The background features a dark blue gradient with faint, light-colored technical graphics. These include several circular gauges or dials with numerical scales (e.g., 160, 170, 180, 190, 210, 220, 230, 240, 250, 260) and various circular and curved lines, some solid and some dashed, suggesting a scientific or engineering theme.

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 health disparities (Robert Wood Johnson Foundation, 2011; Sullivan Commission, 2004)
 - 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)

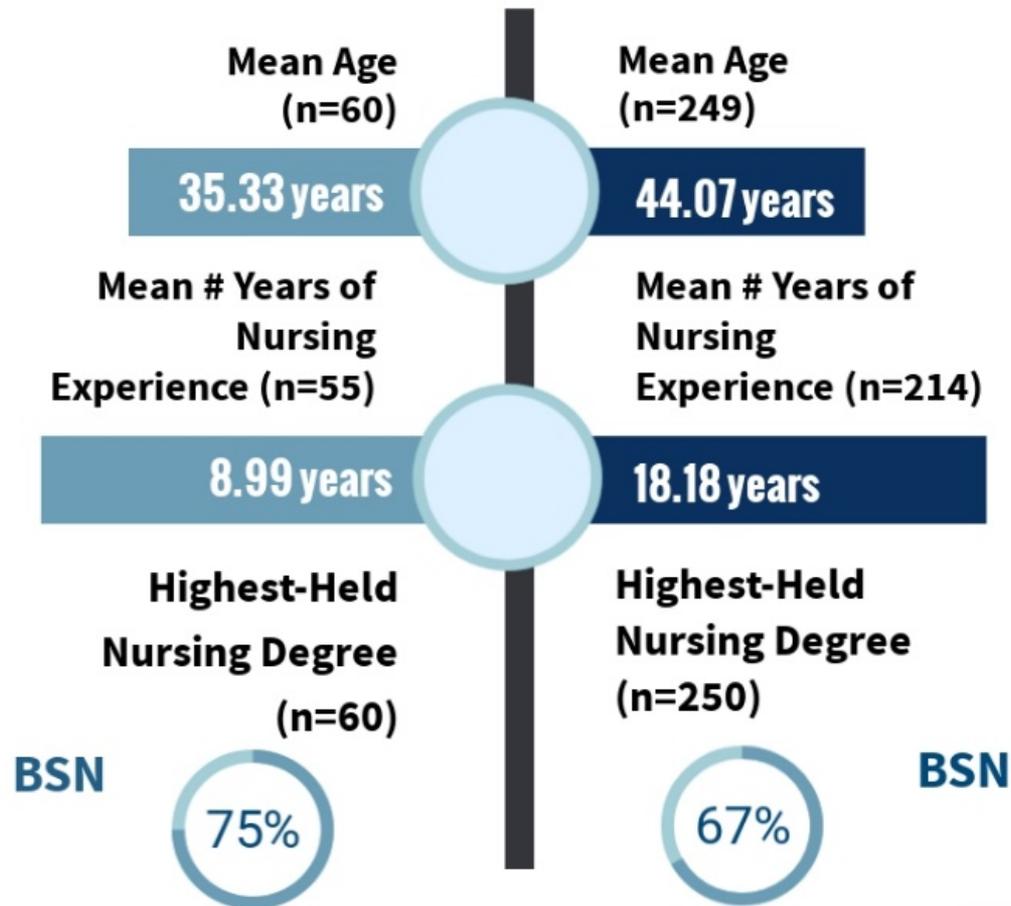
- 46 items ranked on a 4-point Likert scale
 - Score range - 46 to 184
 - The higher the score, the greater the attitude of acceptance of males
- Validity
- Reliability
 - The KR20 =.996 (Bentivegna, 1974) and .826 (Bentivegna & Weis, 1977)
 - Cronbach's alpha =.87 (Bentivegna, 1974) and .832 (Bentivegna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

RESPONSE RATE:

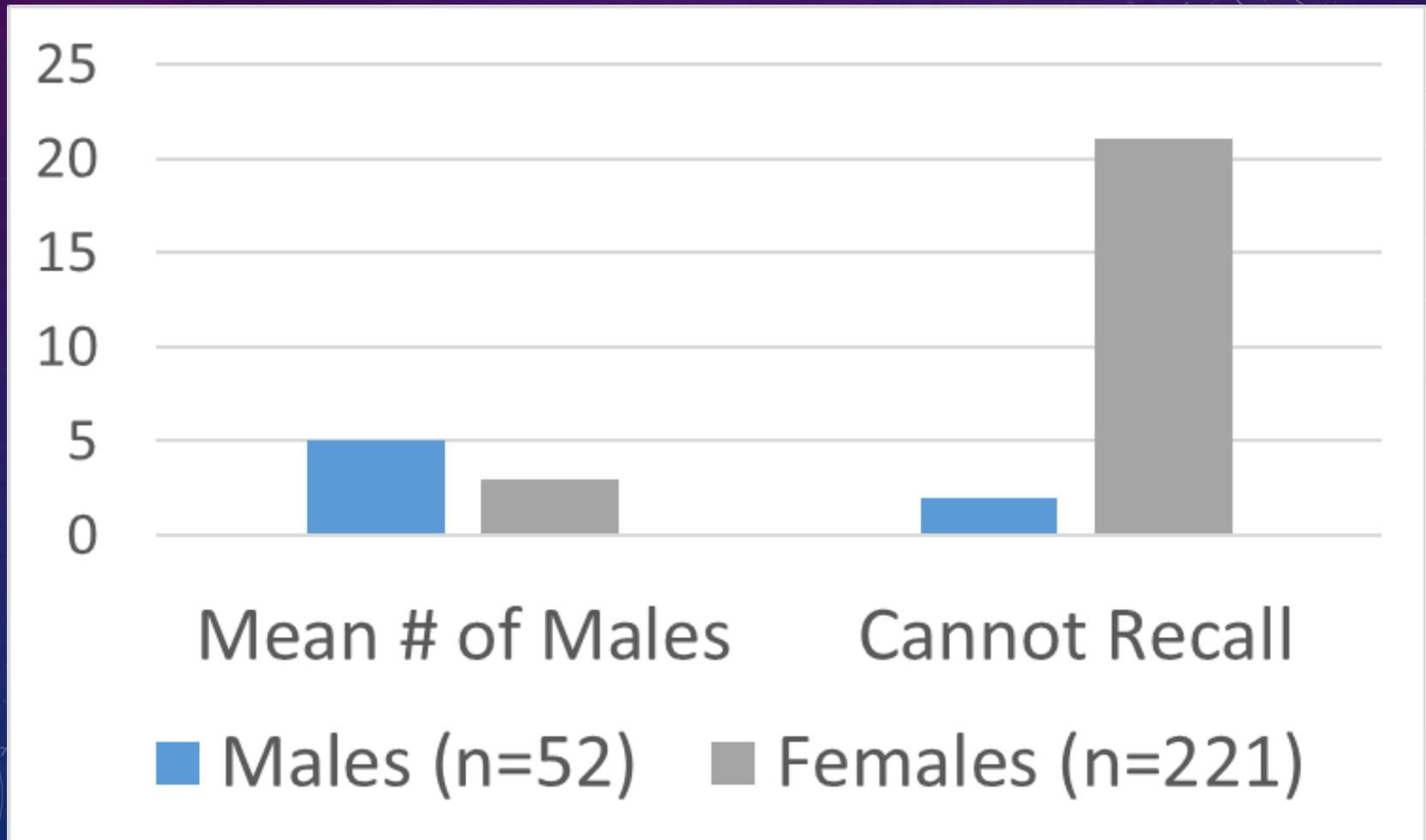
- Total Responses=435 (14% response rate)
 - 349 Female
 - 82 Male
 - 4 Non-Identified Gender
- Final Sample N=311 (72% of participants)
 - 251 Female (81%)
 - 60 Male (19%)

Males  Females

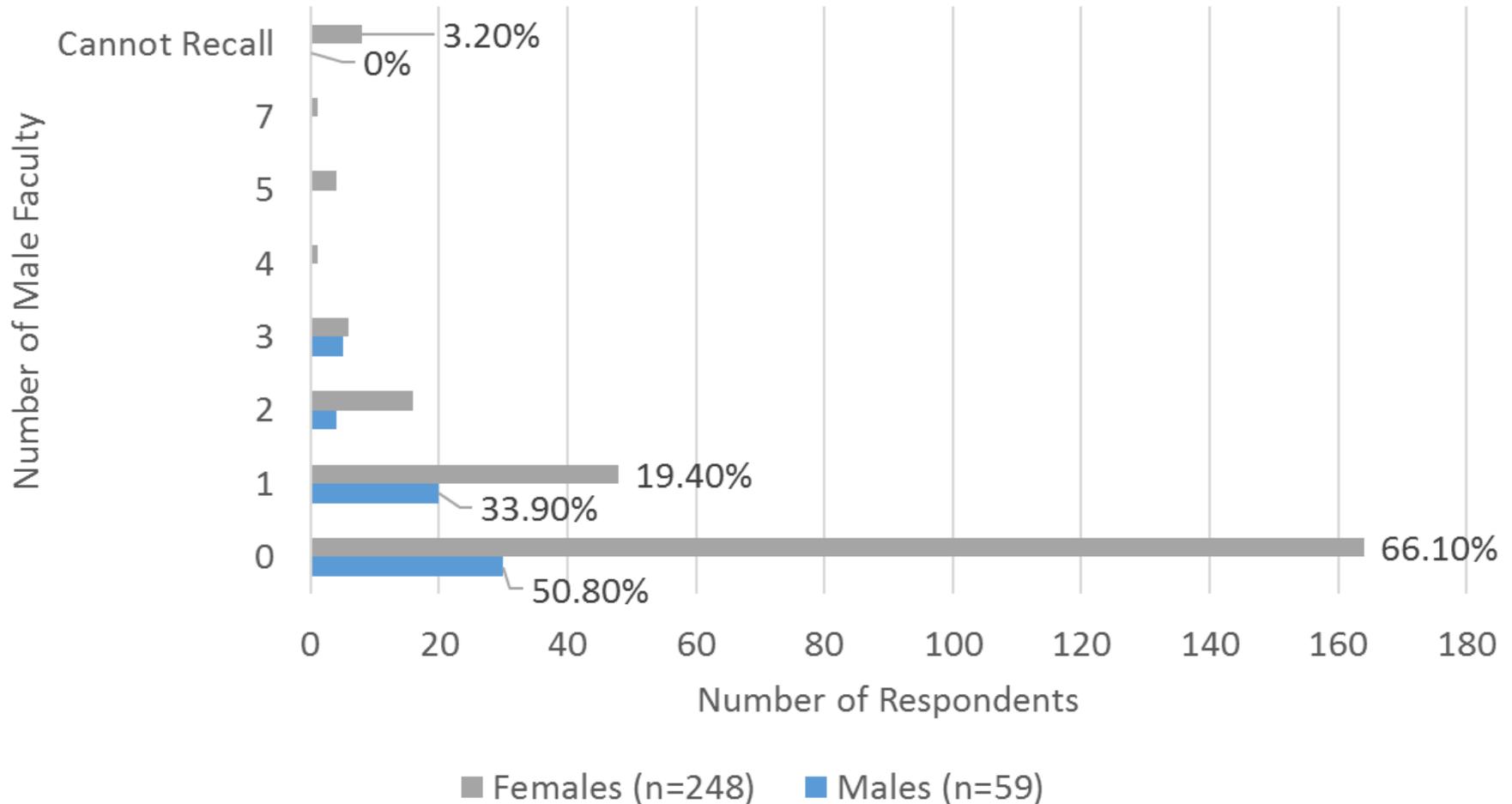
Sample Characteristics



SAMPLE CHARACTERISTICS: NUMBER OF MALES IN PRE-LICENSURE NURSING CLASS



SAMPLE CHARACTERISTICS: NUMBER OF MALE FACULTY IN PRE-LICENSURE NURSING PROGRAM



RESULTS: SAI SCORES

Cronbach's alpha = .829

	<u>Min</u>	<u>Max</u>	<u>M</u>	<u>SE</u>	<u>SD</u>
Males (n=60)	118	154	137.42	1.17	9.063
Females (n=251)	108	160	130.52	0.597	9.452

Mean difference in SAI scores was significant ($p < 0.001$)

CORRELATION CALCULATIONS:

	<u>Correlation Calculation</u>	<u>p-value</u>
Highest-Held Nursing Degree and Attitude of Acceptance (AA) (n=251)	$\rho = .21$	0.001
Age and AA (n=251)	$r = -.08$	0.19
Years of Nursing Experience and AA (n=244)	$r = -.09$	0.17
Number of Male Pre-Licensure Program Classmates and AA (n=221)	$r = .07$	0.32
Number of Male Pre-Licensure Program Faculty and AA (n=240)	$r = .10$	0.11

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

	Males M (SD)	Females M (SD)		Males M (SD)	Females M (SD)
^I believe that when males enter nursing their salaries will likely be higher than those of comparable females in the field.	3.18 (0.65)	2.39 (0.82)	^I believe that when a male is awarded a deanship in nursing, women lose some power in the profession.	3.36 (0.58)	3.08 (0.54)
^I believe that females resent the entry of males into nursing.	3.03 (0.74)	3.30 (0.49)	^I believe that as long a nursing remains a female dominated profession, it will remain a discipline of lesser status.	3.23 (0.70)	2.76 (0.76)
^I prefer to work with female professionals in nursing.	2.75 (0.67)	3.17 (0.51)	I believe that a male could be elected to the presidency of the American Nurses Association.	3.45 (0.50)	3.16 (0.47)
^I believe that the hiring of males in a female dominated profession is a political move.	3.46 (0.50)	3.19 (0.52)	^I believe that males entering nursing do not respect their female colleagues.	3.76 (0.43)	3.30 (0.55)
^I believe it would be more difficult for me to assume a position of leadership in a profession where my sex was the minority.	3.15 (0.68)	2.68 (0.74)	^I believe nursing could achieve its professional goals without male participation.	2.73 (0.82)	2.33 (0.69)
^I believe that males can assume leadership roles in nursing more easily than in disciplines which are not dominated by women.	3.10 (0.60)	2.57 (0.72)	^I believe that an influx of men into nursing will weaken the field.	3.60 (0.59)	3.31 (0.48)
^I believe that males in nursing generally have a higher rank than females with comparable education and experience.	3.18 (0.54)	2.70 (0.74)	I believe that males in nursing will provide new outlooks for the development of the field.	3.33 (0.57)	3.05 (0.60)
I believe the presence of males in nursing will strengthen the field.	3.26 (0.63)	2.94 (0.64)	I believe males will be helpful in implementing changes in nursing.	3.33 (0.57)	3.05 (0.52)

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

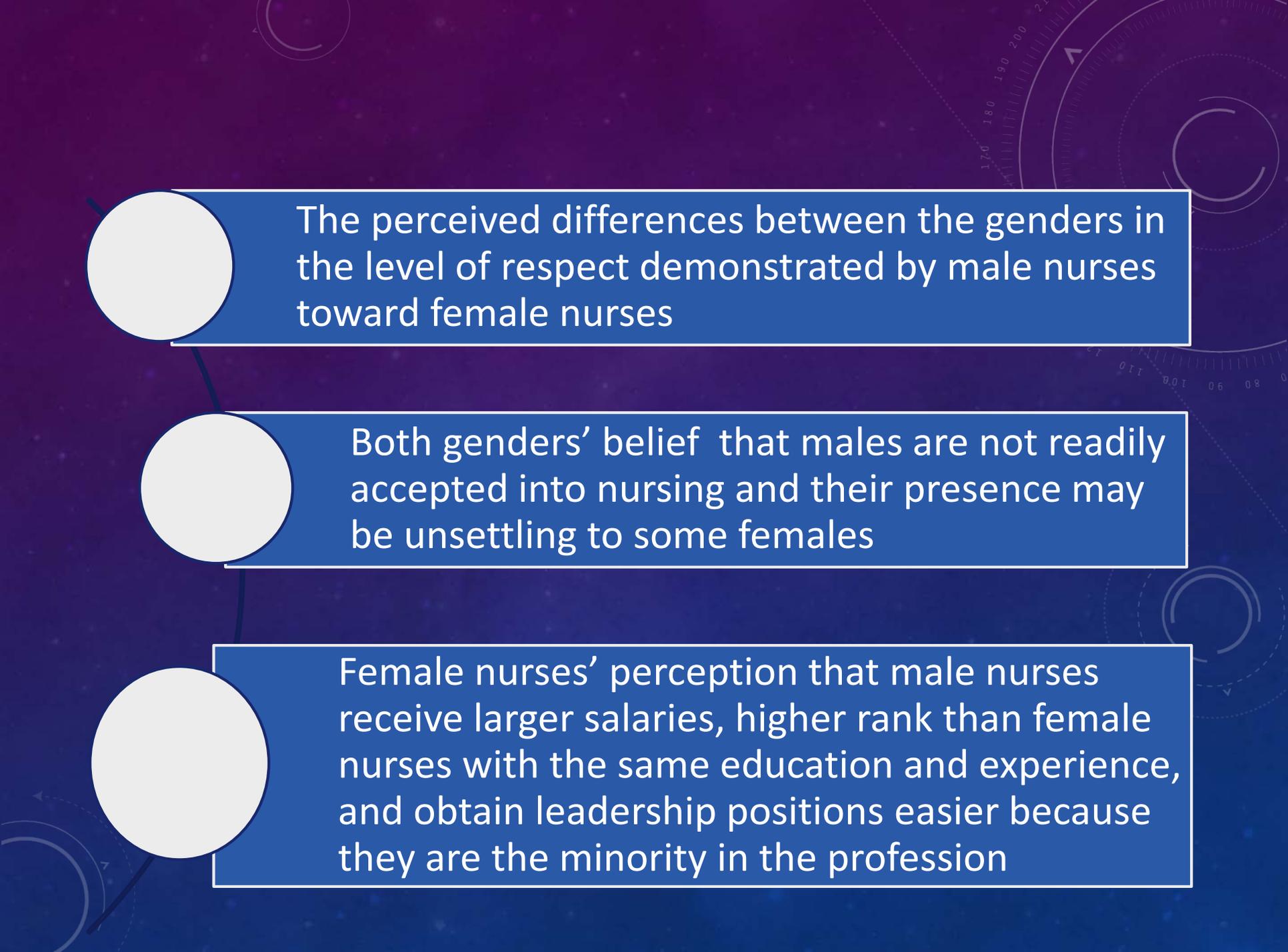
Male nurses do not believe obtaining a leadership position in nursing is difficult for them

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

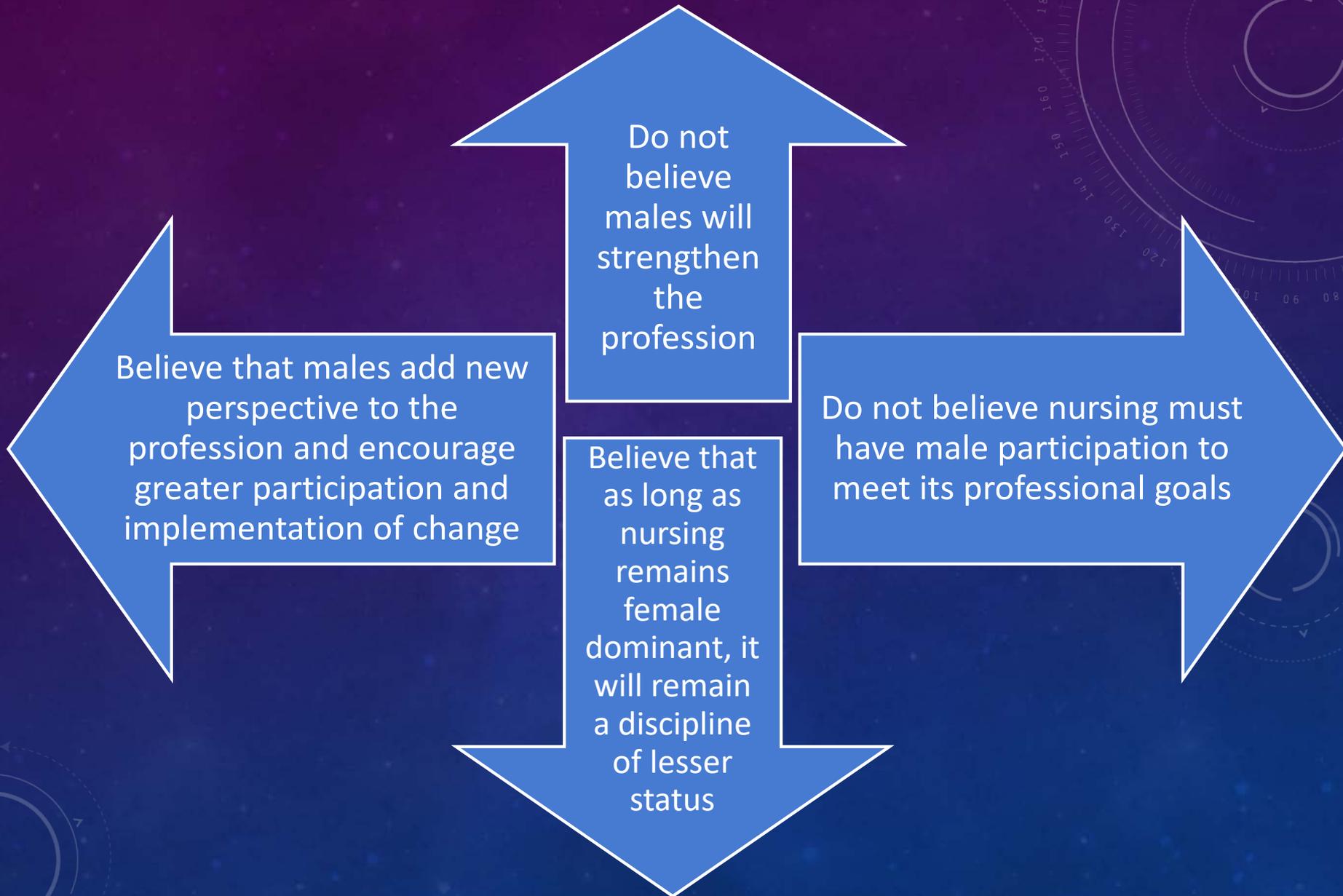


The perceived differences between the genders in the level of respect demonstrated by male nurses toward female nurses

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

CONTRADICTIONARY FINDINGS AMONG FEMALE NURSES:



STUDY LIMITATIONS:

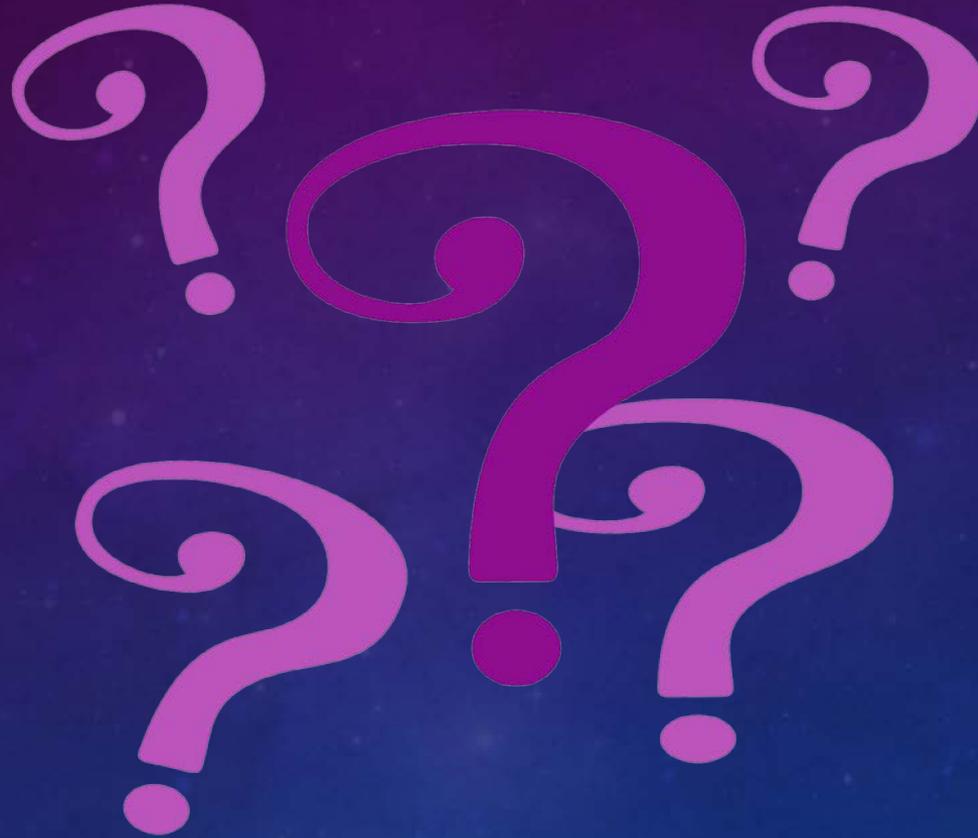
- Response rate
- First time administered to male nurses
- All participants were from one health system
- Self-selection to participate
- Hawthorne effect

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 that may not fit this population and use again with male nurses

QUESTIONS



REFERENCES:

- American Nurses Association. (2015). *Code of ethics for nurses with interpretive statements*. Silver Spring, MD: Author. Retrieved from <http://nursingworld.org/DocumentVault/Ethics-1/Code-of-Ethics-for-Nurses.html>
- Bentivegna, A. M. (1974). *Attitudes of home economics college and university professionals toward males entering the field* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global. (Order No. 742894).
- Bentivegna, A., & Weis, S. F. (1977). Attitudes of acceptance toward males entering the home economics profession. *Illinois Teacher of Home Economics*, 20(5), 230-236. Retrieved from <https://www.ideals.illinois.edu/handle/2142/28466>
- Boev, C. (2012). The relationship between nurses' perception of work environment and patient satisfaction in adult critical care. *Journal of Nursing Scholarship*, 44(4), 368-375. doi:10.1111/j.1547-5069.2012.01466.x
- Canadian Nurses Association. (2012). *2010 Workforce Profile of Registered Nurses in Canada*. Ottawa, ON: Policy and Leadership Division. Retrieved from https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/2010_rn_snapshot_e.pdf

Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine; Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health*. Retrieved from <http://www.iom.edu/Reports/2010/The-future-of-nursing-leading-change-advancing-health.aspx>

Embree, J. L., & White, A. H. (2010). Concept analysis: Nurse-to-nurse lateral violence. *Nursing Forum*, 45(3), 166-173. doi:10.1111/j.1744-6198.2010.00185.x

International Council of Nurses. (2012). *The ICN code of ethics for nurses, revised*. Geneva, Switzerland: Author. Retrieved from http://www.icn.ch/images/stories/documents/about/icncode_english.pdf

Li, Y., & Jones, C. B. (2013). A literature review of nursing turnover costs. *Journal of Nursing Management*, 21(3), 405-418. doi:10.1111/j.1365-2834.2012.01411.x

McHugh, M. D., Kutney-Lee, A., Cimiotti, J. P., Sloane, D. M., & Aiken, L. H. (2011). Nurses' widespread job dissatisfaction, burnout, and frustration with health benefits signal problems for patient care. *Health Affairs*, 30(2), 202-210. doi:10.1377/hlthaff.2010.0100

McMillian, J., Morgan, S. A., & Ament, P. (2006). Acceptance of male registered nurses by female registered nurses. *Journal of Nursing Scholarship*, 38(1), 100-106. doi: 10.1111/j.1547-5069.2006.00066.x

Moore, G.A., & Dienemann, J.A. (2013). Job satisfaction and career development of men in nursing. *Journal of Nursing Education and Practice*, 4(3), 86-93. doi: 10.5430/jnep.v4n3p86

Nursing and Midwifery Board of Australia. (2016). 2015/2016 Annual Report Summary. Retrieved from <https://www.ahpra.gov.au/annualreport/2016/html/boardsummaries/nmba-summary.html>

Quality and Safety Education for Nurses. (n.d.). QSEN competencies: Definitions and pre-licensure KSAs. Retrieved from <http://qsen.org/competencies/pre-licensure-ksas/>

Robert Wood Johnson Foundation. (2011, September). *Male nurses break through barriers to diversify profession*. Retrieved February 26, 2016, from <http://www.rwjf.org/en/library/articles-and-news/2011/09/male-nurses-break-through-barriers-to-diversify-profession.html>

The Sullivan Commission. (2004). *Missing persons: Minorities in the health professions*. Retrieved from http://depts.washington.edu/ccph/pdf_files/Sullivan_Report_ES.pdf

South African Nursing Council (2016). *Provincial Distribution of Nursing Manpower versus the Population of the Republic of South Africa*. Retrieved from <http://www.sanc.co.za/stats/Stat2016/Year%202016%20Provincial%20Distribution%20Stats.pdf>

Suter, E., Deutschlander, S., Mickelson, G., Nurani, Z., Lait, J., Harrison, L., . . . Grymonpre, R. (2012). Can interprofessional collaboration provide health human resources solutions? A knowledge synthesis. *Journal of Interprofessional Care*, 26(4), 261-268. doi:10.3109/13561820.2012.663014

United States Census Bureau. (2013, February). *Men in nursing occupations: American community survey highlights*. Retrieved from https://www.census.gov/people/io/files/Men_in_Nursing_Occupations.pdf