EXAMINING ATTITUDES OF ACCEPTANCE OF MALES IN NURSING AMONG REGISTERED NURSES

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OBJECTIVES:

• Discuss why attitudes of acceptance of male nurses are significant

• Review the study conducted on this topic and its results

• Examine how the study results can potentially impact nursing practice and patient care
DISCLOSURES:

• No conflicts of interest to disclose

• Employed at Lewis University (Assistant Professor), Romeoville, IL, USA

• Study sponsor: Epsilon Upsilon Chapter, Sigma Theta Tau
BACKGROUND AND SIGNIFICANCE

• Cost to replace a nurse=10,000-88,000 USD (Li & Jones, 2013)

• Patient satisfaction scores now incorporated into facilities’ reimbursements for services in the United States (Moore & Dienemann, 2013)

• Patient satisfaction scores are positively correlated to nursing satisfaction scores (Boev, 2012; McHugh, Kutney-Lee, Cimiotti, Sloane, & Aiken, 2011)
• Males are generally underrepresented in the nursing workforce worldwide
  
  • 6.4% in Canada (Canadian Nurses Association, 2012), 9.5% in South Africa (South African Nursing Council, 2017), 11.5% in Australia (Nursing & Midwifery Board of Australia, 2016), 9.6% in U.S. (United States Census Bureau [USCB], 2013)

• More men are needed in nursing to:
  
  
  • Improve the nursing profession and patient outcomes (Institute of Medicine, 2011)
• Collaboration and Teamwork
  • Essential skills for the nursing profession (American Nurses Association, 2015; International Council of Nurses, 2012; QSEN, n.d.)
  • Necessary for positive patient outcomes, nurse satisfaction and nurse retention (Embree & White, 2010; Suter et al., 2012)

• Attitudes of acceptance are an important component of collaboration and teamwork
STUDY PURPOSE:

• To investigate if the attitudes of acceptance of male nurses are different between male and female nurses

• To explore correlations between female nurses’ levels of acceptance and certain demographic variables
METHODS:

• A quantitative, non-experimental, descriptive correlational design

• Convenience sample of 3,190 registered nurses employed at three health care facilities (within the same health system) in Midwestern United States

• Recruited via email with a direct link to the survey
INSTRUMENT: SEXIST ATTITUDE INVENTORY (SAI) (BENTIVEGNA, 1974)

• 46 items ranked on a 4-point Likert scale
  • Score range - 46 to 184
  • The higher the score, the greater the attitude of acceptance of males
• Validity
• Reliability
  • The KR20 = .996 (Bentivegna, 1974) and .826 (Bentivegna & Weis, 1977)
  • Cronbach’s alpha = .87 (Bentivegna, 1974) and .832 (Bentivegna & Weis, 1977); in its altered form = .87 (McMillian et al., 2006)
RESPONSE RATE:

- Total Responses=435 (14% response rate)
  - 349 Female
  - 82 Male
  - 4 Non-Identified Gender
- Final Sample N=311 (72% of participants)
  - 251 Female (81%)
  - 60 Male (19%)
Sample Characteristics

- **Males (n=60)**
  - Mean Age: 35.33 years
  - Mean # Years of Nursing Experience: 8.99 years
  - Highest-Held Nursing Degree: BSN (75%)

- **Females (n=249)**
  - Mean Age: 44.07 years
  - Mean # Years of Nursing Experience: 18.18 years
  - Highest-Held Nursing Degree: BSN (67%)
SAMPLE CHARACTERISTICS:
NUMBER OF MALES IN PRE-LICENSESURE NURSING CLASS

Mean # of Males

Males (n=52)  Cannot Recall

Females (n=221)
SAMPLE CHARACTERISTICS: NUMBER OF MALE FACULTY IN PRE-LICENSENSURE NURSING PROGRAM

<table>
<thead>
<tr>
<th>Number of Male Faculty</th>
<th>Females (n=248)</th>
<th>Males (n=59)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>50.80%</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>33.90%</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>19.40%</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cannot Recall</td>
<td>3.20%</td>
<td>0%</td>
</tr>
</tbody>
</table>
RESULTS: SAI SCORES

Cronbach’s alpha = .829

<table>
<thead>
<tr>
<th></th>
<th>Min</th>
<th>Max</th>
<th>M</th>
<th>SE</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males (n=60)</td>
<td>118</td>
<td>154</td>
<td>137.42</td>
<td>1.17</td>
<td>9.063</td>
</tr>
<tr>
<td>Females (n=251)</td>
<td>108</td>
<td>160</td>
<td>130.52</td>
<td>0.597</td>
<td>9.452</td>
</tr>
</tbody>
</table>

Mean difference in SAI scores was significant ($p < 0.001$)
## CORRELATION CALCULATIONS:

<table>
<thead>
<tr>
<th></th>
<th>Correlation Calculation</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest-Held Nursing Degree and Attitude of Acceptance (AA)</td>
<td>$rho = .21$</td>
<td>0.001</td>
</tr>
<tr>
<td>(n=251)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age and AA (n=251)</td>
<td>$r = -.08$</td>
<td>0.19</td>
</tr>
<tr>
<td>Years of Nursing Experience and AA (n=244)</td>
<td>$r = -.09$</td>
<td>0.17</td>
</tr>
<tr>
<td>Number of Male Pre-Licensure Program Classmates and AA</td>
<td>$r = .07$</td>
<td>0.32</td>
</tr>
<tr>
<td>(n=221)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Male Pre-Licensure Program Faculty and AA</td>
<td>$r = .10$</td>
<td>0.11</td>
</tr>
<tr>
<td>(n=240)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
INDIVIDUAL SAI ITEM COMPARISONS BETWEEN MALES AND FEMALES:

• 16 out of 46 questions (35%) were significantly different between male and female nurses ($p < .001$)

• Also explored questions that male and female nurses both agreed upon
<table>
<thead>
<tr>
<th></th>
<th>Males M (SD)</th>
<th>Females M (SD)</th>
<th>Males M (SD)</th>
<th>Females M (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I believe that when males enter nursing their salaries will likely be higher than those of comparable females in the field.</td>
<td>3.18 (0.65)</td>
<td>2.39 (0.82)</td>
<td>^I believe that when a male is awarded a deanship in nursing, women lose some power in the profession.</td>
<td>3.36 (0.58)</td>
</tr>
<tr>
<td>I believe that females resent the entry of males into nursing.</td>
<td>3.03 (0.74)</td>
<td>3.30 (0.49)</td>
<td>^I believe that as long a nursing remains a female dominated profession, it will remain a discipline of lesser status.</td>
<td>3.23 (0.70)</td>
</tr>
<tr>
<td>I prefer to work with female professionals in nursing.</td>
<td>2.75 (0.67)</td>
<td>3.17 (0.51)</td>
<td>I believe that a male could be elected to the presidency of the American Nurses Association.</td>
<td>3.45 (0.50)</td>
</tr>
<tr>
<td>I believe that the hiring of males in a female dominated profession is a political move.</td>
<td>3.46 (0.50)</td>
<td>3.19 (0.52)</td>
<td>^I believe that males entering nursing do not respect their female colleagues.</td>
<td>3.76 (0.43)</td>
</tr>
<tr>
<td>I believe it would be more difficult for me to assume a position of leadership in a profession where my sex was the minority.</td>
<td>3.15 (0.68)</td>
<td>2.68 (0.74)</td>
<td>^I believe nursing could achieve its professional goals without male participation.</td>
<td>2.73 (0.82)</td>
</tr>
<tr>
<td>I believe that males can assume leadership roles in nursing more easily than in disciplines which are not dominated by women.</td>
<td>3.10 (0.60)</td>
<td>2.57 (0.72)</td>
<td>^I believe that an influx of men into nursing will weaken the field.</td>
<td>3.60 (0.59)</td>
</tr>
<tr>
<td>I believe that males in nursing generally have a higher rank than females with comparable education and experience.</td>
<td>3.18 (0.54)</td>
<td>2.70 (0.74)</td>
<td>I believe that males in nursing will provide new outlooks for the development of the field.</td>
<td>3.33 (0.57)</td>
</tr>
<tr>
<td>I believe the presence of males in nursing will strengthen the field.</td>
<td>3.26 (0.63)</td>
<td>2.94 (0.64)</td>
<td>I believe males will be helpful in implementing changes in nursing.</td>
<td>3.33 (0.57)</td>
</tr>
</tbody>
</table>

Note. ^ - reversely scored item. (p < 0.001)
DISCUSSION:

• Female nurses’ attitudes of acceptance have improved over time, when compared to McMillian et al. (2006) findings

• Small, positive correlation between the female nurse’s highest-held nursing degree and attitude of acceptance

• There was not a significant correlation between the female nurse’s age and attitude of acceptance
• The number of male pre-licensure program classmates and faculty and the female nurse’s attitude of acceptance were not significantly correlated

• Factors to consider:
  • Reliant on participant recall
  • The difference between the mean number of male students for male and female participants was significant
  • Female participants were more likely or only group to utilize the “cannot recall” option
  • The reported exposure to male faculty was minimal
POSITIVE FINDINGS FROM SAI ITEMS:

- Male and Female nurses’ desire to work with one another
- Male and Female nurses do not have a preference for or change in comfort level with male or female supervisors
- Male and Female nurses’ belief that competence (and not gender or credentials) should be the criterion for acceptance into the profession
- Male nurses do not believe obtaining a leadership position in nursing is difficult for them
ITEMS FOR FURTHER CONSIDERATION:

- Female nurses’ greater belief than Male nurses that males in nursing weakens or destroys the profession

- Female nurses’ belief that females are better administrators of nursing

- Male nurses’ perception that female nurses resent their entry into the profession
The perceived differences between the genders in the level of respect demonstrated by male nurses toward female nurses

Both genders’ belief that males are not readily accepted into nursing and their presence may be unsettling to some females

Female nurses’ perception that male nurses receive larger salaries, higher rank than female nurses with the same education and experience, and obtain leadership positions easier because they are the minority in the profession
CONTRADICTORY FINDINGS AMONG FEMALE NURSES:

- Do not believe males will strengthen the profession
- Do not believe nursing must have male participation to meet its professional goals
- Believe that males add new perspective to the profession and encourage greater participation and implementation of change
- Believe that as long as nursing remains female dominant, it will remain a discipline of lesser status
STUDY LIMITATIONS:

• Response rate

• First time administered to male nurses

• All participants were from one health system

• Self-selection to participate

• Hawthorne effect
RECOMMENDATIONS:

• Support nurses in advancing their nursing academic education
• Encourage more male nurses to enter the faculty role
• Analyze nurses’ salaries and investigate the gender composition of nursing leadership, management, and educator roles
• Ensure male nurse involvement in community outreach programming and high school shadow programs
• Develop a taskforce to explore teambuilding opportunities for male and female nurses
  • Consider establishing a local chapter of a male nursing organization

• Analyze the SAI utilizing nursing population data to identify subscales or items that may not fit this population and use again with male nurses
QUESTIONS
REFERENCES:


