

The Perceptions of University of Guam Students Towards Males in the Nursing Profession

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Abstract

While long recognized as a profession associated with and dominated by females, the field of nursing is experiencing more males entering the workforce. With a highly gendered dynamic in play, this research, which utilizes a two-fold methodological approach of surveys and face-to-face interviews, examines the perceptions of college-aged students at the University of Guam towards male nurses.

For as long as nursing has been acknowledged as a profession, it has been dominated by females. Since the time of antiquity, several different civilizations designated the role of the nurse to women. Women continued to fill this role as societies evolved and modernized, and with the improvements made in the 1800s by the famous social reformer Florence Nightingale, nursing was solidified as a professional occupation (Egenes 2-6). Today, nursing remains an ever-growing profession, but the number of female to male nurses is largely disproportionate. Despite the fact that “between 2003 and 2011, the percentage of male RNs increased from 9.5% to 12.2%,” males still remain the minority (Scrubs). A possible reason for why men are so underrepresented in comparison to women is because nursing is often considered to be a feminine profession.

The correlation drawn between nursing and femininity lies in the overlapping characteristics associated with both females and nurses. Traditionally, females have been prescribed, among other things, as nurturing individuals, and through the doctrine of separate spheres, are relegated solely to matters of the home (Kramer 15-16). As wives and mothers, they are viewed as the natural caregivers. Ann S. Anthony, former Associate Dean of Nursing at Oklahoma’s Tulsa Community College, explains that in developing the nursing profession, Nightingale herself “sought to align nursing with women’s sphere of influence, namely, motherhood and caring. By focusing on the natural characteristics of women, in which nursing was equated with caring and caring was an inborn trait fostered by mothering, nursing and femininity seemed an ideal fit” (45). Thus, nursing is commonly seen as a natural off-shoot of feminine roles, and by extension, of the female herself. This belief then becomes part of the foundation behind perceptions of nurses in today’s society.

Research Questions

With the fascinating gender history and dynamics at play in nursing, I wanted to examine people’s attitudes towards the minority of males that work in the profession, focusing specifically on the perceptions of college-aged students at the University of Guam. Therefore, the primary research question for this research is, “How do University of Guam students perceive males who work in the nursing profession?” In engaging with this question, I also came to contemplate the factors that affect the formation and prevalence of such views. As a result, my

secondary research question is, “What effect does the sex and age of the students have on their perceptions?”

Theoretical Application

In using a theoretical framework in which to conduct my research, I apply symbolic interactionism. A theory highly influenced by sociologists like Charles Horton Cooley, George Herbert Mead, and Herbert Blumer, symbolic interaction focuses on the social interaction between people:

Symbolic interactionists ask, How do involved parties experience, interpret, influence, and respond to what they and others are doing while interacting? [...] Symbolic interactionists maintain that people interpret others’ actions, words, and gestures *first* and then respond based on their interpretations (Blumer 1962). This interpretation-and-response process suggests that interaction between people depends on shared symbols (Ferrante 36).

Indeed, Mead believed that “significant symbols are gestures whose meaning is known to all members of a social group” (Larson 98). The word “symbol” can come to mean “any kind of physical phenomenon (such as a word, an object, a color, a sound, a feeling, an odor, a piece of jewelry, a gesture, or a bodily movement” to which people assign a name, meaning or value” (Ferrante 37).

In applying symbolic interactionism to my research, the nurse is interpreted as a symbol. As discussed earlier on, nursing is often associated with a high level of caring and nurturance (characteristics commonly ascribed to the female), and as a consequence, it has been considered a feminine pursuit. Thus, the role of the nurse usually carries symbolic meaning associated with the feminine or female. This research, then, looks to examine the perceptions people have of males in such a highly gendered field of work that is dominated and often defined by the opposite sex.

Methods of Evaluation

To collect data, I utilized a triangulated mixed methodology¹ for my research. I conducted a cross-sectional survey among University of Guam (UOG) students, as well as face-to-face interviews with three individuals who have experience either working as male nurses or receiving care from male nurses. I decided to employ this dual-approach method of evaluation, because “the investigation of complex or sensitive issues in health care can benefit from a more flexible, mixed methods approach” instead of simply using a single type of method (Bowling 419).

Subjects

For the cross-sectional survey portion of the research, one hundred and thirty five survey questionnaires were distributed randomly to UOG undergraduate students over the course of five days. One hundred and twenty eight questionnaires were completed by seventy five females (58.6%) and fifty three males (41.4%). This greater proportion of females to males participating in the survey is an accurate reflection of the gender breakdown trend of the overall student population, since 58.3% of undergraduates at UOG are female and 41.7% are male (National Center for Education Statistics). The participants ranged in age from 18 to 45 (see Appendix A). They were also of varying ethnicities and academic majors.

For the interview portion of the research, three individuals were interviewed². I conducted structured interviews in person with two male nurses from the Medical-Surgical Ward of Guam Memorial Hospital (GMH) on two separate occasions. Mark is a graduate from UOG's Nursing Program and has been working as a Registered Nurse (RN) at GMH for almost ten years. Glenn graduated from the Nursing Program at the University of Santo Tomas in the Philippines and has been an RN both here on Guam and in the Philippines. Additionally, I conducted an unstructured interview via telephone with Alexandria, a female in her twenties who is a frequent hospital patient due to recurring heart complications. She has extensive experience interacting with both male and female nurses.

Survey

The one page survey questionnaire began with demographic items. The respondents' identities were kept anonymous, but they were asked to provide basic information, which included their sex, age, grade level by credit, academic major, and ethnicity. Grade level, major, and ethnicity, however, were not variables examined in this study and were taken primarily to have such demographic data available in case of further study in the future. The respondents were also asked whether or not they personally knew a male nurse. If they answered "Yes," they had to indicate the male nurse's relation to them (i.e. friend, brother, etc.). The responses to these two questions were used to see if knowing a male nurse had any effect on a respondent's perception of them as whole.

The first half of the survey consisted of sixteen statements about male nurses and nursing in general. The statements were adapted from a questionnaire used in a study conducted by Stoltenberg, Behan, and Frame. Respondents had to indicate their degree of agreement for each statement based on a five point Likert-type scale marked "Strongly Agree," "Agree," "Neutral," "Disagree," and "Strongly Disagree." The responses to the statements were used to gauge the subjects' overall perceptions of nursing and males in the field.

The second half of the survey consisted of seven different clinical situations and examined the preference of the sex of the attending nurse. The items presented were adapted from a questionnaire used in a 2002 study conducted by Chur-Hansen. Respondents were asked to imagine themselves as patients in each clinical situation and to indicate their preference of the attending nurse's sex, whether male, female, or no preference. They were also told to assume that both male and female nurses were equally qualified and had the same level of professionalism. The results of the responses were used to gauge respondents' perceptions of males in the field by testing the prevalence of sex preferences in an attending nurse during different situations. The entire survey can be found in Appendix B.

Interview

Face-to-face structured interviews were conducted with both Mark and Glenn. A structured interview is defined as "an interview in which the wording and sequence of questions are set in advance and cannot be changed during the interview" (Ferrante 44). I chose this type of interview with the two nurses in order to stay consistent with the questions I asked them, especially since I communicated with each of them separately. Basic background information was collected from them, including age, year of graduation from nursing school, and number of years working as a nurse. The interviews were used to obtain first-hand accounts from actual male nurses to get their perspectives on the research topic. The interview questions can be found in Appendix C.

For the final interview with Alexandria, I conducted an unstructured interview, which "resembles a normal conversation in that the questions are not worded in advanced and are not

asked in a set order” (Ferrante 45). Because I was unsure of the kind of information I would be receiving from the respondent, I wanted to facilitate a casual dialogue with Alexandria in which she would “take the conversation in directions [she] define[s] as crucial” (Ferrante 45). I began by asking her general questions about her medical experiences (i.e. how often she is admitted to the hospital, how long her hospital visits are, etc.). I then asked about her views concerning nurses, and from there, continued my inquiries based on her responses.

Research Findings

Survey Results

An inspection of the statement results (Appendix D) reveals that the first four items (#1 to #4) relating to the general attitude towards nursing and nurses yielded positive responses: 92.9% of the respondents agreed that “nursing is a difficult job;” 91.4% agreed that it “is a rewarding profession;” 87.5% agreed that “nurses have a positive public image;” and 90.6% agreed that “nurses should be kind and caring.” Overall, majority of the respondents, regardless of age or sex, were in agreement with these statements.

The next four items (#5 to #8) on the statement portion of the questionnaire addressed common stereotypes surrounding males in nursing. 59.3% of all respondents disagreed that “nursing is a feminine profession.” Interestingly, the age group that agreed most with this statement was the 18 to 21 year olds. In terms of sex, a slightly higher percentage of the females (64.0%) disagreed with the statement than males (52.8%). 46.9% of the respondents agreed that “it is common for males to consider nursing as a profession.” Slightly more females (49.3%) agreed with the statement than males (43.4%). For the next statement, “most male nurses are homosexual,” 81.3% of the respondents disagreed. Only three respondents agreed with the statement, and they were all female. 65.6% of respondents agreed that “male nurses are stereotyped.” The majority of the respondents that thought male nurses were not stereotyped was female. The only males that disagreed with the statement were from the 18 to 21 age group.

Items #9 to #12 on the questionnaire pertained to the obstacles male nurses face in their field. 55.4% of the respondents disagreed that “male nurses are not taken seriously.” Of the respondents that disagreed, a significantly higher percentage was female compared to male. 44.5% of respondents agreed that “male nurses face gender barriers,” with an equal amount of male and female respondents agreeing to the statement. 41.4% agreed that “it is more acceptable for females to become nurses than males.” For the next statement, 82.0% disagreed that “it is embarrassing for a male to be a nurse.” Almost all of the respondents that agreed with the statement were aged 18 to 21.

The last four items (#13 to #16) examined comparisons between male and female nurses. The statement “male nurses and female nurses are treated equally” drew mixed responses, since 36.7% stayed neutral and 36.7% disagreed. However, the majority of respondents who agreed with the statement were female. 53.1% of respondents remained neutral for the statement “male nurses have an easier time working with patients than female nurses.” 43.0% did disagree with the statement, and the remaining 3.9% of the respondents that agreed with it were all female. 73.4% of the respondents disagreed that “male nurses are not as caring as female nurses.” The respondents that agreed with the statement were all males aged 18 to 21. Finally, 82.0% disagreed that “male nurses are not as skilled as female nurses.” Not a single respondent agreed with this statement.

The results of the respondents' preference for an attending nurse sex are shown in Appendix E. Over three-fourths of the respondents had no preference of the attending nurse's sex for each of the following four clinical situations: having height and weight taken; having blood pressure taken; having a shot administered on the forearm; and having a feeding tube inserted through the nostrils. Female nurses, however, were preferred for having a shot administered on the buttocks (58.6%) and receiving a bed bath (71.9%). Lastly, there was no overall preference for receiving emergency mouth-to-mouth resuscitation (53.9%), but an inspection of the male and female results separately shows that 75.5% of the males preferred a female nurse, while 74.7% of the females still had no preference. The breakdown of the results by sex is available in Appendix F.

The final portion of the questionnaire featured two questions asking whether or not the respondents personally knew a male nurse, and if so, what their relation was to that nurse. 88 out of the 128 respondents (68.7%) answered that they did indeed know a male nurse. The male nurse was most commonly a friend (67.0%) followed by a cousin (13.6%), and then an uncle (8.0%). A further breakdown of the relationship of the male nurse to the respondent is available in Appendix G.

Interview Results

The interviews with Mark and Glenn yielded insightful information from the perspectives of two male nurses. Mark decided he wanted to pursue a career in nursing during his first year at UOG, because he was interested in the medical field and aspired to later become a nurse practitioner. Glenn wanted to be a nurse during his senior year of high school and was inspired by his mother, who worked in a hospital. Both received support for their career choices from their family and friends, most of whom were also in the medical field. While Mark says that male nurses are not always treated equally with female nurses (especially by some doctors and senior female nurses), Glenn thinks that overall, they are treated fairly, since equality is expected among all employees in their ward. In terms of problems male nurses face in their workplace, Mark reveals that the biggest challenge for him is the expectation of having a female nurse chaperone present when he is conducting certain interventions on a female client, such as inserting a catheter. Incidentally, female nurses do not need male nurse chaperones, regardless of the sex of the patient they are attending to. For Glenn, the most prevalent issue is the increased expectations placed on him and his fellow male nurses since they are the minorities in their workplace.

When it comes to patient interactions, Mark and Glenn state that the patients that are the most comfortable with having a male nurse – or at least do not seem mind or care – are the elderly. Interestingly, both report that female patients are most uncomfortable with having a male nurse when a male significant other, such as a husband or boyfriend, is present. Female patients also usually request to have a female nurse for interventions that involve private areas of the body. On a different note, Mark and Glenn state that male nurses are specifically called for tasks requiring physical labor, such as lifting and transporting patients. Overall, both Mark and Glenn believe that males in nursing are becoming more common and widely accepted, although barriers still exist.

The interview with Alexandria provided a first-hand account from a college-aged patient about her interactions with nurses of both sexes. Alexandria states that she receives care from both male and female nurses in the Emergency Room and Medical-Telemetry ward at GMH and in California. Although Alexandria has no preference of the sex of her attending nurse, she

notices that male nurses are sometimes “more caring” than the female nurses, who are “not always so gentle.” She speculates the reason for this is because the female nurses are more accepted in the hospital setting and have worked there longer, so they tend to become less cognizant of how they interact with patients. Male nurses, on the other hand, seem to “overcompensate in how they care for patients, because they might feel like they have more to prove.”

Conclusion

Based on the survey and interviews, nursing seems to be highly regarded and viewed positively. Although it has long been considered a feminine job, this notion is changing, along with the stereotypes commonly associated with it. There is an acknowledgment that males in the field still do face challenges because of their sex. However, male nurses’ work competency is not in question. They are perceived as being just as capable of providing the same care and skill as their female counterparts. For the most part, however, a bias still exists against males in certain clinical situations. Female nurses are greatly preferred in procedures that involve patients’ private or intimate areas, such as bed bathing and shots to the buttocks. This finding was consistent with the results of Chur-Hansen’s study. Specific areas in the nursing profession are emerging in which males are preferred and more regarded than females – mainly heavy, physical labor. This is consistent with Evan’s findings that “within nursing, the division of [labor] based on gender, has resulted in men being channeled into areas of specialization that are considered more congruent with masculinity” (327).

Overall, the female respondents of the survey were more positive about the statements about nursing and male nurses than the male respondents, a trend also reflected in the study findings by Stoltenberg et al. Younger respondents, specifically those aged 18 to 21, were more conscious about sex differences of nurses. They were also more particular about the sex of their attending nurse. One speculation to explain this phenomenon could be that the younger respondents lack the open-mindedness towards males in nursing compared to the older respondents, who appear to be more impartial about the issue.

Nursing is a profession currently in transition. As more males enter the line of work, shifts in perceptions will eventually follow. While the results of this research illustrate that the views of college-aged students towards male nurses are already more accepting, improvements must continue. Breaking down the existing gender barriers in nursing will not only facilitate a more equal work environment among nurses, but it will also benefit those receiving care from them.

Notes

¹ See Bowling, Chapter 19, for more extensive information on mixed research method approaches in health studies.

² The names of the interviewees have been changed.

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Perceptions Towards Males in the Nursing Profession

APPENDIX A. Age and Gender of Respondents

Age	Male	Female	Total
18 to 21	27	46	73
18	3	7	10
19	5	6	11
20	6	17	23
21	13	16	29
22 to 25	20	19	39
22	10	10	20
23	3	6	9
24	3	1	4
25	4	2	6
26 to 30+	6	10	16
26	-	2	2
27	3	-	3
28	1	2	3
29	1	2	3
34	-	1	1
35	-	1	1
39	-	1	1
41	1	-	1
45	-	1	1
TOTAL:			128

APPENDIX B. Sample Survey

Survey on the Perception of Males in the Nursing Profession

Sex: Male Female Grade Level (by credit): Freshman Sophomore Junior Senior

Age: _____ Major: _____ Ethnicity: _____

➔ For each statement, check the box that best reflects your opinion.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Nursing is a difficult job					
Nursing is a rewarding profession					
Nurses have a positive public image					
Nurses should be kind and caring					
Nursing is a feminine profession					
It is common for males to consider nursing as a profession					
Most male nurses are homosexual					
Male nurses are stereotyped					
Male nurses are not taken seriously					
Male nurses face gender barriers					
It is more acceptable for females to become nurses than males					
It is embarrassing for a male to become a nurse					
Male nurses and female nurses are treated equally					
Male nurses have an easier time working with patients than female nurses					
Male nurses are not as caring as female nurses					
Male nurses are not as skilled as female nurses					

➔ For each clinical situation, imagine you are a patient. Indicate your preference of the attending nurse's sex. Assume the nurses both are equally qualified and have the same level of professionalism.

	Male	Female	No preference
Having your height and weight taken			
Having your blood pressure taken			
Having a shot administered on your forearm			
Having a shot administered on your buttocks			
Having a feeding tube inserted through your nostrils			
Receiving emergency mouth-to-mouth resuscitation			
Receiving a bed bath			

Do you personally know any male nurses? Yes No

If you answered "yes," what is their relation to you? (i.e. friend, brother, etc.)

APPENDIX C. Interview Questions with Male Nurses

1. When and why did you decide you wanted to be a nurse?
2. Did you receive support from your family and friends?
3. As a male nurse working in your specific ward, do you think you are treated equally with female nurses?
4. What are some specific problems male nurses face in the workplace that female nurses don't face?
5. What types of patients are most comfortable having a male nurse?
6. What types of patients are most uncomfortable having a male nurse?
7. Are there any patients or situations in which a male nurse is specifically requested?
8. Overall, how do you think people perceive male nurses?

APPENDIX D. Responses to Statements about Nursing and Male Nurses by Gender

	FEMALE (age group)	MALE (age group)	TOTAL (%)	
1. Nursing is a difficult job	18-21: (SA = 32) (A = 11) (N = 3) 22-25: (SA = 10) (A = 7) (N = 2) 26-30+: (SA = 7) (A = 3)	18-21: (SA = 15) (A = 11) (N = 1) 22-25: (SA = 11) (A = 8) (N = 1) 26-30+: (SA = 3) (A = 1) (N = 1) (D = 1)	Female: (SA=49[65.3%]) (A = 21 [28%]) (N = 5 [6.7%])	Male: (SA=29 [54.7%]) (A = 20 [37.7%]) (N = 3 [5.7%]) (D = 1 [1.9%])
			Female & Male: (SA= 78[60.9%]) (A = 41 [32%]) (N = 8 [6.3%]) (D = 1 [0.8%])	Female & Male: Agree: 92.9% Neutral: 6.3% Disagree: 0.8%
2. Nursing is rewarding	18-21: (SA = 28) (A = 16) (N = 2) 22-25: (SA = 7) (A = 10) (N = 2) 26-30+: (SA = 5) (A = 5)	18-21: (SA = 10) (A = 14) (N = 3) 22-25: (SA = 8) (A = 9) (N = 3) 26-30+: (SA = 5) (N = 1)	Female: (SA= 40[53.3%]) (A = 31 [41.3%]) (N = 4 [5.3%])	Male: (SA=23 [43.4%]) (A = 23 [43.4%]) (N = 7 [13.2%])
			Female & Male: (SA= 63[49.2%]) (A = 54 [42.2%]) (N = 11 [8.6%])	Female & Male: Agree: 91.4% Neutral: 8.6%
3. Nurses have a positive public image	18-21: (SA = 25) (A = 14) (N = 6) (D = 1) 22-25: (SA = 4) (A = 11) (N = 4) 26-30+: (SA = 3) (A = 6) (N = 1)	18-21: (SA = 16) (A = 9) (N = 1) (D = 1) 22-25: (SA = 8) (A = 10) (N = 2) 26-30+: (SA = 3) (A = 3)	Female: (SA=32 [42.7%]) (A = 31[41.3%]) (N = 11 [14.7%]) (D = 1 [1.3%])	Male: (SA=27 [50.9%]) (A = 22[41.5%]) (N = 3 [5.7%]) (D = 1 [1.9%])
			Female & Male: (SA= 59[46.1%]) (A = 53[41.4%]) (N = 14 [10.9%]) (D = 2 [1.6%])	Female & Male: Agree: 87.5% Neutral: 10.9% Disagree: 1.6%
4. Nurses should be kind & caring	18-21: (SA = 35) (A = 9) (N = 2) 22-25 : (SA = 7) (A = 9) (N = 3) 26-30+: (SA = 8) (A = 1) (N = 1)	18-21: (SA= 19)(A= 6)(N= 1) (D=1) 22-25: (SA = 11)(A = 6)(N = 3) 26-30+: (SA = 4)(A = 2)	Female: (SA=50 [66.7%]) (A = 19 [25.3%]) (N = 6 [8.0%])	Male: (SA=34 [64.2%]) (A = 14 [26.4%]) (N = 4 [7.5%]) (D = 1 [1.9%])
			Female & Male: (SA=84 [64.2%]) (A = 33 [26.4%]) (N = 10 [7.5%]) (D = 1 [1.9%])	Female & Male: Agree: 90.56% Neutral: 7.5% Disagree: 1.9%
5. Nursing is a feminine profession	18-21: (SA = 1) (A = 4) (N = 15) (D = 16) (SD = 10) 22-25: (A = 1)(N = 5) (D= 12) (SD= 1) 26-30+: (A = 1) (D = 5) (SD = 4)	18-21: (SA = 1) (A = 4) (N = 8) (D = 7) (SD = 7) 22-25: (SA = 1) (A = 2) (N = 6) (D = 5) (SD = 6) 26-30+: (A = 1) (N = 2) (D = 1) (SD = 2)	Female: (SA = 1 [1.3%]) (A = 6 [8%]) (N = 20 [26.7%]) (D = 33 [44%]) (SD = 15 [20%])	Male: (SA = 2 [3.8%]) (A = 7 [13.2%]) (N = 16 [30.2%]) (D = 13 [24.5%]) (SD = 15[28.3%])
			Female & Male: (SA = 3 [2.3%]) (A = 13 [10.2%]) (N = 36 [28.2%]) (D = 46 [35.9%]) (SD = 30[23.4%])	Female & Male: Agree: 12.5% Neutral: 28.2% Disagree: 59.3%

Perceptions Towards Males in the Nursing Profession

6. It is common for males to consider nursing as a profession	18-21: (SA = 9) (A = 15) (N = 18) (D = 4)	18-21: (SA = 4) (A = 9) (N = 8) (D = 6)	Female: (SA= 11[14.6%]) (A = 26 [34.7%]) (N = 26 [34.7%]) (D = 9 [12%]) (SD = 3 [4%])	Male: (SA = 7 [13.2%]) (A = 16 [30.2%]) (N = 19 [35.8%]) (D = 11 [20.8%])
	22-25: (SA = 1) (A = 9) (N = 4) (D = 2)(SD = 3)	22-25: (SA = 1) (A = 6) (N = 9) (D = 4)	Female & Male: (SA =18[14.1%]) (A = 42 [32.8%]) (N = 45 [35.2%]) (D = 20 [15.6%]) (SD = 3 [2.3%])	Female & Male: Agree: 46.9% Neutral: 35.2% Disagree: 17.9%
7. Most male nurses are homosexual	18-21: (A = 2) (N = 5) (D = 14) (SD = 25)	18-21: (N = 8) (D = 8) (SD = 11)	Female: (A = 3 [4%]) (N = 7 [9.3%]) (D = 27 [36%]) (SD= 38[50.7%])	Male: (N = 14 [9.3%]) (D = 16 [36%]) (SD=23 [50.7%])
	22-25: (D = 10) (SD = 9)	22-25: (N = 3) (D = 8) (SD = 9)	Female & Male: (A = 3 [2.3%]) (N = 21 [16.4%]) (D = 43 [33.6%]) (SD=61 [47.7%])	Female & Male: Agree: 2.3% Neutral: 16.4% Disagree:81.3%
8. Male nurses are stereotyped	18-21: (SA = 11) (A = 18) (N = 7) (D = 7) (SD = 3)	18-21: (SA = 6) (A = 12) (N = 4) (D = 4) (SD = 1)	Female: (SA= 14[18.6%]) (A = 35 [46.7%]) (N = 9 [12%]) (D = 12 [16%]) (SD = 5 [6.7%])	Male: (SA= 14[26.4%]) (A = 21 [39.6%]) (N = 13 [24.5%]) (D = 4 [7.5%]) (SD = 1 [1.9%])
	22-25: (SA = 2) (A = 12) (D = 3)(SD = 2)	22-25: (SA = 6) (A = 8) (N = 6)	Female & Male: (SA= 28[21.9%]) (A = 56 [43.7%]) (N = 22 [17.2%]) (D = 16 [12.5%]) (SD = 6 [4.7%])	Female & Male: Agree: 65.6% Neutral: 17.2% Disagree: 17.2%
9. Male nurses are not taken seriously	18-21: (SA = 1) (A = 5)(N = 8) (D = 10) (SD = 3)	18-21: (SA = 2) (A = 4)(N = 9) (D = 21) (SD = 10)	Female: (SA= 2[2.7%]) (A = 6 [8%]) (N = 19 [25.3%]) (D = 34 [45.3%]) (SD=14 [18.6%])	Male: (SA= 2 [3.8%]) (A = 11 [20.8%]) (N = 17 [13.3%]) (D = 18 [14.1%]) (SD = 5 [3.9%])
	22-25: (SA = 1)(A = 6)(N = 7) (D = 5)(SD = 1)	22-25: (A = 1)(N = 5) (D = 9) (SD = 4)	Female & Male: (SA = 4 [3.1%]) (A = 17 [13.3%]) (N = 36 [28.2%]) (D = 52 [40.6%]) (SD=19 [14.8%])	Female & Male: Agree: 16.4% Neutral: 28.2% Disagree: 55.4%
26-30+: (SA = 1) (A = 2) (N = 4) (D = 3)	26-30+: (SA = 2)(A = 1) (N = 2) (D = 1)	26-30+: (A = 1)(N = 5) (D = 4)		

Pacific Asia Inquiry Volume 6, Number 1, Fall 2015

10. Male nurses face gender barriers	18-21: (SA=3)(A=10)(N=10) (D=2) (SD=2) 22-25: (SA=2)(A=11)(N=7) (D=3) (SD=1) 26-30+: (A=1)(N=4) (D=1)	18-21: (SA=5)(A=14)(N=19) (D=3) (SD=5) 22-25: (A=6)(N=5) (D=7) (SD=1) 26-30+: (A=5)(N=4) (D=1)	Female: (SA=5 [6.7%]) (A=25 [33.3%]) (N=28 [37.3%]) (D=11 [14.7%]) (SD=6 [8%]) Female & Male: (SA=10 [7.8%]) (A=47 [36.7%]) (N=49 [38.3%]) (D=14 [10.9%]) (SD=8 [6.3%])	Male: (SA=5 [9.4%]) (A=22 [41.5%]) (N=21 [39.6%]) (D=3 [5.7%]) (SD=2 [3.8%]) Female & Male: Agree: 44.5% Neutral: 38.3% Disagree: 17.2%
11. Nursing is more acceptable for females than males	18-21: (SA=6)(A=7)(N=6) (D=5) (SD=3) 22-25: (SA=4)(A=6)(N=6) (D=3) (SD=1) 26-30+: (SA=1)(A=2)(N=1) (D=2)	18-21: (SA=5)(A=13)(N=11) (D=10) (SD=7) 22-25: (SA=1)(A=3)(N=4) (D=7) (SD=4) 26-30+: (SA=2)(A=3)(N=1) (D=3) (SD=1)	Female: (SA=8 [10.7%]) (A=19 [25.3%]) (N=16 [21.3%]) (D=20 [26.7%]) (SD=12 [16%]) Female & Male: (SA=19 [14.8%]) (A=34 [26.6%]) (N=29 [22.7%]) (D=30 [23.4%]) (SD=16 [12.5%])	Male: (SA=11 [20.8%]) (A=15 [28.3%]) (N=13 [24.5%]) (D=10 [18.9%]) (SD=4 [7.5%]) Female & Male: Agree: 41.4% Neutral: 22.7% Disagree: 35.9%
12. It is embarrassing for a male to be a nurse	18-21: (A=4)(N=3) (D=14) (SD=6) 22-25: (A=1)(N=6) (D=5) (SD=8) 26-30+: (D=3) (SD=3)	18-21: (SA=1)(A=2)(N=4) (D=11) (SD=28) 22-25: (N=2) (D=9) (SD=8) 26-30+: (D=5) (SD=5)	Female: (SA=1 [1.3%]) (A=2 [2.7%]) (N=6 [8%]) (D=25 [33.3%]) (SD=41 [54.7%]) Female & Male: (SA=1 [0.8%]) (A=7 [5.5%]) (N=15 [11.7%]) (D=47 [36.7%]) (SD=58 [45.3%])	Male: (A=5 [9.4%]) (N=9 [17%]) (D=22 [41.5%]) (SD=17 [32.1%]) Female & Male: Agree: 6.3% Neutral: 11.7% Disagree: 82%
13. Male and female nurses treated equally	18-21: (SA=1)(A=4)(N=11) (D=10) (SD=1) 22-25: (SA=2)(A=3)(N=5) (D=8) (SD=2) 26-30+: (SA=1)(A=2)(N=1) (D=2)	18-21: (SA=6)(A=7)(N=18) (D=13) (SD=2) 22-25: (SA=2)(A=3)(N=9) (D=4) (SD=1) 26-30+: (A=3)(N=3) (D=4)	Female: (SA=8 [10.7%]) (A=13 [17.3%]) (N=30 [40%]) (D=21 [28%]) (SD=3 [4%]) Female & Male: (SA=12 [9.4%]) (A=22 [17.2%]) (N=47 [36.7%]) (D=41 [32%]) (SD=6 [4.7%])	Male: (SA=4 [7.5%]) (A=9 [17%]) (N=17 [32.1%]) (D=20 [37.7%]) (SD=3 [5.7%]) Female & Male: Agree: 26.6% Neutral: 36.7% Disagree: 36.7%

Perceptions Towards Males in the Nursing Profession

14. Males have an easier time than females	18-21: (N = 17) (D = 7) (SD = 3)	18-21: (A = 3) (N = 23) (D = 14) (SD = 6)	Female: (SA = 1 [1.3%]) (A = 3 [4%]) (N = 36 [48%]) (D = 26 [34.7%]) (SD = 9 [12%])	Male: (A = 1 [1.9%]) (N = 32 [60.4%]) (D = 14 [26.4%]) (SD = 6 [11.3%])
	22-25 (A = 1) (N = 11) (D = 5) (SD = 3)	22-25: (SA = 1) (N = 5) (D = 10) (SD = 3)	Female & Male (SA = 1 [0.8%]) (A = 4 [3.1%]) (N = 68 [53.1%]) (D = 40 [31.3%]) (SD = 15 [11.7%])	Female & Male Agree: 3.9% Neutral: 53.1% Disagree: 43%
15. Male nurses are not as caring as female nurses	18-21: (SA=1) (A=2) (N = 8) (D = 10) (SD = 6)	18-21: (N = 9) (D = 25) (SD = 12)	Female: (N = 11 [14.7%]) (D = 44 [58.6%]) (SD = 20 [26.7%])	Male: (SA = 1 [1.9%]) (A = 2 [3.8%]) (N = 20 [37.7%]) (D = 20 [37.7%]) (SD = 10 [18.9%])
	22-25: (N = 12) (D = 6) (SD = 2)	22-25: (D = 13) (SD = 6)	(SA = 1 [0.8%]) (A = 2 [1.6%]) (N = 31 [24.2%]) (D = 64 [50%]) (SD = 30 [23.4%])	Agree: 2.4% Neutral: 24.2% Disagree: 73.4%
16. Male nurses are not as skilled as female nurses	18-21: (N = 8) (D = 8) (SD = 11)	18-21: (N = 5) (D = 18) (SD = 23)	Female: (N = 6 [8%]) (D = 37 [49.3%]) (SD = 32 [42.7%])	Male: (N = 17 [32.1%]) (D = 15 [28.3%]) (SD = 21 [39.6%])
	22-25: (N = 9) (D = 3) (SD = 8)	22-25: (D = 13) (SD = 6)	Female & Male: (N = 23 [18%]) (D = 52 [40.6%]) (SD = 53 [41.4%])	Female & Male Neutral: 18% Disagree: 82%
26-30+: (N = 4) (D = 2)	26-30+: (N = 8) (D = 2)	26-30+: (N = 1) (D = 6) (SD = 3)		

* SA = Strongly agree; A = Agree; N = Neutral; D = Disagree; SD = Strong disagree

APPENDIX E. Preference of Sex of Attending Nurse by All Respondents

Clinical Situation	Prefer Male	Prefer Female	No Preference
Height and weight taken	5.4%	18.0%	76.6%
Blood pressure taken	2.3%	18.8%	78.9%
Shot on the forearm	3.1%	20.3%	76.6%
Shot on the buttocks	5.5%	58.6%	35.9%
Feeding tube inserted through the nostrils	3.9%	21.1%	75.0%
Receiving emergency mouth-to-mouth resuscitation	6.3%	39.8%	53.9%
Receiving a bed bath	2.3%	71.9%	25.8%

APPENDIX F. Preference of Sex of Attending Nurse by Male and Female Respondents

Clinical Situation	Male Respondents			Female Respondents		
	Prefer Male	Prefer Female	No Preference	Prefer Male	Prefer Female	No Preference
Height & weight taken	7.6%	24.5%	67.9%	4.0%	13.3	82.7%
Blood pressure taken	0.0%	34.0%	66.0%	4.0%	8.0%	88.0%
Shot on forearm	3.7%	34.0%	62.3%	2.6%	10.7%	86.7%
Shot on buttocks	11.3%	49.1%	39.6%	1.4%	65.3%	33.3%
Feeding tube inserted through nostrils	7.6%	26.4%	66.0%	1.4%	17.3%	81.3%
Receiving emergency mouth-to-mouth resuscitation	0.0%	75.5%	24.5%	10.7%	14.6%	74.7%
Receiving bed bath	5.6%	62.3%	32.1%	0.0%	78.7%	21.3%

APPENDIX G. Relationship of Known Male Nurse to Respondents

Relationship	Percentage (%)
Friend	67.0%
Cousin	13.6%
Uncle	8.0%
Brother	6.8%
Acquaintance (i.e. neighbor, colleague)	3.4%
God Brother	1.2%