

Working As Male Nurses In Brunei: A Qualitative Study

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ABSTRACT

Objective: To explore the views and experiences of male nurses in nursing as a profession in Brunei Darussalam. The objectives of the study were to explore the perception of male nurses in Brunei about the nursing profession, to examine motivation to become nurses and to explore the challenges that they have encountered in the profession. **Background:** More men are now choosing the profession, given the growth of health care needs. Evidence suggests that there are obstacles and barriers to men's career choices of being nurses. **Design:** A descriptive qualitative study using content analysis. **Methods:** A descriptive, qualitative approach was used to gain valuable insight into male nurses' views on nursing as a career. Using purposive sampling, a total of 11 male nurses from two state hospitals in Brunei were individually interviewed. Participants were interviewed for between 45-60 minutes and were audio-recorded with prior consent. Recorded interviews were transcribed, coded manually and subsequently thematically analysed. **Results:** The analysis revealed three broad themes, namely 'making the career choice', 'working as male nurses' and 'being in the profession'. The first theme indicates the nurses' initial perception of the profession. The second one describes the nurses' experiences once they enter the profession. The final theme illustrates how nurses perceived the challenges of being in the profession. **Conclusion:** The evidence in the current study suggests although men's entry into nursing is slow and gender disparity continues to affect the profession, the results in this study indicate that, for male nurses, the motivational factors outnumber the barriers to entry. Overall, male nurses reported being positive with their career choice.

Keywords: Working, Male Nurses, Brunei, Qualitative, Gender

INTRODUCTION

Nursing, in general, has been conventionally regarded as a female-oriented profession, given the number of men who have historically worked in the field (1). Men's contributions to the development of nursing in its early centuries remain unrecognised by society with males still making up a minority within the nursing workforce (2). Making up a minority does not mean, however, that men are barred from the occupation. In contrary, joining nursing can positively enhance the visibility of men as representatives of the male gender more broadly (3). Studies examining the experiences of male

nurses in a female-dominated profession is relatively scarce when compared to research based on women working in male-dominated professions (4). Despite the effort in recent years to attract males to the nursing profession, their numbers remain persistently low in most Western and Asian countries, including Brunei Darussalam.

Several international studies have highlighted the obstacles and barriers to men's career choices of being nurses. It is argued that amongst men's most significant problem in nursing is its traditional portrayal as an occupation for females (5). Society's definition of masculinity and gender stereotypes have led to a clash between male involvement in nursing and the public's views of the profession (6). Male nurses also face communication problems in interacting with female colleagues (7), and their outcomes are frequently perceived as sub-standard. Although male nurses have contributed significantly to nursing in the past, they receive little to no recognition (3). Nursing is conventionally viewed as a predominantly female occupation (8). Male nurses today, however, feel that the profession embraces them more (9). More men are now choosing the profession, given the

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growth of health care needs, global vital nursing shortages and the need for job protection (5). There are also some resources available for male nurses that match their hospital roles better (10). For example, men are over-represented in high-tech nursing specialities, such as intensive care and emergency wards, as these areas may be viewed as more appropriate for them, more 'masculine' or have a preference for male employees.

Roles of men in nursing are further reinforced as patients are favouring them over their female counterparts as providers of high-quality nursing care (2). Patients are non-discriminatory on average and usually do not show a bias towards nurse gender when requested (11). Nevertheless, the views on men in nursing are often distinct when it comes to the individual desires of male and female patients. A Jordanian study that analysed patient preferences for nurses found that female patients had a more significant gender preference than male patients did (12). Male nurses are persistently denied nursing roles for which they are considered unsuitable—in areas such as maternal and child health or obstetrics and gynaecology—and continuously channelled into areas of work deemed more appropriate for them, such as emergency or mental health (13).

Meanwhile, the biggest challenge facing men in nursing is communication and collaboration with their female colleagues. This problem is prevalent nowadays, with a greater focus on teamwork in the current fast-paced health care climate (1). In addition, most people would find it healthier and more dignified for patients to encounter a predominantly female labour force (14). The most common misperceptions of nurses about men in nursing relate to gender stereotypes: for example, the 'inappropriateness' of nursing for males and the assumptions made about a man's sexuality because of his career choice. These misperceptions may affect men's recruitment and retention in nursing (15). The objectives of the study were to explore the perception of male nurses in Brunei about the nursing profession, to examine motivation to become nurses and to explore the challenges that they have encountered in the profession.

METHODS

Design

A qualitative approach with a descriptive design was chosen for the study to gain a deeper understanding of the nurses' experiences (16). Data were collected through individual semi-structured interviews and analysed by employing descriptive qualitative content analysis, inspired by Graneheim and Lundman (17).

Sample and recruitment

The study participants were recruited using a purposive sampling strategy, and the inclusion criterion was that the participants had to have had at least one year's work experience as a nurse in the hospital settings to increase the probability of them having adequate clinical exposure. The participants were recruited from various hospital settings in two main hospitals of Brunei. A series of recruitment briefings were held whereby a written participant recruitment sheet with information about the study was given to 22 nurses in total and, of these, 11 has agreed to participate. Nurses were also informed that the interviews would be audio-recorded. The participants were aged 28 - 44 years; they had worked as nurses for between 7-22 years, 1 had Bachelor in nursing qualification, 7 had Diploma and 3 with Certificate of Nursing.

Data collection

Semi-structured individual interviews (18) were used to enable the participants to disclose shift handover practices from their everyday work as nurses. An interview-guide with semi-structured and open-ended questions were developed and discussed by all authors, based on previous research. The interviews started with the question: Tell me, what is your view of nursing as a profession? Follow-up questions were asked about how they have experienced the profession and what the perceived challenges in being male nurses are, and how they have responded to these challenges. Depending on the interview, further follow-up questions were used for clarification when needed, such as "Can you tell me more about that?" and "Can you give an example of the common challenges?" A rehearsal of the interview was performed before the actual collection of data.

The interviews were conducted during January 2018 by the authors, AR and YZ. The participants chose the date and place for the interviews, which were carried out at the participants' workplaces, lasted between 25-56 minutes and were audio-recorded and transcribed verbatim.

Data analysis

The data were analysed in a process inspired by the guidance of Graneheim et al. (18) and Graneheim and Lundman's (17) descriptions of qualitative content analysis. All the authors read the interviews several times to ensure that they had a clear grasp of their overall content. Then, meaning units, words or statements, which

described the participants' experiences of being male nurses in the nursing professions, were identified and abstracted by converting the nurses' expressions into comprehensive units. These comprehensive units were compared, and those with similar meanings or which dealt with the same topics were grouped. Groups with similar meanings were then gathered to form categories, which were named with content-characteristic words, as described by Graneheim and Lundman (17).

All of the authors participated in the analysis process there was a constant movement back and forth between the whole data material and the analysis pieces during the process and the comprehensive units, and the groups, as well as the final three themes, were discussed repeatedly amongst the research group to achieve consensus.

In the results section, these themes, which describe the core meaning of nurses' experiences of being in the profession are presented first, followed by the categories describing further aspects and nuances in detail; these are illustrated with quotes from the interviews.

Rigour

The four aspects of trustworthiness in qualitative research, credibility, dependability, conformability and transferability (19) have been recognised and applied in this study. The nurses were guided through the interviews with semi-structured open-ended questions that allowed them the freedom to speak as much as they wanted regarding their experiences. The interviews strived for promoting dialogue and asked for clarification of the narratives to achieve credibility. Furthermore, the analysis process was conducted in a reflective dialogue between the researchers. To accomplish dependability, two of the researchers (AR and YZ) conducted the interviews. The recordings were transcribed verbatim, and quotes from the participants are presented in the findings for the conformability. The findings might be transferred to inform other male nurses' understandings of choosing to nurse and perceived challenges in working and being in the profession (19). However, the individual reader has to assess the suitability of transferring the results.

ETHICAL CONSIDERATIONS

The Joint Ethics Committee approved the research at the Institute Health Sciences Research Ethics Committee (IHSREC) of the Universiti Brunei Darussalam and the Medical and Health Research

Ethics Committee (MHREC) of the Brunei Darussalam Ministry of Health with the reference number UBD/B3/8. The four ethical principles of respect for autonomy, beneficence, non-maleficence and justice were considered. The heads of the hospital wards gave their approval for the study. All participants were given both verbal and written information about the aim of the study, including its design, that their participation was voluntary, that they had the opportunity to withdraw their participation at any time and the confidential treatment of data. Written informed consent was obtained from all participants.

RESULTS

Making the career choice

The nurses reported that one critical factor they considered in deciding about their careers was that the nursing program to which they had applied responded to their application sooner than others did. As a result, they declined those positions offered subsequently.

I first applied for a vocational nursing appointment, so I wanted to go into nursing, and then I got a vocational offer afterwards. However, because I already had an approved nursing course, I declined vocational training (Nurse 1).

While these nurses would have preferred to be in other professions, such as teaching or the mechanical sector, they believed that nursing was their best option, at least to start. Some said that they were supported by their family or close friends due to their failure to get into another course.

I am sad that I did not get the chance to do what I love, but I will always believe that nursing is the right choice for me (Nurse 8).

The nurses described their motivational factors and benefits of becoming a male nurse. These factors include being a person working in health services, health care expertise, stability, job security and recognition.

My family will talk to me about health problems, making me feel like a significant person (Nurse 2).

In my neighbourhood, when it comes to health issues, I was always treated as a doctor. When going to the hospital, they ask me about their health condition (Nurse 4).

Two nurses held that, much like hospital patients, they were able to find care and support for their family members at home.

Usually, when they had minor injuries such as cuts and bruises, my family-in-law still went to a clinic or hospital. Because I am a nurse, however, I try to treat them on the spot, and they know that they no longer need to go to the minor-case hospital or clinic (Nurses 8 and 10).

Male nurses also attributed the benefits of obtaining additional healthcare-related knowledge and skills. This could be helpful to them, as it also provides them with meaningful social participation.

No matter how strong you are in terms of physical strength, without awareness of nursing skills, we may not be able to do the necessary lifting: for example, when we position a patient to change diapers. When it comes to a health issue, our critical skill is logic (Nurse 11).

With experience in the nursing field, some nurses reported a better sense of understanding for medical conditions and even reported cultivation of better personal traits such as empathy and self-confidence.

In addition to developing my understanding, I have developed greater confidence in my communication skills and feel secure in offering specific patients health education (Nurse 9).

Working as male nurses

The nurses identified that working as male nurses, they described that the principal obstacle faced by male nurses as the pervasive gender bias that exists in this female-dominated field. In their work with female colleagues, patients, and supervisors, male nurses often face the difficulty of traditionally holding 'masculine' positions within the nursing profession that challenge them both physically and mentally. Half of the nurses reported gender discrimination from female nurses in different ways, including work assignments which are more labour intensive when compared to their female counterparts. Within this subtheme, multiple nurses reflected as follows:

It was not fair that the job was being assigned to us, and female workers can really do it, but they are only waiting for me before the patient is difficult to clean (Nurse 4).

Several nurses, however, did not consider there to

be a problem and responded positively to working with female colleagues and thought they worked together well.

A male colleague or a female colleague is just the same for me, and their attitude is what is significant (Nurse 9 and 7).

Meanwhile, the majority of nurses interviewed believed that most female patients in distress were biased towards female nurses when they provided treatment. Patients continue to feel uncomfortable with male nurses, as they are physically vulnerable, and nurses must touch them. They do this with permission in some cases, although the situation often prompts false accusations because there is no alternative to a male nurse.

Some of the female patients felt uncomfortable, as they declined to be handled by male nurses, even if we were only taking their blood pressure. They waited for the next shift for the female workers, and this triggered delayed completion of the test (Nurse 2).

Two nurses expressed concern about gynaecological cases involving young female patients. Nurses discussing this trend seemed to agree that this was a common occurrence, rather than a negative reflection on their skills.

When I see a young female patient, I try to avoid her as much as possible, as it is uncomfortable when it comes to discussing, for example, fibroids or ovaries or other female private parts. While this is a common thing for medical people, for the public, it could be a little inappropriate, and they could accuse you of sexual harassment (Nurse 4).

In addition, as a country governed by the Malay Islamic Monarchy philosophy, with a strong religious tradition and cultural sensitivity, nurses reported that they had to be mindful of their limitations, as they need to obtain permission to provide treatment for female patients.

Reflecting on the national ideology and human rights, female patients preferred female nurses, and we need to support them as male nurses (Nurse 3).

On the other hand, female nurses have no issues when providing care to patients of their gender. Male patients, likewise, preferred to be treated by male nurses, particularly when it comes to personal male health problems.

Most of them are good, in terms of male patients. It is nice that we can help as male nurses in terms of men's health (Nurse 2 and 6).

The patient generally prefers a male nurse as opposed to a female nurse because they may be more open to talking to the male nurse and more relaxed talking to the same gender (Nurse 5).

On the other hand, in leadership, gender stereotyping affects the individual's perceptions in the workforce and his chances of experiencing discrimination. Some nurses shared their feelings about working in women-led departments, stating that they faced more gender discrimination than their female counterparts did in male-headed departments.

Some managers have been selective with the staff so far. Because most are female, they are fonder of female colleagues. They are not with us for 24 hours because they did not hear about our job and accept it. I am not particularly happy with the female bosses (Nurse 3).

Being in the profession

According to the male nurses, being in the profession, they are regarded as playing an essential role and being in high demand in the nursing profession. Nurses emphasised the importance of having men be the face of promotional career talks about the nursing profession. They have improved the conventional student view of nursing as an unskilled occupation. To gain reliable, appropriate, and meaningful knowledge about this discipline, the majority of nurses sought avenues to change the perception among primary and secondary school-goers that nursing is a highly skilled and technical occupation.

I think it is best for male nurses to chat during roadshow work, so people get the impression that nursing is not just a female career. Male nurses need more publicity for all this while just bringing them backstage (Nurse 5).

The nurses also discussed the widespread misunderstanding that nursing is viewed as an unskilled occupation that focuses only on repetitive tasks, such as cleaning patients.

Being a nurse does not mean that we are just doing stuff like washing the perineal region of the patient. There are many branches of nursing, and if they are successful, they can potentially pursue further studies to become a nurse practitioner or even do a PhD (Nurse 9).

DISCUSSION

This study aimed to investigate male nurses'

perceptions of the nursing profession. The results identified the nurses' experiences before they entered the field of nursing. The literature (3) suggested that men choose nursing because of a desire to support people, job security and career opportunities. The findings in this study, however, suggests that nurses only experience these motivations once they have worked in the field, which will be explored in the second theme. While most of the nurses reported that becoming a nurse was not their initial career choice, they were somewhat influenced by other critical factors, such as their friends or family members. For the most part, these male nurses had been determined to work in other career fields but were unable to secure other kinds of work, either because they did not meet the entrance criteria, or because of financial constraints, so they ended up entering nursing. They all believed, to some degree that the profession that earned the most approval from their families was always the best option (20). Family is a crucial driving factor behind the eventual decision by men to join the nursing sector (21). Such results are consistent with many studies that have emphasised this (3). Nonetheless, entering nursing based on more controlled motivations is unlikely to be of long-term benefit to the nursing profession. It may affect nurses' motivation and retention (5).

Although the nurses admitted that they faced negativity and barriers to their career choice, they had managed to adjust and find positivity in this field. The nursing field can be especially attractive for men, as they can be the breadwinner in their family's decision-making, which motivates them to seek career advancement opportunities (22). In addition, as Bruneian culture follows the extended family tradition, in which people often live in multigenerational households, these male nurses contribute their expertise to the welfare of their families. Meanwhile, their training allows them to recognise patient issues, specifically through the presentation of signs and symptoms.

The nurses, on the other hand, viewed nursing as a flexible occupation, with plenty of work opportunities, and one that the community needs. Similar findings were reported regarding the value of career stability for men who have established a career in nursing (23). They found that male nurses might have preferred nursing as a desirable profession that offered stability and a wide range of career opportunities rather than as a reflection of a long-standing desire. To some, real incentives, such as work protection and a variety of nursing opportunities, are deemed a higher priority (24). Non-financial incentives, meanwhile, seemed more relevant to them than financial ones.

At the same time, male nurses' masculinity is questioned by their female colleagues, female patients, or female executives. Male nurses faced specific challenging situations from female colleagues in which any work assignment or demanding procedure that require physical stress was reserved for male nurses (3). This contributes to a higher prevalence of unhappiness among male nurses (25). Men's difficulties in predominantly female professions have been described as 'ignorance outside the profession and discrimination within it' (1).

In addition, as a country with strong traditions of Islamic faith and cultural sensitivity, male nurses were mindful of their limits when providing and caring for female patients. The dignity and privacy of patients of all genders should be respected, and a nurse of the same sex is generally preferred to care for them, and crucial in maternity or gynaecological treatment (26). A male nurse who cares for a female patient should always be accompanied by a female member of staff or an adult relative of the patient (27). At the same time, both men and women are more likely to experience higher incidences of anxiety and physical symptoms while working under a female supervisor than under a male supervisor (28), as an aggressive male leader might be deemed 'ambitious' compared to an assertive female leader deemed 'pushy'. However, though men perceive that they have a privileged status as males within society, they are more likely to be promoted, and promoted faster, than their female counterparts to positions of authority and leadership in nursing (29).

On the other hand, given the derogatory perceptions of men in nursing, men should be recruited to nursing because the profession needs more males to refute the misconception that nursing is only for females, as well as to provide gender equilibrium in the workplace. The results suggest focussing on the recruitment approaches school students. A strong link between the nursing perceptions of nursing and the students' decisions to pursue a career in nursing was also established (30). We discovered that the more optimistic the perceptions of nursing, the greater the likelihood that students will opt for a career in nursing. Regardless of age, educational history, work field or years of experience, nurses identified the most common misperceptions regarding men in nursing to be related to the gender stereotyping that persists in society. Men in particular thought that the public generally assimilated that 'most male nurses are homosexual' and that 'nursing is an occupation best suited to females'. Nurses seemed

to have stronger perceptions of these common misunderstandings' effect on men's recruitment and retention in nursing (3). Therefore, if nursing is serious in its ambition to hire men to diversify the profession, more dialogue and action are required.

STUDY LIMITATIONS

The nurses included in this study reflect an overall representative male nurse population in terms of age, gender, and history. Some issues, however, restrict the study's results and interpretation. For instance, a relatively low number of nurses volunteered to participate. At the same time, it would have taken a long time to hire more nurses for additional interviews. While the findings of the 11 interviews may be comparatively small, this research has sought to capture some of the experiences of being a male nurse in the nursing profession. The sample was deemed appropriate because of the exploratory nature of this research and the focus on identifying underlying ideas about the topic. When new data appears to no longer contribute to the findings due to the repetition of themes and comments by participants, data collection was terminated. In addition, this research focused solely on the experiences of male nurses and not female nurses or the public.

CONCLUSIONS

Although men's entrance into nursing is slow and gender inequality continues to affect the profession, the results in this study indicate that, for male nurses, the motivational factors outnumber the barriers to entry. Overall, however, the nurses reported being happy with their career choice. In the near future, male nurses will continue to be discriminated against, and they will represent only a small portion of the registered nursing population since nursing is still a predominantly female-dominated occupation. Therefore, more concerted efforts should be made by all concerned stakeholders to facilitate the recruitment of men. Technical organisations should concentrate on the discipline of nursing as a profession, with an emphasis on gender equality. Nursing associations and programs need to question the social perceptions of femininity and masculinity to facilitate their recruiting efforts. Such efforts can ultimately lead to an increase in the number of men entering the nursing profession. This research has strengthened our knowledge of the profession's view of male nurses. Further research exploring the role of male nurses may lead to a better understanding of the

challenges they face and improved professional support, with better recruitment strategies from the beginning.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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