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THE EXPERIENCES OF MALE PROFESSIONAL NURSES REGARDING NURSING AS A CAREER IN A PRIVATE HOSPITAL IN JOHANNESBURG

A research dissertation presented to the

Faculty of Health Sciences

UNIVERSITY OF JOHANNESBURG

as fulfilment for the Masters Degree in Nursing Management by

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2014
DECLARATION

AFFIDAVIT: MASTER’S AND DOCTORAL STUDENTS
TO WHOM IT MAY CONCERN

This serves to confirm that I, CORNELIUS JACOBUS REINECKE
(F: First Name(s) and Surname)

ID Number 7502060490865 Student number DM704044
enrolled for the Qualification MASTER OF SCIENCE in the
Faculty of HEALTH SCIENCES (NURSING)

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ACT 26 OF 1963 and the applicable Regulations published in the GG DNR 1358 of 31 July 1972; GN 653 of 10 July
DEDICATION

I dedicate this study to the strongest person I know, my mother, Nellie. She will never comprehend her impact on my life.

Lief ma vreeslik baie, en woorde ontbreek om my dank en waardering uit te druk vir my opvoeding. Ma was ‘n wonderlike verpleegster vir oom Mike.

My inspiration to be all that I can be is my brother, Steve. I will always admire him for being the shining light in the lives of others, and my own.

Jy het ‘n hart van goud en jou sensitiewe geaardheid het jy van ma en pa gekry. Bly die mens wat jy is en weet dat jy deur baie mense lief gehê word, maar veral deur my. Jou onbaatsugtige versorging van Arend sal ryklik beloon word.

The hardest-working person I know is my eldest brother, Drikus. I admire him for his tenacity and perseverance.

Ons “werkers-gene” kom van pa af. Ek admireer die feit dat jy verskriklik hard werk, en ek hoop jou kinders verwesenlik elke droom wat hulle het. Lief jou baie my broer.

Lastly, I would like to acknowledge my deceased father, Daan.

Ek hoop dat ek pa nooit teleurgestel het nie. Pa se harde werk en pligsgetrouheid word in my eie lewe gemanifesteer. Ek sal altyd lief wees vir pa en ek mis pa elke dag. Tot ons weer ontmoet…
I acknowledge God, who is the living energy in me.

Without my mentors, light beacons and academic pillars, Professor Mary Chabeli, Mrs. Hafisa Ally and Professor Elsabè Nel from the Faculty of Health Sciences at the University of Johannesburg, Professor Karien Jooste from the Faculty of Nursing at the Western Cape University and Doctor Jeanette Maritz from the Faculty of Nursing at University of South Africa, this research study would have been impossible.

I would like to express my sincerest gratitude to Salomè Potgieter, the best Librarian I have ever met. I appreciate your tremendous efforts in assisting me with a very difficult literature search.

I am grateful to Letitia Greenberg who was responsible for the language editing of my study.

I would like to thank all the participants for their involvement in this study. Your contributions will add to the science of nursing, and may your contributions to nursing practice be noticed by your peers, employers and patients.

Furthermore, I would like to thank all the patients, whose praising words and gratitude throughout my professional career motivated me to be the best I can be. The fact that I was a male was coincidental and they have never viewed me as an anomaly.

Finally, I want to acknowledge all my friends, for accepting me as I am, and for all the love and support throughout the hardships during my career and this dissertation. I love you beyond comprehension.

Carpè Diem.
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ABSTRACT

The history of nursing focuses almost exclusively on a female-dominated profession, created with the assumption that such a role is inherently natural to women only. Yet, men have worked as nurses since the profession’s infancy, 250 BC, but their contributions seem to be unnoticed and underrepresented. Male nurses ascribe to a minority status within the nursing profession, with only 6.8% currently registered with the South African Nursing Council. Men who enter the nursing profession will fall victim to prejudice, stereotyping, role strain and isolation (often referred to as the islands in nursing). International literature provided significant evidence that men are well served with nursing as a career. It is unclear how South African male professional nurses experience nursing as a career in the light of the deterring factors mentioned previously.

The purpose of this qualitative, exploratory, descriptive and contextual study was to explore and describe the experiences of male professional nurses regarding nursing as a career in a private hospital in Johannesburg in order to develop strategies to support them in their career.

The target population consisted of male professional nurses working in all disciplines in the private hospital. A purposive sampling technique was used. Data were collected by means of four (4) in-depth, semi-structured individual interviews, five (5) naïve sketches and field notes until data saturation was obtained. Data analysis was done by following Tesch’s open coding strategy (Creswell, 2013:158). The data obtained was incorporated into existing literature during the conceptualisation phase of this study.

Trustworthiness of the study was ensured by employing the model promulgated by Denzin & Lincoln (2005:290 – 326), focussing on credibility, transferability, conformability, dependability and authenticity.

The principles of ethical considerations, as suggested by Dhai & McQuoid-Mason (2010:14 – 15) pertaining to privacy, confidentiality, anonymity, informed consent and beneficence were applied in this study.
The findings of the study reflected two major themes, namely positive and negative experiences of male professional nurses. These experiences were pertaining to relationships with colleagues, nurse manager, patients and the nature of the nursing profession.

The recommendations of the researcher were that the strategies be applied to areas of nursing practice, nursing education and future nursing research.
OPSOMMING

Die geskiedenis van die verpleeg beroep fokus ekslusief op 'n vroulike-gedomineerde professie, geskep met die veronderstelling dat die versorgings rol natuurlik en inherent aan slegs vroeë is. Nogtans, was mans as verpleërs bekragtig sedert die ontkieming van die beroep, 250 VC, maar hulle bydres was ongesiends en onverteenwoordigend. Manlike verpleegkundiges onderskryf aan 'n minderheids status binne die verpleeg beroep, met slegs 6.8 % wat tans gerigestreer is by die Suid Afrikaanse Raad op Verpleging. Mens wat die verpleeg beroep betree, loop die gevaar om slagoffers van bevooroordeeling, stereotiper, rol-ooreising en isolasie (gereeld verwys na as die eilandie in verpleging) te wees. Internasionale literatuur verskaf genoegsame bewyse dat mans gediend is met 'n beroep as verpleegkundige. Dit is egter onbeslis hoe manlike verpleegkundiges in Suid Afrika verpleging as 'n beroep ervaar ten spyte van die afwerings faktore wat hier bo vermeld is.

Die doel van hierdie kwalitatiewe, verkennende, beskrywende en kontekstuele studie was om die ervaringe van manlike geregistreerde verpleegkundiges te verken en beskryf. Die oorhoofse doel is om die navorser in staat te stel om ondersteunings strategieë te ontwikkel en te beskryf wat die manlike verpleegkundige in sy beroep kan onderskraag.

Die bereikbare populasie was manlike geregistreerde verpleegkundiges, werksaam in alle dissiplines van 'n betrokke privaat hospital in Johannesburg. 'n Gerieflikheids, oordeelkundige en doelbewuste steekproefneming en die toepassing semi-gestureerde onderhoude en naiwe sketse was ingestel in hierdie studie tot en met data-verryking plaasgevind het. Tesch’s se open-kodering strategie was gebruik as data analiserings tegniek.

Betroubaarheid van die studie was bevorder deur die gebruikmaking van Denzin & Lincoln (2005:290 – 326) se betroubaarheids-model, waar gefokus word op kredietwaardigheid, oordraagbaarheid, gelykvormigheid, afhanklikheid en opregotheid binne die studie.
Daar is aan al die etiese beginsels van navorsing uitvoering voldoen, naamlik privaatheid, vertroulikheid, anonimiteit, ingeligte toestemming, vrywillige beëindiging en uitskakeling van nadelige gevolge op die deelnemers (Dhai & McQuoid-Mason, 2010:14 – 15).

Die resultate reflekteer temas wat binne twee hoofkategoriee gereduseer is, naamlik positiewe en negatiewe belewenisse. Die positiewe en negatiewe bewenisse was ter sprake op verhoudinge met die vroulike verpleegkundiges, die pasiënte, verpleegbestuurders en die aard van die verpleeg beroep as sulks.

Die aanvevelings van die navorser is gerig op die implimentering van die ondersteunings strategieë op die terreine van verpleeg praktyk, verpleeg onderwys en toekomstige verpleeg navorsing.
CHAPTER 1
OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND RATIONALE

Centuries before Florence Nightingale’s time, dating as far back as 250 BC (Poliafico, 1998:1), men started influencing nursing as a profession, by establishing the first nursing school in India. This input into the nursing profession granted men the title of the “fathers” of the nursing profession. The first formal nursing school for men (Kenny, n.d:3 - 5) was only introduced in 1888 by Darius Mills, at the Bellevue Hospital in New York.

Despite the foundational efforts of men in the nursing profession, the introduction of Florence Nightingale into the nursing profession in the 1800s, started the migration of men out of this profession (Evans, 2004:322). Nightingale believed that every woman was a nurse, and women who entered nurses’ training were doing only what came naturally to them as women (Evans, 2004:322 – 323). Nightingale considered traits such as nurturance, gentleness, empathy, compassion, tenderness and unselfishness to be essentially feminine and nurse-like. She further believed that “men’s hard hands were not suited to touch, bathe and dress wounded limbs, however gentle their hearts may be” (Brown, Nolan & Crawford, 2010:1).

Nursing is a very diverse occupation and it offers a variety of workplace settings, client populations and healthcare specialities (Sherrod; Sherrod & Rasch, 2005:46 – 51). Sherrod et al. (2005:46) continue by stating that challenging and rewarding careers exist in direct care, administration, education and advance practice, exposing men to multiple career opportunities within the nursing profession. Evans (1997:226 – 231) is of the opinion that management positions are chosen because they are more congruent with the masculine sex role and degree of autonomy.

The Bernard Hodges group survey (2005:2) identified that 71% of male nurses stated that female nurses utilise male nurses for “muscle power”, indicating that even their colleagues rely on the strength of male nurses. This study stated that male
nurses are mainly utilised for lifting heavy patients, assistance with aggressive patients, lifting equipment and troubleshooting of monitoring devices.

Studies conducted in the USA, Australia, Canada and Israel revealed a continuum of experiences by male nurses, some of which are that:

- male nurses stated that women are historically associated with nursing. Men in nursing are underrepresented, even when men in the history of nursing played a vital role in health care (Evans, 2004:324)

- male nurses revealed that they are being stereotyped as effeminate or gay because they are in a caring profession (Meadus & Twomey, 2007:14)

- male nurses stated that society views them as sexual predators, choosing this career (with much intimate interactions with patients) to satisfy their sexual fantasies (Brown, 2009:125 – 126)

- male nurses stated that they are also burdened with the tasks of helping their female colleagues with difficult patients, aggressive patients, heavy patients and other technical tasks (equipment troubleshooting), leaving them at times not caring for their own patients (Hart, 2005:48)

Evans (1997:226 – 231) reported that male nurses would choose areas within the nursing profession that support a masculine identity and some degree of autonomy.

While proliferative literature exists abroad on the experiences of male nurses in their careers, the researcher has identified a gap in this type of study in South Africa. Against the background of the very small percentages of male professional nurses on the South African Nursing Council register (2009), it augers well to explore the experiences of male professional nurses in their careers in order to develop strategies to support them in their career as male professional nurses.
1.2 PROBLEM STATEMENT

Men were considered the traditional caregivers, a tradition dating as far back as 250 B.C. With the introduction of Florence Nightingale in the 1800s, her vision left very little room for men in nursing, “except where physical strength was needed”. The Solidarity Research Institutes’ report (2009:3 – 4) emphasised the gender discrepancy in nursing by revealing that there are 6 892 male nurses and 101 086 female nurses that are registered with the South African Nursing Council. This represents an astonishing 6,8% registered male nurse workforce in South Africa. It is evident that men encounter more negative criticism from the public for entering female-dominated professions (Evans, 2004:324; Meadus & Twomey, 2007:14; Brown, 2009:125 – 126).

Despite all the obstacles and criticism, it remains unclear how the male professional nurse experiences nursing as a career in South Africa. This statement therefore gave rise to the following research questions:

1) What are the experiences of male professional nurses regarding nursing as a career in a private hospital in Johannesburg?

2) What strategies can be developed to support male professional nurses in their careers in a private hospital in Johannesburg?

1.3 RESEARCH PURPOSE

The purpose of this study was to explore and describe the experiences of male professional nurses regarding nursing as a career in a private hospital in Johannesburg in order to develop strategies to support them in their careers.
1.4 DEFINITION OF KEY CONCEPTS

1.4.1 Experience

An experience is an event or a series of events participated in or lived through; or the act of living through an event (Webster Dictionary, 2007:200). An experience is also described as an emotion, a feeling and an event which leaves an impression on an individual.

In this study, the experiences of male professional nurses regarding nursing as a career are explored.

1.4.2 Male professional nurse

In this study, a male professional nurse is an individual who is registered with the South African Nursing Council as a registered male nurse.

1.4.3 Nursing

Nursing is defined in the Nursing Act (South Africa, 2005: clause 1) as a caring profession practiced by a person registered under section 31, which supports, cares for and treats a healthcare user to achieve or maintain health and where it is not possible, cares for a healthcare user so that he or she lives in comfort and with dignity until death, Muller (2009:184). For the purpose of this study, male professional nurses’ experiences regarding nursing as a career are explored.

1.4.4 Career

Muller, Bezuidenhout & Jooste (2011:14), defines a career as the sequence of employment-related positions, roles, activities and experiences encountered by a person. In this study, the male professional nurses’ experiences are explored as they encounter these within their positions, roles and on-going activities.
1.4.5 Private hospital

Muller, Bezuidenhout & Jooste (2006:102) defines a private hospital as a private health-care organisation that is regulated by the National Health Act (2003) and is referred to as a health-care establishment, which is generally classified as a private business.

The context of the private hospital in this study is a large private hospital in Johannesburg.

1.5 RESEARCH DESIGN AND METHOD

1.5.1 RESEARCH DESIGN

The research design utilised for conducting this study was a qualitative, exploratory, descriptive and contextual design for exploring and describing the in-depth experiences of male professional nurses regarding nursing as a career in a private hospital in Johannesburg in order to develop strategies to support them in their career as nurses.

A qualitative research approach is an inductive and interactive process that explores the meaning and understanding of lived experiences (Brink, 2006:119).

1.5.2 RESEARCH METHOD

The research method can be defined as the techniques used to structure the study and to gather and analyse information in a systematic fashion (Polit & Beck, 2004: 731). It refers to the population and sampling, data collection method and data analysis strategies and measures of trustworthiness.

1.5.2.1 POPULATION

De Vos, Strydom, Fouché & Delport (2006:193) define the population of a study as a set of entities in which all the measurements of interest to the researcher are
presented. The population is thus the total set from which the individuals or units of the study are chosen. The target population of this study is male professional nurses employed in a private hospital in Johannesburg.

1.5.2.2 SAMPLE AND SAMPLING METHOD

A sample is defined (de Vos, Strydom, Fouché & Delport, 2006:194) as the elements of a population considered for inclusion in the study. An element can be a person, event, behaviour or any other single unit of a study (Burns & Grove, 2005:341).

The sampling method chosen for this study was a *purposive, convenient sampling method*. Burns & Grove (2005:352) define purposive sampling as the conscious selection of certain subjects, elements, events, or incidents to include in the study.

The sample size for this study was nine male professional nurses who were purposively and conveniently selected because they are the only male professional nurses working in this private hospital. Should saturation not be obtained after interviewing these nine male professional nurses, the researcher would involve male professional nurses employed at other private hospitals in Johannesburg and might approach male professional nurses employed in the public health system as well.

1.5.2.3 DATA COLLECTION

Data was collected through in-depth semi-structured individual interviews conducted over a period of one week by an independent (expert) interviewer who was purposively selected, because she possesses specialised interviewing skills in qualitative research in order to obtain a deeper understanding of the experiences of male professional nurses regarding nursing as a career, until data saturation has been achieved. The compilation of naïve sketches was also utilised as a data collection strategy for participants who did not participate in the individual interviews (see annexure 9, 10 and 11). A period of one month was allowed for the compilation.

During the semi-structured interview, planned questions were asked to the participants, but the independent interviewer also focused on other data that
emerged during the interviews and thus focused on all responses from the participants, and not totally followed the planned questions rigidly.

The interview questions focused on anything the participants said, but pertinent questions were also asked. Roulston (2010:15) refers to the list of questions as an interview guide (refer to annexure 10).

The individual interviews were held in a convenient venue and at a convenient time and date, selected and agreed upon by the participants. A tape recorder was utilised with the permission of the participants to record the interview.

Field notes (see annexure 12) were collected by the interviewer during the interview and were used during the data analysis phase to enrich the data gathered. Field notes focused on the non-verbal communication dynamics during the interview (Rossouw, 2003:147).

**1.5.2.4 DATA ANALYSIS**

In a qualitative study, data collection and data analysis occur simultaneously (Polit & Beck, 2008:507). The consented audio-taped interviews were transcribed verbatim by the researcher and an open-coding qualitative data analysis method was used to analyse the data. This technique was also used with the analysis of the naïve sketches (refer to 2.3.3).

Data analysis followed a descriptive thematic approach as described by Tesch (in Creswell, 2013:184 – 187) as follows:

1. The researcher got a sense of the whole by reading through the transcriptions carefully.

2. The underlying meaning of data was sought and the researcher wrote his themes in the margin.

3. A list of themes was made and similar themes were clustered together.

4. The themes were abbreviated as codes, which were written next to the appropriate segments of the text.
5. The most descriptive wording for the themes were found, and then put into categories.

6. A final decision was made on the abbreviation for each category and was indicated in alphabetical format.

7. The data material belonging to each category was assembled in one place and a preliminary analysis was performed.

8. Coding-recoding was done by the researcher and a co-coder.

To ensure credibility of the study, a co-coder was purposively selected because of her knowledge in qualitative data analysis. After the data analysis process, a consensus discussion meeting was held to verify and compare themes and categories. Field notes were considered to enrich the data.

1.5.2.5 MEASURES OF TRUSTWORTHINESS

The researcher utilised the strategies of credibility, transferability, dependability and confirmability to ensure trustworthiness of the study (Denzin & Lincoln: 2005:290 – 326). A detailed elaboration of this study is done in Chapter 2.

1.6 ETHICAL CONSIDERATIONS

Ethical approval was obtained from the Faculty of Health Sciences at the University of Johannesburg (see annexure 1), the Research Operational Committee from the private hospital group (see annexure 5) and the participants (see annexures 6, 7 and 8). Ethical principles were maintained throughout the study in order to protect the respondents from harm/risk. The principles as set out by Dhai & McQuoid-Mason (2010:14 – 15) were adhered to.

Anonymity

The participants have the right to anonymity and that the data collected was treated
in a confidential manner. A participant may be considered anonymous when the researcher cannot identify a given response with a given respondent (Babbie & Mouton, 2006:523). Because the participants were known to the researcher, an independent interviewer who holds a PhD degree in Psychiatric Nursing and has extensive experience in conducting qualitative research was used to conduct the individual interviews. The participants in the study were informed that their names and employer would not be divulged. Numbers or pseudonyms were determined by the participants to maintain their anonymity.

Confidentiality
Confidentiality is the management of the researcher of private information provided by a participant that must not be shared with others without the authorisation of the participants (Burns & Grove, 2009:196 – 197). The completed transcripts and audiotapes were kept under lock and key in a safekeeping cupboard on the researcher’s premises (for two years after completion of the study) after which it would be destroyed.

Informed consent
Obtaining informed consent from participants was essential for research to be conducted. Consent is defined as the prospective participant’s voluntary agreement to participate in the study (Neuman, 2003:124). The purpose and method of the study were explained to each participant. The participants were issued with a consent form, and signing this form indicated voluntary participation in the study. Additional signed consent was obtained from the participants for audio-taping of interviews (see annexure 8). Participants were informed that their participation was voluntary and that they could withdraw from the study at any stage without penalties. Consent was also obtained from the participating hospital’s nursing manager, as well as the health-care group’s research operational committee (see annexure 3, 4 and 5). Contact details of the researcher were made available to the participants to address all their questions.
**Privacy**

Privacy is the right of the participant to determine the time, extent and general circumstances under which personal information is shared with, or withheld from, others (Burns & Grove, 2009:194 – 195). The participants in this study were informed that no personal or hospital information would be divulged. This study focuses only on experiences of male professional nurses and these experiences cannot be traced to the participants, or to the hospital where they were employed. Research findings are published, but the participants’ identity and the hospital where the research was conducted are not made public, thus upholding the principle of privacy and anonymity.

**Beneficence**

This principle refers to “doing good”. This study did not pose any physical or emotional threat/harm/damage to any participant or the participating private hospital.

**Benefit-risk ratio**

No risk was envisaged to the participants in this study. The benefit of this study was to describe the experiences of male professional nurses in a private hospital in Johannesburg, and these experiences would lead to the description of support strategies for male professional nurses in their career.

**Autonomy**

Autonomy refers to the right of the participant to make his/her own decisions. It also implies that the researcher respect the rights of the participants to make decisions. This principle referred to self-determination and included that the participants may withdraw from the study at any time without incurring punitive penalties.
Non-maleficence

The principle refers to “no-harm” doing to any participant in the study. Doing harm to a participant included physical, emotional, spiritual, economic, social or legal harm. No harm to participants was envisaged in conducting this study.

Justice

This principle included the participants’ right to fair selection and treatment. This study utilised a purposive sampling technique, because it focused on the experiences of male professional nurses in a private hospital in Johannesburg, and thus intentionally excludes female nurses’ experiences. Participants were treated respectfully and courteously at all times.

Dissemination of research results

Researchers have an obligation to the free and open dissemination of research results. Unless research is published, it is not possible for academic peers to evaluate and assess the quality of one’s work (Babbie & Mouton, 2006:526). The participating institution and participating male nurses were informed of the findings.

1.7 PRESENTATION OF CHAPTERS

The chapters of this study are presented as follows:

Chapter 1 : Overview of the study
Chapter 2 : Research methodology
Chapter 3 : Description of findings
Chapter 4 : Conceptualization of research findings
Chapter 5 : Strategies, limitations and recommendations
1.8 CONCLUSION

In this chapter an overview of the study was provided. It included the background and rationale, problem statement, research question, objectives of the study, definition of concepts, research design and method, trustworthiness of the study and ethical considerations.
CHAPTER 2
RESEARCH METHODOLOGY

2.1 INTRODUCTION

In Chapter 1 the rationale and purpose of this study were described. The purpose of this chapter is to describe and justify the research design selected for this research study.

The purpose of this study is to explore and describe the experiences of male professional nurses regarding nursing as a career in a private hospital in Johannesburg in order to develop strategies to support them in their careers.

2.2 RESEARCH DESIGN

A research design is a set of guidelines and procedures to be followed in addressing the research problem. The research design selected for conducting this study is qualitative, explorative, descriptive and contextual in nature in order to gain insight into and an understanding of the experiences of male professional nurses in order to develop strategies to support them in their career. A research design is viewed as a set of procedures that researchers utilise to collect, analyse, and report data that have been collected during the study. A qualitative research design is defined as a set of procedures for collecting, analysing and reporting text and image data in order to answer research questions by exploring participants’ views (Plano Clark & Creswell, 2010:234).

2.2.1 Qualitative research

Qualitative research is a means of exploring and understanding the meaning individuals or groups ascribe to a social or human problem (Creswell, 2009:4). The qualitative methodology of this study allows the researcher to explore reality from the
experience of the participants. Brink (2006:119) describes a qualitative research approach as an inductive and interactive process that explores the meaning and describes the understanding of lived experiences.

A qualitative approach was applied, because the researcher focused on an in-depth understanding of the individual’s experiences. A qualitative study is an enquiring process of understanding, where the researcher developed a holistic picture and analysed experiences reported by the participants. The objective of using a qualitative research design was to explore the experiences of male professional nurses working in a private hospital, rather than to explain and predict human behaviour.

### 2.2.2 Exploratory research

Exploratory research starts with a phenomenon of interest, instead of simply recording and observing incidents of the phenomenon (Creswell, 2013:35). For the purpose of this study the researcher described and explored the experiences of male professional nurses regarding nursing as a career in a private hospital in Johannesburg.

An explorative design facilitates the gaining of insight into and an understanding of the experiences of male professional nurses. In utilising an exploratory study, the researcher wanted to understand and gain insight into what these participants were experiencing. The researcher was detached from all assumptions about the participants and observed them independently during the interviews, by means of bracketing (Tufford, 2012:80), which is discussed later in this chapter.

The researcher’s aim in exploratory research was to formulate more precise questions that future research could answer. Exploratory research might be the first stage in a sequence of studies (Neuman, 2006:34). The researcher employed an open, flexible and inductive approach to the study in an attempt to acquire new insights into a phenomenon, as described by Blanche, Durrheim & Painter (2006: 44).
2.2.3 Descriptive research

This study resembles a descriptive study in the sense that the researcher was interested in process, meaning and understanding gained verbally from the participants (Creswell, 2013:147). In this study the meaning was gained from exploring the experiences of male professional nurses working in a private hospital in Johannesburg. The design was descriptive in nature because it provided an accurate portrayal or account of a particular individual situation (Mouton & Marais, 2008:6).

In this descriptive study, new meanings were discovered, which assisted the researcher in the formulation of strategies to support male professional nurses in their career. Therefore, the outcome of the descriptive study was a detailed picture or portrayal of the phenomena, namely the experiences of male professional nurses of nursing as a career in a private hospital in Johannesburg.

2.2.4 Contextual research

A contextual study aims at focusing on the specific set of priorities that pertains to a particular phenomenon that is the location and incidents in relation to a phenomenon. Context can be defined as the particular set of conditions within which the strategies of action/interaction are taken (Corbin & Straus, 2008:96). Context can also be an explanation of reasons for certain attributes of a phenomenon when they do appear and the interconnection thereof (Talbot, 1994:93). The participants were male professional nurses working in a specific private hospital in Johannesburg. The participants were employed in intensive care, emergency care, operating room, clinical education, general medical and surgical wards and psychiatry.

The particular private hospital was a 260-bed curative institution with an extensive referral basis from general practitioners, mine hospitals in the West Rand, North-West Province and the Northern Province, as well as primary health care clinics in Johannesburg. The hospital served as a training institution for nursing students enrolled at the private hospital group’s training colleges.

Within a contextual study, the phenomenon is studied for its significance. A contextual study focuses on specific events and therefore the focus of this study was
on the experiences of male professional nurses in a private hospital in Johannesburg.

2.3 RESEARCH METHOD

A qualitative research approach was utilised in this study by means of in-depth, semi-structured individual interviews, field notes and naïve sketches. It was done to ensure that data saturation would occur.

The individual in-depth interviews and naïve sketches were conducted to explore and describe the experiences of male professional nurses regarding nursing as a career in a private hospital in Johannesburg. This method was useful as an approach to enquire about the male nurses’ experiences and also allowed the participants to have a free-flow of thought, feelings and emotions, which were charged with meaning (Flick, 2009:156).

The research method focused of the following domains:

- Population and sampling
- Data collection
- Data analysis
- Trustworthiness
- Ethical considerations

2.3.1 Population and sampling

Population refers to all the individuals who meet the sample criteria for inclusion in a study, and sample refers to a subset of the population that is selected for a study. The accessible population refers to part of the population that the researcher can gain access to (Blanche et al. 2006:133). The population for this study will therefore include all professional male nurses registered under the Nursing Act, 33 of 2005, working in all the nursing disciplines within a specific private hospital group in South
Africa. The target population for this study was the professional male nurses in a specific private hospital in Gauteng.

The intent and purpose of a qualitative inquiry was not to generalise to a population as it would have been in the case of quantitative research. Rather, qualitative research intended to develop an in-depth exploration of a central phenomenon, to best understand such phenomenon within a specific context. The qualitative researcher intentionally selected individuals and sites instead of selecting them randomly (Plano Clark & Creswell, 2010:252).

A sample consists of a selected group of participants from a defined population. A sample is a representative part of the greater group from which it has been selected. The sample must therefore reflect the characteristics of the group that the researcher wants to study in order to ensure that the statements emanating from the study are trustworthy. The sample size is the number of participants that actually participate in a study (Plano Clark & Creswell, 2010:185). Qualitative researchers often select a small number of participants in order to gain a detailed exploration about a phenomenon from participants (Plano Clark & Creswell, 2010:255).

Sampling is the process of selecting part of a target group of a study, and a process during which researchers decide who should be studied. The purposive sampling technique was utilised in this study. Purposive sampling is a valuable sampling technique for special situations (Maree, 2007:198). Purposive sampling is used in exploratory research or field research. This method of sampling uses the judgement of an expert in selecting specific cases with a specific purpose in mind, such as the male professional nurses in this private hospital (Neuman, 2006:222).

During purposeful sampling the researcher selected male professional nurses that were employed at a private hospital because they could promote an understanding of the studied phenomenon. It was essential that all participants had experienced the phenomenon being studied, namely being an active workforce in the nursing profession (Creswell, 2007:128).

The sampling criteria included male nurses:
who had been in the nursing workforce for two or more years, as their experiences would be different than those of newly recruited male nursing students; and

- who were willing to participate voluntarily.

2.3.2 Data collection

Data collection is a process during which the researcher collects data from participants using various strategies. The data collection process in this study included gaining permission from the organisation where the male professional nurses were employed (annexures 3 and 4), identifying the participants, and the collection of information from the participants that would have been useful in the answering of the research question (Plano Clark & Creswell, 2010:70). In order to explore the experiences of these professional male nurses, in-depth, semi-structured, individual interviews were conducted, field notes were taken during the interviewing process and naïve sketches were submitted by participants who did not take part in the interviewing process.

a) In-depth, semi-structured, individual interviews

A research interview is defined as a dialogue between the researcher and the participant(s) with the intention of acquiring information on the research topic/problem. The research problem directs the purpose of the research; therefore, the purpose provides the point of departure for the researcher’s question(s) (De Vos et al. 2005:296).

In-depth, semi-structured, individual interviews were useful as an approach to understand human experiences (Polit & Hungler, 2004:651). An in-depth, semi-structured interview allowed the researcher to access the deeper meaning of the participant’s experience as a male professional nurse.

The researcher and the participants were employed at the same hospital. The researcher was known to the participants, and it was decided that an expert
interviewer should be consulted to conduct the individual interviews. The researcher consulted the services of an expert interviewer with a doctorate in Psychiatric Nursing (hereafter referred to as the interviewer). The individual interviews lasted for 27 minutes to 52 minutes.

b) The role of the interviewer

The strategy employed of consulting the services of an expert interviewer is used to prevent researcher bias and to ensure that bracketing is employed during the interviewing process. Bracketing is a process which allows the interviewer to reflect on her own views and experiences related to the central phenomenon of the study (Plano Clark & Creswell, 2010:287). Bracketing is a fundamental methodological principle of Husserlian phenomenology. The interviewer’s preconceptions are held in abeyance to ensure researchers do not allow their assumptions to shape the data collection or impose their understanding and construction of the data (Hamill & Sinclair, 2010:16).

An audio-tape recorder was utilised to capture all interviewing sessions, in order to increase the credibility of the study. This audio-tape recorder was strategically placed to capture all dialogue. The individual interviews were conducted until data saturation was obtained.

Qualitative research, as a questioning approach, was useful for exploring and understanding the central phenomenon of the experiences of male professional nurses. In order to gain more insight into this phenomenon, the interviewer:

1) asked participants a broad, general question: “How are you experiencing nursing as a profession?” followed by the set questions on the interview agenda:

- Do you think you are treated differently by your female colleagues? If, yes, please tell me why you say so?
- Why did you choose nursing as a career?
• What aspects of the job do you enjoy?

• What aspects of the job are less enjoyable?

• Do you think you are different from other men?

• What does your family and friends think of your career choice?

• What are your future plans in nursing?

• What field in nursing do you prefer? Can you tell me why this particular field?

• Do the patients, male or female, respond to you differently than towards your female colleagues? Can you please explain to me why you say so?

• Does your manager respond differently to you than towards your female colleagues? Can you please explain to me why you say so?

2) collected the detailed views of participants by using an audio-tape recorder;

3) made field notes during every individual interview; and

4) analysed the information and describing themes and sub-themes.

c) The role of the researcher

Because the researcher did not conduct the individual, semi-structured interviews, he performed other activities to ensure an uneventful interviewing process. Following approval from the Ethical and Higher Degree Committee from the University of Johannesburg (see annexures 1 and 2), approval was also obtained from the Research Operational Committee (see annexure 5) of the private hospital group as well as from the executive management from the particular private hospital (see annexure 4). Verbal permission was obtained from the Nursing Service Manager to utilise a venue in the hospital for conducting the interviews to make it possible for the participants to be interviewed while they were on duty in the particular nursing units.
The researcher approached all the male professional nurses, and because they were all known to the researcher an invitation to participate in the study was handed to them (see annexure 6) after ensuring them that an independent interviewer will be consulted to conduct the individual interviews. The participants were informed that the interviews will be audio-taped and that consent was needed for this (see annexure 8). An alternative method, namely the compilation of a naïve sketch (see annexure 10), was made available to them, in conjunction with a consent letter (see annexure 9).

The researcher arranged the individual scheduling of the interviews on behalf of the independent interviewer. A tentative time frame was established, allowing an hour per interview, although the participants will be allowed more time to elaborate on their experiences. The participants will only be identified as a numeric, and the audiotapes numbered accordingly. Arrangements were made with the nursing unit managers to allow the professional nurses to be absent from units for the duration of the interviews.

The researcher arranged a private venue in the hospital for conducting the individual interviews. The principles of establishing a non-threatening environment that ensured that an inviting atmosphere was adhered to. The principles included a well-ventilated/air-conditioned room with adequate lighting. The interview room was private and free of environmental noises, like a telephone and frequent disturbances by staff members. A sign reading “SILENCE. INTERVIEWS IN PROGRESS” was placed on the door. The researcher ensured that refreshments were available for the participants and the interviewer. General stationery was supplied, and the interviewer supplied the audio-tape recorder. Spare batteries and audio-tapes were available, as well a second audio-tape recorder to serve as backup.

d) Field notes

Field notes are “the backbone” of collecting and analysing field data (Gray, 2009: 402). Such notes contribute to the success of field work and comprise everything that the researcher believes to be essential and important. However, there are
challenges in the use of field notes as a method, since the researcher may at times fail to note everything with the belief that he/she would remember at a later stage. Despite these challenges, field notes have advantages since they add to the richness of the collected data.

Field notes are essential in qualitative research, because field notes enable the researcher to note the observations gained during the interviews, and more importantly, these field notes are retrieved and analysed when required (De Vos et al. 2005:298).

The field notes were taken by the interviewer during each individual interview (see annexure 12). The field notes covered observations made during the interview and included gestures, tone of voice, repetition, stammering and other mannerisms which were reflected by the participants (De Vos et al. 2005:298). The field notes contained the following:

- Key quotations, reproduced verbatim.
- Details of the physical appearance of the participants: age, ethnicity, etc.
- Observation of verbal behaviours such as verbatim text of conversations, the characteristics of the speech and speaker (use of slang or technical language); who did most of the talking and the tone of the conversation (polite, bored, hostile, formal or indifferent, etc.).
- Observations of non-verbal behaviours such as body language, facial expressions, body posture (folded arms or shaking hands usually suggested certain messages), recording whether or not the participants were confident as well as the length and frequency of eye contact made by the participant.
- The duration of the interview was reported.
- The researcher’s views and feelings at the time of the interview (Gray, 2009: 406).

The field notes aided the interviewer in remembering and exploring the dynamics during the interviewing process. In addition to the recorded questions and answers,
the researcher created a cover sheet. The cover sheet consisted of a page at the beginning of the notes which contained information such as the date, place of interview, characteristics of interviewee and content of the interview (Neuman, 2006:406).

**e) Naïve sketches**

Giorgi (1985:8 – 14) defines a naïve sketch as a descriptive method in which the participant is asked for a personal description of the phenomenon in which the researcher is interested. Kerlinger (1986:442) continues by stating that the naïve sketch question provides a frame of reference for the participant’s answers and places minimal restrictions on the answers provided and the meaning of those answers by the participants.

It was decided that the participants who did not partake in the individual interviews, would be asked to compile a naïve sketch. Four participants were willing to compile naïve sketches and were allowed to complete the narrative in their own time. A self-seal envelope, question agenda (see annexure 10) and spare paper were handed to these participants. A period of two weeks was allowed for the completion thereof, after which the participants would return the narratives to the researcher in the sealed envelope. The researcher’s contact details were provided for in case the participants needed guidance. The narratives were completely anonymous, and only identified by a numeric. The participants could complete the narrative in English or Afrikaans, hand written or typed (see annexure 11).

**2.3.3 Data analysis**

Data analysis in qualitative research is a continuous process that occurs simultaneously with data gathering (Creswell, 2013:153). Data analysis can be described as a form of organising raw data and displaying the data in a manner that will provide answers to the research questions (Brink, 2006:178). Audio-taped interviews were transcribed verbatim (see annexure 13).
Transcribing the interviews also included a translation process. The choices of punctuation, spelling and details of the transcript collectively affected the way in which it was transcribed. Transcribing the interviews was important since it produced a reliable representation of the precise words used by the participant, including slang, stutters, hesitations and interruptions. A transcription reproduced the “actual” talk rather than a “tidied-up” edited version. For ease of use during analysis, transcriptions were printed with wide margins, and each new part of the dialogue started in a new line. To ensure confidentiality of the participants, the researcher removed identifiers such as names or specific locations before these transcripts were used (Green & Thorogood, 2009:117).

Data was analysed, using Tesch’s descriptive method (Creswell, 2009:186 - 197). The following eight steps were followed by the researcher and the co-coder (being the expert interviewer):

- A sense of the whole was obtained by reading through the transcriptions carefully. Ideas that came to mind were jotted down.
- One interview was selected, for example, the shortest, the one on top of the pile or the most interesting, and it was worked through, asking: “What is this about?” The purpose of this question was to find the underlying meaning of the information. Once again any thoughts that came to mind were jotted down in the margin.
- Once this process was completed, a list of all the topics was compiled. Similar topics were clustered together and put into columns that were arranged according to major and minor topics.
- This compiled list of topics was taken and the researcher returned to the data. The topics were abbreviated as codes and written next to the appropriate segments of the text. The researcher applied a preliminary organising scheme to establish whether new categories and codes emerged.
- The most descriptive wording for the topics was found and then categorised. The researcher then attempted to reduce the total list of categories by grouping together topics that strongly related to each other.
• A final decision was made on the abbreviations for each category and alphabetised codes.

• The data belonging to each category was assembled in one place and a preliminary analysis was performed.

Raw data, transcribed audio tapes of the interviews, field notes and the naïve sketches were given to an independent co-coder, who was an experienced qualitative researcher. After the independent co-coder had analysed the data independently from the researcher, a consensus meeting was held (Green & Thorogood, 2009:117). The meeting was held two months after the interviewing process, which allowed adequate time for transcribing and coding of the interviews and naïve sketches.

2.4 TRUSTWORTHINESS

Lincoln and Guba’s (Creswell, 2007:203) model of trustworthiness is employed in this study. This model incorporates credibility, transferability and confirmability; trustworthiness, dependability and authenticity (Guba & Lincoln, in Denzin & Lincoln, 2005:205).

Table 2.1 Strategies of trustworthiness

This study operationalized the strategies of trustworthiness, namely credibility, applicability, dependability, conformability and authenticity. Each strategy is described in Table 2.2. Each of these strategies is then explained in more detail.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Criteria</th>
<th>Applicability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credibility</td>
<td>Prolonged</td>
<td>• Building a trusting relationship with the participants by honouring</td>
</tr>
<tr>
<td>Engagement</td>
<td>Anonymity, honesty and openness</td>
<td></td>
</tr>
<tr>
<td>------------</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>• Establishing rapport with the participants by engaging in interaction prior to the interview</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Will ensure that data saturation was obtained</td>
<td></td>
</tr>
<tr>
<td>Reflection</td>
<td>The use of field notes by the researcher</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• A consensus meeting was convened</td>
<td></td>
</tr>
<tr>
<td>Triangulation</td>
<td>By employing different methods of data collection: in-depth, semi-structured individual interviews, field notes and naïve sketches</td>
<td></td>
</tr>
<tr>
<td>Authority of the researcher</td>
<td>The researcher underwent a training programme in research methodology during his MCur degree</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• There were 2 supervisors involved in this study: the supervisor holds a masters degree and the co-supervisor a doctoral degree in nursing. Both of the supervisors possess a vast knowledge and experience in research</td>
<td></td>
</tr>
<tr>
<td>Transferability</td>
<td>Dense description</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Purposive sampling technique was used in this study</td>
<td></td>
</tr>
</tbody>
</table>
|            | • The demographic profile of the
<table>
<thead>
<tr>
<th>Dependability</th>
<th>Code-recoding technique</th>
<th>All the methodological domains of this study were described and discussed by the researcher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmability</td>
<td>Triangulation</td>
<td>By employing different methods of data collection: in-depth, semi-structured individual interviews, field notes and naïve sketches</td>
</tr>
<tr>
<td>Authenticity</td>
<td>Fairness</td>
<td>The views, perspectives and claims of the participants were heard, acknowledge and accepted</td>
</tr>
</tbody>
</table>
|                 | Ontological and educative authenticity | • Raised awareness of the participants  
• Raised awareness of community of practice (colleagues & managers) |
|                 | Catalytic or tactical authenticity | Action orientation of the study findings |
2.4.1 Credibility

Credibility refers to the research being carried out in such a manner that the likelihood of the findings is found to be credible. Credibility requires adequate submersion in the research setting to enable recurrent patterns to be identified and verified (Krefting, 1991:218). Credibility is discussed in the table 2.1.

Prolonged engagement ensured that the male professional nurses understood the process of the research and how to establish a relationship that is built on trust between them and the researcher. The interviews lasted between 20-50 minutes and the researcher collected data until saturation occurred.

Referential adequacy was captured by means of field notes (as discussed in the section describing data analysis) and tape recordings of all the in-depth, semi-structured, individual interview sessions.

Triangulation is a strategy employed to enhance the credibility of a study. Triangulation is viewed as a validity procedure where researchers search for convergence among multiple and different sources of information to formulate themes or categories in a study (Creswell, 2007:126). Triangulation was achieved by means of the multiple data collection methods such as interviewing, field notes and the compilation of naïve sketches.

Peer debriefing involves the researcher’s discussion of the research process and findings with impartial colleagues who have experience in qualitative methods (Krefting, 1991:12). In this study, peer debriefing took place during discussions with supervisors since insights were discussed and problems presented. The participants’ audio-tape recordings and transcripts of the interviews were made available to the supervisors, in order to enable them to crucially assess the interpretations from the direct quotations to further ensure credibility.

The authority of the researcher ensured credibility because the researcher underwent training in research methodology during the first year of his master’s degree studies. This prior knowledge in research of the researcher added to the credibility of the study. The researcher conducted the research study under the supervision of two experienced supervisors within the field of research.
Credibility was also enhanced by the interviewing process. The researcher entrusted this process to an expert interviewer, with a PhD degree in Psychiatric Nursing and extensive experience in the qualitative research domain.

2.4.2 Dependability

The concept of dependability refers to the consistency of research findings in a qualitative study. Indirectly, the measures of credibility ensure dependability (Babbie & Mouton, 2001:278).

By assessing whether similar results would be acquired should the study be conducted again, with the same participants in the same or a similar situation, consistency may be enhanced. Since qualitative research does not control the variables, the emphasis is on the uniqueness of individuals’ perceptions and variations in experience as opposed to identical results being expected (Krefting, 1991:216).

Dependability in this study was ensured by the co-coding procedure, where an independent co-coder recoded the findings during the data analysis phase. The independent coder and researcher arranged a consensus-meeting to reach an agreement on the findings.

Furthermore, dependability was also ensured by means of a thick description of the research methods, sampling process and data analysis provided in this chapter, which enhanced the possibility of repeating the study by another researcher in a similar setting.

Triangulation (as discussed in the section on credibility) also enhanced dependability. Triangulation ensures that the weaknesses of one method of data collection were compensated for by the use of alternative data gathering methods. In this study, individual, in-depth, semi-structured interviews, field notes and naïve sketches were used as data collecting methods.
2.4.3 Confirmability

Confirmability is described as freedom from bias in the study and the results. The findings should be a true reflection of the participants’ experiences, rather than the reflection of the researcher’s biases. Confirmability also refers to the degree to which the findings are uniquely a result of the conditions of research and not of other biases, motivation and perspectives (Krefting, 1991:216).

Researcher reflexivity was ensured by means of bracketing. The findings of this study were the products of the bidirectional inquiry and not the researcher’s bias.

In this study, confirmability was further endorsed by involvement of the independent coder (De Vos et al., 2005:351; Babbie & Mouton, 2006:278). Written field notes and the use of an audio-tape recorder both supported the in-depth, semi-structured, individual interviews (De Vos et al., 2005:346). Furthermore, researcher reflexivity was ensured by means of bracketing. The findings of this study were the products of the bidirectional inquiry and not the researcher’s bias (being a male professional nurse himself).

2.4.4 Transferability

Transferability refers to the extent to which the findings of the study can be transferred to another context, or derived with other participants (De Vos et al., 2005:346). It is critical that a researcher provide a dense background description of the participants, the research context and setting in order to allow others to assess the extent of the transferability of these findings (Krefting, 1991:14).

In this study, a complete dense description of the methods used for conducting the in-depth, semi-structured, individual interviews was given, as well as the setting and a complete description of the population and sampling method used. This was to ensure that future researchers have the necessary information to replicate the research should the need arise. A clear demographic description of the research results were given as well as direct quotations from the participants (Babbie & Mouton, 2006: 276).
2.4.5 Authenticity

Authenticity is unique to naturalistic inquiry. Authenticity is displayed when a researcher portrays qualities such as fairness, with portrayals of their own concerns, issues and any underlying values. In this study, ontological authenticity, educative authenticity and tactical authenticity were taken into account.

Guba & Lincoln in Denzin & Lincoln (2005:207) consider fairness to be a quality of balance; meaning that all participants’ views, concerns, voices and perspectives were apparent in the text. The concept of fairness was operationalised in this study by deliberate attempts to prevent marginalisation and to act affirmatively with regard to the inclusion of participants in order to ensure that all the voices within the study were represented in the text and having their data treated fairly.

Multiple voices, concerns and views were allowed to surface during the individual interviews, because the interviewer displayed a non-judgemental and open attitude. The researcher continued to ensured authenticity by means of displaying fairness, indicating what was to be explored in the consent letters, which indicated the objectives of the study as well as what the research project entailed.

Ontological and educative authenticity was designated as criteria for determining a raised level of awareness. This is done by individual research participants and by individuals who surrounded them or, rather, with whom they came into contact in the course of their profession as colleagues or patients. In this study, the individual participants’ awareness of their experiences of nursing as a career in a private hospital in Johannesburg was raised.

Catalytic and tactical authenticities refer to the ability of a given inquiry to, firstly, prompt action from the participants and, secondly, get the involvement of the researcher in empowering participants in any actions they might have desired.

2.5 ETHICAL CONSIDERATIONS

Ethical approval / consent was obtained from the Faculty of Health Sciences at the University of Johannesburg (see annexure 1), and the relevant authority where the
male professional nurses were employed (see annexures 4 and 5). Signed consent from the participant to be involved in the study, audio-taped and to compile a naïve sketch was also obtained (see annexures 8 and 9 respectively). Ethical principles were maintained throughout the study in order to protect participants from harm/risk. The principles as set out by Dhai & McQuoid-Mason (2010:14 – 15) were adhered to.

The ethical principles that were adhere to were anonymity; confidentiality; informed consent; privacy; beneficence; benefit-risk ratio; autonomy; non-maleficence; justice and dissemination of research results, and were described in depth in Chapter 1 of this study.

2.6 THE PROCESS OF STRATEGY DEVELOPMENT

Watkins (2007:1) refers to a strategy as a guiding principle that, when communicated and adopted into an organization, generates a desired pattern of decision making. A strategy is used to make decisions and allocate resources in order to accomplish key company objectives. A good strategy will thus provide a clear roadmap, consisting of a set of guiding principles or rules, which define the actions of people in the organization, should take to achieve desired results.

Lampel; Ahlstrand & Mintzberg (2005:5 – 7) assert that strategies should consist of a few core components. They refer to the 5 P’s (plan; ploy; pattern; position and perspective) that is mandatory for effective strategy formulation.

1. Plan
A strategy is a plan, a consciously intended course of action, a guideline to deal with a situation. By this definition, strategies have two essential characteristics: they are made in advance and strategies are developed purposefully. The strategies formulated for this research study are derived from the positive and negative experiences of male professional nurses.

2. Ploy
A ploy refers to actions that will ensure advantage over opponents or other organisations. It is seen as a specific manoeuvre or tactic intended to outwit a
competitor. The formulated strategies of this research study will empower male professional nurses and by enhancing the male workforce will result in a work performance advantage.

3. Pattern
A pattern is a stream of actions. It is consistent throughout the organisation. Patterns are thus realised strategies. The formulated strategies are intended for operationalization in the selected private hospital group. By employing these strategies and evaluate their effectiveness regularly, will foster thus such a pattern.

4. Position
A strategy becomes the mediating force or match between the organisation and the environment. By employing strategies an organisation positions itself to the external environment. The external environment related to health care will involve: fair labour practices, equal employment opportunities, legislation and competition with other healthcare providers. With a sustainable professional male nurse workforce that is supported with the formulated strategies, the organisation will attract other professional male nurses and reflect a culture of embracing the diverse workforce.

5. Perspective
This concept refers to the collective mind of individuals and managers in an organisation that is united by common thinking and/or behaviour. The formulated strategies in this study will be applied by all levels of management and training and may propose suggestions to manage the multi-faceted dimensions of nursing practice with the intent to empower the male professional nursing workforce.

The framework utilised for formulating the strategies in this research study, is the framework developed by Moore (2011:1). He describes strategy formulation as a three phased framework, namely: analytical phase; determination phase and alignment phase. The analytical phase pertains to strategy development. To recognise that a deficit or threat exists in the organisation and that strategies must be developed to place the organization in a favourable advantage to competitors. By identifying the experiences of male professional nurses, the researcher formulated strategies to address the negative experiences of the male professional nurses with the intent to empower them. The positive experiences of the male professional
nurses are constructively and purposely assimilated in the formulation of strength-enhancing strategies for the organisation.

The determination phase establishes what strategies individuals or organisations have to follow to realise outputs. Outputs refer to financial gain and employee satisfaction. This phase materialised in the tangible formulation of the support strategies as described in chapter 5 of this study.

The final phase, alignment, is the process of matching the organisation culture, structure and processes with the desired strategy. This is a powerful phase and the instituting of these support strategies requires an organisational thought and practice shift (Boisot; Nordberg; Yami & Nicquert, 2011:201). The benefits of adhering to the formulated support strategies will impact on the organisational outputs as well as on the performance of the male professional nurse workforce. The retention of the intellectual and skilled products will provide the organisation with an incrementally advantage over time in relation to other health care competitors (Boisot et al.; 2011:300).

2.7 CONCLUSION

Chapter 2 addressed the research design and methodology followed for conducting this study. The methodology focussed on the research design, data collection and data analysis. Strategies to ensure trustworthiness, namely credibility, transferability, confirmability, dependability, and authenticity were also discussed. Furthermore, the ethical considerations were discussed, relating to privacy, confidentiality and anonymity; informed consent; beneficence and quality of research.

Following the above mentioned research design and methodology, the lived experiences of male professional nurses on how they experience nursing as a career, were captured.
In Chapter 3, the research findings regarding the experiences of male professional nurses regarding nursing as a career in a private hospital in Johannesburg are presented and discussed.
CHAPTER 3
DESCRIPTION OF FINDINGS

3.1 INTRODUCTION

In Chapter 2, the methodology followed in conducting this research study, was described. The purpose of Chapter 3 is to present the findings regarding the experiences of male professional nurses regarding nursing as a career in a private hospital in Johannesburg. The gathered data will form the foundation for developing support strategies for male professional nurses. After exploring the data generated by the in-depth, semi-structured, individual interviews held with the participants, as well as the naïve sketches, the data are categorised into 2 main themes represented in Table 3.1.

- Positive experiences of male professional nurses
- Negative experiences of male professional nurses

Quotations from the participants are provided in italics. Some expressions used by the participants are colloquialisms and have been retained in the quotations. All quotations were preserved in their original state, and therefore some may contain grammatical errors. Field notes, where necessary, are incorporated in the quotations by means of brackets in order to give a transparent account of the intended meanings of the quotations.

Data was gathered during four in-depth, semi-structured, individual interviews conducted in an office at the private hospital where the participants were employed at. Due to the unavailability of some of the participants, five professional male nurses agreed to compile a naïve sketch exploring their experiences on nursing as a career in the private hospital. Data gathered from the in-depth, semi-structured interviews are indicated by (II) and naïve sketches by (NS).
3.2 DESCRIPTION OF FINDINGS

From the experiences of male professional nurses in a private hospital in Johannesburg, two (2) main themes emerged, namely: positive and negative experiences. The description of these main themes will be done in accordance with table 3.1.

Table 3.1. The experiences of male professional nurses regarding nursing as a career in a private hospital in Johannesburg

<table>
<thead>
<tr>
<th>Main theme</th>
<th>Sub-theme</th>
<th>Sub-sub-themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive experiences of male professional nurses</td>
<td>Positive experiences with colleagues</td>
<td>• Female staff confide in male nurses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Female colleagues appreciate and acknowledge their attributes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Female colleagues are accepting</td>
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<tr>
<td></td>
<td></td>
<td>• Female colleagues are supportive</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Positive interaction with other male nurses</td>
</tr>
<tr>
<td></td>
<td>Positive experiences with patients</td>
<td>• Male nurses are competent and skilled practitioners</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Patients are appreciative</td>
</tr>
<tr>
<td></td>
<td>Positive experiences with</td>
<td>• Male nurses are not treated differently by the nurse manager</td>
</tr>
</tbody>
</table>
| Positive experiences with the nature of the nursing profession | • Nursing profession is diverse, dynamic, challenging and stimulating that accommodates growth and self-development  
• Nursing is action-packed and adrenaline loaded  
• Nursing is rewarding and fulfilling  
• Nursing allows for expression of compassion, caring and enthusiasm  
• Nursing is a stable source of income  
• Flexible work hours |
|---|---|
| Negative experiences of male professional nurses | Negative experiences with colleagues | • Female nurses are temperamental and gossiping  
• Female nurses are prejudiced, judgemental and bullies  
• Female nurses segregate, ridicule and do not accept male nurses  
• Some female nurses still view nursing as a female profession and treat male nurses as inferior  
• Some female nurses are complacent, uncaring and |
<table>
<thead>
<tr>
<th>Negative experiences with patients</th>
<th>unsympathetic towards patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients are uncomfortable and unaccepting</td>
<td></td>
</tr>
<tr>
<td>Offensive odours, certain procedures, death, misery and suffering of patients, rendering intimate care and the inability to console relatives</td>
<td></td>
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<tr>
<td>Long and unsociable working hours</td>
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<tr>
<td>Inadequate remuneration</td>
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<tr>
<td>Nursing is an un-reciprocal career</td>
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<tr>
<td>Society view nurses as subordinate to doctors</td>
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</tbody>
</table>

### 3.2.1 Positive experiences with colleagues

The participants revealed that their interaction with their female colleagues is positive and supportive.

#### 3.2.1.1 Male nurses experienced that female staff members confide in them

Male nurses who are working in closed units (trauma, ICU and theatre) stated that they are easily accepted and they do become friends with the female staff members. The participants feel that the nurses value their inputs, professionally and personally. Male nurses are seen as males and they provide a perfect sound board for relationship problems. The female nurses prefer a “male” outlook on matters.
The following statement by a participant indicates the role and value of the presence of a male professional nurse within the nursing team:

“They confide in me: I am always asked why men are like this and why men are like that! (laugh)…” (NS)

“They share things with you…” (II)

“I feel like a councillor at best of times, but I admit, I like it… I think it strengthens our working relationships…” (II)

A participant mentioned that a trusting relationship forms between all the members of the nursing team. This relationship involves not only confiding about personal problems, but also with regards to professional manners like nursing unit problems, staff shortages/burdens, interpersonal conflict and general nursing matters. The following statement was presented:

“The support system at work is great. We can talk about anything. The majority of our conversations evolve around work related matters. I sometimes think this is our de-stressing conversations…” (II)

The participant also warns by stating the following:

“Ek dink ons sweep mekaar soms op…” Translated into: "I think we sometimes instigate one another…” (II)

A male lecturer stated that students confide in him on a continuous basis.

“The students continuously say: You are like a father to us…” (II)

3.2.1.2 Male nurses experienced that their female colleagues appreciate and acknowledge their attributes

Participants unanimously agreed that their female colleagues trust their technical problem solving skills. Participants revealed that the nurses will ask for help whenever they are struggling with equipment or general things that they are struggling with.
“They rely on my technical skills …” (NS)

“They appreciate the fact that you are a guy…to uhm, uhm, help them to pick up heavy items or heavy patients…” (NS and II)

The participants admitted that they are constantly called by the nurses to assist with difficult or aggressive patients. The nurses acknowledge the fact that male nurses are physically more competent than they are.

“They rely on my physical strength, whether it is with helping them with aggressive and abusive patients, or just when they are struggling to open a jar (laugh)…” (NS and II)

“They always ask me to help them with aggressive and confused patients…” (II)

A participant states that in the milieu of the intensive care unit where technology forms the backbone of patient management, the monitoring equipment can sometimes cause problems or challenges. He says that his female colleagues are of the opinion that men are better in troubleshooting technical issues than they are.

“I am called whenever my colleagues are having difficulty with the monitoring equipment, or anything technical…” (II)

The appreciation of the female nurses is not only with regards to the above, but it also infiltrates into the professional realm. The majority of participants revealed that their female colleagues consult them with patient issues and treatment. A participant says that he enjoys teaching his colleagues and that they value his inputs.

“I don’t play them down or anything. I would rather teach them, educate them. I teach my peers and seniors. Uhm, I’ve probably gained their respect …” (II)

“They look up to you. They acknowledge you. They trust and believe in me in doing the job…” (II)
3.2.1.3 Male nurses experienced their female colleagues as accepting

The participants revealed that their acceptance is graded on a continuum of acceptance and animosity (which will be discussed under the negative experiences of male professional nurses under section 3.3 of the text). The following statements from the participants also indicate the acceptance of male nurses by their female colleagues or in the nursing team.

“I treat them (female nurses) equal. I, uhm, show respect, uhm, and get respect in turn. It is a mutual thing. I don’t feel rejected by them…” (II)

“If you accept them, then they will accept you…” (NS and II)

“They were never phased by me being a male…” (NS and II)

“There are instances where they prefer me to their female colleagues…” (II)

A participant was the only male student in his group. He indicated that he blended into the group with ease:

“I immediately made friends, and found the female students very accepting. The women were generally very caring towards me…” (NS)

“I was selected to serve on the student council in my senior year. This indicated that my female students are supportive and believe in me…” (NS)

3.2.1.4 Male nurses experienced their female colleagues as supportive

The majority of the participants stated that they find the nursing team to be supportive. They are supported by their female colleagues when dealing with patients and nursing care, when experiencing a difficult day (after a traumatic experience like a resuscitation or death of a patient) and when a second opinion regarding nursing care is needed.

“My career started off with support from my colleagues…” (II)
“… my colleagues are available when I am faced with a problem in the unit. I never get the impression that I am alone in problem solving professional issues” (NS)

“We talk a lot. We have our little support structure in the unit…” (NS)

“After a difficult case, I am surprised with a cup of coffee…” (II)

“Most of my colleagues are supportive and available when I need them. There are nurses that I do not get along with, but then I don’t ask them to help me…” (II)

“The sisters do a lot for you. I think it is because they think we are generally uncomfortable with the work…” (II)

“I received help to achieve through the hills and valleys of my career…” (NS)

“This network was very supportive…uhm, uhm, I don’t fear going to work anymore… (sigh)” (II)

3.2.1.5 Male nurses experienced positive interaction with other male nurses

The participants state that they see other male nurses as role models. They view their interaction as positive and supportive:

“… derive professional support in terms of knowledge charring from my male colleague” (II)

The general impression is that interpersonal conflict among the male nurses is absent and that they work in harmony.

“We get along well. Pete* is very knowledgeable and he invests lots of time in teaching me. I do value his inputs. He serves as my role model. There are not many male role models…” (II)

Another participant confirms this statement by revealing:

“Pete* is really competent. I have no concern in asking his opinion…” (II)
The participants agree that having a “male nurse support system” is valuable in professional development.

“… it is great to see how Andy* does things. He is inspirational and can put many female nurses to shame with his nursing practice…” (II)

“I sometimes just go to Roland* in ICU and start talking about the developments of the day. In my days, male nurses were scarce, and the privilege to have another male nurses’ input was absent…” (II)

“I have learned so much from Grant*, not only professionally, but also personally. He is a true role model and I get a huge amount of support from him. We talk about everything. He is like my brother in nursing (laugh)…” (II)

(* Fictional name used to protect the real identity of the male professional nurse)

3.2.2 Positive experiences with patients

3.2.2.1 Patients experience male nurses as competent and skilled practitioners

Due to the change in perceptions of the current population, male nurses are less exposed to prejudice from patients. The following statement by a participant affirms the fact that male nurses are more readily accepted by patients:

“The patients can see that you are competent and skilled. They can immediately feel if you are caring towards them. I receive numerous compliments from my patients, male and female…” (II)

“Patients notice your skill, and at best of times not focussed on your sex…” (II)

A participant mentioned that a patient requested to be nursed by a male nurse, because he had complaints regarding the professional behaviour and level of skills of a female nurse.

“A patient once called the unit manager and requested that I take over his nursing care. He, uhm, was appalled by the competence level of the nurse, and thought, uhm, that I stood out above the rest…” (II)
3.2.2.2 Male nurses experience patients to be appreciative

A participant mentioned that the older male patients prefer a male nurse: the patients feel safer, because the male nurse is stronger than the female nurse. The male nurse can get the patient out of bed or out of the bath much easier. The older patient also feels less embarrassed when certain procedures are executed by male nurses, like catheterization for instance.

The following statements reveal the positive feedback from patients:

“…the way you get, uhm, uhm, appreciated in your capacity as a nurse…” (II)

“…my patients give me good report back, uhm, and they’re happy with, uhm, what I do for them… I do extra. They value that and they, uhm, are happy with that…” (II)

“You feel that the patients appreciate you…” (NS)

“Patients are very aware of your skill, attitude and knowledge. They will compliment you on the capacities that you display, Uhm, uhm, they will show their appreciation by presenting cake and chocolates, uhm, which is nice, and uhm, gratitude cards are given to my manager on a regular basis, and uhm, mentioning is made about the care that they, uhm, received from me…” (II)

“The patients rave about his capabilities…” (II)

3.2.3 Positive experience with the nurse manager

3.2.3.1 Male nurses experienced that they are not treated any different than their female colleagues

The collective response from the participants was that they are not managed differently from their female colleagues.

“I am not treated any different by my manager…” (NS)

“My manager calls me when she needs me…” (NS and II)
“My manager is a male nurse. He has a strong personality, knowledgeable… people respect him…he is good…” (II)

“My manager has no issue to, uhm, give me a compliment in front of the other staff members. She always says she will be lost without my inputs and hard work…” (II)

“My manager is always fair. I find her to be supportive in my career. She shows interest in my feelings…” (NS and II)

“Honestly, I honestly cannot say that my manager treats me differently. If you do your job, you will stay out of trouble…(laugh)” (II)

3.2.4 Positive experience with the nature of the nursing profession

3.2.4.1 Male nurses experience nursing to be diverse, dynamic, challenging, stimulating, accommodating growth and self-development and with travel opportunities

Because health care and nursing is not a stagnant profession, nurses must always be aware of the ever-changing technology and treatment modalities. The various disciplines in nursing necessitate specialisation, and thus continuing education and development.

“Due to the diversity of the profession, you can embark on any training program…” (NS and II)

The ever-changing technology associated with the health care industry; ensure that continuing development and training will be part of every nurse’s key responsibility area.

“In nursing, you have so many options…… you have so many choices to do different things…” (NS and II)

“The versatility of the profession is what I like…” (NS and II)
“You have so many opportunities to find your niche in nursing, because you are exposed to so many areas…” (NS and II)

“Growth, stimulation… it’s dynamic. There is not a day going by that I am not learning something…” (II)

As a nurse, one has the ability to expand your practice and knowledge over the borders of South Africa. The global trend is that nurses explore job opportunities all over the world. The motivating factors range from financial gain to permanent residency.

“You can travel overseas….” (NS and II)

“I would like to settle abroad, but are in a committed relationship. If I were younger and single, I would most definitely travel abroad and settle there…” (II)

“Lots of nurses leave and come back after they have made some money…” (NS and II)

“I have been overseas. I’ve been taught a lot and the exposure, uhm, was great…” (II)

“You can travel all over the world. It is like a working holiday!” (NS and II)

Due to the diversity of the nursing profession, the nurse has the opportunity to choose from myriad disciplines in nursing. No other profession is as diverse and varied as nursing. The nurse can also move from one discipline to another, although specialisation areas require additional training and skills attainment.

Participants commented:

“You can be taught so much in nursing…” (II)

“I think, uhm, it is important to better yourself. Things, uhm, change so fast. Uhm, you must be current in your knowledge…” (II)

“I think, I will be a student….. uhm, for a very long time…” (II)
“I have lots of opportunities to attend CPD’s (continuous professional development sessions)…” (NS and II)

“Everybody is given lots of opportunities…” (NS and II)

3.2.4.2 Male nurses experience nursing as action-packed, adrenaline loaded and exciting

The participants were from various disciplines including: psychiatry, clinical teaching, trauma, intensive care and operating room. They motivated their preference for these disciplines by revealing:

“I like the fast-paced and adrenaline rush of Emergency care…” (NS and II)

“I prefer the technology and responsibility of ICU…I prefer the unpredictability of the patients…” (NS and II)

“I prefer to give back to the nursing profession by being a clinical lecturer. You are not only teaching them the practice of nursing, but life skills and values. You also teach them ownership…” (II)

“I prefer psych (psychiatry), uhm, no nursing care. I prefer, uhm, to deal with the acute patients, in areas where female nurses are struggling with, uhm, the patients…” (II)

3.2.4.3 Male nurses experience nursing as rewarding and fulfilling, because they are saving lives, making a difference in someone's life and contributing to positive patient outcomes

The participants rated nursing as a very rewarding career. The participants revealed aspects that are contributing to job satisfaction are to be instrumental in the healing process. The participants are experiencing job satisfaction at best of times, and they are stating that they are generally content with their career.
“I can’t put it into words, I am passionate about my job…” (NS and II)

“I like helping those in need…” (NS and II)

“I know I am making a difference…” (NS and II)

“I am appreciated and acknowledge…” (II)

“I am instilling knowledge, skill, experience, uhm, into my students. I enjoy seeing them grow, evolve…” (II)

“I have been a psych (psychiatric) nurse for 40 years…” (NS)

“A good sense develops between you and the patient. I enjoy my job, and am sure you will find me here in 20 years’ time…” (NS and II)

“As a nurse, I am saving lives…” (NS and II)

3.2.4.4 Male nurses experience nursing as a profession that allows expression of their personality traits: compassion, caring and enthusiasm

Three of participants were engaged in other professions before selecting nursing as a career. One participant was employed in the corporate environment and only decided in his late adult stage to become a nurse. He was always drawn to nursing, and after being employed as an entry-level paramedic, decided to become a nurse.

“Nursing, that is what I thought I wanted to do…” (II)

Some participants state that nursing suit their personality type. Participants see themselves as caring beings with an interest in people, but also being stimulated by the nature of the profession.

“I like working with people…” (NS and II)

“I like to help and care for others…” (NS and II)

“I have compassion, and will always do extra for the patient…” (II)

“I like the adrenaline rush” (NS and II)
“Nursing is a diverse profession”  (NS and II)

“I like the human touch…”  (II)

“I like the challenging technical aspects of ICU…”  (NS and II)

3.2.4.5 Male nurses experience nursing as a stable source of income

Participants stated that circumstances forced them in selecting nursing as a career, because nursing provided the security for a constant income, as well as an opportunity to attain a qualification and thus ensured life-long employment.

“Nursing was never my first choice. My parents died unexpectedly and I was left with the responsibility to take care of my siblings. I was fortunate enough to become a nurse and thus fulfilling my responsibilities…”  (NS and II)

“In nursing, you will always have a job…”  (NS and II)

“I think, uhm, that nursing, and all essential services, uhm, provides a stable income…”  (II)

“I chose nursing because it provides job stability and security…”  (NS and II)

3.2.4.6 Male nurses experience the work hours as flexible and allows for spare time

The participants revealed that they have more spare time than the normal office worker. Due to the nature of the profession, scheduling of shifts ensure that nurses will have rest days in between.

“The hours are not bad. I am happy with working 15 shifts a month…”  (II)

“I love having free time…”  (NS and II)

“I like the off days when others have to work…”  (NS and II)

“I like the time off to practice some hobbies…”  (NS)
Although the majority of the respondents stated that the long and unsociable working hours in the nursing profession is harsh, the spare time makes up for those time periods spent at work, but the participants warns it does have a negative impact on family life (as described in 3.3.3.2).

The following section will focus on the second main theme of the findings, namely, the negative experience of male professional nurses.

3.3 The negative experiences of male professional nurses

3.3.1 Negative experience with colleagues

3.3.1.1 Male nurses experience some nurses as temperamental and gossiping

Although the majority of participants revealed positive attributes regarding their female colleagues, they agree that they found a majority of their colleagues to be temperamental and eager to gossip about everything.

The participants’ responses include:

“They talk a lot…” (II)

“The girls in my department like to gossip…” (NS and II)

“They are sensitive, and if you say something wrong, they hold it against you…it does bother them for a long time…” (II)

“You just have to look at her face, uhm, to see, uhm, that this is going to be one of those days (laugh)…” (II)

3.3.1.2 Male nurses experienced some female nurses as prejudiced, judgemental and bullies

A participant indicated that he was met with prejudice and animosity in the beginning of his career. He relates this to ignorance of his fellow students, because they were young and inexperienced in life. He also mentioned that he made lots of friends in
his student years and remained friends up to this day. Another participant state that medical personnel were initially apprehensive, but their attitude changed and their professional interaction remained courteous and respectful.

The hostility experienced by the male nurses echoed throughout the interviews:

“*She snaps at me without reason*…” (NS and II)

“*She says that I am lazy*…” (NS and II)

“I get burdened with the heavy and difficult patients in the ward…” (NS and II)

“I don’t get away with what my female colleagues get away with!”… (II)

“I feel bullied, verbally mostly. The student nurses also get it from her…” (II)

“They sit to have lunch, but I am called away…” (NS)

 “…that was a personal attack on me…” (NS and II)

“The older sisters think you don’t belong here…” (NS and II)

“They presume that we are feminine…” (NS and II)

“And she said to me: “you will not finish….I cannot see you finishing your course…”” (II)

### 3.3.1.3 Male nurses experienced segregation, unacceptance and ridicule by their female colleagues

There is a fine balance between the group cohesion amongst male and female nurses and segregation of the team members.

Participants sadly stated:

“*Sometimes it does get lonely when you are a man in nursing. You feel like you’re not part of the sisterhood*…” (II)

“I get ignored…” (NS)
“When I was a student, there was a split between us…” (II)

“Lots of nurses will not teach you at all…” (NS and II)

The participants also experienced insults from their colleagues:

“I was told that this is not a profession for a man…” (NS)

“I do not like the idea of being kept away from the patients…they withheld teaching opportunities in the ward…” (II)

3.3.1.4 Male nurses experienced that some nurses still see nursing as a female profession and treat the male nurses as inferior to them

The participants indicated that some female nurses are of the opinion that only women can nurse. Because of this thinking, the participants said that their colleagues see them as sub-standard nurses.

A despondent participant said:

“The older sisters believe that this is not a job for a man…” (II)

The experience of inferiority from their colleagues was repeated in the following statements:

“I have to do all the “dirty” work… don’t know why it cannot be shared amongst everybody…” (II)

“I am called when they have to deal with difficult patients, with moving patients or equipment… I feel used by them…” (NS and II)

“The nurse said that I am better suited in management or education… I don’t agree….I think I work well…” (II)

“…and she said: ”If I could just strangle him…” (II)
3.3.1.5 Male nurses experience some of female nurses as complacent, uncaring and unsympathetic towards patients

The participant revealed that nurses behave in this manner due to burn-out syndrome and the current staff shortages experienced by most hospitals in Johannesburg. The participants also stated that the female nurses work a lot of overtime, and that their tiredness can be blamed for their behaviour.

The participants’ statements included:

“Some of them just don’t care…it’s just another job…” (II)

“I found the nurses very complacent, especially after they have completed their training…” (II)

“The exceptional few will do extra for the patient…” (NS and II)

3.3.2 Negative experiences with patients

3.3.2.1 Male nurses experience patients to be unaccepting and uncomfortable with them

A participant stated:

“Some parents are uneasy when they gather that you are a male nurse and must attend to their child…” (II)

“The patient expects a female nurse to see to them…” (NS and II)

“They are narrow-minded and uninformed…” (NS and II)

“They are reluctant at first, but once they gather you are skilled and competent, their behaviour are accepting and trusting…” (II)

It is clear that patients are not comfortable with male nurses at first, but after establishing a patient-nurse relationship, the animosity disappears, and respect and value for the male nurse becomes apparent.
“They are a bit uncomfortable at the start…” (II)

A participant stated that he can recall an incident where a patient refuses his assistance/care. The participant accepted this and called a female nurse to assist the patient. Although this scenario doesn’t happen that frequently, it is a potential problem for all male nurses. The male nurse didn’t find this discriminatory in any way, and said it is more of a patient preference than an act of animosity.

“If I feel awkward, then the patient must too…” (II)

3.3.3 Negative experience with the nature of the nursing profession

The nature of the nursing profession relate to the inherent characteristics of the profession and the job function per se.

The following negative experiences relating to the profession itself was revealed by the participants:

3.3.3.1 Offensive odours, certain procedures, death, misery and suffering of patients, rendering intimate care and the inability to console relatives

These experiences stood out as the most negative experiences of male professional nurses. The participants said that their female colleagues are not affected by this as much as what they are.

“You see things that other people don’t see…” (NS and II)

“There are so many unpleasant procedures that you have to perform…” (NS and II)

“If I have to say, it would be the odours! I understand it is part of the job…” (II)

“When people pass away, that, that is what really affects me…” (II)

“I don’t like dealing with death everyday…” (NS)
The participants fear false accusations of sexual inappropriateness while providing care. The participants agreed that gynaecology and maternity nursing was really challenging in terms of rendering nursing care.

The statements varied:

“I am shy and do not want to violate the female patient’s privacy…” (II)

“I would rather call a female sister… when dealing with female patients…” (II)

“If there is a female nurse around, I don’t do it. In an emergency, I will do urine catheters and fleet enema’s…” (II)

“We (male nurses) are chaperoned…I still feel uncomfortable…” (II)

“It is certainly a dignity thing. I will not teach students how to perform a female catheterization. I will get somebody to teach them (students) that. There is enough female nurses around…” (II)

 “…certainly not to be behind the curtains for any length of time… you can, can pick up the vibe that the patient is uncomfortable…” (II)

“I think female patients prefer a female nurse to deliver her baby…I do not want to do midwifery…” (II)

“I prefer not to nurse a female patient…” (NS and II)

“I frequently call upon my female colleagues to perform “intimate” care…” (NS and II)

The participants stated that their inability to console relatives is more apparent after the death of a loved one and that they experience these situations as emotional overwhelming.

The participants mentioned:

“I dread this part of my job…” (NS and II)

“I do not feel equipped to support the family…” (NS and II)
3.3.3.2 The male nurses experience the working hours as long and unsociable

Nursing is associated with shift work. The impact of the working hours is revealed in the following statements:

“If I had to say what I don’t like, it would be the hours…” (II)

“I spend lots of time at work. I do not spend enough time with them…” (II)

“I am tired all the time…” (NS)

“The hours are much longer than my office job…” (NS and II)

“Working night shift is probably the worst…” (NS and II)

3.3.3.3 Male nurses feel that the remuneration is inadequate

The participants unanimously agreed that the financial compensation of a professional nurse is not complimenting the responsibilities associated with the profession.

The statements included:

“You do not earn enough money as a breadwinner…” (II)

“…it is not a money-making job…” (NS)

“My wife had financial concerns of me being a nurse…” (II)

“Uhm, I feel that we earn too little. We bear the responsibility of the, the patients, but uhm, the money, uhm, it doesn’t reflect that responsibility…” (II)

“I am supplementing my income by instructing other courses…” (II)

“Nurses leave and then come back after they have made some money…” (II)
3.3.3.4 Male nurses experienced nursing as an un-reciprocal career

This statement implies that the participants invest far more into their career than they ever received in return.

The respondents reported:

“You sacrifice a lot…” (NS)

“In nursing, you are just giving and giving…” (NS and II)

“Patient’s scream at you, and insult you. You also get hit when dealing with disorientated patients…” (NS)

“Nursing doesn’t share the same lime-light with other professions…” (NS and II)

3.3.3.5 The participants stated that society sees nurses as subordinate to doctors

The participants are of the opinion that society is unaware that nurses fulfil their own scope of practice with an independent role in the multi-disciplinary team.

The responses included:

“It is seen as a subcategory of work…” (NS and II)

“Society is just ignorant about what we can do in the hospital…” (II)

“Doctors treat nurses like slaves…” (NS)

“Doctors think that nurses are stupid. They think you are lesser than them…” (NS and II)

“They look down on you…” (NS and II)
3.4 CONCLUSION

In this chapter the findings of the in-depth, semi-structured, individual interviews and the naïve sketches were discussed as the male professional nurses described their experiences in nursing in a private hospital in Johannesburg. The experiences were categorised into two (2) main themes, namely: positive and negative experiences of male professional nurses.

The findings are presented in bold writing and the participant’s responses are presented in italic writing. Naïve sketches are integrated by indicating responses with (NS). In chapter 4, the findings will be discussed and substantiated with a literature integration.
CHAPTER 4
CONCEPTUALISATION OF THE RESEARCH FINDINGS

4.1 INTRODUCTION

In Chapter 3, detailed presentations of the research findings were described. The purpose of Chapter 4 is to conceptualise the research findings by integrating it with a literature review.

After exploring the data gathered through in-depth, semi-structured, individual interviews held with the participants, as well as the naïve sketches through a qualitative open-coded data analysis method, the data was categorised into two main themes, namely the positive and negative experiences of male professional nurses with regard to nursing as a career in a private hospital in Johannesburg.

4.2 CONCEPTUALISATION OF THE RESEARCH FINDINGS

Mouton (2006:109 – 110) states that conceptualisation refers to the clarification and the analysis of the key concepts in a study and also to the way in which the research is integrated into the body of existing theory and research. Conceptualisation is thus the clear, unambiguous definition of the central concepts contained in the research study. The two main themes in this study were positive and negative experiences of male professional nurses. The positive experiences of male professional nurses were overwhelming as compared to the negative experiences. The sub-themes related to experiences with colleagues, patients, nurse managers and the nature of the nursing profession.

The conceptualisation of the research findings will be discussed in accordance with Table 3.1 presented in Chapter 3, commencing with the positive experiences of male professional nurses with their colleagues.
4.2.1 Positive experiences with colleagues

The participants revealed that their interaction with their female colleagues is positive and supportive. A positive relationship refers to interaction that displays acceptance and affirmation of the participants in that relationship (Gzik, 2010:1). A relationship is viewed as supportive when emotional and moral support is given (Dunstone, 2012:1). This implies that a supportive relationship also includes assistance of individuals and the accomplishments of tasks (Brown, 2013:1). Handel (2011:1) warns that without the sense of belonging and support, a person feels isolated and disconnected from others (and the group).

Quan (2012:1) concluded that male nurses are a growing and precious facet of the nursing profession. The author acknowledges the contributions of male nurses to the profession and is of the opinion that the male nursing force is a viable and sustainable workforce and that female nurses acknowledge the positive aspects of having male nurses as part of the nursing team.

Handel (2011:1 – 2) posits that positive relationships with colleagues are healthy and productive relationships that will ensure a happy and satisfying work environment and that these positive relationships encourage personal growth.

Colleagues like seeing each other succeed and achieve their goals. Most of the time, a supportive colleague is willing to help in any way he/she can to ensure that a colleague is successful. Positive relationships provide support during tough times. Having a supportive work environment ensures that colleagues stay strong and persevere. Positive relationships enable people to work together.

In conclusion, work relationships thrive when staff members can combine their skills, talents and knowledge successfully. This will result in good patient care and aid in upholding the reputation of an organisation. Positive relationships create feelings of joy and pleasure. Good working relationships increase the sense of purpose and meaning. Positive relationships live on through other positive relationships in the sense that relationships with colleagues also influence relationships with patients and their families.
4.2.1.1 Male nurses experienced that female staff members confide in them

Confiding in a person means that a person is trusted enough that a private matter, a worry or a thought is revealed to him/her. The trust in this person affirms that the content of the matter will not be conveyed to other people (Oxford dictionary, 2013: 100).

Runion (2006:1) reported that 25% of nurses have no one to confide in. Support and confiding are often a fundamental component in managing the difficulties encountered in settings such as an ICU and emergency department (Uren & Graham, 2013:1). Having someone to confide in is a vital resource for performing daily nursing activities. Confiding in someone has positive outcomes, like alleviation of stress.

The combination of work and personal difficulties is creating more problems for many female nurses. Caregivers’ ability to balance their personal lives and their professional roles is one of the most challenging barriers to coping (Frank, 2008: 520). Having competing roles increases caregivers’ levels of stress and decreases their ability to cope with this stress (Kim et al., 2006:195 – 200). Due to the closed working environment, the participants stated that they are easily accepted as confidants in this type of unit (trauma, ICU and theatre) and they do become friends with the female nurses.

The participants experienced that the female nurses value their inputs, professionally and personally. Male nurses were seen as males providing a perfect soundboard for relationship problems. A soundboard refers to a person whose reactions serve as a measure of the acceptability of an idea or course of action (Webster’s College dictionary, 2005:1760). This person will thus propagate an idea or opinion. The participants state that the female nurses prefer another outlook from their male colleagues. Saltz (2009:1) comments that a sympathetic ear at work makes women feel special and that it is a common occurrence to find a confidant in the work situation.

A participant mentioned that a trusting relationship forms between the members of the nursing team. The male nurse said that he could confide in his female colleagues
in the same manner. This relationship involves not only talking about personal problems, but also includes professional matters such as nursing unit problems, staff shortages/burdens, interpersonal conflict and general nursing matters. Saltz (2009:2 – 3) refers to this as an emotional affair and stipulates that this relationship should steer clear of any physical intimacy.

Therefore, it could be concluded that confiding relationships among male and female nurses exist and that it contribute to nursing unit harmony. Such relationships enhance group cohesion and the emotional support contributes to intrapersonal wellbeing.

4.2.1.2 Male nurses experienced that their female colleagues appreciate and acknowledge their attributes

Participants unanimously agreed that their female colleagues trust and acknowledge their technical problem-solving skills. To acknowledge someone is to recognise them, admitting favourably to their existence (Oxford dictionary, 2013:4). This definition takes it a step further by expressing that an acknowledged person is validated and that another party expresses their thanks to this person because of valuable inputs made (Webster’s College Dictionary, 2005:6).

Participants revealed that the female nurses would ask for assistance whenever they are struggling with equipment-related troubleshooting. A participant states that in the milieu of the intensive care unit where technology forms the backbone of patient management, the monitoring equipment can sometimes cause problems or challenges. The female colleagues are of the opinion that men are better in troubleshooting technical issues than they are.

Twomey & Meadus (2008:33) confirm the notion that male nurses are more technically inclined than their female colleagues are and will be utilised in fulfilling such traits in the nursing team. The participants admitted that they are constantly called by the nurses to assist with difficult or aggressive patients. The nurses acknowledge the fact that male nurses are physically more competent than they are.
The Bernard Hodges group survey (2005:10) identified that 71% of male nurses stated that female nurses utilise them as “muscle power”. The study indicated that male nurses are called by their female colleagues for lifting heavy patients, assistance with aggressive patients and troubleshooting of equipment in the nursing unit.

Brown et al, (2000:9) supported this finding and presented in their findings that participants mentioned that the female nurses rely on them for performing the “heavy” work in the nursing unit. The implication is that the male nurses often have to neglect their own assigned patients to aid their female colleagues (Twomey & Meadus (2008:33). Neighbours (2012:4) confirmed this notion and stated that male nurses are frequently asked by their female colleagues to lift patients or catheterise male patients. Neighbours (2012:4) admits that although this often annoys the male nurses, his findings showed that male nurses are appreciated and valued for their capabilities by their female colleagues.

The participants revealed that their female colleagues consult them with patient care-related issues and treatment strategies for patients under their care. A participant said that he enjoys teaching his colleagues and that they value his inputs. Banfield (n.d:1) states that nurses seek guidance from respected nurses when they encounter situations beyond their own knowledge, competence or scope of practice. The author accepts the notion that there is no possibility for any nurse to know everything, and therefore nurses could consult with one another continuously.

Literature supports that inputs from male nurses are recognised and valued by their female colleagues. Thus, it can be contended that the physical and professional attributes of male nurses are imperative in the nursing team.

4.2.1.3 Male nurses experienced the female nurses as accepting

The participants revealed that their acceptance is graded on a continuum of acceptance and animosity (which will be discussed later in this chapter). In section 4.2.1.2, the statements from the participants indicated that they are acknowledged and appreciated by the female colleagues or in the nursing team.
The Merriam-Webster Dictionary (2013:17) defines acceptance as a favourable receiving of someone into a group/situation/workplace by either an expressed manner or by conduct. The Oxford Dictionary (2013:27) endorses this definition by stipulating that acceptance is the process or the fact of being received as adequate, valid or suitable.

Williams (2002:4) observed that most male nurses are welcomed by their female colleagues. The male nurses also state that it is to their benefit to befriend the female nurses, because it contributes to group cohesion and it broadens one’s support system.

A study done by Clark (2006:3) focused on the way in which lecturers perceive male nursing students. Lecturers found male nurses to be diligent, focused and of high standard. The clinical lecturers stated that the male nurses received many compliments from patients and families. Male nurses were also found to relate well to patients.

Participants revealed that camaraderie exists among male and female nurses. Camaraderie relates to the spirit of good friendship and loyalty among members of a group (Merriam-Webster Dictionary, 2013:99). There is a familiarity among members of this group, a kind of brotherhood. A participant mentioned that during his first year of training, he realised that he was the only male in the group and he mentioned that the fellow female students were inviting. He stated that being the only male student was not easy and one could easily feel ostracized. The participant recalled the warmness and courteousness of the female students and found their behaviour very nurturing.

The study of Neighbours (2012:4 – 5) found that female nurses generally respond favourably to male nurses. Male nurses are more easily accepted in the wards than in an administrative position.

The presented evidence concludes that, generally, female nurses do not marginalise or reject male nurses.
4.2.1.4 Male nurses experienced support from female staff members

Participants stated that they find the nursing team to be supportive. They are supported by their female colleagues when dealing with patients and nursing care, when experiencing a difficult day (after a traumatic experience like a resuscitation or death of a patient) and when a second opinion regarding nursing care is needed.

The Oxford Dictionary (2013:298) defines support as to provide assistance to someone. This is very clear in the opening statement of participants where they experienced the presence of their female colleagues with daily demanding nursing activities.

The Merriam-Webster Dictionary (2013:304) elaborates on this by defining support as to hold something into position; to keep it from falling/sinking/slipping. This behaviour of the female nurses is manifested in the statements of the participants that revealed that they feel that nurses supported them in this capacity. The definition of support also embraces the act of upholding and defending something or someone. When cohesion exists between these two groups, they will defend and embrace one another. The definition concludes the meaning of support by revealing that support also refers to promote an interest or a cause. The participants stated that their female colleagues showed interest in them and their experiences when they are at work.

Neighbours (2012:2) found that nursing combines professional values as well as feminine values of caring and support. The feminine values refer to the “soft skills” of nurses and may include nurturance, empathy and gentleness.

It is therefore confirmed that female nurses support male nurses in the same manner as they are supporting their patients and that their gentle capacities are also manifested during their interaction with male nurses.
4.2.1.5 Male nurses experienced positive interactions with other male nurses

The participants state that they see other male nurses as role models. They view their interaction as positive and supportive and a participant mentioned that he admires his male colleagues for their achievements.

A role model is defined as a person who serves as an example of the values, attitudes and behaviours associated with a role that someone is fulfilling. A role model is a person who distinguishes him-/herself in such a way that others admire and want to emulate him/her (Oxford Dictionary, 2013:223).

Williams (2002:2) continues by stating that male nurse role models are of paramount importance, because other males are inspired and motivated when observing these male nurses as achievers, however, male nurse role models are absent, because male nurses are a minority group and that a myriad barriers prevent male nurses from achieving accolades.

Brox (2007:6) found that the general impression exists that there is no interpersonal conflict among male nurses and that they work in harmony. The participants agree that having a “male nurse support system” is valuable in professional development and professional association. Williams (2002:2) asserted that other male nurses need support from someone who understands the role of being a male nurse. Male nurses relate better to other male nurses (“brotherhood”) because of the shared lived experiences among the minority group in nursing.

Brox (2007:5) demonstrated that male nurses are drawn to emergency care and intensive care due to the fast-paced environment, but also because there is not a minority representation of male nurses in these departments. Stokowski (2012:5) revealed that 27% of the male nursing force is employed in intensive care and 23% in emergency care. Her study reinforces the need for camaraderie among male nurses.

Neighbours (2012:2) found that male nurses would associate more with doctors. The male nurses in his study preferred to talk about sports and vehicles with men, particularly doctors. The participants in his study felt they did not have much in common with their female colleagues.
The nursing workforce is diverse and the inputs of both male and female nurses contribute to the positive outcomes in interpersonal relationships and patient care. It suffices to say that these positive relationships should be embraced and enhanced.

Building positive relationships with one’s colleagues provides excellent opportunities to help the nurse get the nursing activities done more efficiently. A positive relationship will benefit the nurse in the daily workflow of the unit, but the nurse will also attain greater satisfaction out of his/her working relationships. Strategies to strengthen working relationships between male and female nurses are proposed by Gzik (2010:1 – 2); Brown (2013:1 – 4); Dunstone (2012:1 – 3); Abell (2013:1 – 6) and Manktelow et al (2013:1 – 3). Their strategies are discussed in Chapter 5 of this study.

The second sub-theme that emerged during the research study was positive relationships with patients under the care of male professional nurses.

4.2.2 Positive experiences with patients

Interaction with patients is the foundation for nursing practice. Finn (n.d:1) highlighted that a successful nurse and patient relationship begins with a caring nurse and a receptive patient. People who need nursing care are sometimes resistant, in pain and worried. A nurse, who understands the patient’s behaviour and mental state, is instrumental in the patient’s recovery. This relationship is built on trust and respect; for the patient and the nurse. Egeland & Brown (1989:704) reported that patients viewed male nurses as accepting, caring, nurturing, gentle and empathetic when they were submitted to their nursing care.

4.2.2.1 Male nurses experienced that patients view them as competent and skilled practitioners

Smith (2012:174) emphasised that competence is merely the lack of incompetence. The American Nurses Association (ANA) states that a nurse who demonstrates competence in nursing, is performing nursing interventions (successfully) at an
expected level (2009). A competency (the nursing action) is an expected level of performance that results from an integration of knowledge, skills, abilities and judgement. The ANA states that the integration of knowledge, skills, abilities and judgement occurs in formal, informal and reflective learning experiences. Knowledge of nursing encompasses the scope of practice, standards of practice, and standards of professional performance. Knowledge is obtained from biological sciences and the science of humanities; and practical experience and personal capabilities. Nursing skills include psychomotor, communication, interpersonal, and diagnostic skills. The term ‘ability’ refers to the capacity to act effectively as a nurse and requires listening, integrity, self-knowledge of strengths and weaknesses, positive self-regard, emotional intelligence, and openness to feedback. Judgement in nursing practice includes critical thinking, problem solving, ethical reasoning and decision-making.

Situations can either enhance or detract the nurse from the ability to perform. The ability to perform at the expected level requires a process of life-long learning. The ANA suggests that nurses must continually reassess their competencies and identify needs for additional knowledge, skills, personal growth and integrative learning experiences.

According to the Joint Commission (2007:346) hospitals must assess the competency of employees when hired and then regularly throughout employment: “competence assessment is systematic and allows for a measurable assessment of the person’s ability to perform required activities. Information used as part of competence assessment may include data from performance evaluations, performance improvement, and aggregate data on competence, as well as the assessment of learning needs.”

Hird (1995:1) states that competency encompasses more than just a psychomotor skill. Competency encompasses the attributes of knowledge, abilities, skills and attitudes that underlie nursing practice. Nurses know that psychomotor skills are important but, performed without knowledge, they do not constitute nursing. The ability to plan and organise nursing interventions is of little benefit to patients when the attitudes that nurses value (such as caring and patience) are not present; therefore integration of the knowledge, abilities, skills and attitudes of nursing is the
essential key to any nursing competency. This coincides with Smith (2012:172) that defines the term competent as the possession of the required skills, knowledge, qualification and capacity.

Hird (1995:5) recognises that competence does not mean that a nurse is an expert. There are various levels of competence but each of these has a minimum acceptable level or standard. Beginners are rarely experts, but they can be competent in nursing practice. They perform a wide range of nursing activities methodically and they perform it well. They may be slow but they develop further skills and speed as they advance in their career. They have to ask many questions but they know which questions to ask. Student nurses may be slow in completing total patient care, somewhat limited in the range of skills they can perform, not possess a great deal of specialised knowledge, but they are easily distinguished from someone who is not a nurse.

The experienced competent nurse works quickly and capably, able to care for a highly complex and dependent patient in the critical care unit, or nurse several high dependency patients in a busy surgical or medical ward. In the community setting, nursing skills of assessment and decision-making are often invisible, but are reflected in the delivery of patient care.

Schon (2001:190) described such expert performance as professional artistry. Expert nurses, demonstrating integration of all the attributes of competency at an advanced level, make their nursing role look easy and effortless, especially to the layperson. However, another nurse can recognise the knowledge behind the decisions, the attitudes underlying the care, the abilities that permit the multitude of activities to be managed and the skills that demonstrate the expertise of a senior and experienced nurse.

A participant mentioned that a patient requested to be nursed by a male nurse, because he had complaints regarding the professional behaviour and level of skills of a female nurse. This patient also relied on the physical strength of the male nurse when mobilisation and showering were needed.
With the presented evidence it can be concluded that nurse competence relates to skills, knowledge and an affective capacity. Male nurses are exalted by their colleagues and patients alike.

The American Nurses Association (2009:1) promulgated strategies to enhance the competency level of nurses. These strategies are discussed in Chapter 5 of this study.

4.2.2.2 Male nurses experienced patients as accepting and appreciative

The public’s stereotype of a nurse is very clear: caring and female. This stereotype is challenged with the introduction of men into the nursing profession. Due to the change in perceptions of the current population, male nurses are less exposed to prejudice from patients. The participants affirmed the fact that male nurses are more readily accepted by patients in the current healthcare environment.

The Merriam-Webster Dictionary (2013:4) defines acceptance as the favourable receiving of someone into a group/situation/workplace by either an expressed manner or by conduct. The Oxford Dictionary (2013:9) endorses this definition by stipulating that acceptance is the process or the fact of being received as adequate, valid or suitable.

A participant mentioned that an older male patient preferred a male nurse: the patient appreciated the fact that the male nurse possesses physical strength. This makes them feel safer. The participants stated that the patients said they preferred male nurses to get them out of bed or out of the bath, because their experience was that the females struggled more with performing these physical activities (see section 4.2.2.1). The older patient also felt less embarrassed when certain procedures are performed by male nurses, like trans-urethral catheterisation.

The study conducted by Neighbours (2012:3) support these statements from the participants. Sometimes, male nurses are preferred by patients. The author corroborates that some patients prefer male nurses to perform perineum care, as they feel too uncomfortable if a female nurse performs this intimate and potentially
embarrassing task. Brown (2000:9) confirmed these findings to be consistent. Male nurses are accepted by their patients and they very seldom experience discrimination.


Due to the fundamental interactive process between the nurse and the patient, Finn (n.d:2) and Hupcey (1998:180 – 194) proposed strategies to improve the nurse-patient relationship. These strategies are discussed in Chapter 5.

The third sub-theme that emerged during the study was positive relationships of male professional nurses with the nurse managers.

4.2.3 Positive experiences with the nurse manager

The nurse manager in this study is identified as the unit manager or the nursing service manager. A nurse manager is defined as a registered nurse who manages one or more defined areas within a nursing service (ANA, 2009). It also refers to an individual who has a line management position for designated patient care services which includes patient care delivery, fiscal and quality outcomes (Chase, 2010:20). An operational definition of a nurse manager includes a nurse leader who is responsible for day-to-day operations of at least one inpatient or outpatient area in the hospital setting. This person has hiring, mentoring and performance responsibilities for nursing staff. The nurse manager is the person to whom the nurses report (Chase, 2010:21).
A positive relationship refers to interaction of workers that displays acceptance and affirmation (Gzik, 2010:1). Talia; McDaniel and Crabtree (2006:47 – 50) and Garner (n.d:1) expressed that a positive working relationship with a manager is characterised by trust, diversity, mindfulness, interrelatedness, respect varied interaction and effective communication. Staff in a trusting relationship seeks inputs from others and they allow each other to do their jobs without unnecessary oversight. Diversity is embraced in any working relationship because it broadens the number of potential solutions and it enables staff to learn from one another. In a mindful relationship, staff members are open to new ideas. Interrelatedness occurs when staff are sensitive to the task at hand and understand how their work affects each other. Respectful interactions are considerate, honest and tactful. A varied interactive relationship is viewed as a combination of social and task-related relationships. Effective communication among team members ensures positive unit and organisational outcomes.

It is generally accepted that conflict is an integral part of the work environment. A study conducted by Johansen (2012:50 – 55) revealed that the most common type of conflict experience in the workplace involved interpersonal conflicts. One of the three prime situations of interpersonal conflicts was conflict with the nurse manager. The conflict mostly surrounds the absence of organisational support from managers and poor nurse leader communication. Johansen (2012:50) is of the opinion that manager-nurse conflict resolution will result in improved quality of the nursing service, improvement in patient safety, increase in staff morale and it will limit work stress. It is fair to state that participants in this study does not share the same frustration as the participants involved in the Johansen study. The unanimous response from the participants indicated a positive working relationship with the nurse manager.

It can thus be contended that a good relationship with the nurse manager is critical to job satisfaction and a nurse’s career. A nurse needs support, information and guidance from the manager in order to advance in his/her career and position in the organisation. It is ultimately up to the male nurse to create a positive relationship with the nurse manager.
Strategies are proposed in Chapter 5 to enhance and maintain this positive interaction between the male nurse and the nurse manager.

4.2.3.1 Male nurses experienced that they are not treated any different than their female colleagues by the nurse manager

The nurse manager is defined in section 4.2.3 as well as the capacity in which this manager is executing his/her responsibilities. The nurse managers in this study are male and female. The leadership from the nurse manager is imperative in effective functioning of the nursing unit, in the rendering of high-quality patient care and to the retention of nurses (Schmalenberg & Kramer, 2009:61). These authors stated that nurse managerial functions include business, clinical, personnel functions, career development and staff support.

Schmalenberg & Kramer (2009:61 – 62) revealed that 84% of nurses are considering leaving their jobs as a result of unhealthy relationships with their nurse managers. The collective response from the participants was that they are not managed any differently than their female colleagues, regardless of the sex of the manager. An attribute that is seen in high regard by all staff, is an honest, fair, consistent and reasonable manager (Thompson, 2006:1 – 3). Lying is one of the fastest ways to violate a worker’s trust, as it shows favouritism towards particular members of staff. Thompson (2006:2) continues by highlighting that a good nurse manager is consistent. An unpredictable manager escalates tension in the nursing unit and it inhibits team work. A nurse manager, who wants to have an effective and cohesive team, must be up front, realistic and fair when it comes to interactions and expectations of staff members. The author reiterates that honest, sincere and effective communication is one of the most important tools for a manager.

The presented evidence thus concludes that an honest, fair, consistent and reasonable manager contributes to staff wellbeing and unit harmony. The importance of good manager relationships is emphasised by all participants. The participants indicated that they are not managed any different than the female nurses. Strategies
to enhance and maintain the nurse-nurse manager relationship are discussed in Chapter 5.

The fourth sub-theme that emerged during the study is the participant's positive experience in relation to the nature of the nursing profession.

4.2.4 Positive experience with the nature of the nursing profession

Wittock & Leonard (2003:244) believes that the lure of nursing seems to be universal, regardless of gender. Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles (ICN, 2010:1).

Nursing is the protection, promotion, and optimisation of health and abilities, prevention of illness and injury, alleviation of suffering through diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities and populations (ANA, 2003:1).

Sullivan & Decker (1997:4) defines a career as having a life-long work which is committed, which promotes personal growth and which has increasing levels of responsibility. A career may also involve one or more jobs, engaging in educational development and professional activities, and gratification comes from the individual's accomplishments rather than entirely from payment for hours worked. A job is defined by the authors as being a short-term employment with gratification coming from payment for hours worked.

The participants in the study unanimously agree that they experience nursing as a profession in a very positive manner.

The participant's positive assertions as to the nursing profession included:
nursing is diverse, dynamic, challenging and stimulating and with travel opportunities

nursing is action-packed, adrenaline loaded and exciting

nursing is rewarding and fulfilling, because nurses are saving lives, making a difference in someone’s life and are contributing to positive patient outcomes

nursing is a profession that accommodates growth and self-development (career advancement) and the application of acquired knowledge and skills in practice

nursing is a profession that allows expression of their personality traits: compassion, caring, enthusiasm and technical skills

nursing provides a stable source of income

male nurses experience the work hours as flexible and that it allows for spare time.

The discussion of the above sub-theme follows:

4.2.4.1 Male nurses experience nursing to be diverse, dynamic, challenging and stimulating and that nursing as a career accommodate growth and self-development with the opportunity to travel aboard

The Collins English Dictionary (2003:84) defines diversity as a range of different things (variety and multiplicity). The Merriam-Webster Dictionary (2013:73) relates to this description and adds that diversity refers to an entity that is composed of different elements. The term dynamic, refers to a system or process that is characterised by constant change, activity and progress (Merriam-Webster Dictionary, 2013:69).

Because health care and nursing is not a stagnant profession, nurses must always be aware of the ever-changing technology and treatment modalities. The various
disciplines in nursing necessitate specialisation, and thus continuing education and
development. Sherrod et al. (2006:34) is of the opinion that nursing is one of the
world’s most diverse occupations. It offers a variety of workplace settings, patient
populations and health-care specialities. They state that this characteristic makes
nursing an attractive option for men. The ever-changing technology associated with
the health care industry ensures that the continuing development and training will be
part of every nurse’s key responsibility area.

The diversity of the nursing profession is reiterated by participants. Due to the
diversity of the nursing profession, the nurse has the opportunity to choose from a
myriad disciplines in nursing. Sherrod; and Sherrod & Rasch (2005:46 – 51) confirm
that no other profession is as diverse and varied as nursing. The nurse can also
move from one discipline to another, although specialisation areas require attaining
additional training and skills.

The Collins English Dictionary (2003:101) relates a challenging profession to a
profession requiring the full use of a person’s abilities or resources in a difficult, but
stimulating manner, while the Merriam-Webster Dictionary (2013:99) asserts that a
challenging profession requires physical and mental effort to accomplish or endure
difficult tasks. Stimulating profession refers to a profession that encourage thinking,
development of skills and realising self-actualisation. It relates to a profession where
a person utilises his/her intellect to perform their job (Collins English Dictionary,
2003:200). It also relates to a profession that incite people in learning new things

An opportunity is defined as a circumstance that makes it possible (favourable) for a
(2013:300) defines an opportunity as a chance (prospect) for progress or
advancement of a person. Brox (2007:2) reported that there is no shortage of
opportunities for male nurses. Male nurses state that nursing is an interesting job, it
is always challenging – mentally, physically and emotionally.

Growth and self-development is referred to as maturation of personal, mental and
spiritual capacities of a person (Macmillan Dictionary, 2002:100). Twomey & Meadus
(2008:30) confirm this notion that nursing as a career provides an abundance of
career opportunities. A participant in this study admits that he entered nursing in the hope that he would acquire a qualification. This participant also mentioned that he achieved a professional qualification at the age of 21 years. O’Lynn & Tranbarger (2007:2) found similar results in their study thus confirming that nursing attracts men because of the abundant career opportunities.

Evans (1997:226 – 231) indicates that male nurses choose management positions as career advancement options because these are more congruent with the masculine role and its degree of autonomy.

Boughn (2001:15) showed that male nurses choose nursing as a career because if offers career advancement opportunities. The study also revealed that more men than women aspire to head nurse positions. Male nurses were more interested in positions with higher salaries, more prestige and higher authority than women within the profession. She concludes by stating that male nurses expect practical rewards. The male nurse also sets up their professional lives to secure these rewards (personal or financial) and they will eventually attain these rewards. The application of acquired skills is manifested by the execution of the nurse’s scope of practice and theoretical curriculum.

As a nurse, one has the ability to expand your practice and knowledge outside the borders of South Africa. The global trend is when nurses explore job opportunities all over the world. The motivating factors range from financial gain to permanent residency. Twomey & Meadus (2008:33) confirm the notion that a career in nursing provides nurses with travel opportunities. Cerino (n.d:3) substantiates that nurses can work everywhere (geographically). Nursing is a profession known to offer travel opportunities around the world. Wilson (2005:225) substantiated similar findings where participants revealed that nursing is a portable profession.

It can thus be contended that no other profession is as diverse and varied as the nursing profession and that the male professional nurse is served well by a career in nursing.
4.2.4.2 Male nurses experience nursing as action-packed, adrenaline loaded and exciting

The Longman English Dictionary (2011:9) refers to an action-packed profession as a profession full of activity and exciting events. This definition coincides with adrenaline-loaded activities and areas within the nursing profession.

Excitement refers to a feeling of great enthusiasm, eagerness and exhilaration (Oxford Dictionary, 2013:144), and does not necessarily encompass action-packed, adrenaline loaded situations.

An interesting concept that emerged is that male nurses prefer certain disciplines in nursing. The participants were from varied disciplines such as psychiatry, education, trauma, intensive care and operating room.

Stokowski (2012:5) found that male nurses prefer emergency care and intensive care. She continues by stating that male nurses would rather select practicing fields where there are a higher number of male nurses. Her study revealed that male nurses employed as middle managers comprised 19% of her participants, nursing directors 10% and nurse educators 15%. Her study showed that very few male nurses preferred obstetrics, gynaecology and neonatal intensive care. Male nurses fear unfounded accusations of inappropriate physical contact when rendering intimate care to these categories of patients.

The Bernard Hodges group survey (2005:3) found that due to the nature of psychiatric nursing care, male nurses comprise 45% of the workforce. They managed aggressive and abusive patients better than their female counterparts. The absence of rendering intimate nursing care to these patients is an attractive driving force to select this area of practice.

Research findings of Evans (1997:226 – 231) proved that male nurses will choose areas within the nursing profession that support a masculine identity and some degree of autonomy. Another study of Evans (2000:327) state that many male nurses prefer fast-paced, high-technology areas such as intensive care, emergency room and operating room. Christianson (2004:6) confirmed that male nurses are
associated with challenging, high-technology and fast-paced areas like emergency care, ICU and operating room. Men enhance the diversity of nursing and that they can serve an equally diverse clientele.

Kadushin (1976) as cited in Egeland & Brown (1989:694) refers to “Islands of masculinity” as the areas in which male nurses gravitate to. These authors reported that male nurses identify with these areas within nursing because it is more congruent with the male sex role where a greater extend of technical competence is required, but a down play of nurturance. Ekstrom (1999:1395) confirms that male nurses will seek employment in speciality areas, technologically challenged areas and areas with autonomy.

The presented evidence thus concludes that the diverse activities and exciting events in the nursing profession serves as an attraction for males to embark on a career in the nursing profession. Male nurses will find their niche in one of the many disciplines in nursing.

4.2.4.3 Male nurses experience nursing as rewarding and fulfilling, because they are saving lives, making a difference in someone’s life and contributing to positive patient outcomes

Almost any experience, important or very brief, can be satisfying. Rewarding and fulfilling are used for longer, more serious activities, such as a job or career (Oxford Dictionary, 2013:204). Satisfying and fulfilling pertains to personal satisfaction or happiness. It relates to your skills and talents being utilised (Longman Dictionary, 2011:289). Rewarding is more about your sense of doing something important and being useful to others (Collins English Dictionary, 2003:300). It is important to note is that rewarding in this case does not refer to remuneration, and it is clearly related to the sense of nursing being a worthwhile profession.

The participants rated nursing as a very rewarding career. They revealed aspects that contribute to job satisfaction and should be instrumental in the healing process. The participants experience job satisfaction at the best of times, and they are stating...
that they are generally content with their career. A participant stated that the interaction with the patient is also rewarding.

Shaver & Lacey (2003:166 – 172) have shown that nurses find their job fulfilling because it allows autonomy and provides recognition. This will result in an increased commitment to the nursing unit and the hospital as a whole. A research study by Sherrod; and Sherrod & Rasch (2005:46) confirm this notion and continue by stating that participants in this study also found nursing challenging and rewarding.

It is therefore confirmed that male nurses view the nursing profession as satisfying, fulfilling and rewarding due to the positive outcomes of their invested nursing practice in every patient under their care.

4.2.4.5 Male nurses experience nursing as a profession that allows expression of their personality traits: compassion, caring and enthusiasm

Nursing is founded on compassion, care and respect for those who are weak and suffering. Patient’s vulnerability and their dependency on health professionals imposes on nurses a moral obligation to take care of them (Hem & Heggen, 2004: 19). Villeneuve (1994:217 – 219) provided evidence that male nurses are capable of performing their nursing duties with professionalism, gentleness and compassion in the same manner as their female colleagues. A personality trait is defined as the relatively enduring patterns of thought, feelings and behaviours that distinguish individuals from one another (Roberts & Mroczek, 2008:31 – 35).

Four of the participants had other professions before selecting nursing as a career. One participant was employed in the corporate environment and only decided to become a nurse in his late adult stage. He was always drawn to nursing, and after being employed as an entry-level paramedic, he decided to become a nurse. Wilson (2005:225) found this consistent with his study where the participants revealed that a career in nursing is complementing their personality. His study concluded that a
majority of the participants felt the need to help and do good to people, and that they
cannot attain this by being employed in a generalised type of career.

Some participants state that nursing suit their personality type. Participants see
themselves as caring beings with an interest in people, but they also feel stimulated
by the nature of the profession. A study by Paterson, Tschikota, Crawford, Saydak,
Venkatesh & Aronowitz (1996:31) reported that male nurses had a desire to help
others and by enrolling in a nurse training programme indicated that they, along with
their female classmates, had the caring traits of compassion, conscience and
commitment.

Twomey & Meadus (2008:33) found that male nurses believe that nursing is
congruent with their caring personality. Brox (2007:3) revealed that patients and their
families think that male nurses are more compassionate than female nurses. Her
participants believe that one must love the profession, because if the affinity for the
profession is absent, you will not thrive. The participants concurred that male nurses
are empathetic, hard-working and determined. Paterson et al. (1996:27) found that
male nurses had an equal or higher aptitude for caring to their female counterparts.

Participants in Brox’s study (2007:3) affirmed that the decision to become a nurse is
a very personal one, and that the male nurse must have the desire to help people,
especially at the most critical points in their lives. They found nursing practice and
academia very competitive, but very rewarding. The participants in her study agree
that nursing is a career with lots of opportunities for growth.

Compassion literally means “to suffer together.” It relates to the feeling that arises
when you are confronted with another’s suffering and feel motivated to relieve that
suffering. Compassion is not the same as empathy or altruism, though the concepts
are related (Keltner, 2004:1). The author posits that empathy refers generally to the
ability to take the perspective and feel the emotions of another person. Compassion
is when those feelings and thoughts manifest in the desire to help others.

Altruism, in turn, is the kind, selfless behaviour often prompted by feelings of
compassion, although one can feel compassion without acting on it, and altruism is
not always motivated by compassion (Ekman, 2004:3).
Caring refers to displaying kindness and concern for others. The Caring Theory of Jean Watson (as cited in Parker, 2001:243 – 354) is one of the few nursing theories that apply to both the patient and the nurse. Watson’s theory defines caring in the following concepts: to provide each person with a caring environment, to assist a person in fulfilling his/her basic needs, to practice loving kindness, the use of creative self, going beyond self, engaging in a genuine teaching-learning experience, openness to others, being present to support positive and negative feelings and soul care for the one being cared for.

Evans (2002:443) found that participants in her study affirmed the importance of caring and traits such as compassion, empathy and honesty as those which gave meaning to their lives as nurses.

Quan (2010:1 – 2) emphasised that nursing is not a gender-associated profession. Male nurses are a growing and valued aspect within the nursing profession. The author believes that the art of caring is not just for women.

Participants revealed that they are enthusiastic about their profession. Enthusiasm is related to the lively interest or great excitement for the job (Longman Dictionary, 2011:189). Excitement is associated with most disciplines in the nursing profession. This concept is discussed in 4.2.4.2.

Participants unanimously agreed that their female colleagues trust their technical problem-solving skills. Participants revealed that the female nurses would ask for assistance whenever they are struggling with equipment. This concept is discussed in 4.2.1.2.

In conclusion, it is confirmed that male nurses are capable of performing their nursing duties with professionalism, gentleness and compassion in the same manner as their female colleagues.
4.2.4.5 Male nurses experience nursing as a stable source of income

Participants stated that circumstances forced them in selecting nursing as a career, because nursing provided the security for a constant income, as well as an opportunity to attain a qualification and thus ensured life-long employment.

Meadus & Twomey (2007:12) support this notion by stating that due to the nature of the nursing profession, more men are pursuing a career in nursing, attracted by the same benefits that have traditionally drawn women to the profession: job security, income, job mobility and opportunities.

The study conducted by Neighbours (2012:2 – 3) revealed that men choose nursing due to job availability and security. Twomey & Meadus (2008:30) confirm the notion that job security is one of the reasons why men choose nursing as a career. O’Lynn & Transbarger (2007:2) share the same study results and revealed that men choose nursing because it provides job security. Brown et al. (2000:12) found that job security is sought after by the male nurses involved in his study. Kikuchi et al. (2012: 124) found that nurses rate nursing as a stable job and that it provides security.

4.2.4.6 Male nurses experience the work hours as flexible and allows for spare time

Nursing is often viewed as an unsociable career due to the fact that it involves working shifts and long hours. Flexible working hours allows the employees a certain degree of freedom in deciding how the work will be done and how they will coordinate their schedules with those of other employees. The employer sets certain limits such as minimum and maximum number of hours of work every day, and the core time during which all employees must be present.

Participants revealed that they have more spare time than the normal office worker. Due to the nature of the profession, scheduling of shifts ensures that nurses will have rest days in between. Internationally, nurses are scheduled for 8 and 12 hour shifts. In South Africa, the norm is 6-hour (half days), 8-hour and 12-hour scheduling. Wooten (2000:2172) expressed that nurses prefer to work three 12-hour shifts in a
row or three night shifts, because this allows adequate time to recover between stretches of shifts.

Although the majority of the participants stated that the long and unsociable working hours in the nursing profession is harsh, the spare time makes up for those periods spent at work, but they warn that it does have a negative impact on family life.

Bloodworth, Lea, Lane & Ginn (2001:33 – 36) have shown that 12-hour shifts contribute to a more flexible pattern of work, because it creates more time off (allowing for up to three rest days a week). This view is reiterated by a study done by Gillespie & Curzio (1996:358 – 364) that stipulated that nurses have more days off between shifts when working 12-hour shifts.

Bloodworth et al. (2001:34) revealed secondary benefits of the 12-hour working schedule, namely nurses had more time to complete their nursing activities; nurses spent more time with their patients; communication in the nursing unit improved because nurses were in the unit the whole day and nurses were better informed about their patients. Duffin (2001:4) asserts that staff prefer 12-hour shifts and endorse the benefits mentioned by the participants in the revealed studies.

Reid, Robinson & Todd (1993:403 – 413) found improvements in continuity of nursing care (planning and providing care) as well as in nursing documentation. The author found that nurses acquire a better knowledge of their patients and that nurses have more time to liaise with relatives, thus developing better relationships with patients and families. Slota & Balas-Stevens (1990:51 – 60) reported that there is less pressure on nurses working 12-hour shifts, because pacing of the workload is accomplished more easily as compared to the staff feeling rushed when working 8-hour shifts.

Wootten (2000:2171) embraced that the positive aspects of 12-hour shifts surpass the negative effects. The study concluded that medicine rounds were performed on time; handover time was shorter; specific patient needs were fully catered for; there was more time to plan and prioritise workload; improved nurse-patient relationships; health promotion; documentation; discharge planning and the strongest benefit was improvement in the continuity of patient care. The author highlights that improved
continuity of care leads to easier identification of abnormalities during the shift and a better holistic care of the patient (knowing the patient’s condition, the relatives and social circumstances).

From the research finding of the study, it can be concluded that the male professional nurses are a well-integrated entity into the nursing profession and that they experience their nursing career in a positive and fulfilling manner. The nursing team is receptive to the contributions and attributes of the male professional nurse, and it is reassuring that the patients experience the male professional nurse in a positive light.

In view of the positive experiences, it is imperative to sustain the positive experiences and contributions of male nurses by developing strength-enhancing and sustainable strategies for the health care institution. The proposed strategies are presented in chapter 5.

It is also apparent that the male professional nurses had negative experiences within their nursing career. The negative experiences will now be explored and described as the second main theme that emerged during the data analysis.

4.3 Negative experiences of male professional nurses

Meadus (2000:6 – 7) confirms the notion that males encounter more negative criticism from the public on entering female-identified professions. The author continues by stating that it is troublesome for some people to accept the image of men as caring, compassionate and gentle. Whittock & Leonard (2003:245) provided evidence that male nurses have an overwhelming pressure to perform successfully in order to prove their “worth”. These authors define role strain as the incompatibility between an individual’s occupational role and sex role, with the perception, in turn, stemming from the reactions of co-workers, clients and the community. The authors provided evidence that male nurses’ motivation and abilities are scrutinised more than those of female nurses.

The negative experiences of the male professional nurses included negative relationships with colleagues, patients and the nature of the nursing profession.
These sub-themes are discussed as follows:

4.3.1 Negative experiences with colleagues

Morrison & Nolan (2007:204) explained that the workplace is one of the few environments where people are forced into relationships with others. Nurses are rarely in a position to choose whom they work with. When a nurse continually has to interact and work with another nurse he/she does not get along with, the potential for negative working relationships exists. These authors continue by stating that negative working relationships are those that are characterised by conflict, dislike, animosity, disrespect and destructive interaction.

The persistent nature of these negative relationships, may initiate stress and burnout (Maslach, Schaufeli, & Leiter, 2001:100). Negative working relationships has a detrimental effect on the organisation and the employee: low morale, demotivation, nursing practice errors, absenteeism, high staff turnover, decreased job satisfaction, obstruction of one another, frustration, emotional stress, decreased self-esteem, concealment, disrespect, nervousness, leaving the organisation and repairing the damage caused to their career and reputation are some of the effects reported by Morrison & Nolan (2007:208).

Lateral or horizontal hostility occurs when people at the same level of the hierarchy embark on discourteous or unkind interactions with each other. This can occur at any level of nursing and is intended to undermine the self-confidence or self-esteem of the other nurse. Examples include intimidation, humiliation, criticism, or any kind of angry outbursts. Fifty-five per cent of nurse respondents to a survey conducted by the American Association of Critical Care Nurses (AACN) reported having witnessed a nurse treating another nurse inappropriately in the previous six months.

The negative experiences indicated by the male nurses with their female colleagues were: temperamental and gossiping nurses; prejudiced and judgemental attitudes; bullies; they felt segregated, unaccepted, ridiculed by their colleagues; female nurses treat them as inferior; male nurses experienced the female nurses to be complacent/uncaring/unsympathetic towards patients.
These sub-sub-themes are explored and described as follows:

4.3.1.1 Male nurses experience some nurses as temperamental and gossiping

Although the majority of participants revealed positive attributes regarding their female colleagues, they agree that they found the majority of their colleagues to be temperamental and eager to gossip about everything.

Eley; Young & Rogers-Clark (2010:536 – 570) defined temperament as those components of personality that are heritable, developmentally stable, emotion based and not influenced by socio-cultural learning. The authors identified four dimensions of temperament, all of which reflected a heritable bias. Novelty-seeking temperament is observed as an exploratory activity in response to novelty, impulsiveness and extravagance. Harm-avoidance temperament is observed as a pessimistic worry in anticipation of problems, fear of uncertainty, shyness and rapid fatigability. Reward dependence temperament indicates cues of social reward and is observed as sentimentality, social sensitivity, attachment and dependence on approval by others. Persistent temperament describes behaviour like frustration, fatigue and reinforcement. It is observed as industriousness, determination and perfectionism.

Eley et al. (2010:540) stated that character traits reflect personal goals and values and are subject to socio-cultural learning. Each trait quantifies the extent to which an individual displays certain related qualities. The qualities they describe are self-directedness: responsible, reliable, resourceful, goal-orientated and self-confident; cooperativeness: cooperative, tolerant, empathetic and principled; self-transcendence: self-perception in relation to the universe as a whole and observed as spirituality, practicality, materialism and modesty.

The identification of distinct profiles of temperament and character traits among different nursing roles may be the precursor to a better understanding of the traits conducive to the retention of nurses and their roles in specific workplace locations (Eley et al. 2010:542). Nurses with a low self-directedness tend to be blaming and is unable to define, set and pursue their internal goals. Nurses with a low cooperativeness are self-absorbed, less tolerant, opportunistic and looks out for
themselves. A harm-avoidance temperament is indicative of the ability of the nurse to cope in uncertain and difficult situations. These nurses tend to be fearful, shy, passive and lack confidence in certain situations. Nurses can develop (increase or decrease) certain character traits as a product of their experience and training.

Kikuchi; Nakaya; Ikeda & Takeda (2012:123 – 128) found that 48% of female nurses were identified as being temperamental. Their study also revealed that 26% of the female nurses were very promotion driven, and thus very competitive. This group of nurses showed a high risk for depressive disorders, anxiety-related disorders, burnout, fatigue and cardiovascular disease. These authors highlighted that cyclothymic temperaments had a significant influence on interpersonal conflicts in the workplace. The authors also found that temperament predicts job stress. The study concluded that nursing as a profession are responsible for many nurses to suffer from depressive and anxiety-related mental health issues.

Eley; Young & Rogers-Clark (2010:536 – 570) asserted that some nurses develop certain temperaments as a product of their professional experience and training. They summarised that this acquired temperaments are usually congruent with professions requiring high levels of persistence, self-directedness, cooperativeness and reward dependence.

Paterson et al. (1996:34) reported that male nurses found their female colleagues to engage in gossip and spreading rumours. The participants stated that rumours spread very quickly, especially when nurses spend social time together (like having a tea break).

It can therefore be concluded that distinct temperamental profiles exist in nursing and it can be either a conducive or destructive attribute to the nursing unit’s harmony. Strategies to decrease and manage these behaviours are presented in chapter 5.
4.3.1.2 Male nurses experienced some female nurses to be prejudiced, judgemental and bullies

A participant indicated that in the beginning of his career he was met with prejudice and animosity. He relates this to ignorance of his fellow students, because they were young and inexperienced in life. He also mentioned that he made many friends during his student years with whom remained friends up to this day. Another participant stated that medical personnel were initially apprehensive, but their attitude changed and their professional interaction remained courteous and respectful.

A study by Hart (2005:48) highlighted the prejudice of the nursing team to assume that male nurses failed to get admission into medical school, or failure to pass their study programme and thus considering nursing as a lateral profession move. Keogh (2007:275) reported that male nursing students were viewed as lazy by their peers. A statement by one of the students involved in this study stated they are left out in the care of patients during their clinical placements, and as a result viewed as lazy by their peers. Brown (2009:127) encountered that men are frequently yielded as having defensive emotional strategies, limited capacity for empathy, and discomfort with intimacy.

Murray (2009:273) defines workplace bullying as any type of repetitive abuse where the victim suffers from verbal abuse, threats, humiliation or intimidation from the perpetrator. Dellasega (2013:1) denotes the term, relational aggression, to bullying, but both authors agree that workplace bullying interferes with the victim’s job performance and places the victim’s health and safety at risk. They warn that patient care can also suffer as a result of workplace bullying.

Murray (2009:273 – 274) highlights the following reasons why nurses bully: nurses who feel the need to be in control of all aspects of the work environment, personality flaws of the perpetrator (short-sightedness, stubbornness, exaggerated sense of oneself). Dellasega (2013:1) noted that nurses are confined to small work spaces and their hectic schedule only permit an opportunity to leave the unit for a brief respite. She continues by stating that the constant stimuli of noise and light as well
as the close context within which nurses work, all contributes to bullying. Milligan (2001:15) indicated that male nurses would seldom seek support from others in addressing these matters.

In conclusion, evidence revealed that verbal abuse, threats, humiliation or intimidation are common occurrences among nurses. Male and female nurses fall victim to bullies. Due to the demoralising effect of bullying, strategies are discussed in Chapter 5 to manage and decrease bullying in the nursing unit.

4.3.1.3 Male nurses experienced segregation, unacceptance and ridicule from some female colleagues

There is a fine balance between the group cohesion among male and female nurses and segregation of the team members. The participants also received blatant insults from their colleagues.

Neighbours (2012:2) found that men are sometimes excluded in nursing. He referred to nursing text and articles that frequently refer to nurses as women only. A study conducted by Sherrod et al (2006:35) found that male nurse are excluded from study activities during their training and because there are so few male nurses, they lack peer support from other male nurses when confronted with being ostracised.

A participant involved in Williams’s (2006:8) study revealed:

“Sometimes it does get lonely when you are a man in nursing. You feel like you’re not part of the sisterhood…”

Williams (2002:6) noted that there is an underlying tension between the overwhelming number of women in nursing and the much smaller number of men trying to find a place within the group. Williams continues by stating that gender-related management issues are a common problem, some men have trouble accepting a female authority figure and some females have trouble managing men.

Keogh et al. (2007:257) reported that male nursing students involved in his study revealed that were not totally accepted as nurses during their clinical placements.
The consensus among them was that they were treated differently by their female colleagues. He continues in revealing that students replied that faculty and nursing staff are more negative towards their presence than are the patients and their families.

It could be concluded that some female nurses are segregating and ridiculing male nurses. As such, there is a need to disintegrate segregation and ridicule of male nurses. Strategies are proposed in Chapter 5 to facilitate integration of male nurses in the nursing team.

4.3.1.4 Male nurses experienced that some female nurses still see nursing as a female’s profession and treat the male nurses as inferior to them

The participants indicated that some female nurses are of the opinion that only women can nurse. Because of this idea, the participants said that their colleagues see them as sub-standard nurses.

The act of nursing pertains to the heart and soul of nursing, namely caring. Male nurses can also demonstrate caring behaviour. Stokowski (2012:3) believes it is the way in which male nurses show or portray caring that differ from what we expect, and often see, from women. Despite the familiarity and ubiquitous use of the word caring, it is an elusive concept. We all develop our personal thoughts about caring, and if what we see does not fit the mould, we do not recognise it as caring. Stokowski continues and states that caring is an art, and there are different ways of showing it.

Men demonstrate caring differently from women: women might show caring by touching, leaning close and speaking in a low, calming voice, combining physical contact with expressions of emotion. O’Lynn (2007:2) is of the opinion that men might show caring in the way that a man might relate to another man, or to a buddy. Masculine styles of caring are often modelled on friendship behaviours (joking, teasing or a punch on the shoulder), rather than the “maternal” behaviours displayed by women.
It is easy to drift into stereotypes and assume that the ability to demonstrate physical caring comes easy to all women and is denied to men. O’Lynn observed that even among women, the way in which caring is demonstrated can differ. Some women are comfortable with touch and maternal behaviours, but other women either learn these behaviours through imitation or develop their own unique styles of caring.

Keogh et al. (2007:257) stated that male nursing students involved in his study revealed that older female nurses felt that there was a limited place for men in nursing. Quan (2012:2) concludes by stating: “Nursing is a profession, not a gender”.

To conclude, caring is not the domain of women only, but instead, is a human trait that can be exhibited by men and women alike.

4.3.1.5 Male nurses experience some of female nurses as complacent, uncaring and unsympathetic

Some of the participants revealed that they experience some of the female nurses as complacent, uncaring and displaying unsympathetic behaviour towards the patients under their care. Complacency connotes a sense of ease and contentment with the status quo.

The participant stated that this behaviour could be contributed to burnout syndrome and the current staff shortages experienced by most hospitals in Johannesburg. The participants also stated that the female nurses work a lot of overtime, and that their tiredness can be blamed for their behaviour.

Coetzee & Klopper (2010:235 – 243) stipulated that compassion fatigue can be responsible for this complacent nursing practice. They define compassion fatigue as the psychologically withdrawn and disengagement of the nurse from the caring nature of the job.

Cavaliere (2010:145 – 156) found that moral distress also contribute to this state of nursing practice. They are of the opinion that this can arise from issues surrounding end-of-life care, depersonalising patients at an institutional level and policy constraints that affect their ability to provide quality patient care.
Burnout is described as a syndrome of emotional exhaustion, depersonalisation and reduced personal accomplishment (Laschinger, 2010:2723). Duquette et al. (1994:337) define emotional exhaustion as a feeling of being over-extended, depleted of energy and exhaustion by one’s work. Depersonalisation is an increased mental distance from one’s job that results in an unfeeling or impersonal response towards nursing care, treatment or instruction (Easterburg, 1994:1233). The final component of burnout, reduced personal accomplishment, is a feeling of incompetence and lack of success in one’s work with people (Maslach; Jackson & Leiter, 1996:6).

Caring is synonymous with nursing. Uncaring behaviour relates to a nurse that is detached from the patient (physical and emotional); disinterested in the patient’s concerns, treatment and emotional state; impervious to the patient as an integrated being; unmoved by the effect of illness and hospitalisation on the patient; and the worst form of uncaring, passionless about the nursing task. Being unsympathetic indicates that the nurse is callous, unconcerned and unsupportive to the patients and their families. Due to the incompatibility with the philosophy of nursing, strategies are described in Chapter 5 to address uncaring and complacent behaviour among nurses.

The following sub-theme addresses the negative perceptions of patients with regard to male professional nurses.

4.3.2 Negative experiences with patients

Nursing’s image perpetuates cultural understanding and societal attitudes about occupations appropriate for men and women (Meadus, 2000:6). As such, nursing remains stereotyped as a female occupation. Men who choose nursing as a career risk challenging traditional gender-defined roles and stereotypes. These stereotypes, enhanced by social, political and economic systems, often lead to discrimination of men choosing careers outside their gender. Some people cannot accept the image of men as caring, compassionate and gentle (Meadus, 2000:7).
Some of the negative perceptions that male nurses must endure include being effeminate and gay, being labelled as sexual predators and failure to get admission into medical school (underachievers).

4.3.2.1 Male nurses experience patients to be unaccepting and uncomfortable with them

Unacceptance suggests that the male nurse is abhorred, disliked, shunned and unwanted (Longman Dictionary, 2011:676). Neighbours (2012:1) states that when an identity is incompatible with society’s expectations, people became uncomfortable and are unsure how to behave. In a society where nurses are seen as female, it is difficult for people to know how to relate to a male nurse.

An uncomfortableness with the male nurse relates to an awkwardness with the nurse and his caring capacity; an afflictive interest in his capacities and value and a wearisomeness in the role of the male nurse in the nursing profession.

Due to the stigmatisation of male nurses, the responses during the interviews were not surprising. The participants also said that the patient’s behaviour changed as the day progresses, being exposed to the nursing practice of his male caregiver.

It is clear that patients are not comfortable with male nurses at first, but after establishing a patient-nurse relationship, the animosity disappears, and respect and value for the male nurse become apparent.

A participant stated that he could recall an incident where a patient refuses his assistance/care. The participant accepted this and called a female nurse to assist the patient. Although this scenario does not happen all that frequently, it is a potential problem for all male nurses. The male nurse did not find this discriminatory in any way, and said it is more of a patient preference than an act of animosity.

Evans (2004:324) states that men in nursing are viewed as anomalies (implying that men who nurses are different from other men). The author revealed that some patients (female) feel uncomfortable with male nurses. The most common stereotype
about male nurses or caring males are that they are effeminate or gay (Meadus & Twomey, 2007:14).

Evans (2002:443) states that the participants revealed that humour and camaraderie are important expressions of their nursing practice. Humour in particular, added warmth and helped patients to relax and feel more comfortable with them as men.

Harding (2008:93) reported that male nurses in his study revealed that their nursing actions were rejected by male and female patients. The participants accepted it as the patient’s right. They uttered that it bothered them and that the rejection caused a negative emotional response. Wilson (2005:222) concluded that males are sometimes still not accepted by certain patient groups, who still adhere to false stereotypes of males in nursing.

In Chapter 5, strategies are discussed to disintegrate prejudice surrounding male nurses. Male nurses, even as a minority, forms part of the nursing team and patients of both sexes will be exposed to male nurses.

The third sub-theme will explore and describe the negative experiences of male professional nurses regarding the nature of the nursing profession.

4.3.3 Negative experiences of male nurses with the nature of the nursing profession

The nature of the nursing profession relate to the inherent characteristics of the profession and the job function per se. The nature of the nursing profession is associated with work stress, physical labour, suffering of patients and families, shift work and low job status, to name a few.

Studies done by Demerouti (2000:456 – 464), McGowan (2001:33 – 38) and Pietersen (2005:19 – 25) revealed that work hours, shift work, interpersonal relationships (inter- and intra-professional conflict) are pressures that are central to the work nurses do and is impacted by the intimate nature of caring as a nursing professional.

Bone (1998:17) and Carayon & Gurses (2008:1) showed that workload; low job status; lack of feedback from patients and managers; lack of support from colleagues and managers and frustration of nurses not being able to attend to their patients, as some of the negative experiences revealed by participants in the study.

The following sub-sub themes relating to the profession was revealed by the participants:

4.3.3.1 Offensive odours, certain procedures, death, misery and suffering of patients, intimate care of patients and inability to console relatives

These experiences stood out as the most negative experiences of male professional nurses. The participants stated that their female colleagues are less affected by these dislikes.

Fisher (2009:2668 – 2669) reported that male nurses associated nursing practice with embarrassment, shame, pain and disgust. The author continued that nursing practice is viewed as being dirty work, disgusting and potentially demeaning. He further stated that dirty work includes patient hygiene, dealing with bodily excretions and secretions.

Söderström et al. (2003:185 – 192) showed that nurses found the suffering of the patients as the core ethical problem, together with the decision of what interventions were the best for the patient and the family members. Whittock & Leonard (2003: 244) found that expressing emotion around caring, particularly when death becomes a factor, is often more difficult for male nurses. Phillips (1996: 142) discovered that male nurses regarded technical / scientific nursing higher than the subjective / emotional component of nursing practice.
Egeland & Brown (1989:695) assert that the specialities that permit men to avoid intimacy and touch, will minimise the role of strain on men in the nursing profession. Intimate care or intimate nursing interventions/actions addresses those issues of care related to the violation of a patient’s privacy. It entails actions such as perineum care, vaginal examination, female catheterisation, the insertion of suppositories and breast care.

The participants fear false accusations of sexual inappropriateness while providing care. The participants agreed that gynaecology and maternity nursing was really challenging in terms of rendering nursing care. The study by Brown (2009:125 – 126) revealed that male nurses feared to be seen as sexual predators by the public and patients alike. Neighbours (2012:1) states that the perception that it is unsuitable for men to work in maternity is widespread. Even male student nurses are restricted in how much practical experience they may have in women’s health. The author indicated that male nurses would choose specialities like emergency care or operating room, because this protects them from having to touch their patients or giving intimate bedside care. Evans (2004:327) confirmed that large numbers of male nurses are employed in psychiatry, critical and emergency care and administration.

Harding (2008:89 – 90) are of the opinion that gender stereotypes distance men from physical nurturing by constructing a discourse in which it is acceptable for female nurses to intimately touch patients, but that it is strange for men to do so. He also mentions that care from a man can lead to feelings of discomfort. He constructed it as follows: “Caring for women leads the risk of accusations of heterosexual misconduct, and caring for men leads to the risk of being suspected of homosexuality…”.

Evans (2002:444) reported that participants in her study voiced concern that female patients might be uncomfortable and / or misinterpret their touch – a situation that in turn might lead to accusations of inappropriate behaviour or sexual molestation. The fear of misunderstanding and accusations related to touching patients resulted in participants being cautious and vigilant.
Fisher (2009:2673) commented that it is a rare occurrence for male patients to refuse care from male nurses, but his study revealed that it is common for female patients to refuse care from male nurses.

Harding (2008:98) revealed a paradoxical discourse by stating that female patients have the right to refuse care based on gender, yet if a patient refuse a caregiver based on race, it is seen as discrimination. The author rests by stating that intimate touch by a man who is a nurse is not accompanied by similar disquiet when the man is a doctor: his touch has been normalised.

To console someone means to comfort and support them at a time of grief, loss, sadness and disappointment. It also refers to the capacity to allay sorrow. The participants revealed they find it difficult to console relatives after the death of a loved one, or conveying bad news to them. The male nurses experienced these situations as emotional overwhelming. Sherrod et al. (2005:10) revealed that the emotional burden of the profession is experienced by male nurses more than their female colleagues.

Ferrell & Coyle (2008:241) define suffering as loss, the experience of intense emotion, the experience of spiritual distress and the inability to express all of these experiences. Söderström et al. (2003:185 – 192) showed that nurses found the suffering of the patients as the core ethical problem, together with the decision of what interventions were the best for the patient and the family members. Rose & Glass (2010:1405) reported that the nursing profession is emotionally demanding and that it may impact on nurses’ emotional well-being. Erikson & Grove (2007:1) corroborate this finding and state that the emotional demands facing nurses are critical.

Studies by Hupcey (1999:253 – 256) and Titler et al. (1991:174 – 182) indicated that there are increased anxiety and grief in affected family members due to the lack of support from nurses. Söderström et al. (2003:185 – 192) reminds us that caring of the family members is a necessary part of the work, but expressed the view that the creation of an open and trustful relationship is one of the most demanding parts of nursing care. She continues by stating that when a patient’s condition is critical, nurses are exclusively interacting with family members. She asserts that nurses
experience difficulty in comforting and supporting family members, even if they could see the families' overt suffering.

Due to nurses’ inefficiency to support family members, nurses can portray the following behaviours: they intimidate family members (Haupcey, 1999:255), they strongly focus on technological care (Chesla, 1996:199), they restrict visiting (Fox & Jeffrey, 1997: 17 – 23), infrequent nursing care of patients (Chesla, 1997:64 – 71), they distance themselves from family members (Chesla, 1997:64 – 71), they depersonalise family members (Haupcey, 1998:183) and they act busily in performing medical and technical tasks (Haupcey, 1998:190).

In Chapter 5, strategies are proposed to address some of the issues related to the nature of the nursing profession as such.

4.3.3.2 The male nurses experience the working hours as long and unsociable

The nursing profession is associated with flexible working hours (shift work). The participants stated that they find the working hours long and unsociable. They also stated that as a result of the scheduling of shifts, they find it difficult to balance work and personal/social responsibilities.

A study done by Hart (2005:47 – 48) confirmed that the long working hours and unsociable shift work associated with nursing is a common negative experience. Participants in a study conducted by Wilson (2005:228) revealed that male nurses find it difficult to balance responsibilities of earning a living, supporting relationships and servicing personal commitments. Todd, Reid & Robinson (1993:48) substantiate the impact of 12-hour shifts on nurses’ domestic and social lives. Richardson et al (2007:838 – 839) confer that nurses perform better when a balance between work and life outside work can be achieved. Wooten (2000:2172) have shown that certain factors are associated with low staff morale due to 12-hour shifts: tiredness; being away from families, partners and pets; not working with certain colleagues for a long period of time and working with certain colleagues too much.
The impact of long working hours can affect direct patient care and staff fatigue. Reid et al. (1993:403 – 413) found that staff working 12-hour shifts showed a reduction in care during the last 3 hours of the shift. Similarly, an increase in staff tiredness has been associated with working 12-hour shifts (Fountain et al 1996:349 – 357; Wooten, 2000:2169 – 2174).

However, it must be noted that Bloodworth et al. (2001:33 – 36) revealed that staff working 12-hour shifts did not feel more tired than those working 8-hour shifts. Gillespie & Curzio (1996:358 – 354) found no difference in patient perceptions, staff perceptions and the impact on documentation when working 8- or 12-hour shifts. Slota & Balas-Stevens (1990:24) reported no increase in nursing errors and no decrease in continuity or quality of care when working 12-hour shifts.

Fountain, Curzio & Hunt (1996:349 – 357) supports that under the 12-hour shift, nurses felt that they had to put their personal lives second; that they had less time with their families; that the 12-hour shift discourages nurses from returning to nursing; that keeping up with housework is a problem and that it poses difficulty to arrange baby-sitters.

Unsociable hours include working weekends, public holidays and night shift. Cerino (n.d:4) found that working night shifts and working over weekends lead to a lower morale, but due to the financial compensation for working these shifts, nurses are less reluctant to work these shifts.

Richardson et al. (2007:844) reported that when delivering care to isolated, complex and unpopular patients, staff working 12-hour shifts, found it extremely difficult and long. They also found that circumstances, such as when nursing two patients in a high dependency (high care) unit, nurses found the 12-hour shift extremely difficult and fatiguing. Kikuchi et al. (2012:125) concluded that there is 28% incidence of depressive disorders among nurses who work overtime and shifts.

It can be concluded that shift work may have a demeaning effect on a nurse’s wellbeing. Strategies to address this concern are presented in Chapter 5.
4.3.3.3 Male nurses experienced that the remuneration is inadequate

Remuneration refers to the financial incentive for performing a certain job in an organisation. Remuneration includes fringe benefits like an end of year bonus (13th check); sick leave; study leave; pension fund and medical cover (Muchinsky; Kriek & Schreuder, 2003:246).

The participants unanimously agreed that the financial compensation of a professional nurse is not complementing the responsibilities associated with the profession. Responsibilities associated with nursing includes: resuscitation of patients / medication administration with the calculation of the correct dosage / performing of invasive procedures / monitoring of patients / intervening in the case of emergencies or complications / family support / end of life care / enduring emotional stress / physical demands.

Kikuchi et al. (2012:123) substantiates the finding of effort-reward imbalance in the nursing profession. Hart (2005:48) states that nurses are lower remunerated comparing to that of other professions. This finding is consistent with the result of Meadus (2000:9) which revealed that nursing is a profession associated with a lower economic status in comparison to male dominated professions. Pietersen (2005:20) corroborates that low remuneration is associated with nursing positions and that it is the primary factor in low job satisfaction.

It can be contended that remuneration can be monetary and non-monetary. Strategies to address the effort-reward imbalance in the nursing profession are presented in Chapter 5.

4.3.3.4 The male nurses experienced nursing as a non-reciprocal career

This statement implies that the participants invest far more in their careers than they ever received in return. Studies by Hart (2005:50) and Sherrod et al. (2005:14) indicate that staff shortages and burnout is synonymous with being a nurse. These researchers are of the opinion that there is a lack of recruitment programmes for
men into the nursing profession that aggravate the minority status of male nurses as well as the current nurse shortages worldwide.

The American Nurse Association (2011) reported that 56.9% of nurses are verbally abused by patients and family members as well as strangers in the emergency room. The same survey found that 17% of nurses have been physically assaulted at work in the past year.

Non-reciprocity also refers to the non-relation the male nurse can experience to his female colleagues. It could also entail a non-complementing attribute to the nursing profession, to the patient’s outcomes and the multi-disciplinary team.

4.3.3.5 The participants stated that society sees male nurses as subordinate to doctors

Subordination is defined as belonging to a lower class or rank than someone else. It indicates subservience and to be subdued. It also refers to a person being subjected to the authority or control of someone (Merriam-Webster Dictionary, 2013:213).

The participants are of the opinion that society is unaware that male nurses fulfil their own scope of practice with an independent role in the multi-disciplinary team. Roth & Coleman (2008:148 – 152) confirmed this experience of male nurses involved in their study. Brown (2009:125 – 126) reiterated that the low professional status and prestige of nurses were the second highest negative feedback received from the participants in her study. Neighbours (2012:3) commented that patients frequently share the view that male nurses must be too lazy or not clever enough to go to medical school.

Turner (2012:9) concluded by citing a male nurse:

“I choose nursing because, as they say, ‘doctors focus on treating diseases and nurses on treating people’. I definitely want the patient interaction…”

Cerino (n.d:1) asserts that nursing is a profession associated with lots of autonomy. It provides the opportunity to work independently. The author continues by stating that physicians will request the recommendation of nurses when protocols and
procedures are compiled. The author highlights that even with written prescriptions from the doctor; good judgement is always required in processing prescriptions and in making decisions independently. Cerino (n.d:2) rests by stating that nurses are making independent judgements every day.

Gordon (2005:4) described the historical, stereotypical (iconic) view of the nurse as that of a physician’s handmaiden, dependent on the physician for direction. The author explains that the nursing profession has been negligent in sharing with the public the importance of nurses’ critical thinking, problem-solving, and research skills. Nurses have failed to help the public understand that nurses’ actions involve more than nurturing; they also include assessing, surveying for risks, identifying client goals, planning independent actions, and prioritising care.

These findings are consistent with Whitehead (2011:1) which substantiates that nurses are bold in their inputs, and portray initiative when making recommendations to influence their patient’s care.

Gordon (2006:1) advises that in order to gain and maintain the respect of the public and other health-care professionals, nurses must emphasise and communicate the knowledge and skills required for professional nursing. Whitehead (2011:1) asserts that nurses have been educated in universities, and that nurse prescribers, nurse consultants and nurses with PhD degrees are observed in the multi-disciplinary team. Cerino (n.d.:8) asserts that nursing is a thinking profession and that nurses are able to provide that expertise. She continues by stating that nurses fulfil an independent role in their judgements and care. She rests by stating that patients value the skills and knowledge of the nurse (both male and female).

Quan (2012:2) concluded: “Nurses are nurses because they want to be nurses and not because they can’t be doctors”.

In conclusion, male nurses possess the capacity to alter societal perceptions surrounding subordination of male nurses to doctors. Strategies are proposed in chapter 5 to aid male nurses in achieving this.
4.4 CONCLUSION

In this chapter the conceptualisation of the research findings were discussed and the themes were integrated with a literature review using data from international researchers. The positive and negative experiences of male nurses were found to be a universal occurrence as elaborated within this chapter. This chapter aimed to share insight into these experiences of male professional nurses and to make the reader more focused on the milieu in which male nurses are experiencing the nursing profession and the atmosphere in which they deliver nursing care.

Strategies to support male professional nurses in the light of the conceptualised findings will be described in Chapter 5.
CHAPTER 5
STRATEGIES, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The research design selected for conducting this study was qualitative, explorative, descriptive and contextual in nature. In-depth, semi-structured individual interviews and naïve sketches were utilised to explore and describe the experiences of male professional nurses regarding nursing as a career in a private hospital in Johannesburg. Two main themes, namely positive and negative experiences and sub-themes related to experiences with colleagues, patients, nurse managers and the nature of the nursing profession emerged. Meaningful integration of research findings in collaboration with a literature review was done during the conceptualisation phase (chapter 4) of this study. This chapter will focus on the description of strategies to support male professional nurses in their careers, limitations, recommendations and conclusion of the study.

Watkins (2007:1) refers to a strategy as a guiding principle that, when communicated and adopted into an organization, generates a desired pattern of decision making. A strategy is used to make decisions and allocate resources in order to accomplish key company objectives. A good strategy will thus provide a clear roadmap, consisting of a set of guiding principles or rules, which define the actions of people in the organization, should take to achieve desired results.

The support strategies of this study will thus focus on the positive as well as the negative experiences of the male professional nurses. The researcher acknowledges that strength-enhancing strategies are also needed to ensure sustainability of the nursing practice of the male professional nurse.
5.2 STRENGTH-ENHANCING STRATEGIES BASED ON THE POSITIVE EXPERIENCES OF THE MALE PROFESSIONAL NURSES

Strength-enhancing strategies are those strategies that positively influence the experiences of the male professional nurse by expanding on the existing positive contributions it has on the male nurse, the nursing team or the organization where the male nurse is employed.

The strength-enhancing strategies focus on the positive experiences of the male professional nurse as follows: experiences with colleagues, experiences with patients, experiences with manager and experiences with the nature of the nursing profession. The strength-enhancing strategies will be presented in Table 5.1.

Table 5.1 Strategies to enhance the positive experiences of male professional nurses

<table>
<thead>
<tr>
<th>Sub-theme</th>
<th>Strategy</th>
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<tbody>
<tr>
<td>5.2.1 Positive experiences with colleagues</td>
<td>Enhance and sustain working relationships between male and female nurses as follows:</td>
</tr>
<tr>
<td></td>
<td>• Share yourself with your colleagues to allow them to know who you are and share your skills, abilities, and knowledge</td>
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<tr>
<td></td>
<td>• Speak in a positive manner when referring to your colleagues</td>
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<tr>
<td></td>
<td>• Be supportive and offer to help them when they need assistance with patients, procedure or theoretical inputs</td>
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<td></td>
<td>• Collaborate with your colleagues and include</td>
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<tr>
<td>5.2.2 Positive experiences with patients</td>
<td>Enhance and sustain the male nurse-patient relationship as follows:</td>
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<tr>
<td></td>
<td>• The male nurse needs to communicate with everyone involved in the patient’s recovery</td>
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<tr>
<td></td>
<td>• The male nurse must emit empathy</td>
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<tr>
<td></td>
<td>• Ensure a sense of privacy and dignity for the patient’s body</td>
</tr>
<tr>
<td></td>
<td>• Remember the patient’s concerns and questions</td>
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<tr>
<td></td>
<td>• Smile and seem approachable through maintaining eye contact</td>
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<tr>
<td></td>
<td>• Establish boundaries and respect the patient’s...</td>
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</tbody>
</table>

- them in projects, drives and company activities
  - Show your appreciation (words and actions)
  - Manage your emotions so that you can respond with assertiveness and dignity in tough situations with your colleagues
  - Rise above nursing unit gossip
  - Be professional and friendly
  - Keep communication channels open and listen to your colleagues
  - Understand and respect the uniqueness of your colleagues
  - Celebrate life’s moments with your colleagues (birthdays and milestones)
  - Create team spirit and unity
<table>
<thead>
<tr>
<th>\textbf{5.2.3 Positive experiences with nurse manager}</th>
<th>\textbf{Enhance and sustain the male nurse-manager relationship as follows:}</th>
</tr>
</thead>
<tbody>
<tr>
<td>\textbullet Alert the patient and family members about mental/emotional manifestations during hospitalisation</td>
<td>\textbullet Ensure that your goals are aligned with the goals of the unit manager</td>
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<td></td>
<td>\textbullet Be aware of the key responsibilities of your position and align your work performance accordingly</td>
</tr>
<tr>
<td></td>
<td>\textbullet Alert the nurse manager if you feel burdened with additional tasks and responsibilities delegated to you</td>
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<tr>
<td></td>
<td>\textbullet Inform the nurse manager if you require professional development (in-service training) to maintain your knowledge and skills</td>
</tr>
<tr>
<td></td>
<td>\textbullet Inform the nurse manager if you feel unsupported in the nursing unit</td>
</tr>
<tr>
<td></td>
<td>\textbullet Inform the nurse manager if he/she is not partaking in decision making in the nursing unit</td>
</tr>
<tr>
<td></td>
<td>\textbullet Ensure that conflict resolution between you and the nurse manager is done in a collegial and respectful manner</td>
</tr>
<tr>
<td></td>
<td>\textbullet Assist the nurse manager in fostering group cohesion and teamwork in the nursing unit</td>
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</table>
5.2.4 Positive experiences with the nature of the nursing profession

<table>
<thead>
<tr>
<th>Enhance and sustain the experience of nursing practice as follows:</th>
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<tbody>
<tr>
<td>• Maintain enthusiasm for the profession by involving yourself with community outreach projects</td>
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<tr>
<td>• Be a role model to your colleagues by demonstrating caring and compassion</td>
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<tr>
<td>• Maintain your interests in nursing through self-development and continuously seeking opportunities within the profession</td>
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<tr>
<td>• Maintain a supportive role in the nursing unit and built self-confidence in your colleagues</td>
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<tr>
<td>• Be an advocate/ambassador for your profession</td>
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</table>

The proposed strategies in table 5.1 aim to enhance the positive experiences of male professional nurses. In table 5.2, the purpose of the developed strategies is to decrease and manage the negative experiences of the male professional nurse. The strategies are proposed to maintain the retention of male nurses in the nursing profession.

5.3 STRATEGIES TO SUPPORT MALE PROFESSIONAL NURSES WHEN DEALING WITH THE NEGATIVE EXPERIENCES IN THEIR CAREER

Based on the negative experiences of the participants, the strategies were developed to address these experiences and the researcher attempt to promulgate these strategies to the participating hospital's nursing management team.
The strategies include: decreasing facetious behaviour amongst nurses, decreasing nurse-to-nurse hostility, enhancing compassionate behaviour amongst nurses, disintegrate prejudices surrounding male nurses, teaching male nursing students the approach to touch, accommodation of flexibility and decrease work strain associated with shift work, improving the effort-reward imbalance in the nursing profession, improving the nursing service incentive system and improving the image of the nursing profession.

The sub-themes of the negative experiences of the male professional nurses and the proposed support strategies are presented in Table 5.2.

**Table 5.2 Strategies to decrease and manage the negative experiences of male professional nurses and the proposed support strategies**

<table>
<thead>
<tr>
<th>Sub-theme</th>
<th>Strategy</th>
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<tbody>
<tr>
<td>5.3.1 Negative experiences with colleagues</td>
<td>a. Decrease and manage facetious behaviour amongst nurses as follows:</td>
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<td></td>
<td>• Keep a diary of all incidents – record dates, times, any witnesses, and feelings that resulted from the incidents with a nurse</td>
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<td>• Tell the nurse to stop whatever it is she is doing that is causing you distress, otherwise they may be unaware of the effect of their actions</td>
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<td></td>
<td>• If you find it difficult to tell the nurse yourself, you may wish to get someone else – a colleague or nurse manager to act on your behalf</td>
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<tr>
<td></td>
<td>• If you cannot confront the nurse (perpetrator),</td>
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</table>
consider writing a letter to her to make it clear what it is you object to in her behaviour. Keep copies of this letter as well as the reply from the nurse

- Be firm, not aggressive and remain calm whenever you approach the nurse in question
- Be prepared to describe what happened even if you find it embarrassing
- If you do decide to make a formal complaint, follow the hospital's complaint or grievance procedure
- If the grievance procedure didn’t produce any results, a disciplinary procedure may be filed against the nurse
- If, despite all your efforts, nothing is done to prevent the mistreatment, you should take advice on your legal rights

b. Decrease and manage prejudiced, judgmental and bully-behaviour of female nurses as follows:

- Be aware of the zero-tolerance policies of the hospital as well as the guidelines for reporting, enforcing and measuring all abusive behaviour
- Encourage nurses (who are bullied) to promptly report any incidents (with the assurance that there will be no reprisal) to the nurse manager
<table>
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<tr>
<th>5.3.2 Negative experiences with patients</th>
<th>Decrease and manage the prejudices of patients as follows:</th>
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<tbody>
<tr>
<td>• Suggest to the nurse manager the concept of an open forum where nurses can communicate openly when submitted to bully-behaviour</td>
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<tr>
<td>• Have a plan of action following the abusive behaviour that includes disciplining the offenders and offering counselling to the victims and/or other employees</td>
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<tr>
<td>• Advocate corrective measures to prevent the occurrence from happening again</td>
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<tr>
<td>• Focus on establishing a professional nurse-patient relationship by employing all communication skills as well as respective communication (civil communication)</td>
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</tr>
<tr>
<td>• Engage in dialogue by allaying the patient’s fears and anxiety by allowing the patient to express his/her feelings openly and honestly. Listen actively and show that you are acknowledging the patient’s concerns</td>
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</tr>
<tr>
<td>• Question the prejudice at hand, because in most cases, it is likely to be inaccurate. By breaking down the negative assumption of a patient will prove that the nurse is reasonable and likeable</td>
<td></td>
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<tr>
<td>• Remain focussed on the nursing task at hand and exhibit an image of confidence and competency</td>
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</table>
| 5.3.3 Negative experiences with the nature of the nursing profession | Decrease and manage the negative experiences with the nature of the nursing profession:

a. Reinforce the appropriate strategies of touching patients as follows:

- Enforce the notion that male nurses are ethical, professional, and pursue nursing because they want to help people
- Make no requirements for automatic chaperones (except in unusual cases)
- Touch with confidence. Be gentle, but not weak or hesitant
- Accompany touch with verbal communication: notify the patient when and where touch will occur, and distract him or her with conversation
- Observe how other nurses are demonstrating touch, and mimic their behaviour
- Humans, regardless of their sex, who are truly uncomfortable with touching patients, would be advised to seek another career |
b. Reduce the impact of shift work in the following manner:

- When you are working consecutive shifts, or working in isolation, or with complex or difficult patients, ask the nurse manager to rotate you with other patients if possible.

- The maximum number of consecutive 12-hour day shifts that staff should safely work in succession is three. Discuss this with the nurse manager when your shifts are taking its toll.

- The maximum number of consecutive 12-hour night shifts that staff should safely work in succession is four. Discuss this with your nurse manager when these shifts are taking its toll.

- Advocate for adequate rest periods before returning to work following your shifts.

- Advocate for considering alternative shift systems, like 6 hours, especially over public holiday periods.

- Advocate for fair distribution of nurses over weekends.

- Advocate for guidelines on working 12-hour shifts. This will include: number of requests/self-rostering allowed; the number of overtime shifts allowed; number of staff.
allowed off per shift for approved absence (like study leave)

- Advocate for adequate skills mix per shift that is representable with the acuity level of the patients

c. **Improve effort-reward imbalance by following this strategies:**

- Advocate for monetary rewards (salary increments and continuous salary revision) for performing employees.
- Advocate for competitive salary scales (in relation to other hospitals)
- Advocate for career-security rewards (rewards that focus on promotion prospects, job security and job mobility within a hospital)

d. **Manage the non-reciprocation of nursing as a career in the following manner:**

- Advocate for a well-designed incentive system
- Advocate for the involvement of all stakeholders when an incentive system is developed designed
- Advocate for an incentive system to be
<table>
<thead>
<tr>
<th>transparent, fair and consistent</th>
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<tbody>
<tr>
<td>• Advocate for an incentive system to be revised annually to evaluate the impact of the system</td>
</tr>
<tr>
<td>• Advocate for an incentive system that should be used to motivate employees</td>
</tr>
<tr>
<td>• Advocate for financial (tangible) incentives that should include the following: fellowships, tuition reimbursement, pension funds, medical aid contributions, bonuses and allowances (housing, uniform, transport)</td>
</tr>
<tr>
<td>• Advocate for non-financial incentives which may include the following: flexibility in working hours, recognition of work performance, career development support, sabbatical and study leave</td>
</tr>
<tr>
<td>e. Manage the image of male nurses as subordinates of doctors in the following manner:</td>
</tr>
<tr>
<td>• Advocate that male nurses are not inferior to doctors by portraying male nurses as professionals with their own scope of practice and autonomous role in the disciplinary team</td>
</tr>
<tr>
<td>• Male nurses must be portrayed as skilled practitioners</td>
</tr>
</tbody>
</table>
• Male nurses must be portrayed as trained professionals with degrees and even advanced degrees in nursing and associated disciplines

• Images of male nurses in the media should focus on male nurses performing high acuity actions in these areas (like inserting a peripheral line, suturing wounds or performing CPR)

• Male nurses should be encouraged to be employed in positions as nurse managers and educators

• Nurse training must be portrayed as a tertiary scholastic achievement

• Nurse training must be portrayed as a generalised and advanced training program with the acquisition of skills and responsibility

• Nurse training must be portrayed as training with high accolades like masters and doctoral degrees

• Nursing must be portrayed as a career with the responsibility of maintaining patient well-being

• Nursing must be portrayed as a career with autonomous responsibility in rendering care in emergency situations

• Nursing must be portrayed as a career with
<table>
<thead>
<tr>
<th>the responsibility to maintain your skills and competence in your field of practice by continuing education</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Nursing must be portrayed as a self-regulating profession who advocates the standards for delivering nursing care to the population</td>
</tr>
<tr>
<td>• Regulatory bodies (SANC) must define minimal standards for regulation of practice to protect the public</td>
</tr>
<tr>
<td>• Employers are responsible and accountable to provide an environment conducive to competent practice</td>
</tr>
<tr>
<td>• Male nurses are individually responsible and accountable for maintaining their competency level</td>
</tr>
<tr>
<td>• Nursing competence needs to be evaluated on a regular basis and remediation done accordingly</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>f. The male nurse can decrease and manage complacent, uncaring and unsympathetic behaviour of female nurses in the following manner:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Advocate the implementation of compassion training programs for nurses</td>
</tr>
</tbody>
</table>
| • Boost feelings of compassion in your
colleagues

- Advocate the concept of making a difference in the patient and your colleague’s lives

- To cultivate compassion, start by modelling kindness

- Do not take on other people’s suffering as your own, because you risk feeling personally distressed, threatened, and overwhelmed

The importance of a gender-diverse nursing team has been established in chapter 4. The purpose of the developed strategies is to support and retain male professional nurses as well as to enhance their current practices.

5.4 LIMITATIONS OF THE STUDY

1. The demographic profile of the research study is not representative of the ethnic disposition of the hospital

2. Naïve sketches is content-poor and participants cannot be probed to expand on their experiences and feelings

3. Reference sources utilised in this study is old/outdated due to the fact that few recent studies are available exploring the experience of male nurses in the nursing profession
5.5 RECOMMENDATIONS FOR PRACTICE, EDUCATION AND FUTURE NURSING RESEARCH

Recommendations for nursing practice, education and future research are based on the results of the study. The recommendations can be applied in the areas of nursing practice, nursing education and nursing research.

5.5.1 Recommendations for nursing practice

- The compiled support strategies for male nurses are suggested for implementation in hospitals and training schools in South Africa.
- Policies to support male professional nurses should be developed and implemented at nursing unit level.
- To ensure implementation of the support strategies on organization level, an in-service training programme can be implemented.

5.5.2 Recommendations for nursing education

- Training schools should develop a more gender-friendly nursing curriculum by utilising the proposed strategies of this study.

5.5.3 Recommendations for future nursing research

- To evaluate the impact of the support strategies on the male professional nurse and his career, but also the impact on the healthcare organisation where male professional nurses are employed
- To refine and expand on the support strategies of this study as no previous studies on this subject has been conducted
5.6 CONCLUSION

A qualitative, explorative, descriptive and contextual research design was utilised to explore the many facets of the nursing discipline and the problems surrounding male professional nurses in the nursing profession.

Semi-structured, individual interviews and naïve sketches were conducted to gain insight and understanding into the lived experiences of male professional nurses.

Two main findings, namely positive- and negative experiences of male professional nurses were concluded. The positive experiences overshadowed the negative experiences and it became evident that the male professional nurses in this study are content and that the issues they face on a daily basis is not deterring factors, but instead they are challenges that can be managed with the appropriate strategies.

It became evident that the male professional nurse does not need to be managed differently from their female colleagues. Instead, other needs came to light: prejudice, the image of the male nurse and touching of patients. With these emerging concerns, strategies were developed to assist the male professional nurse, the organisation and teaching institutions to support the male nursing student and the male professional nurse. The study also portrayed the importance and benefits of a gender diverse nursing workforce.

Research studies pertaining to male professional nurses has addressed many concerns and has developed myriad strategies for supporting male nurses; however, there are some recommendations for future nursing research.

In conclusion, it can be reported that the research question and objectives of the study have been achieved and the developed strategies to support male professional nurses can be replicated to other hospitals in the private hospital group and beyond.


ANNEXURES

Annexure 1

Approval document from Ethics Committee

TO WHOM IT MAY CONCERN:

STUDENT: REINECKE, CJ
STUDENT NUMBER: 909704044

TITLE OF RESEARCH PROJECT: The experiences of male professional nurses regarding nursing as a career in a private hospital in Johannesburg

DEPARTMENT OR PROGRAMME: M.CUR : Nursing

SUPERVISOR: Ms H Ally
CO-SUPERVISOR: Prof MM Chabeli

The Faculty Academic Ethics Committee has scrutinised your research proposal and confirm that it complies with the approved ethical standards of the Faculty of Health Sciences; University of Johannesburg.

Yours sincerely,

Dr R Razlog (Acting)
CHAIR : Faculty of Health Sciences AEC
Annexure 2

Approval document from Higher Degrees Committee

FACULTY OF HEALTH SCIENCES
HIGHER DEGREES COMMITTEE

HDC31-01-2012
27 June 2012

TO WHOM IT MAY CONCERN:

Student: REINECKE, CJ
Student Number: 909704044

TITLE OF RESEARCH PROPOSAL: The experiences of male professional nurses regarding nursing as a career in a private hospital in Johannesburg

DEPARTMENT OR PROGRAMME: M.CUR : Nursing

SUPERVISOR: Ms H Ally
CO-SUPERVISOR: Prof MM Chabelli

The Faculty Higher Degrees Committee has scrutinised your research proposal and confirm that it complies with the approved research standards of the Faculty of Health Sciences; University of Johannesburg.

The HDC would like to extend their best wishes to you with your postgraduate studies.

Yours sincerely,

[Signature]

Prof A Swart (Acting)
Chair: Faculty of Health Sciences HDC
Annexure 3

Application letter to Hospital Manager and Nursing Service Manager

P.O. Box 1625
Krugersdorp
1739
30/01/2012

Dear Hospital Manager and Nursing Manager

Permission to conduct a research study at your hospital

I hereby request to conduct a research study entitled: “The experiences of male professional nurses regarding nursing as a career in a private hospital in Johannesburg”, as part of the requirements for acquisition of the Magister Curationis degree in Nursing Management. This study is conducted under the supervision of Prof. Mary Chabeli and Mrs. Hafisa Ally at the University of Johannesburg. Ethical clearance is obtained from the faculty of Health Sciences’ Ethical Committee.

Individual consent will be obtained from each participant for their participation in individual interviews and the compilation of naïve sketches. An experienced interviewer will conduct the interviews which will be audio-taped, consuming approximately an hour of the participant’s time. A numeric will be allocated to every recording and the transcript of the interview in order to protect the identity of the participants. The researcher will adhere to the hospital’s right to privacy and confidentiality. No hospital name will appear on any research report. I envisage no harm to participants during the conduction of this study.

The participants are at liberty to withdraw from the study at any time without penalties. As a participant in the study, I believe that there a possible benefits for them, as well as for the hospital when you are considering the recommendations of this study once it is formulated and approved.
The findings of this research study will be made available to you, if you so wish.

A signed and dated approval letter form the hospital’s executive management is needed, and can be returned to me should you grant me permission to conduct this study. This is an ethical requirement from the University of Johannesburg.

If you have any questions or concerns regarding this study, I will be pleased to assist you.

Thanking you in anticipation.

Jaco Reinecke
083 225 2058

Supervisor: Mrs. H. Ally
(011) 559 – 4758

Co-Supervisor: Prof. M. Chabeli
(011) 559 – 2655
Annexure 4
Permission letter from executive management of participating hospital

LETTER OF PROVISIONAL PERMISSION TO CONDUCT RESEARCH IN A FACILITY

Name and surname of Nursing Manager:

Name and surname of Hospital Manager:
Date: February 1, 2012

Dear Jack,

Research on "The experiences of male professional nurses regarding nursing as a career in a private hospital in Johannesburg" to be conducted in Hospital.

It is with pleasure that we inform you that your application to conduct research on "The experiences of male professional nurses regarding nursing as a career in a private hospital in Johannesburg" at Hospital site has been approved in principle, subject to the following:

i) Approval by the Research Committee
ii) All information with regards to name will not be mentioned without written consent from the Academic Board of

iv) Where name is mentioned, the research will not be published without written consent from the Academic Board of

v) A copy of the research will be provided to once it is finally approved by the tertiary institution, or once complete.

vi) All legal requirements with regards to patient rights and confidentiality will be complied with.

We wish you success in your research.

Yours faithfully,

NURSING MANAGER
hospital
Date: 1 February 1, 2012
Annexure 5

Approval letter from Research Committee of participating hospital group

RESEARCH OPERATIONAL COMMITTEE FINAL APPROVAL OF RESEARCH

Approval number: UNIV-2012-0028

Mr. Jaco Reinecke
E-mail: jacoreinecke@gmail.com

Dear Mr. Reinecke

RE: THE EXPERIENCES OF MALE PROFESSIONAL NURSES REGARDING NURSING AS A CAREER IN A PRIVATE HOSPITAL IN JOHANNESBURG

The above-mentioned research was reviewed by the Research Operational Committee’s delegated members and it is with pleasure that we inform you that your application to conduct this research at Hospital, has been approved, subject to the following:

i) Research may now commence with this FINAL APPROVAL from the Sustainability Committee of (Research Operational Committee).

ii) All information which regards to will be treated as confidential.

iii) Name will not be mentioned without written consent from the Sustainability Committee of Netcare (Research Operational Committee).

iv) All legal requirements with regards to patient rights and confidentiality will be complied with.

v) Insurance will be provided and maintained for the duration of the research. This cover provided to the researcher must also protect both the staff and the hospital facility from potential liability.

vi) In accordance with MCC approval, that medicine will be administered by or under direction of the authorised Triallist.

vii) The research will be conducted in compliance with the GUIDELINES FOR GOOD PRACTICE IN THE CONDUCT OF CLINICAL TRIALS IN HUMAN PARTICIPANTS IN SOUTH AFRICA (2009)

viii) Must be furnished with a STATUS REPORT on the progress of the study at least annually on 30th September irrespective of the date of approval from Sustainability Committee of (Research Operational Committee) as well as a
FINAL REPORT with reference to intention to publish and probable journals for publication, on completion of the study.

b) A copy of the research report will be provided to [Research Operational Committee] once it is finally approved by the tertiary institution, or once complete.

c) The [Research Committee] reserves the right to implement any Best Practice recommendations from the research.

d) The [Research Committee] reserves the right to withdraw the approval for research at any time during the process, should the research prove to be detrimental to the subject(s) or should the researcher not comply with the conditions of approval.

APPROVAL IS VALID FOR A PERIOD OF 36 MONTHS FROM DATE OF THIS LETTER.

We wish you success in your research.

Yours faithfully,

[Signature]

[Title]

[Institution]

[Date]

[Name]
[Position]

[Institution]

[Date]

[Name]
[Position]

[Institution]
Dear Participant.

INVITATION TO PARTICIPATE IN A RESEARCH STUDY.

I, Jaco Reinecke, am a Master’s Degree student at the University of Johannesburg and am currently engaged in a research study entitled: “The experiences of male professional nurses regarding nursing as a career in a private hospital in Johannesburg”, under the supervision of Mrs. H. Ally and Prof. M. Chabeli at the University of Johannesburg.

I hereby request your voluntary participation in the research study by consenting to an individual interview, as your participation is vital in describing managerial support strategies for male professional nurses. With your consent, the interview will be conducted by an experienced interviewer and will be audio-taped. Numbers will be allocated to participants to protect your identity. The audiotapes and transcriptions will be safeguarded by myself and be destroyed after 2 years of completion of the study. Any disclosed information, personally or professionally, is regarded as private and confidential, and can by no means be link to your or your hospital’s identity.

If you agree to participate in the study, you are at liberty to withdrawn from the study without punitive measures, or pressure from me as the researcher or the interviewer. The results of the study will be made available to the hospital’s executive management team, and if you so wish, I can forward study findings to you.
Should you wish to partake in the study, please find the attached documents:

1. Consent form to participate in the study
2. Consent form to be audio-taped during the individual interview

Once completed and submitted, these documents imply that you agree to the conditions stated above and therefore grant your permission to partake in this study. You also consent to being audio-taped during the individual interview. The letter will need to be signed by you, dated and then be returned to me, as part of the ethical requirements stated by the University of Johannesburg.

I thank you for your participation.

Jaco Reinecke (Researcher)
083 225 2058

Supervisor: Mrs. H. Ally
(011) 559 – 4758

Co-Supervisor: Prof. M. Chabeli
(011) 559 – 2655
Annexure 7

Consent form

Consent to participate in a research study

I, __________________, willingly participate in the research study entitled “The experiences of male professional nurses regarding nursing as a career in a private hospital in Johannesburg”.

- As a participant, I am aware that I can withdraw from this study at any time without punitive measures and pressure from the researcher or the interviewer. All information is regarded as private and confidential.
- Anonymity will be ensured, in that my identity cannot be linked to any response given during the audio-taped interview. The audio-tapes will be safeguarded by the researcher and then destroyed after 2 years after completion of this study.
- Permission will be obtained from the executive management of the private hospital where the study is done, and the outcome of the study will be made available to them, if they so wish. I, the participant are also entitled to the research findings, if I so wish.

Signature: __________________

Date: ______________________
Annexure 8

Consent to be audio-taped during individual interview

I, ______________, willingly participate in the research study entitled “The experiences of male professional nurses regarding nursing as a career in a private hospital in Johannesburg”.

- I hereby give my permission to be audio-taped during the individual interview, which will be conducted by an expert interviewer. I am aware that my anonymity will be ensured.
- Results of this study will be made available to the executive management of the participating hospital, if they so wish, and I am entitled to the research findings, if I so wish.

Signature: ____________________

Date: ________________________
Annexure 9

Consent to compile a naïve sketch detailing your experiences as male professional nurse

A naïve sketch is a data collecting method in which you will be asked for a personal description of your experiences as a male professional nurse. There are no restrictions on the answers that you provide. I am requesting that you answer all questions as honestly and descriptive as possible.

I, ___________________, willingly participate in the research study entitled “The experiences of male professional nurses regarding nursing as a career in a private hospital in Johannesburg”.

- I hereby give my permission to compile a naïve sketch detailing my experiences as a male professional nurse. I am aware that my anonymity will be ensured and that my identity cannot be linked to the responses in the naïve sketch in any way.

- I am aware that the information of the naïve sketch will be safeguarded by the researcher for 2 years following the study, after which it will be destroyed.

- I am aware that the results of this study will be made available to the executive management of the participating hospital, if they so wish, and I am entitled to the research findings, if I so wish.

Signature: ___________________
Date: ____________________
Annexure 10

The format of the naïve sketch

Thank you for writing your naïve sketch.

The purpose of the sketch is to reflect on your experiences during your nursing career; however, I would like you to address the following issues/questions as well:

1. Do you think you are treated differently by your female colleagues? If, yes, please tell me why you say so?
2. Why did you choose nursing as a career?
3. What aspects of the job do you enjoy?
4. What aspects of the job are less enjoyable?
5. Do you think you are different from other men?
6. What does your family and friends think of your career choice?
7. What are your future plans in nursing?
8. What field in nursing do you prefer? Can you tell me why this particular field?
9. Do the patients, male or female, respond to you differently than towards your female colleagues? Can you please explain to me why you say so?
10. Does your manager respond differently to you than towards your female colleagues? Can you please explain to me why you say so?

Thank you for your participation and valuable contributions to my research study. I wish you well in pursuing your nursing career.
Annexure 11

Example of a naïve sketch

Thank you for involving me in your research study. I would’ve liked to be interviewed, but I am on annual leave at that time, and thus writing this naïve sketch is a great pleasure!

My story is very simple: I choose nursing as a career because of my interest in medicine, and my unsuccessful efforts to get admission into medical school. From a young age, I knew that my interest lies with sick people. In my matric year (1992) when I applied to a government nursing college, my career guidance teacher looked at me, totally shocked and bewildered. I have to laugh when I think back to that time! I immediately got the feeling that she didn’t deem nursing as an appropriate career for me. She shared a few insights into nursing with me, but I must say, I was not discouraged in any way, but I thought to myself that I will never be able to clean someone’s bum without vomiting a few times!!

I was accepted into nursing school and started my first year in 1993. On my first day I was astonished to see that I was the only guy! I felt strange and abnormal! A few girls made friends with me immediately. I was very relaxed, because it signalled acceptance into their group and in nursing, or it was just part of their inherently caring nature! I was a very hardworking student and soon one of the top ten achievers in every year in my 4 year training. I was selected to the student council and this assured me that the girls are accepting me as a leader. I wish my whole nursing career was as serene as my student days!

When I qualified as an RN, I worked in a small public hospital, in emergency room, the medical ward and ICU. It soon became clear to me, that not all female nurses were as warm and caring as my fellow students. I was ridiculed for being a male nurse and I felt unappreciated. I was called when they had to deal with difficult patients, moving patients and equipment, dealing with abusing doctors and family member: I felt stupid and saw myself as an item which could aid them in fulfilling their tasks.

After 2 1/2 years in the public sector, I started in an ICU in a private hospital. I was met with animosity, prejudice, and uncaring attitudes from my colleagues. It was difficult to make friends, but I managed to build a small friendship network. This network was very supportive and I didn’t fear to go to work anymore......

After some years, I was adapted and adopted in my hospital! I became very skilled and my colleagues valued my inputs. This harmony with my colleagues ensured a space for me in their hierarchy and domain. They consulted me whenever they did not know what to do for their patients, to troubleshoot equipment and to teach them things! I soon realised that my passion is education, and I embarked on acquiring my education and administration degrees.

Once again, I was the only male in my class, and unpleasant first year memories were awakened. This time it was different, I have grown and was equipped with coping skills that I didn’t have when I started nursing. The majority of my class was older nurses, and was

152
Example of naïve sketch (continue)

never phased by a male nurse. I was a hardworking student, and soon became known on my first name! My professors and mentors didn’t treat me differently in any way.

After 18 years in nursing, I have grown in myself and in my profession. These days my patients are only interested in all the bars on my epaulettes and how did I survive my midwifery training! I laugh at their comments.......

To address your questions:

1. I have elaborated on my female colleagues’ attitudes towards me.
2. Addressed in my first paragraph.
3. I enjoy the fact that I impact on people’s lives. I have received trillions of compliments from my patients, family members and colleagues on how well I care for my patients and knowing my job. I have saved so many lives, and that makes everything worthwhile.
4. I dislike the intense care of my profession. I am never at ease with awake, naked patients, male and female.
5. I do not think I am different from other men. I like “guy things”! Laugh! I am gay, and this makes me different from the norm.
6. My family has supported me from my first day in nursing school. We were poor, and I think the fact that I arose from my circumstances makes my mother proud.
7. My future plans are simple: I would like to be a professor at university. I am starting my PhD next year.
8. I prefer to work in ICU, because I like the unpredictability thereof. I like the technology in ICU and the fact that doctors see me as equals. I like ICU because I use my knowledge every day. I also enjoy teaching, and was a lecturer for a few years. The passiveness of the students left me un-stimulated, and I retreated back to the clinical field.
9. My patients don’t treat me differently anymore! They have in the start of my career, but I think they can see that I am skilled and caring, and the fact that I am a man is just coequal.
10. My managers treat me the same as my female colleagues. My managers are pushing me for managerial positions! They are aware of my capacities and are willing to invest in me.

5 responses: 35, 20 responses: 26
Annexure 12

Example of a field note

Teach away. From pt.

Personal
- sensitive
- mission
- easy going
- analytical
- driven
- multi-tasks

Variedad
- handle stress
- task orientate

Enjoy
- uncertainty
- helping those in need
- chaos

Emergency
- ICU
- patient

Managed the situation
- setting up competence
- step back
- be sensitive

Confidence:
- talk to hrm

Lack of management:
- complaining
- coming back into a job
- sensitive people
- kept informed about your progress
- rigid

Surprise:

Manage
- call
- team
- creative

Management supportive
- I don't give a damn

Words vs. I, team, emotion
- ranked 2 on monitor
- technology
- relevance of the curriculum
- change mindset
- talk about diversity
Annexure 13

Example of an individual interview

<table>
<thead>
<tr>
<th>Transcription of 3rd interview</th>
<th>Time: 38: 49</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Well let’s start with why this career of choice?</td>
</tr>
<tr>
<td>P</td>
<td>Sho. I always wanted to do something in the medical field but uhm, I did BCom instead after school through UNISA uhm, while working in the bank and I just got stuck there for 10 years. \textit{(Laughing)}. Got use to the money I guess and stuff like that you know. This one day I thought no, I don’t want to do this anymore. So I left the bank, started studying again, started studying nursing, four years, so here I am.</td>
</tr>
<tr>
<td>I</td>
<td>And who did you study through?</td>
</tr>
<tr>
<td>P</td>
<td>Through Netcare.</td>
</tr>
<tr>
<td>I</td>
<td>Through Netcare okay, all right.</td>
</tr>
<tr>
<td>P</td>
<td>Yes, ja I did the N1, N2</td>
</tr>
<tr>
<td>I</td>
<td>Went through the process.</td>
</tr>
<tr>
<td>P</td>
<td>That’s it ja.</td>
</tr>
<tr>
<td>I</td>
<td>All right so I can imagine other peoples reaction.</td>
</tr>
<tr>
<td>P</td>
<td>Ja upset, my parents were very upset.</td>
</tr>
<tr>
<td>I</td>
<td>Okay.</td>
</tr>
<tr>
<td>P</td>
<td>Obviously because they are both in business. My mom is in banking and my father is in business so it was sort of, but it wasn’t only that, it was that they felt uhm, I am moving backwards from being in that position to going into nursing. They felt it was not forward thinking, not forward going. So ja, but other people I don’t know, they find it interesting. My friends found it very interesting. Uhm but ja, my parents weren’t very happy. \textit{(Laughing)}.</td>
</tr>
<tr>
<td>I</td>
<td>Okay, were you married at that stage?</td>
</tr>
<tr>
<td>P</td>
<td>Yes.</td>
</tr>
<tr>
<td>I</td>
<td>Okay and your wife?</td>
</tr>
<tr>
<td>P</td>
<td>My wife supported me, obviously had concerns.</td>
</tr>
</tbody>
</table>
I | Yes and her concerns were?
---|---
P | Uhm, *(laughing)*, uhm, money was the biggest concern because I had to
now support myself. Luckily I have been 10 years in the bank I had
properties and so that I rented out. So and it was quite a large pension I got
as well so I planned sort of for four years being self-sufficient and just study.
She works, so which helped and then I paid for two years myself I think and
then Netcare obviously employed me and I took it from there. Ja.
I | Okay you just mentioned from the beginning you know you always wanted to
do something in medicine, why not a doctor?
---|---
P | I didn’t want to be a doctor. I wanted to be a paramedic. Uhm, but my father
sort of wanted me to study BCom so I thought I would do BCom for three
years and then after that I’ll… But then I got stuck in banking, uhm, and
when I left I actually, I’ve got a BA qualification, I worked on the road for six
months, didn’t enjoy it at all. Uhm, worked in a casualty unit for six months
and started studying the next year, nursing which I thought was which I
would like to do.
I | So it was for you a career of choice even before you did your BCom?
---|---
P | Yes. Yes, I just, I just didn’t do it. *(Laughing):*
I | And then got stuck.
---|---
P | That’s right yes.
I | Okay well I can hear what you say you get use to the lifestyle and money…
---|---
P | Exactly yes.
I | …and life goes past very quickly.
---|---
P | Exactly yes.
I | All right so it was a very conscious choice, you didn’t just stumble upon it.
---|---
P | No.
I | All right it sounds like you said one of the concerns that your wife had was
financial, any other concerns that you had?
---|---
P | No, not at that stage really. Uhm, I-I think you know for me it was a mind-set
that I had to change from being a financially strong to being financially less
strong, I wouldn’t say I was because I did plan for it in a way. Uhm, I think for
her it was a bigger concern because she definitely had to I mean I told her
we had to, had to scale down somewhat because there was no income from my side what so ever. I was going to be studying for a x amount of time. So I think that was a big, other concern not really no. I think the hours maybe because the hours are a lot longer here than what they are in the bank. Uhm, nightshift, the shifts of course she was very concerned about that, I would be working nightshifts. And that is about it, otherwise she was very supportive.

I  What a story you have to tell.

P  Yes. (Laughing).

I  And-and your feelings in terms of entering a female majority type of career?

P  Ja, you know I don’t really think of it like that because I wanted to be a paramedic, uhm that is a lot more male, mucho type thing. Uhm, but when I worked in the casualty unit I didn’t, ja there is a lot of females, uhm, it wasn’t really a concern to me at all. They talk a lot but other than that it is fine (laughing).

I  (Laughing).

P  Other than that it is okay.

I  Okay so it was never really a concern from your side.

P  That it was more female dominant?

I  Ja.

P  No.

I  Not and were you ever treated any differently because you are a male?

P  Uhm I think you do get treated differently I would say. I think while I was studying, sho, how do I put it. Uhm, a lot of females feel, I think it is there’s-there’s a split between them. A lot of them, the-the, especially the older type of sister, the-the sisters who’ve been qualified for years and years, they feel that, I wouldn’t say that you don’t belong here but that this isn’t your field to be in.

I  Okay and how would they show that to you or what would they do?

P  Well they-they sort of keep you away from-from patients which is concerning because, uhm, well it concerned me while I was studying because I was worried that I’m missing out on something. So that was a concern.
<table>
<thead>
<tr>
<th>I</th>
<th>So if they keep you away from patients, would that be typically female patients?</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>Yes. Now obviously there are certain things that I, that I can fully understand, uhm but they ask for learning of the junior where the patient isn’t exposed, where you know you could be there and but there are also, on the other side of that coin, there are sisters who try and do everything for you. I think because they feel that you are in an environment where maybe they think I would feel uncomfortable or whatever the situation might be, where they do a lot more for you.</td>
</tr>
<tr>
<td></td>
<td>For example, they teach you but away from the patient, which helps a lot you know and I think but there are a lot of people who don’t teach you at all. They just say look this isn’t for, this is a female and you are a male, you don’t need to know this, you are never gonna do that, which isn’t the case. Especially in the emergency department I think you know there comes a time where people come in, you need to do things, who has an emergency. So ja, I didn’t like the idea of being withheld from the information.</td>
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<td>I</td>
<td>And how did you manage a situation like that?</td>
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<td>P</td>
<td>Well you need to go and ask somebody else I guess who is willing to say okay well x, y, z or whatever it might be, let me show you whatever, that type of thing. But other than that, mhm-mm, I don’t think there was any-any problems of issues that I had like that. I think it also depends on the person because I am a very easy going type of guy uhm, I am not sensitive to somebody who would say something nasty to me, I am not going to have a bad day or go home, that type of thing. So I think it that, nothing really bothered me that I felt wow.</td>
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<td>I</td>
<td>That you cannot carry on.</td>
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<tr>
<td>P</td>
<td>That I felt I cannot carry on. So ja.</td>
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<td>I</td>
<td>So what else about your personality do you think makes you suitable for this career?</td>
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<td>P</td>
<td><em>(Short silence).</em> Sho. Uhm, okay, in the emergency department because that’s the only place that I want to work and maybe in an ICU, I wouldn’t</td>
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work in a ward. Uhm, I don’t have the patience to be honest with you to sit with people and I don’t want it to come out the wrong way but-but being nice the whole time and being supportive the whole time, that’s just not me. I like the environment where you come in, you sort it out and off you go again you know, let’s refer you, let’s take you to somewhere where you get that definitive type care.

I like the adrenalin because obviously there is a lot of action in an emergency department. Uhm, I am able to multi-task I think very well. So because you don’t just have one patient, you’ve got many patients, you’ve got many aspects that you’ve got to look at. So multi-tasking definitely one. Uhm, what else, sho. Just able to handle the stress, uhm, you know for 12 hours just to and I can it is very easy for me to go home and not think about work at all, at all. I don’t know if that’s a good thing but I don’t get held back by anything, nothing bothers me really. I feel bad for people and I feel compassion for them but (short silence), let’s go on with the next thing, there’s, there’s something else to do.

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<th>I</th>
<th>So quite task orientated.</th>
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<td>P</td>
<td>Yes definitely, definitely, which I think suits for that type of environment.</td>
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<td>I</td>
<td>So what about your job do you enjoy?</td>
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<td>P</td>
<td>Ja, uhm, (sigh), I think I like the uncertainty of what is going to happen today because you don’t know. I think banking was not like that at all. It was you know we were very, I knew exactly what meeting it was tomorrow, which client, when. I think here I like the idea of let’s go to work and see what happens. And of course I mean I do like the idea of helping those in need whether they know of it or not. I think I like it more if they don’t know it. Uhm, that is definitely a big-big thing. I mean I wouldn’t be in this if I didn’t decide or thought ah. So definitely…</td>
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<td>I</td>
<td>There is that caring aspect.</td>
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<td>P</td>
<td>Of course, definitely yes. Uhm, but mostly I would say the idea of just whatever comes you are going to deal with it.</td>
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<td>I</td>
<td>That uncertainty and…</td>
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P | That uncertainty ja that you get. And the hours aren’t bad, I’m not, I am very happy with 15 days a month. *(Laughing).*  
---|---  
I | Absolutely, it’s how you frame it.  
---|---  
P | Yes you know, we work 15 days a month, I love that. I love having that free time elsewhere.  
---|---  
I | And your time is flexible.  
---|---  
P | Yes, exactly. We don’t work definite shifts you know you can say well I want four days off here and they’ll give it to you.  
---|---  
I | You can manage your life.  
---|---  
P | It is very nice.  
---|---  
I | Okay, what don’t you enjoy?  
---|---  
P | What don’t I enjoy? Sho there’s a lot *(laughing).*  
---|---  
I | *(Laughing). Is the list longer?*  
---|---  
P | I think from a management point of view, from my-my personal management point of view, I mean I’ve been in a corporate environment where uhm, I’ve- I’ve had to manage people, I’ve had to manage clients and I think here they don’t do as well as they could with managing staff and managing clients. Uhm, that’s-that’s uh, and that sort of gets to me because you know I’m not in a position now to change any of that. You can speak to the unit manager about that of course but I also don’t want to be in a position where they think I’m trying to get into this so you just sort of okay I’ll do my work type of thing. So I’d, I think that is a problem, especially being a private you know organisation you deal with clients, they are patients…  
---|---  
I | But they clients.  
---|---  
P | …but they going to stay clients. I think that is one thing. I think another thing that I’ve seen that I don’t like about nursing in general is nurses becomes very complacent when they, after, I don’t know how long it takes but you see them as students, you see them as RN’s and they different people and I’ve always wondered where, where it had gone wrong and right. Was it at work, was it at home? So, they start off caring but they end up not caring for some reason and then, and then it becomes a job and I think that the problem. It becomes a job to people. Okay it is a job…  
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<th>I</th>
<th>So it turns into a job.</th>
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<td>P</td>
<td>It is a job but still, it’s your job, do something <em>(laughing)</em>. I mean you must keep the passion going I think. I think that is a personal thing. If you can keep that going then I mean your patients will be happier, your staff around you will be happier and so on. And then one other thing I learned like if I can just the three big things, uhm, nursing staff are very sensitive people hay, sho. You’ve got to be very careful what you say to them because you know it bothers them for a long time <em>(laughing)</em>. So I don’t like that. I think you know once again I’m sorry I’m bringing in banking but that’s my…</td>
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<td>P</td>
<td>…you know we weren’t sensitive. That’s what’s wrong, I’m telling you it’s wrong, fix it, let’s move on. Tomorrow we friends again, not, you can’t do that here. So if you tell somebody look you’ve done x, y, z let’s try and do it differently then they feel like you are attacking them. So I think that’s an issue and I think that’s why a lot of things aren’t being fixed as quickly as it should be. You know you hold a meeting and in general we’ll discuss this. I don’t think that stuff like that is necessary. Uhm, and then another thing sorry <em>(laughing)</em>, is uhm, they-they don’t, well in my unit uhm, I don’t think that staff is uhm kept inform on a regular basis about their progress in the unit, if that did come out right. So if-if I am doing something now I could be carrying on with that incorrect behaviour for a very long time and it would probably be until I do my appraisal although I didn’t know it is incorrect but now at the appraisal it is wrong. So I think if there is more regular feedback sessions you’d have a better running type hospital, you’d have better staff who would know the right things. You know that I’m wrong here the next day it must change and carry on. Ja but otherwise…</td>
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<th>I</th>
<th>Life’s a breeze.</th>
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<td>P</td>
<td><em>(Laughing)</em>. Yes so…</td>
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<th>I</th>
<th>So what does the future hold for you X?</th>
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<td>P</td>
<td>Ja I’ve been thinking about that recently as well. Uhm, I just recently qualified as a RN so uhm, I’ve been doing courses obviously; advanced</td>
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trauma, advanced cardiac. Uhm, I would like to do the trauma course, one year trauma course, whether I do it through Netcare or through the university I am not sure yet, I am still deciding. And then I’d probably go to a government hospital where there’s more emergency type nursing.

I mean we-we get our P1’s and exiting stuff on a regular basis here but I also think we deal with a lot of nonsense. Uhm, so I’d like to work in an environment where it’s—it’s an emergency every time. So I would probably go to a government facility and go do that. Ja our Netcare time doesn’t allow us to do that. *(Laughing)*. So yes.

**I** Okay and something like midwifery?

**P** Ja, *(laughing)*, uhm, I don’t think I’ll do that. Purely because of I think in a private setting, okay I’ve got two thoughts so let me put it this way; in a private setting I think females would want a female to deliver the baby. Look I know the doctors and gynaecologist are mostly male anyway. Uhm, it-it is a question of being comfortable, isn’t it, it depends on the patient I guess.

Uhm, in state hospitals I don’t think those patients have a choice unfortunately. So in state I think it is a lot easier for doing midwifery. Uhm, obviously Netcare doesn’t offer that unfortunately, they do general nursing type things. So whether I would do it probably not.

**I** So your personality is more aligned with emergency, trauma…

**P** Yes.

**I** …giving intensive, short, focused attention.

**P** Yes. This is the problem, fix it…

**I** And there you go.

**P** …and they will look after you nicely out there *(laughing)*. Uhm I like that, ja so think about it, try and find the problem, fix it and then…

**I** So tell me, you maybe just touched on it you know woman would prefer a maternity setting maybe to have a female nurse then. How do female patients react towards you?

**P** Uhm, *(short silence)*. Strangely enough I don’t think they surprized anymore
there are males in nursing. It is not, in-in our environment there is a couple of males. In the wards you can still see them looking you know if you walk into the wards or if you walk into that room it’s like they don’t know whether to say doctor or nurse or X or whoever that is. In our setting I don’t think they are surprised anymore.

Although they do, there is a lot of times they probably, probably 40% of the times they call me doctor first. Uhm so they immediately make that connection that males are doctors and females are nurses and obviously I correct them immediately, look I am not a doctor, the doctor will be here now. I’m a nurse, my name is so and so and so and mostly in our unit the doctor would walk in and she would be female. So it’s a nice change actually you know *(laughing)*, that there is a lot of female doctors in our unit.

Uhm, I think they do get uncomfortable when you start because obviously they give you the problem and you tell them okay this is my, this is what I’m going to do now. Uhm when you start with the ECG’s you’ve got to expose them. I only do ECG’s on females and this is my personal choice in an emergency. Uhm if I don’t see the need to rip off clothes and do it now I wouldn’t, I would rather call one of the female sisters anyway. And I think that’s, I think it makes a patient feel more comfortable as well and I do tell them look a female will do the ECG but then I will take over again. And I think you still need to build a, you still need some, some rapport with the patient so, because they do share a lot of confidential information with you.

Like I always thought from the beginning when I started, don’t break that there you know I am going to expose you sorry there is no one else type of thing cause they are going to feel let somebody else do it instead. So I don’t do anything uhm, to expose female patients, either with a female present or let the female do it.

| I | And is it something you were taught or is it something that you innately do or did? |
Well I was taught that I am a nurse and that I should be doing everything, *(laughing)*, that is how I was taught. Uhm I think a lot of, most people told me that uhm, in my first year there was a nurse in a ward, I can’t remember where and I didn’t want to do something and she said well remember you are a nurse you must do it. And I felt well no I don’t have to do it. I ended up doing it because I’m a first year and the system. Uhm but I think there I decided no I don’t have to do this. It is a teamwork type of thing, surely there is a female somewhere that could assist me. I’m not saying I won’t do it, I am saying I don’t feel comfortable doing it.

So uhm I think it is important to still know the practical behind whatever you are not doing because there are going to be student nurses sometime that you are going to have to show. You still need to know but I don’t think you need to actually do it every time. I don’t think it is in my personality to do it like that, *(laughing)*, to expose people…

---

**I**  
For pure..

**P**  
...ja for things that could be done differently. And that is another thing in nursing, they very…

**I**  
Rigid.

**P**  
...a thing is done like this sho and only like this and I-I, it doesn’t have to be like that you know.

**I**  
So it sounds like you are more creative in that ways that you can think of other ways…

**P**  
Yes I try to be, I try to make it easier you know I’m doing it now so if-if there’s a different way or a different approach you know I would like to follow that. If it works but sometimes it doesn’t.

**I**  
So X, over all it seems like you’ve had a positive experience and there were no major uhm feeling of I’ve been treated differently or seen as different. And for you it has been a choice to be in this career.

**P**  
Yes.

**I**  
Your family was a bit or your family was a bit surprised and perplexed, maybe some of your friends but generally you haven’t had negative
experiences from other staff or patients. Although you acknowledge that females might be uncomfortable but you have created ways of managing those instances.

I And management, their treatment of you as a male?

P Sho I can’t say that I’ve had any problems at all. The previous unit manager was a female, uhm, but I worked in the unit before I decided to go and study nursing. Uhm, as a BAA qualification I worked overtime in the unit because I didn’t want to study something that I wouldn’t again, that I wasn’t going to like. So I gave myself six months to do it and make sure…

I That’s what you wanted.

P …and she was very supportive. Uhm, and so uhm, I find that in the unit that I did work which is the casualty before I went to …, they are more open to the idea of male nurses then what the wards are. Uhm, I think with, I am not sure why but they-they seemed a lot more open to the idea. Male nurses here they bring up, in the ward they not so open to the idea.

I How would you make sense of that?

P (Short silence). Ja sho. (Short silence). I think, I think in the emergency medicine things have changed a lot so I think you should be open to some change at least. In the wards not much has changed so maybe they got stuck in that sort of this is our-our environment you know, we’ve done it for a very long time, it has worked obviously and we don’t want to change it. But I think ICU, in ICU and emergency medicines things has changed, I mean the whole, everything has changed, the way you do your nursing, the way you administer, everything has changed.

I think they were more open to the changed in the first place than what the people in the ward would have been. And maybe people in a ward expect, maybe the patient expect more female nursing. I’m not sure, I tried to get out of the wards as quickly as I could (laughing), so I didn’t stay too long.

I So if you had any suggestions for males entering this profession or choosing nursing as a career, what would your suggestions be?
I think most males (short silence), are (short silence), a lot of my friends when I told them I am going to be a nurse now had this misconception completely of what I am going to do. Uhm, so I don’t think nursing as a whole and I am talking from emergency nursing through to ward nursing, ICU, occupational health, oncology, whatever aspect, I don’t think everybody understands what exactly what it is. All they know is we go to a hospital and we see a female in a nurse uniform and that is it and I think that I am going to carry around a bed pan for the rest of my life. And it is not that.

So I think you need to have some sort of idea of what is going on in a hospital in order to say do I want to do it or don’t I want to do it. So nursing is to be punted to men. That’s how I feel, I mean there is a place for us here. Definitely, but it needs to be punted better. You know we need to, men like excitement, there is no doubt about it so instead of people having this idea of ward nursing that you maybe give them another idea. There are machines in ICU which we love, we love things to be, to press buttons and things.

The technology.

The technology, they don’t know any of that. Uhm, emergency nursing where you have one ambulance coming in after the other and you’ve got to prioritise patients, you’ve got to you know that’s, it is like hunting man. *(Laughing)*. You’ve got to put them aside and sort it out and the next one. So from my side I think younger males should be uhm, should be, they should be shown the nursing...

Scope.

…you know the way a male would react to it, not the way that females because for females I remember at school, I matriculated in 1994, I matriculated and there were a lot of, we had this thing at school where everybody came, become a nurse, become a police man. There were no male nurses there, they all sit with skirts on, the little white one, it looked boring. So...

So point it as exciting.
Ja. I would say so. There is definitely a place for male nurses. Uhm, and of course there is this stigma about nurses being female and I think that is the biggest problem there that one wouldn’t change.

So how would you suggest you go about?

Sho (laughing), that is a difficult one because men are mucho and less and less into nursing apparently. So...

So not the way that it is currently sold.

It is not seen as, men become paramedics, although that has changed now as well because there’s a lot of woman or females on the road but I mean even though those females seem extremely butch, might be the wrong word, but after a year or so sho, those and even the and that is what I didn’t like when I worked on the road for that six months. Because the-the, maybe that, that complex that you seem to develop, I didn’t like that type of person. Uhm, they very butch, everything is lights and sirens and I think they lose, I am not saying they do but I think in a way you lose touch with the patient.

And in hospital you can’t be stuck with a patient. There’s nothing else bothering you, it is you and the patient and it’s the information and you’ve got to do something with it. So I don’t know, paramedics, the lights, the sirens, that is why people go there, driving a fast car. But you get that here too, people just don’t know about it.

So in as much as you saying that the woman that goes into the roads, paramedics, seem to be very butch and there is that kind of a stereotype as well, what do you thing about the same stereotype about men in nursing?

(Smile). Ja good question (laughing). Obviously it is the opposite, isn’t it? We seem more feminine or we are presumed to be more feminine because we are doing the other side of the coin, we are in hospital. I don’t give a damn, (laughing), personally I enjoy it though. At the end it is your decision, we all make our own decisions so uhm...

But I guess, I guess the more feminine male a while back decided to do nursing which opened the door for other male nurses. I think if no one ever
and I think vice versa, and I think if no one ever started, I mean I don’t know, I mean they teach us who the first female sister is, they never, I don’t know who the first male person was.

I | *Before Nightingale it was only males that nursed.*
---|---
P | Yes-yes, yes they did, I remember that now, first year stuff, but uhm, they teach you that, about uhm, Nightingale and Henrietta Stockdale. I have no, I have no idea who the male nurses is in history. It’s never brought up, I’ve never seen it anywhere, it’s not in a textbook anywhere. So I think it’s kept. You know in my first year I sat reading through that text book and I thought sho, this stuff’s old. Why do I have to know any of this you know, it’s 2012, I mean gosh. The relevance of it was just, I didn’t know why I should know half this stuff.

I | *So maybe if we should think about suggestions it should be to update the curriculum to relevance.*
---|---
P | Oh yes, oh yes, definitely you know, we are past that. It was important, I don’t think it is anymore. It was very boring for me, it was just like do I really have to know this, is it really going to change the way I nurse, no it’s not. So what is the use of the info? Ja.

I | *One last question and it is just something that came up in the other interviews is that some of the participants felt that it was more uhm, you know if there is a discomfort from the patient side it is very often more about colour than what it is about sex. That they would rather prefer white patient with white nurse rather than what it is about male or female wanting females.*
---|---
P | Sho, uhm, *(short silence)*, I-I don’t think, I-I’ve had a problem once where a patient didn’t want a white nurse. It was a male, a black male who didn’t want me to nurse him at all. Uhm, I think he was definitely intoxicated so that helped but other than that I don’t think I’ve had a problem. And I am quick to tell patients, I mean you’ve had you know, most of the times I get white patients who don’t want to be seen by the black nurses. I think that is the biggest.

I | *Is it white males predominantly or just…*
---|---
P | You know what it is white males and white mothers with children who are
predominantly, who would have an comfortableness with it. And I have been called previously and said look the patient doesn’t want me to see her and I’ve gone to that patient and I’ve said I understand you are uncomfortable but you are in an emergency setting now, people don’t work here if they don’t know anything. They are well qualified, they are able to assist you and uhm, you know I don’t think you come in here and tell other people what they know. This is their job, let them do it. And I feel that it is important that we don’t just step back and say sorry I will call someone else. I think it is important that we say look this is our industry, this is South-Africa what the hell, you can’t expect to be…

I

This is 2012.

P

Exactly. You can’t come in here and say who, he must help me and he must help me, you can’t do that. I mean if, 50% of our doctors are black, what are you going to do when the doctor walks in is black, are you going to say I don’t want to be seen by them, well then you must leave. You must know it’s a doctor. So I think it is, it’s a mind-set that people need to change but you know we are scared in South-Africa about this whole racial thing.

So you don’t want to bring it up because if I talk about it then… but I think still that’s why I would rather go to the patient and say look, okay we will give you a white nurse now but this is the way it works, this is, if you come back the next time, don’t, don’t bring this up again okay, we are busy. And most of the time these people that complain don’t belong in the emergency unit in the first place. So you know go to your white G.P or go to your black G.P (laughing) I wouldn’t tell them that…

But I think it is important that we you know you’ve got to bring it to the forefront, you’ve got to start, we’ve got to start telling other people they wrong. And you can do that in a nice way. You don’t have to be bitchy about it, you can do it in a nice way. So, so, ja but the black male that I had was at two o’clock in the morning and he was extremely drunk and I don’t think if he was sober it would have been a problem. So, so ja.
I
So it was a unique situation.

P
I think so ja.

I
Not generally.

P
Ja look and where I work, as I say I can only talk where I work, they, you don't have a choice really. You know you’ve come here because you thought it was an emergency. This is the emergency sister.

I
Deal with it.

P
(Laughing). Deal with it, what you going to do. But I think we need to talk about it. I think that is the biggest thing now and most of the time now you can see when people get uncomfortable. I’ve seen people get uncomfortable and when they allow the people to just do their work you can just see at the end it wasn’t that bad.

I
So also maybe to allow them to have the experience that they can possibly change their minds.

P
Of course, of course and I tell the people who come to me and say they want white, they go back and tell them there aren’t any. What are they going to do? But walk in with confidence, number one, don't look, I would, I would, I must be honest I would also feel uncomfortable if somebody who needs to drip me walk into a room and they don’t exude confidence, that’s a problem to me.

So have confidence, talk to them in a manner that they would like because people need to be talked to differently. You need to quickly assess okay they like this and they like this, talk to them at their level. And if you’ve got those two things then I think people will give you a chance. So it is look confident, talk their language, they feel safe.

I
They feel safe.

P
And if you fail or you don't know something, ask and tell them that I don’t know but I will ask.

I
But also in a confident manner.

P
Of course, all still in a confident manner. I think you need to be especially here we work with people’s lives you know you need to…
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<th>Act the part.</th>
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<tr>
<td>P</td>
<td>Yes, I can do it.</td>
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<td>I</td>
<td>Well that's about the end of my questions.</td>
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<td>P</td>
<td>Oh, okay.</td>
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<td>I</td>
<td>Anything you wanted to add?</td>
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<tr>
<td>P</td>
<td>No, I think it is a very interesting thing to do. Ja.</td>
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*End of recording.*