. Nursing) nursing programme. The latter programme, also known as the Foundation Programme allows students registered for this programme to join the 4-year B. Nursing programme at year level two. This institution also offers the largest residential nursing programme in Africa and has 920 female students and 218 male students in the B. Nursing programme.

3.4 Research population

A population is the entire group of objects or persons that the researcher is interested in during his/her research (Brink, Van Der Walt & Van Rensburg, 2012). In this study, the population was 218 male students registered for the undergraduate nursing programmes in 2018. Of these, 176 male students were registered in the 4-year nursing programme and 42 in the 5-year nursing programme.

3.5 Sampling choice and size

A *sample* is a part or fraction of a whole, or a subset of a large set, selected by the researcher to participate in a research study (Brink, Van Der Walt & Van Rensburg, 2012). *Sampling* refers to

“the researcher’s process of selecting a sample from a population in order to obtain information regarding a phenomenon in a way that represents the population of interest” (Brink et al, 2006:124).

There are two sampling approaches, namely probability and non-probability sampling. *Probability sampling* permits the researcher to estimate the sampling error, reduces bias in the sample or sampling and makes it possible for the researcher to use inferential statistics correctly (Brink et al, 2006). Common techniques of probability samples are simple random sampling, stratified random sampling, systematic random sampling and cluster sampling. The researcher used stratified random sampling as the population was divided into subgroups, namely year levels of study (Brink et al, 2006).

With a population of 218 male students it is advised to include the whole population in the study in order to ensure that the results are reliable and generalisable (De Vos, 2005). Therefore, the researcher did not use any sampling method in this study but included the whole study population.

3.6 Data collection instrument

The data collection was done using a self-administered questionnaire (see appendix A). Questionnaires could be used to obtain factual data about events, beliefs, attitudes, or opinions of respondents (Brink et al, 2006). Further Brink et al (2006) states that cost effectiveness is an advantage of a questionnaire. Researcher bias is limited due to no direct interaction with respondents (Brink et al, 2006). The tool in this study was adapted from studies conducted by Bartfay et al (2010) and from O’Lynn (2003, 2013). Bartfay invented the ‘Attitude towards men in nursing’ (ATMIN) tool. Question five (5) from the original tool of Bartfay has been excluded

as this question is directed at female students. The question 5 being, “I feel that nursing is more appropriate for females because they tend to be more caring and compassionate by their inborn nature” (Bartfay et al, 2010). O’Lynn invented the ‘Inventory of male friendliness in nursing programs’ (IMFNP). Some questions were excluded as they were not beneficial to the study while some questions were directed at male nurses who had already completed the nursing programme. The questionnaire was conducted in English only as all the students could speak and understand English.

After modification, the questionnaire consisted of fifty-four (54) questions and were subdivided into three (3) sections. The questionnaire contains closed-ended, multiple choice and Likert scale questions.

Section A was titled **Demographic Information**. This section consisted of eleven (11) questions which requested mainly categorical information: the respondents age, race, year level of nursing, which province they came from, year they matriculated, which year they considered doing nursing, which year they started doing nursing, activity before doing nursing, any prior nursing experience, marital status, number of children. Various scales were used to analyse the data collection. This gave the researcher an insight into the biographical information of the respondent.

Section B was titled **Motivations for choosing nursing**. This section consisted of fifteen (15) Likert scale questions. (1) Strongly disagree (SD), (2) Disagree (D), (3) Neutral (N), (4) Agree (A), (5) Strongly agree (SA). This scale was later processed into a dichotomous variable (disagree and agree). Strongly disagree, disagree and neutral were recoded into disagree, and

strongly agree and agree were recoded to agree. This section was aimed at determining the male students' motivation for choosing nursing as a profession.

Section C was titled **Perceived Challenges** and consisted of twenty-eight (28) Likert scale questions. In this section, negative wording was used and thus reverse coding was done on the items so that a high value indicates the same type of response for every item. (1) Strongly agree (SA), (2) Agree (A), (3) Neutral (N), (4) Strongly disagree (SD), (5) Disagree (D). This scale was later processed into a dichotomous scale (agree and disagree). Strongly agree, agree and neutral were recoded into agree, and strongly disagree, and disagree were recoded into disagree.

This section was aimed at determining the male students' perceived challenges within the nursing profession.

3.7. Pretesting of the instrument

Pre-testing of an instrument is done to determine its feasibility and validity (Brink & Wood 1998). Twelve (12) respondents were selected for pretesting. The pretest participants consisted of two (2) male students from each year level who participated voluntarily. After pretesting it was found that question eleven (11) under section A, was unclear and did not meet the requirements of the objective of the research therefore, question eleven (11) was modified. The Cronbach's alpha co-efficient of the research instrument during the pre-test was 0.7 which is an acceptable range. An acceptable Cronbach's alpha ranges from 0.70-0.95 (De Vellis, 2003).

3.8 Data collection

Before the collection period, permission was obtained from the Registrar as well as from the head of the School of Nursing to conduct the study. The researcher then contacted all the coordinators from the different year levels to inform them of the study. The researcher then

contacted the lecturers of each group from each year level. The researcher informed the lecturers about the study and asked permission to meet the male students in their classes. The researcher was given a date and time by the lecturers to meet the students to collect the data.

On the days of collection, the researcher met with the male students. The study was explained to the students. The researcher explained to the respondents that participation was completely voluntary and that they will not be penalised in any way for non-participation. The researcher explained to the respondents about confidentiality and anonymity. The researcher explained to them that they will be given an information sheet which contains details about the study, as well the researcher's and the contact details of the researcher. They were informed that they could keep the information sheet as they had access to the study after completion. They were also informed that it would take about 15-20 minutes to complete the survey. Consent was obtained through completion of a consent form. The researcher then handed out the questionnaires and stayed in the class while the students filled it in and answered the questions that the students had. Completed questionnaires were collected separately from consent forms and placed in sealed envelopes to ensure anonymity. The researcher continued with the data collection over a period of four months.

The researcher experienced many challenges during the collection process. On the days that were agreed upon between the lecturer and researcher to meet the students, there were many students absent due to studying for a test. Another challenge was the non-cooperation from some students. The researcher was given time at the end of the period to meet with them, and some of them left without giving the researcher the opportunity to explain the study. In addition, the Community and Nursing Science Faculty moved premises during the June vacation. At the beginning of term

three the lecturers were not settled in the new premises yet and the researcher was unable to meet with students until the lecturers were ready.

3.9 Data Analysis

Data analysis entails categorising, ordering, manipulating and summarizing the data and describing them in meaningful terms (Brink et al, 2006). Descriptive statistics were used to describe and summarise the data. Data were organised and summarised in an organised manner with the purpose of having meaning to readers of the research report and providing readers with a summary of the information based on the responses of the sample (Brink et al, 2006). The Statistical Package for Social Sciences (SPSS v.25) was used. A number (code) was assigned to each respondent's questionnaire to allow for easy identification by the researcher.

In this study, the researcher focused on measures of central tendency, namely the mean values and measures of variability, which included standard deviations. The mean value (\bar{x}) determines the average of scores and the standard deviation (SD) indicates the distribution of responses in relation to the mean value (Brink et al, 2006). Information was presented in tables. Inferential statistics using non-parametric statistics were used. Inferential statistics was used to make correlations between motivations and perceived challenges. Inferential statistics use sample data to make an inference about the population. (Brink et al, 2006). Spearman's correlations were used to calculate the strength of the relationship between the dependent variables. Spearman's correlation is a non-parametric test used to measure the strength of association between two variables (Polit & Beck, 2012). By using Spearman's correlation, the researcher could report any statistically significant relationships between the motivations for choosing nursing and the challenges perceived. A p-value of less than .05 indicates a statistical significance.

Multivariate analysis refers to multiple advanced techniques for examining relationships among multiple variables at the same time (Polit & Beck, 2012). The Kruskal-Wallis test and the Mann-Whitney test were used to calculate the associations between the demographic profile of the respondents and their motivations (Objective 4) and the associations between the demographic profile and their perceived challenges (Objective 5). The Mann-Whitney U test is used to compare differences between two independent groups when the dependent variable is either ordinal or continuous, but not normally distributed (Polit & Beck, 2012).

3.10 The scientific rigour of the study

Validity and reliability are two concepts used in quantitative research to assess the quality of the research instrument that is used in the study (Polit & Beck, 2012).

3.10.1 Validity

Validity is defined as whether an instrument measures accurately what it is supposed to measure (Brink, Van Der Walt & Van Rensburg, 2012). There are two types of validity considered in this study: face and content validity.

Face validity is a subjective determination that an instrument is adequate for obtaining the desired information (Brink et al, 2006). The questionnaire was assessed for face validity by nurse undergraduate academics who was responsible for selection of students and offering of the B. Nursing programme.

Content validity refers to the ability of an instrument to cover the scope and range of information that are sought (Brink et al, 2006). See Table 3.1.

Table 3.1: Content validity

Section	Questions	Objectives
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1. Demographic information	1-11	Objective 1.5.1
2. To determine male students' motivations for choosing nursing as a career.	12-26	Objective 1.5.2
3. To determine male students' perceived challenges in the nursing profession.	27-53	Objective 1.5.3

3.10.2. Reliability

Reliability is the consistency and dependability of the research instrument in measuring variables (Brink et al., 2012). A pretest was done to measure the instrument's internal consistency by selecting twelve (12) participants from the population. The Cronbach's alpha co-efficient was calculated on factors to determine internal consistency. An acceptable Cronbach alpha ranges from 0.70-0.95 (De Vellis, 2003). The Cronbach's alpha co-efficient for this study was 0.857 which indicated that this instrument had a high internal consistency. The questionnaire scored a reliable Cronbach's alpha of 0.7 for section B (motivations for choosing nursing) and 0.905 for section C (perceived challenges).

3.11 Ethics

The following ethics principles were observed:

Informed consent: The respondents were informed why they were selected for the study, what the information will be used for and the level of anonymity. Each respondent signed a consent form (Brink et al., 2006).

Respect for the person: Autonomous individuals have a right to self-determination implying that they can decide if they want to participate or not without any consequences and at any time, they have a right to withdraw from the study without being penalised. (Brink et al., 2006). The

respondents were informed that they had the right to withdraw at any time during the study with no penalty.

Principle of beneficence: The research was conducted in a manner not to harm anyone. The researcher should keep the wellbeing of the respondents in mind by protecting them from harm and discomfort which maybe physical, emotional, or spiritual. If the respondents suffer any stress from filling in the questionnaire, debriefing should be facilitated by the researcher and counselling sessions should be provided if needed (Brink et al., 2006). It was explained to the respondents that the results of this study would not influence their studies negatively. No-one required counselling during or after data collection.

Privacy/Anonymity: The respondents' right to privacy will be respected. The respondent will remain anonymous and the data confidential. The questionnaire will be kept in a safe place and identified by a number code.

3.12 Conclusion

In this chapter, the research methodology was discussed in terms of the research setting, research design, population, sampling, data collection, data analysis and ethical considerations. The research design utilised allowed the researcher to achieve the aim and objectives of the study. In the next chapter, the research findings of the study are presented.

CHAPTER 4

RESEARCH FINDINGS

4. Introduction

A quantitative research study was conducted using a structured self-administered questionnaire. The aim of this study was to describe the profile of the male students registered for the B. Nursing program at a school of nursing to determine their motivation for choosing nursing and to determine their perceived challenges.

The study had five objectives, namely:

1. To describe the demographic profile of the male students registered for the B. Nursing programme.
2. To identify factors motivating male students to choose nursing as profession.
3. To identify the perceived challenges of male students in the nursing programme.
4. To determine the association between the demographics (Objective 1) and motivating factors (Objective 2).
5. To determine the association between the demographics (Objective 1) and the perceived challenges (Objective 3).

4.1 Orientation to the chapter

In this chapter, the researcher will first briefly orientate the reader to the questionnaire in terms of the different sections, the response rate, and the reliability of the instrument before presenting the findings of the study.

4.1.1 The questionnaire consisted of the following three sections:

- Section A - Demographic information
- Section B - Motivations for choosing nursing as profession
- Section C – Perceived challenges within the nursing programme

4.1.2 Response rate

The population under study was all male students registered for the undergraduate nursing programmes in 2018, which consisted of 218 male students. A total of 65.5% (N = 143) voluntarily consented to participate in the study and successfully completed the self-administered questionnaire. The researcher used graphic illustrations such as tables to present the findings of the study.

4.1.3 Reliability of the instrument

To test the reliability of the research questionnaire, the Cronbach's alpha reliability co-efficient was used to test the internal consistency among the different individual questions for Sections B and C as indicated in Table 4.1. The questionnaire scored a reliable Cronbach's alpha of 0.7 for section B and 0.905 for section C. An acceptable Cronbach's alpha ranges from 0.70 – 0.95 (De Vellis, 2003).

Table 4.1: Cronbach’s reliability co-efficient

Subscale	No. of items	Cronbach’s alpha
Section B: Motivations for choosing nursing	14	0.700
Section C: Perceived challenges	28	0.905

To present the findings of the study, the descriptive results are firstly illustrated followed by the bivariate analysis using Spearman’s correlation to test the relationship between the dependent variables. In conclusion, multivariate analysis is used to examine the difference in the mean rank of the dependent variables.

4.2 Discussion of findings according to objectives.

4.2.1 Section A: The demographic profile (Objective 1).

In this section, the researcher used descriptive statistics to describe the demographic profile by using frequencies and percentages for all categories explored.

This section consisted of eleven (11) questions, requesting information about the respondent’s age, race, level of study, province, year matriculated, age considered doing nursing, age started nursing, activity prior nursing, healthcare/nursing experience before current nursing studies, marital status, and children.

4.2.1.1 Age group, race, year level of the respondents.

Table 4.2 below states the findings that relate to the following demographic variables namely: age, race, year level and province.

Table 4.2 Age group, race, year level and province

Variable	Category	Frequency (n)	Percentage (%)
Age group	18-25	120	84
	26-33	18	13

N (143)	34-41	2	1
	42-49	2	1
	50 plus	1	1
Race N (143)	Asian	0	0
	Black	110	77
	Coloured	27	19
	White	2	1
	Other	4	3
Year Level N (143)	BF1	6	4
	BF2	6	4
	B1	35	25
	B2	39	27
	B3	29	20
	B4	28	20
Province N (143)	Western Cape	56	39
	Eastern Cape	63	44
	Northern Cape	2	1
	Free State	1	1
	North West Province	1	1
	KwaZulu-Natal	2	1
	Gauteng	4	3
	Mpumalanga	3	2
	Limpopo	6	4
	Other	5	4

As shown in Table 4.2 of this study, the majority of the respondents, namely (n = 120; 84%) were in the age group 18-25 years and only (n = 1; 1%) were in the age group 50 plus. Further the majority, (n = 110; 77%) of the respondents consisted of black males and only (n = 2; 1%) were white. It is also reported that the majority of the respondents (n = 39; 27%) were in their second year of the B. Nursing programme and (n = 63; 44%) hailed from the Eastern Cape.

4.2.1.2 Year of matriculation, age considered nursing, age started nursing.

This section will report findings for the following categories: which year the students matriculated, at which age the students first considered nursing as a profession, and lastly, the age that they commenced their nursing training.

Table 4.3: Year matriculated, age considered nursing, age started nursing

Variable	Category	Frequency(n)	Percentage(%)
Year matriculated N (143)	1990-1995	2	1
	1996-2001	5	4
	2002-2007	3	3
	2008-2013	39	27
	2014-2017	93	65
Age considered nursing N (143)	2-9	3	2
	10-17	50	35
	18-25	85	60
	26-33	2	1
	34-41	3	2
Age started nursing N (143)	15-19	56	39
	20-24	71	50
	25-29	12	8
	30-34	0	0
	35-39	4	3

Table 4.3 illustrates that majority of the respondents matriculated during the years 2014 – 2017 (n = 93; 65%). The age at which most of the respondents considered nursing was between 18-25 years (n = 85; 60%) and the majority of the respondents actually started nursing between the ages of 20 – 24 (n = 71; 50%).

4.2.1.3 Activity before nursing, previous healthcare or nursing experience, marital status, and the number of dependents

Table 4.4 reports on the activity the student was engaged in prior to commencing nursing, the marital status and the number of dependents of the respondents.

As illustrated in Table 4.4, (n = 76; 53%) of the respondents were studying before their current nursing studies and (n = 44; 31%) were employed. The respondents further indicated that (n = 126; 88%) had no healthcare or nursing experience before their current nursing studies. The majority (n = 137; 95%) were single, with (n = 114; 79%) with no dependents and (n = 20; 14%) had one dependent.

Table 4.4: Activity before nursing, healthcare/nursing experience before current nursing studies, marital status and the number of dependents

Variable	Category	Frequency(n)	Percentage(%)
Activity before nursing as a career. N (143)	Studying	76	53
	Employment	44	31
	Unemployed	23	16
Health/care nursing experience before current nursing studies N (143)	No	126	88
	Yes	17	12
Marital status N (143)	Single	137	95
	Married	5	4
	Divorced	1	1
	Widowed	0	0
Number of dependents N (143)	None	114	79
	One	20	14
	Two	7	5
	Three	1	1
	Four	1	1
	Five plus	0	0

4.3 Section B: Motivations for Choosing Nursing as a profession (Objective 2)

This section reports on the male students' motivations for choosing nursing as a profession. This section consists of fourteen (14) questions which used a five (5) point Likert scale namely: (1) Strongly disagree (SD), (2) Disagree (D), (3) Neutral (N), (4) Agree (A), (5) = Strongly agree

(SA). The aim was to determine the respondents' motivation for choosing nursing as a profession. Literature demonstrates that motivations for nursing can be influenced by intrinsic and extrinsic motivations. The researcher grouped the items under section B into intrinsic and extrinsic motivations.

4.3.1 Intrinsic Motivation.

This section reports on the intrinsic motivations. Intrinsic motivation is an incentive to engage in a specific activity that derives from pleasure in the activity itself rather than because of an external benefit that might be obtained e.g. money (APA Dictionary of Psychology. (2018)). According to Table 4.5, it has been indicated that the top five intrinsic motivations are (in descending order): *I want to make a difference in society; I have a desire to help people; variety and challenges of the work; I want to be a role model in my family as a nurse; and I always wanted to be a nurse.*

Table 4.5 Mean and standard deviation of intrinsic motivations

Intrinsic motivations							
Item no.	Perceived motivation	Disagree		Agree		Mean	SD
		n	%	n	%		
17	I want to make a difference in society.	5	3	138	97	1.965	0.184
13	I have a desire to help people.	4	5	136	95	1.951	0.216
24	Variety and challenges of the work.	22	15	121	85	1.846	0.362
16	I want to be a role model in my family as a nurse.	28	20	115	80	1.804	0.398
12	I always wanted to be a nurse.	89	62	54	38	1.377	0.486

4.3.2 Extrinsic motivation

This section reports on the extrinsic motivation. Extrinsic motivation is an external incentive to engage in a specific activity, especially motivation arising from the expectation of punishment or reward (APA Dictionary of Psychology (2018)).

According to Table 4.6, this study pointed to the following five extrinsic motivations (in descending order): *I want a stable career; variety of career paths available; Will be able to travel overseas; Upward career mobility; I see nursing as a stepping stone to other careers.*

Table 4.6: Mean and standard deviation of extrinsic motivations.

Extrinsic motivations							
Item no.	Perceived motivation	Disagree		Agree		Mean	SD
		n	%	n	%		
18	I want a stable career.	1	8	132	92	1.923	0.267
20	Variety of career paths available.	11	8	132	92	1.923	0.267
21	Will be able to travel overseas.	26	18	117	82	1.818	0.387
23	Upward career mobility.	35	24	108	76	1.755	0.431
25	I see nursing as a stepping-stone to other careers.	35	24	108	76	1.755	0.431
22	Potential salary and other monetary benefits.	55	38	88	62	1.615	0.488
14	A family member (friend) is a nurse.	59	41	84	59	1.587	0.494
15	My parents encouraged me to do nursing.	87	61	56	39	1.391	0.489
19	Nursing has flexible nursing hours.	106	4	37	26	0.486	0.439

4.3.3 Overall motivation ratings

This section looks at the mean and standard deviation of overall motivations.

Table 4.7 indicates the following five (5) main motivations as indicated by the respondents (in descending order): *I want to make a difference in society* (mean =1.965; SD = 0.184); *I have a desire to meet people* (mean = 1.951; SD = 0.216); *Variety of career paths available* (mean =1.923; SD = 0.267); *Variety and challenges of the work* (1.846; SD = 0.362); *Will be able to travel overseas* (mean = 1.818; SD = 0.387).

Table 4.7 Mean and standard deviation of overall motivations.

Item no	Motivation	Mean	Standard deviation
17	I want to make a difference in society.	1.965	0.184
13	I have a desire to meet people.	1.951	0.216
20	Variety of career paths available.	1.923	0.267
24	Variety and challenges of the work.	1.846	0.362
21	Will be able to travel overseas.	1.818	0.387
18	I want a stable career.	1.804	0.398
16	I want to be a role model in my family as a nurse.	1.804	0.398
25	I see nursing as a stepping- stone to other careers.	1.755	0.431
23	Upward career ability.	1.755	0.431
22	Potential salary and other monetary benefits.	1.615	0.488
14	A family member (friend) is a nurse.	1.587	0.494
15	My parents encouraged me to do nursing.	1.391	0.489
12	I always wanted to be a nurse.	1.377	0.486
19	Nursing has flexible nursing hours.	1.258	0.439

4.4 Section C: Perceived challenges (Objective 3).

This section reports on the male students' perceived challenges within the nursing profession. Challenges for men in nursing are the situations or tasks within the nursing profession that makes it difficult for male students (nurses) to provide effective nursing care. This section consists of twenty-eight (28) questions, which used a five (5) point Likert scale questions. (1) Strongly agree (SA); (2) Agree (A); (3) Neutral (N); (4) Disagree (DA); (5) Strongly disagree (SD)

For the purpose of this study, the researcher grouped the challenges into media challenges (television, films, and magazines), social challenges (society, family and friends), clinical challenges (within the clinical practice) and nursing programme challenges. The aim of this section is to determine the male students' perceived challenges experienced during the nursing programme.

4.4.1 Media challenges

This section reports on the media challenges that the male students face within the nursing profession. Media challenges refer to how films, magazines and television portray their perception to the public with regard to the characteristics of a male nurse.

Table 4.8 illustrates that the respondents indicated '*the mass media portraying male nurses as being 'gay' or effeminate in nature*' as their main media challenge, followed by '*the mass media portray nursing as being more suited for women as a career*' as the next social challenge.

Table 4.8: Media challenges

Item no.	Media challenge	Agree		Disagree		χ
		n	%	n	%	
27	The mass media (e.g. television, films and magazines) portray nursing as being more suited for women as a career.	122	86	21	14	1.146
28	The mass media (e.g. television, films and magazines) portrays male nurses as being 'gay' or effeminate in nature.	102	71	41	19	1.286

4.4.2 Social challenges

This section reports on the two main social challenges that male nurses encountered.

Social challenges refer to the perception of the public of what a nurse is and their opinion about males in a nursing environment.

Table 4.9 illustrates that the respondents indicated '*men perceived as not caring*' (SD= 0.500)

as the main social challenge followed by ‘*there is a general perception by society that female nurses are more caring and nurturing than male nurses*’ (SD=0.463).

Table 4.9: Social challenges

Item no.	Social challenge	Agree		Disagree		χ
		n	%	n	%	
29	Nursing is not perceived as a very masculine or a ‘macho type’ of career for males to pursue in our society.	115	80	28	20	1.198
30	There is a general perception by society that female nurses are more caring and nurturing than male nurses.	99	69	44	31	1.307
31	Men are considered inappropriate to some care e.g.: midwifery.	102	71	41	29	1.286
36	Men perceived as ‘not caring’.	67	47	76	53	1.531

4.4.3 Clinical challenges

This section reports on the four (4) main clinical challenges that males encountered within the nursing programme. Clinical challenges refer to the challenges that males in nursing are facing in a hospital or in the clinic sector.

As illustrated in Table 4.10, the respondents indicated the following main clinical challenges, namely: *Reluctance of male patients to be cared for by males during clinical practice* (97=68%); *As a male student, I am nervous that a woman might accuse me of sexual inappropriateness when I touch her body* (102=71%); *Men seen as "muscle" by female colleagues to only lift heavy objects or heavy patients* (112=78%), and 118 (82%) indicated that *female patients are reluctant that male nurses care for them*.

Table 4.10: Clinical challenges

Item no.	Clinical challenge	Agree		Disagree		x
		n	%	n	%	
38	Reluctance of female patients to be cared for by males during clinical practice.	118	82	25	18	1.174
37	Men seen as "muscle" by female colleagues to only lift heavy objects or heavy patients.	112	78	31	22	1.22
52	As a male student, I am nervous that a woman might accuse me of sexual inappropriateness when I touch her body.	102	71	41	29	1.29
39	Reluctance of male patients to be cared for by males during clinical practice.	97	68	46	32	1.32
34	I experience communication difficulties with female patients.	79	55	64	45	1.45
47	In my non-obstetric rotations, I am usually assigned to care for male patients.	71	50	72	50	1.50
42	I was not provided opportunities to work with male RN in my clinical rotations.	67	47	76	53	1.53
33	I experience communication difficulties with female nursing colleagues.	64	45	79	55	1.55
35	I experience communication difficulties with female health care professionals.	58	41	85	59	1.59

4.4.4 Nursing programme challenges.

This section reports on four (4) main nursing programme challenges that male students encountered within the nursing profession. Nursing programme challenges refer to the challenges that males in nursing encounter in the classroom, on campus or in the curriculum.

Table 4.11 illustrates that, according to the mean and the respondents' responses, the main four (4) nursing programme challenges are (in descending order): *'In my nursing programme, male students are usually used when instructors wanted to demonstrate an assessment technique to the chest and/or pelvic areas'*; *'My nursing programme does not actively recruit men to enroll as students as their main nursing programme challenge'*; *'My nursing programme provides few opportunities for classroom debate of issues and concepts'*; *'There are different behaviours that*

demonstrate caring towards one's patient' and 'My instructors emphasised caring behaviours, which I perceive as feminine'.

Table 4.11 Nursing programme challenges

Item no.	Nursing programme challenges	Agree		Disagree		x
		n	%	n	%	
40	My nursing programme does not include a historical review of the contributions of men have made to the nursing profession.	115	80	28	20	1.195
32	Most of my nursing instructors refer to nurses as "she'.	102	71	41	29	1.286
46	There are different behaviours that demonstrate caring towards one's patient. My instructors emphasised caring behaviours, which I perceive as feminine.	90	63	53	37	1.370
44	My nursing programme provides few opportunities for classroom debate of issues and concepts.	86	60	57	40	1.398
41	My nursing programme does not actively recruit men to enroll as students.	81	57	62	43	1.433
43	In my nursing programme, male students are usually used when instructors wanted to demonstrate an assessment technique to the chest and/or pelvic areas.	80	56	63	44	1.440
45	My instructors provides me, as a man, no guidance on appropriate use of touch.	69	48	74	52	1.517
51	In my nursing programme, male and female students get treated differently by instructors than I had originally anticipated.	55	39	88	61	1.615
48	My nursing programme does not encourage me to connect with other male students for peer support.	49	34	94	66	1.657
49	My nursing programme does not encourage me to strive for leadership roles.	38	27	105	73	1.734
50	I feel isolated from other male university students.	36	25	107	75	1.748

4.5 Correlation between motivation and challenges.

4.5.1 Bivariate analysis

This section reports on the bivariate analysis to determine the relationship between two variables in a study. Therefore, the correlation between the total scores for variables such as intrinsic motivations, extrinsic motivations, media challenges, social challenges, practical challenges and nursing programme challenges were determined. Since it was found that the variables were not

normally distribute, the Spearman's correlation was used to determine any associations between the motivations and the perceived challenges.

4.5.1 Spearman's correlation

According to Table 4.12, the Spearman correlation result indicated a moderate positive correlation between intrinsic motivations and extrinsic motivations ($r = 0.325$ at $p = 0.0005$). Table 4.12 also indicated a moderate positive correlation between media challenges and social challenges ($r = 0.473$ at $p = 0.0005$); a weak positive correlation between media challenges and practical challenges ($r = 0.243$ at $p = 0.003$); and a positive weak correlation between media challenges and nursing programme challenges ($r = 0.167$ at $p = 0.046$). The result also indicated a strong positive correlation between social challenges and practical challenges ($r = 0.508$ at $p = 0.0005$); a moderate positive correlation between social challenges and nursing programme challenges ($r = 0.445$ at $p = 0.0005$); and a strong positive correlation between practical challenges and nursing programme challenges ($r = 0.644$ at $p = 0.0005$).

Table 4.12 Spearman's correlation

			Correlations					
			Intrinsic motivations	Extrinsic motivations	Media challenges	Social challenges	Practical challenges	Nursing programme challenges
Spearman's	Intrinsic motivations	Correlation Coefficient	1.000	.325**	.042	.080	.026	.030
		Sig. (2-tailed)	.	.000	.616	.343	.757	.722
		N	143	143	143	143	143	143
	Extrinsic motivations	Correlation Coefficient	.325**	1.000	-.005	-.030	-.012	.019
		Sig. (2-tailed)	.000	.	.949	.722	.886	.817
		N	143	143	143	143	143	143
	Media challenges	Correlation Coefficient	.042	-.005	1.000	.473**	.243**	.167*

correlation		Sig. (2-tailed)	.616	.949	.	.000	.003	.046
		N	143	143	143	143	143	143
	Social challenges	Correlation Coefficient	.080	-.030	.473**	1.000	.508**	.445**
		Sig. (2-tailed)	.343	.722	.000	.	.000	.000
		N	143	143	143	143	143	143
	Practical challenges	Correlation Coefficient	.026	-.012	.243**	.508**	1.000	.644**
		Sig. (2-tailed)	.757	.886	.003	.000	.	.000
		N	143	143	143	143	143	143
	Nursing programme challenges	Correlation Coefficient	.030	.019	.167*	.445**	.644**	1.000
		Sig. (2-tailed)	.722	.817	.046	.000	.000	.
		N	143	143	143	143	143	143
	** . Correlation is significant at the 0.01 level (2-tailed).							
* . Correlation is significant at the .05 level (2-tailed).								

4.5.2 Multivariate analysis

This section reports on the multivariate analysis. The dependent variables included the intrinsic motivations, extrinsic motivations, media challenges, social challenges, practical challenges and nursing programme challenges. The independent variables included the socio-demographic characteristics such as age, race, level of nursing, province, year matriculated, age first consider nursing, age actually started nursing, activity before starting nursing, any healthcare/nursing experience before nursing, marital status and number of dependents. The two tests used were the Mann-Whitney U test (used when the independent variable has two (2) categories and the Kruskal-Wallis test (used when the independent variable has more than two categories).

4.5.2.1 The Mann–Whitney U test

This section reports on the Mann–Whitney U test. The test allowed the researcher to investigate whether having any healthcare/nursing experience predicted the motivations and challenges. (Objectives 4 and 5). A p-value of less than .05 indicates a statistical significance.

4.5.2.1.1 Association between any healthcare/nursing experience before the current studies and the motivations of choosing nursing (Objective 4).

This section reports on the associations between any healthcare/nursing experiences the respondents had before the current nursing studies were undertaken and the motivation for choosing nursing as a career. The results in Table 4.13 indicates that no statistical significance was found between having any nursing experience prior to the current studies and their motivations.

Table 4.13 Association between any healthcare/nursing experience before the current studies and the motivations for choosing nursing.

Any health care/nursing experience before current nursing studies		Mean intrinsic motivation score	Mean extrinsic motivation score
No		70.27	70.97
Yes		84.82	84.82
Tests	Mann-Whitney <u>U</u>	853.000	941.000
	Z	-1.370	-0.813
p – value		0.171	0.416

4.5.2.2 Association between any healthcare/nursing experience before the current studies and the perceived challenges within the nursing profession (Objective 5).

This section reports on the associations between any healthcare/nursing experiences male respondents had before their current nursing studies were undertaken and the perceived

challenges within the nursing profession. The results in Table 4.14 indicates that no statistical significance was found between having any nursing experience prior to the current studies and their challenges.

Table 4.14 Any healthcare/nursing experience before the current studies and the perceived challenges within the nursing profession (Objective 5).

Any healthcare /nursing experience before current nursing studies		Mean media challenge score	Mean social challenge score	Mean clinical challenge score	Mean nursing programme challenge score
No		71.82	71.43	71.52	70.91
Yes		79.65	76.21	75.53	80.06
Tests	Mann-Whitney U	1048.500	999.500	1011.000	934.000
Z		-0.142	-0.447	-0.375	-0.855
p- value		0.887	0.655	0.708	0.393

4.5.3 The Kruskal-Wallis test

The following section presents the Kruskal-Wallis test. The Kruskal–Wallis test is a non-parametric test used when the number of groups is greater than two. The test allowed the researcher to report any statistical significance between the demographic profile and the motivations (Objective 4) and any statistical significance between the demographic profile and the challenges (Objective 5). The investigation consisted of checking whether the p-value was less than .05 and then picking up the highest mean rank between the independent variables.

4.5.3.1 Association between the male students’ demographic profile and the motivating factors (Objective 4).

This section reports on the association between the male students’ demographic profiles and their motivation factors for choosing nursing as a profession. Table 4.15 indicates that extrinsic motivations were significantly associated to the respondents’ race ($p = 0.004$). The results

showed that the lowest mean rank of extrinsic motivation was among ‘other’ races and the highest was amongst white students.

The results also indicated that the intrinsic motivations were significantly associated to the respondents’ province ($p = 0.047$). It showed that the lowest mean rank of intrinsic motivations was among respondents who came from the KwaZulu-Natal and the highest was among respondents who came from the Northern Cape. Table 4.15 further indicates a significant association between the intrinsic motivation and the age of respondents who considered nursing as a career ($p = 0.000$). The lowest rank of intrinsic motivations was found in the age group 18-25 years and the highest in the age group 34-41 years. The results also indicate that there was a significant association between the extrinsic motivations and the age that the respondents considered nursing ($p = 0.016$). It showed that the lowest rank of extrinsic motivations was between the ages 2-9 years and the highest was between the ages 34-41 years.

Table 4.15 Association between the male students’ demographic profile and their intrinsic and extrinsic motivation.

Variables	Categories	Mean intrinsic motivation	Mean extrinsic motivation
Age	18-25	70.00	69.70
	26-33	81.11	78.36
	34-41	93.50	98.50
	42-49	93.50	124.75
	50+	62.00	75.00
Tests	Chi-square	2.322	4.882
	Df	4	4
	p-value	0.677	0.300
Race	Asian	0	0
	Black	71.00	67.72
	Coloured	80.98	93.37
	White	74.25	101.00
	Other	37.88	30.88
Tests	Chi-square	41.18	13.338

	Df	3	3
	p-value	0.249	0.004*
Level of nursing	BF1	85.08	81.17
	BF2	64.25	90.25
	B1	86.30	75.43
	B2	64.22	72.08
	B3	67.41	56.28
	B4	68.57	78.02
Tests	Chi-square	7.011	6.495
	Df	5	5
	p-value	0.220	0.261
Province	Western Cape	73.00	81.97
	Eastern Cape	68.72	62.35
	Northern Cape	131.75	84.50
	Free State	105.50	28.00
	North West Province	105.50	108.00
	KwaZulu-Natal	14.25	75.00
	Gauteng	38.13	50.00
	Mpumalanga	63.00	73.33
	Limpopo	81.67	60.92
	Other	108.80	107.40
Tests	Chi-square	17.136	14.014
	Df	9	9
	p-value	0.047*	0.122
Year matriculated	1990-1995	62.00	101.25
	1996-2001	98.70	100.40
	2002-2007	84.00	57.25
	2008-2013	67.06	71.71
	2014-2017	72.33	70.60
Tests	Chi-square	3.138	3.979
	Df	4	4
	p-value	0.535	0.409
Age consider	2-9	78.00	33.17
	10-17	93.87	81.86
	18-25	58.30	65.95
	26-33	65.95	63.00
	34-41	104.00	123.83
Tests	Chi-square	26.027	12.124
	Df	4	4
	p-value	0.000*	0.016*
Age started	15-19	62.00	61.00
	20-24	73.04	75.77
	25-29	69.69	67.54
	30-34	93.50	101.25
	35-39	104.00	106.33
Tests	Chi-square	2.718	4.551
	Df	4	4
	p-value	0.606	0.336

Activity before nursing	Studying	71.67	67.69
	Employed	72.50	81.30
	Unemployed	72.13	68.46
Tests	Chi-square	0.012	3.220
	Df	2	2
	p-value	0.994	0.200
Marital status	Single	71.20	70.37
	Married	95.90	116.00
	Divorced	62.00	75.00
	Widowed	0	0
Tests	Chi-square	1.801	5.883
	Df	2	2
	p-value	0.406	0.053
Dependents	None	68.79	68.86
	One	78.15	82.08
	Two	98.71	88.86
	Three	138.50	108.00
	Four	62.00	75.00
	Five plus	0	0
Tests	Chi-square	6.779	3.776
	Df	4	4
	p-value	0.148	0.437

*: Significant at level .05

4.5.3.2 Association between the male students' demographic profile and their perceived challenges (Objective 5).

This section reports on the associations found between the male students' demographic profile and their perceived challenges within the nursing profession. Table 4.16 indicates that the media challenges were significantly associated to the respondents' race ($p = 0.001$). It showed that the lowest mean rank of the media challenges was amongst the colored race and the highest among the black race.

Table 4.16 also indicates that the media challenges were significantly associated to the respondents' province ($p = 0.045$). The lowest mean rank of the media challenges was between students from the Western Cape and the highest among students from the Free State.

Table 4.16: The associations between the male students' demographic profile and their perceived challenges (Objective 5)

Variable	Category	Mean media challenge score	Mean social challenge score	Mean clinical challenge score	Mean nursing programme challenge score
Age	18-25	73.30	71.78	71.30	71.45
	26-33	59.44	75.64	72.00	73.03
	34-41	84.50	31.75	64.75	31.50
	42-49	76.00	81.50	113.50	104.50
	50+	108.50	95.00	87.00	135.50
Tests	Chi-square	3.974	3.067	3.019	6.019
	Df	4	4	4	4
	p-value	0.410	0.547	0.555	0.198
Race	Asian	0	0	0	0
	Black	79.02	75.58	73.72	73.02
	Coloured	44.44	54.33	61.22	71.80
	White	64.00	58.00	54.50	26.75
	Other	69.00	93.00	106.13	67.88
Tests	Chi-square	15.596	7.153	5.108	2.497
	Df	3	3	3	3
	p-value	0.001*	0.067	0.164	0.476
Level of nursing	BF1	65.92	70.17	66.58	84.50
	BF2	59.75	72.83	81.00	65.08
	B1	81.83	73.46	71.97	71.90
	B2	73.59	64.17	68.29	61.31
	B3	68.69	72.79	63.40	75.38
	B4	64.86	80.48	85.34	82.32
Tests	Chi-square	3.796	2.654	4.870	5.250
	Df	5	5	5	5
	p-value	0.579	0.753	0.432	0.386
Province	Western Cape	56.49	63.67	68.75	72.32
	Eastern Cape	79.73	79.09	77.29	74.90
	Northern Cape	59.75	67.25	20.50	10.25
	Free State	120.00	116.50	48.50	59.50
	North West Province	82.50	95.50	80.00	124.50
	KwaZulu-Natal	82.75	73.50	44.75	37.00
	Gauteng	74.00	55.63	71.38	70.25
	Mpumalanga	83.50	68.17	61.67	43.00
	Limpopo	106.33	70.42	67.08	75.17
	Other	87.50	81.00	89.00	77.50
	Tests	Chi-square	17.260	6.551	6.825
Df		9	9	9	9
p-value		0.045*	0.684	0.655	0.393

Year matriculated	1990-1995	82.75	87.75	117.00	132.00
	1996-2001	96.90	82.90	99.30	68.30
	2002-2007	75.50	88.88	89.38	71.25
	2008-2013	65.35	72.06	70.44	69.95
	2014-2017	73.07	70.32	69.47	71.80
Tests	Chi-square	3.1117	1.461	5.658	4.341
	Df	4	4	4	4
	p-value	0.538	0.833	0.226	0.362
Age consider	2-9	86.83	96.00	65.17	62.50
	10-17	73.20	68.34	67.71	71.22
	18-25	69.67	73.34	73.14	72.25
	26-33	92.75	88.25	84.25	86.25
	34-41	89.83	60.17	60.17	78.00
Tests	Chi-square	1.767	2.052	3.623	0.479
	Df	4	4	4	4
	p-value	0.778	0.726	0.459	0.976
Age started	15-19	102.50	80.00	56.50	59.50
	20-24	71.00	68.98	65.02	72.53
	25-29	71.17	73.85	75.14	71.42
	30-34	64.00	111.25	127.50	126.75
	35-39	108.33	49.67	85.83	45.50
Tests	Chi-square	3.068	3.183	3.183	4.844
	Df	4	4	4	4
	p-value	0.547	0.528	0.189	0.304
Activity before	Studying	76.33	77.63	71.13	70.56
	Employed	62.28	60.08	60.08	60.08
	Unemployed	76.28	76.22	73.59	87.22
Tests	Chi-square	87.22	5.318	0.079	3.967
	Df	2	2	2	2
	p-value	0.166	0.070	0.961	0.138
Marital status	Single	71.45	72.57	72.57	72.18
	Married	81.00	61.20	88.70	75.20
	Divorced	102.500	48.50	56.50	31.50
	Widowed	0	0	0	0
Tests	Chi-square	0.823	0.692	0.976	0.990
	Df	2	2	2	2
	p-value	0.708	0.708	0.614	0.610
Dependents	None	73.97	71.65	69.37	69.86
	One	62.40	60.60	77.70	71.10
	Two	70.86	70.86	70.86	109.07
	Three	17.00	128.00	100.50	115.00
	Four	102.50	102.50	56.50	31.50
	Five plus	0	0	0	0
Tests	Chi-square	3.767	8.323	3.958	7.964
	Df	4	4	4	4
	p-value	0.443	0.443	0.412	0.093

*: Significant at level .05

4.6 Summary of results

A response rate of 65.5% (143) was obtained. The majority of the male students, 84% (120) were aged between 18-25 years and 13% (18) between 26 and 33 years. The majority, 77% (110) were Blacks, 19% (27) Coloureds and 1% (2) White. Forty four percent (63) resides in the Eastern Cape, whilst 39% (56) is from the Western Cape. The spread across the different year levels from 1st to 4th year of the B. Nursing programme are 25% (35), 27(39), 21% (29) and 20% (28) respectively. The majority, 88% (126) had no previous nursing experience before commencing the nursing programme but 53% (76) were studying. The majority, 95% (137) were single and 79% (114) indicating no dependents.

The desire to make a difference in society (97%, n=137) and always wanted to be a nurse (38%, n=54) were identified respectively as the most and least important intrinsic factor for entering the nursing profession. The highest rated extrinsic factors for choosing nursing ranging from 92% - 76% included having a stable career; variety of career paths; travelling abroad; career mobility and using nursing as a steppingstone to other careers. However, 39% (56) were encouraged by family to do nursing. In terms of perceived challenges, the majority of male students indicated that media portrayed nursing as a female profession, 86% (122) and male nurses as gay or effeminate, 71% (102).

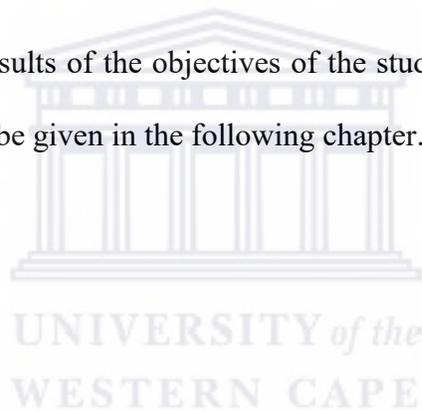
Challenges in the clinical settings reveal that 71% (102) of the respondents fear being accused of inappropriate touching of female patients, 82% (118) indicated that female patients were reluctant to receive care from male nurses, and 78% (112) perceive that female colleagues utilize male nurses primarily to lift heavy objects or heavy patients.

Finally, the results indicate that extrinsic motivations were significantly associated with the respondents' race ($p = 0.004$) and province ($p = 0.047$). A significant association was found between intrinsic motivation and the age of those respondents who considered nursing as a profession ($p = 0.000$). There was a significant association between extrinsic motivations and the age when the respondents considered nursing ($p = 0.016$).

4.7 Conclusion

This chapter highlighted the findings of the study. The results of Objectives 1, 2 and 3 were communicated using descriptive statistics. This was followed by a multivariate analysis using the Mann-Whitney and the Kruskal-Wallis tests to meet the requirements of Objectives 4 and 5.

An in-depth discussion of the results of the objectives of the study, as well as recommendations and limitations of the study will be given in the following chapter.



Chapter 5

DISCUSSION OF RESULTS

5.1 Introduction

In this chapter, the main findings of the study are discussed and compared with previous studies conducted among students attending tertiary institutions across the globe. In addition, the results are also compared to studies that were done among male nurses who have completed their nursing studies reason being the limited number of studies conducted amongst male students alone.

5.2 Discussion

In the following section, the results of the study are discussed according to each of the objectives of the study.

5.2.1 Section A: Demographic information (Objective 1)

In this this study, the majority (n = 120; 84%) of 143 (100%) of the respondents were in the age group 18-25 years. The age distribution of the respondents compares well with the age analysis of the South African Nursing Council (SANC) of 2017 that indicates that the age for students registered for a four-year degree is between 16 and 28 years of age (SANC, 2018).

It was established that the majority (n = 110; 77%) of the respondents were black. This is similar to the statistics on post-school education and training for 2016, which indicates that the majority of students enrolled in public Higher Education Institutions (HEIs) were black students (71.7%), followed by white students (15.6%), coloured students (6.3%) and Indian/Asian students (5.2%) (Department of Higher Education and Training, 2018).

In this study (n = 6; 4%) of the respondents were in foundation phase one, (n = 6; 4%) were in foundation phase two, (n = 35; 25%) were in year level one, (n = 39; 27%) were in year level two, (n = 29; 20%) were in year level three and (n = 28; 20%) were in year level four.

The results of this study indicated that the majority of the respondents were from the Eastern Cape (n = 63; 44%) whereas (n = 56; 39%) hailed from the Western Cape. Similarly, in a qualitative study done with regard to self-leadership of male nurses during their four-year nursing programme at a nursing college in the Western Cape, it was established that all the participants were from rural areas in the Eastern and Western Cape (Jooste & Mia, 2015).

This study indicated that there was an increase in the number of students from 2014 and the majority of the respondents matriculated between 2014 and 2017 (n = 93; 65.0%). This increase may also be attributed to the addition of a foundation year (Extended Programme) which, according to the Council of Higher Education (2013), was meant to enable students, who were perceived to be under-prepared though talented, to achieve academic success in higher education.

The majority of the respondents (n = 85; 60%) considered nursing between the ages 18-25 years with a mean of 19 years. This corresponded to results of a study done by Stanley et al (2016) which indicated that, compared to females (82.8%), only 47,8 % of male respondents considered nursing before the age of twenty (20) years.

The majority of the respondents started their nursing careers between ages 20-24 (n = 71; 50%) and indicates a mean of 21 years. Hodes (2005) obtained a similar result, which indicated that men started nursing later in life compared to females who started nursing younger than 20 years of age, with only 20% of the male respondents entering the profession immediately following high school.

The majority of the respondents, namely (n = 76; 53%) were studying prior to starting the nursing programme. In this study, the respondents were not requested to specify what they were studying prior to their nursing programme. In a qualitative study by Haigh (2015) done in Australia, 20.6% of the respondents indicated that they were in high school, 19% indicated that they did another tertiary course, and 19% did a career in nursing.

The results showed that the majority of the respondents namely (n = 126; 88%) had no healthcare/nursing experience before their current nursing studies. Results from a study by Haigh (2015) also indicated that 29.7% of the male respondents had no prior health experience and only 7.7% had prior health experience. Contradicting results were found in a qualitative study by Snyder (2015) which indicated that over 70% of males registered nurses in New Jersey were working in a health-related field prior to studying nursing.

With regard to marital status, (n = 137; 95.8%) were single. The large number of single respondents could be linked to the fact that the majority (n = 120; 84%) of the respondents were in the age group 18-25 years.

The majority of the respondents namely (n = 114; 79.7%) had no children. This could also be ascribed to the fact that 95.8% of the respondents were single.

5.2.2 Section B: Motivations for Choosing Nursing as a Career (Objective 2).

Motivation is the conscious or unconscious stimulus for action towards a desired goal provided by psychological or social factors; that which gives purpose or direction to behaviour (The Oxford English Dictionary, 2004:1131). There are two (2) types of motivation, namely intrinsic and extrinsic motivation.

5.2.2.1 Intrinsic motivation

Intrinsic motivation: An incentive to engage in a specific activity that derives from pleasure in the activity itself rather than because of an external benefit that might be obtained e.g. money (APA Dictionary of Psychology (2018)). As stated in the literature review, the intrinsic motivation for most men who choose nursing ranges from a desire to help others, working closely with people, caring, community respect, interesting work, mentally challenging work, sense of achievement, contributing to society and self-validation (Boughn, 2001; Whittock & Leonard, 2003; Hodes, 2005; Hart, 2005; Zysberg, 2005; Mullan & Harrison, 2008; Snyder, 2011; O'Connor, 2015; Harding, 2009; Whittock & Leonard, 2003; Ierardi, Fitzgerald & Holland, 2010; Haigh, 2015; Twomey & Meadus, 2016).

As indicated in Table 4.5, the five (5) most important intrinsic motivations of the male students registered for the B. Nursing programme at this nursing institution was found to be (in descending order): *'I want to make a difference in society'*; *'I have a desire to help people'*; *'Variety of career paths available'*; *'Variety and challenges of the work'*; *'I want to be a role model in my family as a nurse'*; and *'I always wanted to be a nurse'*.

The results in this study indicate that the majority of the respondents, namely (n = 138; 97%) chose *'wanting to make a difference in society'* as their most important intrinsic motivation. Similarly, in a study by Lim & Muhtar (2016) it was indicated as the second intrinsic motivation by male students in Malaysia. In a study by Haigh (2015), 73.0% of the male students in Western Australia chose the same intrinsic motivation.

This study indicates that (n = 136; 95%) agreed that they had a *'desire to help people'* and this was found to be the second most important intrinsic motivation. Similarly, it was indicated as a top intrinsic motivation in quantitative studies (Twomey & Meadus, 2016; Ben, Natan & Becker,

2010); Hodes,2005; Lim & Muhtar, 2016). A study by Haigh (2015) reported that 84.1% of males in Australia stated that a desire to help people was their main reason for choosing nursing as a career.

Majority of the respondents in this study, namely, (n = 132; 92%) indicated '*variety of career paths*' as their third most important intrinsic motivation. Stanley et al (2016) also indicated it as the male students' third top motivation. In a study by Haigh (2015) 71.4% of the males chose the same motivation as their second reason for choosing nursing. The same results were obtained from male respondents in a study conducted by Hart (2005). In a study by Meadus and Twomey (2016) it was reported that the males found nursing very versatile and indicated it as their fourth most important reason for choosing nursing as a career.

In the study under discussion, (n = 115; 80%) of respondents indicated '*wanted to be a role model in my family as a nurse*' as their fourth most important intrinsic motivation. A qualitative study in which twenty (20) undergraduate male nursing students from Jordan were interviewed, indicated that some of the respondents revealed that as a nurse, they became the centre of attention in their families. Family members would ask questions about health issues and they would also give health education to family members (Abushaika, Mahadeen, Abdelkader & Nabolsi, 2014). This motivation was also replicated in a qualitative study conducted by Zamanzadeh, Valizadeh, Keogh and Monadi (2013) in which Iranian male nurses chose the same motivation.

In this study, only (n = 54; 38%) of the respondents indicated that they '*always wanted to be a nurse*'. However, only 12.7% of males chose this reason in a study by Haigh (2015), and only 8,9% of males in a study by Stanley et al (2016) indicated same. Hodes (2005) indicated the same reason as the students' ninth (9th) out of eleven (11) motivations in the study conducted.

5.2.2.2 Extrinsic motivation

Extrinsic motivation: An external incentive to engage in a specific activity, especially motivation arising from the expectation of punishment or reward (APA Dictionary of Psychology (2018)).

The extrinsic motivation for men who choose nursing ranges from salary, opportunity for advancement, travel opportunities, flexible hours, employment security, influence of family and friends, autonomy, flexibility to leave and return to workforce, (Snyder, 2011; Chou & Lee, 2007; Yang et al, 2004; La Rocco, 2007; O'Connor, 2015; Haigh, 2015; Twomey & Meadus, 2016).

Table 4.6, in this study it has been found that the top five (5) extrinsic motivations are (in descending order): *'I want a stable career'*; *'Variety of career paths available'*; *'Will be able to travel overseas'*; *'Upward career mobility'*; and *'I see nursing as a stepping stone to other careers'*.

In this study, (n =132; 92%) of respondents indicated the *'need for a stable career'* as their first most important extrinsic motivation. Twomey and Meadus (2016) reported the same extrinsic motivation as the second most important reason why males in Canada choose nursing after *'helping others'* as their first. In a study by Stanley et al (2016), 39.6 % of the respondents indicated the same extrinsic motivation as their second most important reason. In a quantitative study, Hart (2005) reported that 498 male registered nurses indicated the same extrinsic motivation as the third most important reason why males in California choose nursing as a profession while Haigh (2015) indicated that 58.7% of the male students in Western Australia chose the same extrinsic

The results of this study indicated that (n = 121; 85%) of the respondents chose *'variety and challenges of the work'* as their second most important extrinsic motivation. A study by Haigh

(2015) indicated that 71.4% of the males chose ‘variety of career paths’ as a reason for choosing nursing. Twomey and Meadus (2016) found that the male nurses in Canada indicated ‘challenging and responsible profession’ as their third motivation. Stanley et al (2016) determined a similar indication amongst the highly motivated forces for choosing nursing as a profession.

The majority, namely, (n = 117; 82%) of respondents indicated that ‘*being able to travel overseas*’ as their third most important extrinsic motivation. Similarly, Haigh (2015) indicated that 60.3% agreed to this as a motivation, and 69% of the respondents in a study by Hodes (2005) also chose the same reason. This finding is similar to that reported by Twomey and Meadus (2008) as well as Natan and Becker (2010) in their respective studies.

In this study (n = 108; 76%) indicated ‘*upward career mobility*’ as their fourth most important extrinsic motivation. In a study by Haigh (2015), 50.8% of the males indicated upward career mobility as a selling point in attracting men into the nursing profession. In a study by Snyder (2015), the desire for career advancement was the key to the males’ desire to become nurses. Natan and Becker (2010) also established a similar result.

In this study, (n = 108; 76%) regarded ‘*nursing as a stepping- stone to other careers.*’ In a study conducted by Haigh (2015), 68.3% of the males regarded nursing as a career of multiple areas of practice.

5.2.2.3 Mean and standard deviation of overall motivations.

The results in table 4.7 showed that the respondents indicated ‘*I want to make a difference in society*’ and ‘*I have a desire to help people*’ as the two (2) main motivations. These are classified as intrinsic motivations. In a study by Stanley et al (2016) it was reported that the male

respondents indicated a ‘desire to help others’ as the main motivation followed by ‘desire for stable career’ and then ‘family member a nurse’. Similarly, in a study by Haigh (2015), the respondents chose ‘ability to make a difference’, followed by ‘variety of career paths’ and ‘ability to care for others.’ However, Twomey and Meadus (2008) reported that the respondents in their study indicated job security and salary as main motivations.

5.2.3 Section C: Perceived challenges (Objective 3)

This section reports on the different types of challenges, namely media challenges, social challenges, practical challenges and nursing programme challenges that male respondents encountered during the nursing programme.

5.2.3.1 Media challenges

Media challenges denote the portrayal of perceptions of a nurse and a male in nursing by films, magazines and television. This section reports on media challenges indicated by the respondents.

Nursing literature and popular press and sex stereotypes are seen as major obstacles to men entering nursing (Twomey & Meadus, 2008). This was verified by this study in that 71% of the respondents indicated that the most important media challenge was that *the mass media (e.g. television, films and magazines) portray male nurses as being gay or effeminate in nature*. Similarly, in a qualitative study by Sultana & Ahmad (2015), 76% of male students at a Malaysian nursing college indicated that they agree with the aforementioned statement. In addition, the study by Bartfay et al (2010), which assessed the attitudes and perceptions toward men in nursing education in Canada, reported that 76 % of the male students held a similar view. Stanley et al (2016) reported that 50.5 % of male respondents indicated the same challenge. The majority, namely 85.2%, of the male students in Israel indicated this as a barrier for men in the nursing profession (Ashkenazi, Livshiz-Rinen, Romen & Grinstein-Cohen, 2016). According to

the current results obtained, little has changed in societal beliefs towards nursing stereotypes over the years.

The stereotype of nursing as a sex-role occupation exclusive to females is a well-entrenched societal belief. This perception is supported by the media through images of nursing solely based on feminine attributes. In this study (n = 122; 86%) of the respondents indicated that they agreed that *the mass media (e.g. television, films and magazines) portray nursing as being more suited as a career for women*. Similarly, 58.3% and 77.3% were reported respectively by Bartfay and Bartfay (2010) and Haigh (2015). Hodes Group (2005); Twomey & Meadus (2008); Haigh (2015), Duffin (2009), and Stanley et al (2016) reported similar results.

5.2.3.2 Social challenges

This section reports on the two (2) main social challenges that male respondents encountered within the nursing programme. Social challenges refer to the public's perception of a nurse and their opinion about males in nursing.

In this study, 76% of the respondents indicated '*men perceived as not caring*' as their most important social challenge. In a study by Hodes (2005), 51% of males indicated to the same reason as being the third top reason why males encountered difficulties within their nursing programme while 63.5% of the males in a study by Haigh (2015) indicated to it as being a challenge.

Of the respondents, (n = 99; 69%) chose the statement '*there is a general perception by society that female nurses are more caring and nurturing than male nurses*' as their second social challenge. Similarly, in a study by Haigh (2015), a majority of 65.1 % of the respondents agreed. Bartfay et al (2010) indicated that 58.3 % of male respondents agreed with the same reason while a study by Hodes (2005) determined that 51% of the males indicated to this reason as being one of the reasons that men do not enter the nursing profession.

5.2.3.3. Clinical challenges

This section reports on two clinical challenges that male respondents indicated as important in this study. Clinical challenges are the challenges that males in nursing face in the hospital or clinic sector.

According to this study, 59% of the respondents indicated that '*I experience communication difficulties with female patients*' as the top clinical challenge. In a quantitative study by Sultana and Ahmad (2015), 52% of the male students agreed with this challenge.

The results of this study also indicated that 68% agreed that '*reluctance of male patients to be cared for by males during clinical practice*' as their second most important clinical challenge. Ahmad and Alasad (2007) examined patients' preferences for nurses' gender in Jordan and reported that 34% of male patients prefer male nurses and only 10% prefer female nurses. However, 66% of male patients would also accept female nurses to care for them and 45% of male patients believed that females are better suited for the nursing profession. Similarly, in a study by Adeyemi-Adelanwa, Barton-Gooden, Dawkins and Lindo (2016), in which the attitudes of patients towards being cared for by male nurses in a Jamaican hospital was determined, it was found that 89% of participants believed that male nurses created an environment which was conducive to patient care. However, 80% of male patients reported that they would not allow a male nurse to give them an enema.

5.2.3.4 Nursing programme challenges.

Nursing programme challenges are the challenges that males in nursing encounter in the classroom, on campus or in the curriculum. This section reports on the two most important nursing programme challenges that male respondents encountered within the nursing programme. This study indicated that *'in my nursing programme, male students are usually used when instructors wanted to demonstrate an assessment technique to the chest and/or pelvic areas'* as their main nursing programme challenge. Similar results were found in a study by Stott (2006) who reported in his study that a male learner was used to demonstrate how to do an ECG (electrocardiogram) and another male learner was asked to give a urine specimen.

In this study, 57% of respondents indicated *'my nursing programme does not actively recruit men to enroll as students'* as the second top nursing programme challenge. The study by Twomey and Meadus (2008) indicated the lack of recruitment of the male population to the nursing population as the top barrier.

In this study, 60% of the respondents indicated that they agreed to the statement, *'my nursing programme provides few opportunities for classroom debate of issues and concepts'*. In a study by O'Lynn, Kirk and Ponton (2013), it was reported that males in the study were provided no opportunity to debate issues in the class. O' Lynn (2004) noted that males respond well to competition and classroom debate of issues.

In this study, 63% of the respondents indicated that they agreed to the statement, *'My nursing programme does not encourage me to connect with other male students for peer support'*. However, in a study by Wilson (2005) on the experiences of males entering nursing, it was reported that males in the study indicated having received positive support from their peers.

The study results indicate that 63% of the respondents agreed that '*there are different behaviours that demonstrate caring towards one's patient*' and '*My instructors emphasised caring behaviours, which I perceive as feminine*'. Bartfay and Bartfay (2017) indicated that male nurses in Canada reported that the nursing curriculum placed too much emphasis on the so-called caring curriculum, which was based on feminine attributes and expectations.

5.2.4 Associations between the male students' demographic profiles and their motivations for choosing nursing as a profession (Objective 4).

This section reports on the association between male students' demographic profiles and their motivations for choosing nursing as a career. The result of the current study showed that extrinsic motivations were significantly associated to race ($p = 0.004$). These results revealed that the lowest mean rank of extrinsic motivation was among respondents of 'other' races and the highest was amongst white respondents. This indicated that the respondents who classified themselves as white selected extrinsic motivations as a reason for choosing nursing. It also indicated that respondents who classified themselves as 'other' were less favourable of extrinsic motivations as a reason for choosing nursing as a career. No supporting research could be found in this regard.

The current study also indicated that the intrinsic motivations were significantly associated to the respondents' province ($p = 0.047$). It showed that the lowest mean rank of intrinsic motivations was among respondents who came from the KwaZulu-Natal and the highest was among students who came from the Northern Cape. This indicated that the respondents who hailed from the Northern Cape chose intrinsic motivations as a reason for choosing nursing. It also indicated that the respondents from the KwaZulu-Natal Province chose extrinsic motivations as a lesser motivation for choosing nursing as a career. No supporting research could be found in this regard.

This study further indicated that a significant association was found between intrinsic motivation and the age the respondents who considered nursing as a career ($p = 0.000$). The lowest rank of intrinsic motivations was found at the ages between 18-25 years and the highest at the ages between 34-41 years. This indicated that the respondents who were in a higher age group, namely 34-41 years, chose intrinsic motivations as more of a reason for entering the nursing profession. It also indicated that the younger age group (18-25 years) chose intrinsic motivations of a lesser reason for entering the nursing profession. Twomey and Meadus (2008) state that no statistical significance could be found between age and motivations. However, in a study by Haigh (2015), it was reported that male students who were under the age of 21 chose 'able to care for the sick' as more of a reason for choosing nursing than the respondents over the age of 21. 'Able to care for the sick' was classified as an intrinsic motivation. The result of this study highlights the contrary.

The result of this study also points to a significant association between extrinsic motivations and the age that the respondents considered nursing ($p = 0.016$). It showed that the lowest rank of extrinsic motivations was between the ages of 2-9 years and the highest was between the ages of 34-41 years. This indicated that respondents in the age group 34-41 years chose extrinsic motivations as more of a reason for entering nursing as a profession. It also indicated that the respondents in the age group 2-9 years chose extrinsic motivations of a lesser reason for entering nursing. Twomey and Meadus (2008) state that no statistical significance could be found between age and motivations.

In the current study, no significant association was found between 'any healthcare/nursing experience before current nursing studies' and motivations. However, Twomey and Meadus (2008) reported a higher proportion of those without prior experience compared to those with

prior experience who selected 'desire to have a stable career' and 'variety of paths available' as reasons for choosing nursing.

The current study found that the age group of respondents, level of nursing, year matriculated, age started nursing, activity prior current nursing programme, any healthcare/nursing experience before current nursing studies, marital status and number of respondents were not of any statistical significance to motivation.

5.2.5 Association between the male students' demographic profile and their perceived challenges (Objective 5).

This study indicated that media challenges were significantly associated to the respondents' race ($p = 0.001$). It showed that the lowest mean rank of the media challenges was amongst the Coloured race and the highest among the Black race. No supporting research could be found in this regard.

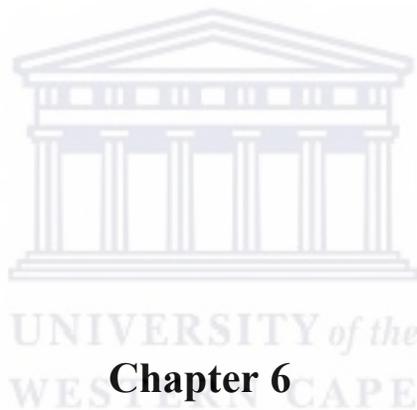
The result of this study also indicated that media challenges were significantly associated to the respondents' province ($p = 0.045$). The lowest mean rank of the media challenges was between students from the Western Cape and the highest among students from the Free State. No research was found to support this.

5.3 Conclusion

In chapter 5 the main findings of the study was discussed and compared to previous studies conducted among other students attending tertiary institutions across the globe. In addition, the results are also compared to studies that were done among male nurses who completed their nursing studies as there are limited number of studies conducted amongst male students alone.

The results of the current study were discussed according to each objective of the study.

The following chapter outlines the main findings, recommendations and limitations.



Chapter 6

MAIN FINDINGS, RECOMMENDATIONS AND LIMITATIONS

6.1 Main findings

Nursing has traditionally been a female-dominated profession and was limited to a small number of men entering the profession (Meadus & Twomey, 2011). An increase of male students registered for the B. Nursing programme at a university in the Western Cape is noted in the enrollment statistics.

The aim of this study was to describe the profile of male students registered for the B. Nursing programme at a school of nursing, to determine their motivation for choosing nursing as a profession, and to determine their perceived challenges.

The results of the study indicate that the majority of respondents were Blacks from the Eastern Cape, aged between 18-25 years. The majority of respondents started their nursing studies between the ages of 20-24 years and had no prior healthcare/nursing experience.

The results indicated that respondents' two main motivations were influenced by intrinsic motivations. Accordingly, the respondents agreed that the media portray male nurses as gay and effeminate and portray nursing to be more suited for women. The social challenges experienced by the respondents were: Nursing not very masculine and macho type for males; female nurses are more caring than males; men inappropriate in some areas e.g. midwifery and men perceived as 'not caring'.

The respondents' perceived challenges within the clinical practice were: 'experienced communication difficulties with female patients'; 'reluctance of male patients to be cared for by males during clinical practice'; 'male nurses are nervous that patients might accuse them of sexual harassment'; and 'men being seen as 'muscle' within the nursing profession'.

The results also indicated their perceived nursing programme challenges: 'Male students used for practical demonstrations'; 'The nursing programme does not actively recruit males to nursing'; 'The nursing programme provides few opportunities for classroom debate of issues and concepts'; 'There are different behaviours that demonstrate caring towards one's patient'. And 'My instructors emphasised caring behaviours, which I perceive as feminine'.

The results also indicated that extrinsic motivations were significantly associated with the respondents' race ($p = 0.004$). It also showed that the intrinsic motivations were significantly associated to the respondents' province ($p = 0.047$). The results further indicated that a significant association was found between intrinsic motivation and the age of those respondents who considered nursing as a profession ($p = 0.000$). There was also a significant association between extrinsic motivations and the age when the respondents considered nursing ($p = 0.016$).

The media challenges were found to be significantly associated to the respondents' race ($p = 0.001$), and to the respondents' province ($p = 0.045$).

6.2 Recommendations

6.2.1 Education: Nurse educators and clinical staff are to be sensitized against the challenges experienced by male nurses.

6.2.1.1 Nurse academic should use gender neutral terms when referring to students.

6.2.2 Recruitment: Strategies may include the representation of men in career promotional material and other media related to nursing marketing.

6.2.2.1 Schools of nursing faculty need to collaborate with high school guidance and career counselors to provide potential students interested in a nursing career the most accurate information about the profession and requirements required for program entrance. Faculty need to clarify with counselors that nursing is a career appropriate for both men and women.

6.2.3 Research: Future research should focus on the experiences of male nurses when providing intimate care to both men and women.

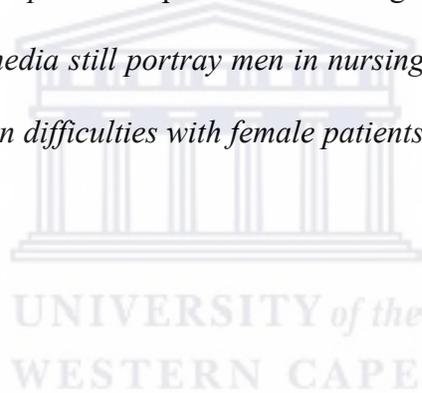
6.3 Limitations

5.5.1 This study involved recruitment from one baccalaureate nursing programme at a university in the Western Cape.

5.5.2 Limited research on male nurses within the South African context.

6.4 Conclusion

A summary and conclusion of the min-thesis was provided. The fundamental findings were highlighted. The main findings of this study indicated that two of the main motivations for men choosing nursing as a career were intrinsic motivations, namely '*wanting to make a difference in society*' and '*a desire to help people*'. The perceived challenges experienced by males in the nursing profession are that *the media still portray men in nursing as gay or effeminate and male nurses experience communication difficulties with female patients*. Recommendations were given at the end of the chapter.



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Appendix A: Questionnaire

Please answer the following questions by filling it in or marking an X in the appropriate block provided. Thank you.

Section A: Demographic information

1. How old are you? _____

2. Race:

1. Asian	2. Black	3. Coloured	4. White	5. Other, specify
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3. In which year level of B. Nursing are you?

1. BF1	2. BF2	3. B1	4. B2	5. B3	6. B4
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4. What was your province before you came to university?

1. Western Cape	2. Eastern Cape	3. Northern Cape	4. Free State	5. North West Province
6. KwaZulu-Natal	7. Gauteng	8. Mpumalanga	9. Limpopo	10. Other, specify

5. Which year did you matriculate? _____

6. At what age did you first consider a nursing career? _____

7. At what age did you actually start your nursing career? _____

8. What was your activity before starting the current nursing program?

1. Studying	2. Employment	3. Unemployed
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9. Did you have any health care/nursing experience **before** your current nursing studies?

2. Yes	1. No
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10. Please indicate your marital status:

1. Single	2. Married	3. Divorced	4. Widowed
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11. How many dependents (children) do you have?

1. None	2. One	3. Two	4. Three	5. Four	6. Five plus
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Section B

Please answer the questions by using the following scale:

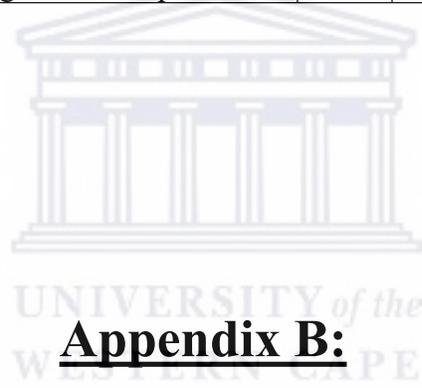
5 = Strongly agree; 4 = Agree; 3 = Neutral; 2 = Disagree; 1 = Strongly disagree

	5	4	3	2	1
Motivations for choosing nursing as a career.					
12. I always wanted to be a nurse.					

13. I have a desire to help people.					
14. A family member (friend) is a nurse.					
15. My parents encouraged me to do nursing.					
16. I want to be a role model in my family as nurse.					
17. I want to make a difference in society.					
18. I want a stable career.					
19. Nursing has flexible nursing hours.					
20. Variety of career paths available.					
21. Will be able to travel overseas.					
22. Potential salary and other monetary benefits.					
23. Upward career mobility.					
24. Variety and challenges of the work.					
25. I see nursing as a stepping- stone to other careers.					
26. I did not meet the requirements for my first choice of studies.					
Section C: Perceived challenges					
Please answer the questions by using the following scale: 1 = Strongly agree; 2 = Agree; 3 = Neutral; 4 = Disagree; 5 = Strongly disagree					
	1	2	3	4	5
27. The mass media (e.g. television, films and magazines) portray nursing as being more suited for women as a career.					
28. The mass media (e.g. television, films and magazines) portrays male nurses as being 'gay' or effeminate in nature.					
Please answer the questions using the following scale: 1= Strongly agree; 2= Agree; 3 = Neutral; 4= Disagree; 5= Strongly disagree					
	1	2	3	4	5
29. Nursing is not perceived as a very masculine or a					

'macho type' of career for males to pursue in our society.					
30. There is a general perception by society that female nurses are more caring and nurturing than male nurses.					
31. Men are considered inappropriate to some care e.g: midwifery.					
32. Most of my nursing instructors referred to the nurse as "she".					
33. I experience communication difficulties with my female nursing colleagues.					
34. I experience communication difficulties with female patients.					
35. I experience communication difficulties with female health care professionals during clinical practice.					
36. Men perceived as 'not caring'.					
37. Men seen as 'muscle' by female colleagues to only lift heavy objects or heavy patients.					
38. Reluctance of female patients to be cared for by males during clinical practice.					
39. Reluctance of male patients to be cared for by males during clinical practice.					
40. My nursing program does not include a historical review of the contributions of men have made to the nursing profession.					
41. My nursing program does not actively recruit men to enrol as students.					
42. I was not provided opportunities to work with male RN in my clinical rotations.					
43. In my nursing program, male students are usually used when instructors wanted to demonstrate an assessment technique to the chest and/or pelvic areas.					
44. My nursing program provides few opportunities for classroom debate of issues and concepts.					
45. My instructors provides me, as a man, no guidance on the appropriate use of touch.					
46. There are different behaviours that demonstrate caring towards one's patient. My instructors emphasized caring behaviours, which I perceive as feminine.					
47. In my non-obstetric rotations, I am usually assigned to care for male patients.					
48. My nursing program does not encourage me to connect with other male students for peer support.					
<p>Please answer the questions using the following scale: 1 = Strongly agree; 2 = Agree; 3 = Neutral; 4 = Disagree; 5 = Strongly disagree</p>					

	1	2	3	4	5
49. My nursing program does not encourage me to strive for leadership roles.					
50. I feel isolated from other male university students.					
51. In my nursing program, male and female students are treated more differently by the instructors than I had originally anticipated.					
52. As a male student, I am nervous that a woman might accuse me of sexual inappropriateness when I touch her body.					
53. My nursing program did not prepare me well to work with primarily female co-workers.					
54. Many believe that men and women have different communication styles. My nursing program did not discuss how to overcome communication differences to ensure good therapeutic and working relationships.					



Appendix B:
Information sheet



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INFORMATION SHEET

Project Title: A cross-sectional profile of male students registered as B. Nursing students at a nursing training institution in the Western Cape.

What is this study about?

This is a research project being conducted by Ilhaam Noordien at the University of the Western Cape. We are inviting you to participate in this research project because you will bring relevant information as my study focuses on your field of work. The purpose of this research project is to compile: A cross-sectional profile of male students registered as B. Nursing students at a nursing training institution in the Western Cape. This study is to determine the male students' motivation for entering the nursing profession as well as their challenges within the nursing profession.

What will I be asked to do if I agree to participate?

You will be required to be informed about the details of the proposed study and requested to give informed consent should you agree to voluntarily participate. You will be asked to complete ALL the questions on the questionnaire as frankly as possible which may take 10-15 minutes.

Would my participation in this study be kept confidential?

To ensure that your identity and the information you fill in on the questionnaire remain confidential, I will take the following measures: no names will be written on the questionnaire, questionnaire will be coded so it can't be linked to a specific person's identity; no personal information or your personal identify will be mentioned in the research report, possible conference papers or publications. You will be given access to the final research report to verify that your identity was protected.

What are the risks of this research?

Minimal risk may be anticipated and therefore you are encouraged to inform me should you have any discomfort during the study. Counselling will be provided if indicated.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help us to learn more about the reasons why males enter the nursing profession and their perceived challenges they face. This may help us understand and explain how men in nursing experience the programme and thus to improve nurses' performance. We hope that, in the future, other people might benefit from this study through improved understanding.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalised or lose any benefits to which you otherwise qualify.

What if I have questions?

This research is being conducted by Ilhaam Noordien Registered as a Master's student in the School of Nursing at the University of the Western Cape. If you have any questions about the research study itself, please contact

Ilhaam Noordien at: 071 234 3955, 9447280@myuwc.ac.za

or my research supervisor Professor Hester Julie, [hjulier@uwc.ac.za](mailto:hjulie@uwc.ac.za).

or my co-supervisor Jeffrey Hoffman, jhoffman@uwc.ac.za.

Should you have any question regarding this study and your rights as a research participant or if you wish to report any problem you have experienced related to the study, please contact:

Prof J Chipps

Acting Director: School of Nursing

University of the Western Cape

Private Bag X17

Bellville 7535

jchipps@uwc.ac.za

Prof A Rhoda

Acting Dean of the Faculty of Community and Health Sciences

University of the Western Cape

Private Bag X17

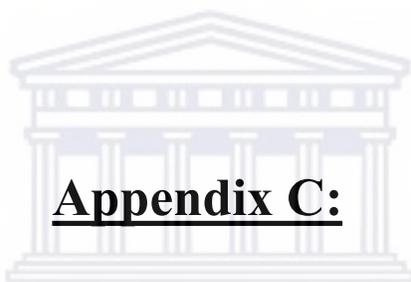
Bellville 7535

chs-deansoffice@uwc.ac.za



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WESTERN CAPE

This research has been approved by the University of the Western Cape's Research Ethics Committee. The reference number will be provided after ethics clearance was granted by UWC.



Appendix C:

Ethical clearance letter from the University of the Western Cape

OFFICE OF THE DIRECTOR: RESEARCH
RESEARCH AND INNOVATION DIVISION

Private Bag X17, Bellville 7535

South Africa

T: +27 21 959 4111/2948

F: +27 21 959 3170

E: research-ethics@uwc.ac.za
www.uwc.ac.za

09 April 2018

Mrs I Noordien
School of
Nursing
Faculty of Community and Health Sciences

Ethics Reference Number: HS18/2/2

Project Title: A cross-sectional profile of male students registered as B.
Nursing students at a nursing training institution in the
Western Cape.

Approval Period: 16 March 2018 – 16 March 2019

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report in good time for annual renewal.

The Committee must be informed of any serious adverse event and/or termination of the study.



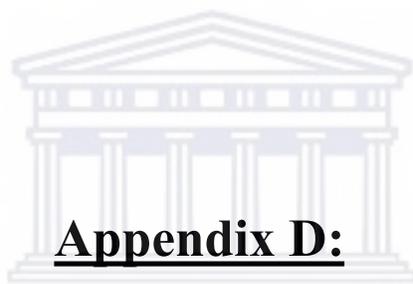
Ms Patricia Josias

Research Ethics Committee

Officer University of the Western

Cape

PROVISIONAL REC NUMBER - 130416-049



Appendix D:

**Letter of approval from the Head of the School of
Nursing**



School of Nursing
Faculty of Community and Health
THE UNIVERSITY OF THE WESTERN CAPE

Dear Ms Noordien (9447280)

RE: PERMISSION TO CONDUCT RESEARCH AT THE UNIVERSITY OF THE WESTERN CAPE

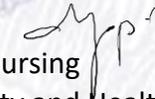
As per your request, we acknowledge that you have obtained all the necessary permissions and ethics clearances (HS18/2/2) and are welcome to conduct your research as outlined in your proposal and communication with the School of Nursing.

Please note that while we give permission to conduct such research (i.e. interviews and surveys) staff and students at this School are not compelled to participate and may decline to participate should they wish to.

Should you wish to make use of or reference to the School's name, spaces, identity, etc. in any publication/s, you must first furnish the School with a copy of the proposed publication/s so that the School can verify and grant permission for such publication/s to be made publicly available.

Should you require any assistance in conducting your research in regards to access to student contact information please do let us know so that we can facilitate where possible.

Yours sincerely

Prof Jennifer Chipps 
Director School of Nursing
Faculty of Community and Health
THE UNIVERSITY OF THE WESTERN CAPE

T: [+27 21 959 3024](tel:+27219593024)

E: jchipps@uwc.ac.za

30 April 2018

Appendix E:

Letter from the editor



UNIVERSITY *of the*
WESTERN CAPE

17 December 2019

TO WHOM IT MAY CONCERN

This is to certify that GAVA KASSIEM edited the thesis entitled,

A cross-sectional profile of male students registered as B. Nursing students at a nursing training institution in the Western Cape by Ilhaam Noordien.

The above thesis was edited according to the relevant institution's thesis guideline and focused on (1) detection and removal of spelling, grammatical, punctuation and typographical errors, (2) clarification and enhancement of meaning, (3) improvement of language and consistency, and (4) proper sequencing to achieve a smooth, unbroken flow of narrative. In addition, references were checked.

The onus, however, is on the author to make the changes suggested and to attend to queries flagged.

Yours faithfully

.....

Gava Kassiem

Independent Language Consultant/Academic editor/ Lecturer/Academic content developer

Associate Member of Professional Editors' Guild

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