





Undergraduate nursing students challenge misconceptions towards men in nursing: A mixed-method study

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Abstract

Aims: To examine misconceptions towards men in nursing from the perspective of undergraduate nursing students. Specifically, this study sought to explore contributing factors of misconceptions and attributions of the success of men in nursing.

Design: A convergent parallel mixed-method study.

Methods: A national survey was conducted (July–September 2021). The quantitative data included demographics and responses to the Gender Misconceptions of Men in Nursing (GEMINI) scale. The qualitative data included responses to a provocative statement related to characteristics of men and their career in nursing. The GRAMMS guideline was used in reporting.

Results: Undergraduate nursing students ($n=1245$) from 16 Australian schools of nursing responded to the survey. Quantitative analysis demonstrated that most students (96%) did not have misconceptions about men in nursing. Those who did were more likely to be men, born overseas, not in health-related employment and did not have nursing as their first choice. Four broad overarching main themes were generated in response to the statement that suggested men do not have the right attributes for nursing: (1) 'This is a very misandristic viewpoint'; (2) 'Compassion and intelligence are distributed in men and women equally'; (3) 'Men bring a different quality to nursing' (4) 'Anyone can be whatever they want to be'.

Conclusion: Overall, nursing students did not have misconceptions about men in nursing, despite experiencing ongoing social stigma regarding archaic gender norms. The findings from this study indicate that the next-generation nurses were championing to challenge the gender stereotype and support the needs of a gender diverse society.

Impact: Attitudes and misconceptions that elicit gender inequalities must be addressed with comprehensive strategies and de-gendered language and imagery within the profession, schools, workplaces and the media. Shifting culture and attitudes towards inclusion, values the diversity in the workforce and supports healthy workplace environments.

Patient or Public Contribution: No patient or public contribution.

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KEYWORDS

gender bias, gender equality, gender misconception, gender role, men in nursing, nursing student, stigma

1 | INTRODUCTION

The increasingly ageing population, as well as the expansion of the role of nurses in many fields, are driving the demand for more nurses (Marc et al., 2019). Nurses remain the largest healthcare workforce worldwide, accounting for approximately 59% of healthcare professionals (World Health Organization, 2020). Similar to what is being experienced worldwide, Australia also faces a nursing workforce shortage (Drennan & Ross, 2019). However, it is also notable that women make up approximately 90% of the global nursing workforce (Buchan & Catton, 2020). The existing shortage crisis and gender imbalance in nursing have triggered an urgency for more effective initiatives to encourage more men to practise nursing as a profession (Forrest, 2023). However, the ongoing low recruitment of men in nursing has been a long-standing issue contributed by negative gender stereotypes, adverse societal expectations and unfavourable work environments that act as barriers for men to take up nursing as a career (Guy et al., 2022; Kearns & Mahon, 2021).

A robust review of literature published since the 1990s to the present has consistently reported misconceptions about men entering the nursing workforce (Teresa-Morales et al., 2022; Villeneuve, 1994; Weaver et al., 2014). Misconceptions are formally defined as 'understandings or explanations that differ from what is known to be scientifically correct' (National Research Council, 2012, p. 58). Major misconceptions about men in nursing include, that most men who take up nursing are gay and that men are less compassionate and therefore unfit for the caring role of nursing (Stanley et al., 2016). These are thought to be a significant contributor to the high attrition rates even at the undergraduate level where career intentions are being incubated and nurtured (Hodges et al., 2017). Although recruitment of more men into nursing has met with some success in recent years, recent evidence indicated that men often encounter different sets of challenges during their nursing studies that increase their risks of dropping out (Panda et al., 2021). These challenges include feelings of social isolation due to traditional and cultural gender expectations, prejudices and negative attitudes; and perceptions of exclusion brought about by gender bias in teaching methods and course materials (Barrett-Landau & Henle, 2014; Kane et al., 2021). Misconceptions about men in nursing continue to negatively impact the recruitment, retention and integration of men in the nursing profession (Guy et al., 2022; Smith et al., 2021; Stanley et al., 2016; Whitford et al., 2020).

Hence, it is crucial to address these issues to ensure that universities provide a supportive environment that recognizes the unique needs of nursing students who are men. Understanding misconceptions towards men in nursing can facilitate a more inclusive and diverse nursing workforce that is more responsive to the changing healthcare needs of equally diverse populations. The aim of this

study was to explore misconceptions towards men in nursing from the perspective of undergraduate nursing students. The research focused on obtaining a deeper understanding of what factors determined misconceptions and nursing students' perceptions on men's attributes for a career in nursing.

2 | BACKGROUND

Nursing has traditionally been perceived as a female-dominated workforce, with early developments of the profession actively excluding males (Clifton et al., 2020). While men have undertaken many of the caring roles throughout the centuries, the establishment by Nightingale of nursing as a female profession, and the twin social and historical components of nursing being 'born in the church, raised by the military' created a predominant visualization of nurses as female and feminine (Karimi & Alavi, 2015). Since the twentieth century and modern nursing, the statistics on men in nursing have held fairly steady across the developed world at around 10% (Australian Institute of Health and Welfare, 2022; Flaubert et al., 2021).

The women-dominated nursing workforce has created an image problem that needs resolution, particularly given the high need for increased health workers across the globe (van der Cingel & Brouwer, 2021). The feminization of caring has also been held responsible for the lower wage conditions of the nursing workforce (Shannon et al., 2019), and is compounded by the traditional domestic female roles of caring for young family and supporting partners (Andrew et al., 2023). Accessing the other genders as a potential resource for recruitment is an important strategy for managing what is seen as a nursing shortage (Health Workforce Australia, 2014), and perhaps more accurately, in developing inclusive sustainable workforce interventions.

The lack of gender diversity could also impact workplace environments in aspects such as skill mix, nursing leadership, satisfaction with care quality, staff and staffing resources and shifting models of and responsibilities for healthcare (Buchan et al., 2019; Drennan & Ross, 2019; Marufu et al., 2021). Workplace environments are known to benefit from diversity and the richness that comes with staff that reflect the population they serve, which includes an increase of men in nursing (Cottingham, 2019; Stanford, 2020). Having a diverse workforce promotes person-centred care where patients' preference for gender-congruent workers is considered.

Men in nursing are known to negotiate demands of dominant masculinity in addition to the emotional demands of the profession and their status as the 'other' in nursing (Cottingham et al., 2018; Pullen & Simpson, 2009). The need for nurses is increasing in all countries, and so better workforce planning in nursing is crucial to

reduce health inequalities and ensure sustainable health systems (Drennan & Ross, 2019). Having gender diversity as well as gender equality in the nursing workforce is posited to positively influence patient outcomes, satisfaction in the quality of care and engagement in the healthcare processes (Bumbach et al., 2020). Given what is already known, it is time to better understand the next generation's perceptions of men in nursing. Therefore, this study sought to ask: what are the contributing factors of misconceptions, and attributions of the success, of men in nursing?

3 | THE STUDY

3.1 | Design

This was a convergent parallel mixed-method study (Edmonds & Kennedy, 2017). Quantitative and qualitative data were collected concurrently through an extensive national online survey and analysed separately. The mixed-method design as used in this study has offered a robust approach of harnessing the complementary strengths of quantitative and qualitative methods (Doyle et al., 2016). The combined method allows a more holistic and nuanced perspective of the topic, particularly in health-related research (Andrew & Halcomb, 2007). The quantitative data included nursing students' demographic details and responses to the Gender Misconceptions of Men in Nursing (GEMINI) scale. The GEMINI scale is a robust, valid, reliable and short tool to use in assessing misconceptions about men in nursing. The scale has 17 items and rated in a Likert Scale of 1–5, with 1 as the extreme side of disagreement and 5 indicating strong agreement. The scale has been validated and demonstrated high internal consistency (Cronbach's alpha of .892) and good discriminant validity when examined across group differences (Montayre et al., 2022).

The qualitative data included students' responses to one provocative open-ended statement that 'men do not have the qualities necessary to be successful in nursing'. Respondents were asked to provide their thoughts in response to the statement with real-life examples. Following the analysis of both datasets, the results were compared. A critical realist lens was the underpinning philosophical framework for this study as the aim was to deepen the meaning of misconceptions towards men in nursing (McEvoy & Richards, 2006). We conformed to the GRAMMS reporting guidelines for this study (O'Cathain et al., 2008) (see Data S1).

Of note, we refer to male (man) and female (woman) *genders* in both the biological and social context. Biological being the sex that people are born with, and social context as defined by the American Psychological Association as gender identity, 'a person's deeply-felt, inherent sense of being a boy, man, or a male; a girl, a woman, or a female' (American Psychological Association, 2015, p. 4). While the research is not conflating gender and sex, the use of 'gender' instead of 'sex' avoids ambiguity over the interpretation of 'sex' as 'sexual behaviour' (American Psychological Association, 2022). Participants in this study self-identified as male or female in the survey, hence

we used these binary 'genders' as our basis for referring to gender identity.

3.2 | Study setting and recruitment

The national online survey was distributed to a convenience sample of undergraduate nursing students studying for a Bachelor of Nursing degree at 16 schools of nursing across different States and Territories of Australia. These universities along with the peak Australian professional nursing association (Australian College of Nursing) promoted the study details via multiple modes, including University email, social media, posted flyers, newsletters and through special interest group webpages, using a flyer containing the survey link and QR code. Seven schools of nursing targeted all students (all genders) while nine targeted only men enrolled in their programmes during the study's recruitment period (July–September 2021).

3.3 | Data analysis and integration

Survey data were downloaded from the Qualtrics platform to Excel™ format. Demographic data and the aggregate GEMINI scale (Montayre et al., 2022) scores were compared to assess group differences between men and women to the response to the statement, 'It is reported that men do not have the qualities necessary to be successful in nursing'. Two members of the research team (DM & YS) analysed the responses to the statement independently for 'agreement' or 'disagreement'. The intercoder reliability was computed to calculate the Kappa coefficient of agreement, with the following values: (a) agreement with the statement: 0.845; and (b) disagreement with the statement: 0.938, indicating 'Strong' to 'Almost Perfect' agreement (McHugh, 2012). These data were exported to and analysed using IBM SPSS Statistics software (Version 28)™, to assess for demographic differences between respondents who indicated agreement and those who indicated disagreement with the statement. As age and the GEMINI scale score were not normally distributed using Smirnov–Kolmogorov test, the Mann–Whitney *U* test was used and categorical variables were analysed using Pearson's chi-square. Statistical significance was set at $p < .05$.

A reflexive thematic analysis approach (Braun et al., 2023) was employed to analyse the qualitative data from the open-ended statement within the survey. The reflexive approach involves an iterative process, where researchers acknowledge their roles and own assumptions in the data analysis and how these could shape the interpretation of the data (Braun & Clarke, 2019). Informed by the critical realist theoretical approach, an inductive and semantic method of data analysis was conducted, thus allowing for a broad interpretation of patterns of meaning within the data and empowering the voices of oppressed groups (Kiger & Varpio, 2020). Following the approach as espoused by Braun and Clarke, two researchers (LR & JM) familiarized themselves with the data,

generated initial codes, constructed and revised themes with the research team before writing up the narrative (Terry et al., 2017). The rigour of qualitative analysis was secured through strategies that enhanced validity and reliability, as defined by Morse (2015). The validity and reliability of the analysis were established by methodically coding the data with multiple investigators involved in inductive coding, and the heterogenous composition of the research team ensured that individual biases were less operative in the analysis.

Trustworthiness in this study has been strengthened by collaborative reflexivity and peer scrutiny with analytical decisions and storyline discussed with the research team (which included nurses from diverse genders). Members of the team confirmed the authenticity of students' experiences and perspectives—with some of the men reflecting that these were similar experiences to their own when they were nursing students (Olmos-Vega et al., 2023). The initial coding was completed by LR (female, doctoral qualified Registered Nurse) and JM (male, doctoral qualified Registered Nurse), who both identified that students' comments resonated with their own assumptions, personal experiences and observations within the discipline of nursing. The final write-up of the narrative was completed by LR with original excerpts provided to give context to the interpretative decisions and theming during the analysis. An audit trail was maintained to report the decisions and processes followed during the study.

Data integration at the analytic and interpretation level has been demonstrated by reporting on the quantitative and qualitative results in the discussion as well as presenting the data in a joint display (Guetterman et al., 2015).

3.4 | Ethical considerations

Ethics approval was obtained from each of the 16 respective individual institutions' Human Research Ethics Committees with one institution taking the lead to support other applications [H14132].

4 | FINDINGS

Out of the total 1245 respondents, 929 commented on the misconception open-ended statement regarding men not having qualities to be successful in nursing. Out of these, 865 (93%) respondents indicated that they either Agree (4%) or Disagree (96%) with the statement.

4.1 | Quantitative findings: Socio-demographic comparison and gender misconception

In addition to the significantly higher mean GEMINI scores among those with gender misconception (51.78 vs. 33.33, $p < .001$), men had higher gender misconception than women (7% vs. 2%, $p < .001$).

Additionally, those with higher gender misconception were more likely to: (a) be engaging in non-health-related work ($p < .001$); (b) indicate that nursing was not their first choice ($p < .001$); (c) be overseas born ($p = .023$); (d) be non-English-speaking at home ($p = .031$) as shown in Table 1. Verbatim exemplar quotes illustrating the above socio-demographic characteristics and higher GEMINI scale scores are provided in a convergent parallel joint display (Table 2).

4.2 | Qualitative findings

Reflexive thematic analysis of the open-ended responses ($n = 929$) to the statement posed in the survey: 'It is reported that men do not have the qualities necessary to be successful in nursing. What are your thoughts about this view?' generated four broad overarching main themes. These themes were as follows: (1) 'This is a very misandristic viewpoint'; (2) 'Compassion and intelligence are distributed in men and women equally'; (3) 'Men bring a different quality to nursing' (4) 'Anyone can be whatever they want to be'. Verbatim examples may be accompanied by codes: Gender (Man/Woman), nursing first choice (NFC), health-related employment (HRE), overseas-born (OB) to provide context.

4.2.1 | 'This is a very misandristic viewpoint'

Most men and women reported that nursing's historical roots and socially constructed gender norms have been manifest since the time of 'Florence Nightingale, born in 1820—founder of nursing'. As a profession, in its own right, nursing has been 'undervalued' and it is this pervasive patriarchal ideology that influences society's 'stereotypical' thoughts about men's position in the profession and 'acts as a barrier for men' in nursing.

...this view is outdated and has been reinforced by stereotyping of the past (nightingale era right through to recent portrayals in movies). I believe men can be as empathetic as women and in some cases more than women

(Woman, NFC)

...close-minded and in some ways sexist. The idea that men are incapable of "caring", or do not possess inherent qualities to be successful as a nurse (or in any caring role) has stemmed from societal and cultural norms that misrepresent "masculinity" as a clear-cut construction wherein men cannot pursue their interests for fear of rejection or ridicule...

(Man, NFC, HRE)

The men and women were highly critical and vehemently opposed to the statement—men do not have the qualities to be successful in

TABLE 1 Sociodemographic comparison and gender misconception.

Characteristics	No gender misconception (n = 829)	Gender misconception (n = 36)	Mann-Whitney U or chi-square test	p
Age, mean (SD) years	27.01 (9.18)	26.45 (8.87)	9904.00	.884 ^a
Gender %				
Female	98	2	12.438	<.001 ^b
Male	93	7		
Country of birth %				
Overseas born	93	7	5.192	.023 ^b
Born locally: Australia	97	3		
Language spoken at home				
English	97	3	6.930	.031 ^b
Both non-English & English	93	7		
Non-English	91	9		
Work type				
Not in paid work	95	5		
Non-health-related work	92	8	15.485	<.001 ^b
Health-related work	98	2		
Family member, a nurse				
No	95	5	0.481	.488 ^b
Yes	96	4		
Nursing as first choice				
No	89	11	14.114	<.001 ^b
Yes	97	3		
GEMINI Score, mean (SD)	33.33 (9.15)	51.78 (11.16)	2839.50	<.001 ^a

Note: ^aMann-Whitney U test; ^bPearson χ^2 test.

nursing—explaining that these perceptions of men have been and continue to be perpetuated, by socially constructed gender norms that are 'archaic', 'outdated' and 'sexist'. This was exemplified by a plethora of statements from both men and women such as: 'This is unfounded, and based on patriarchy and toxic masculinity...' (Man); 'One's genitals has no impact on the personality they have' (Man); 'It's sexist to assume that women are more caring, and degrades the roles of both men and women in the field' (Woman); and 'it is reductionist and sexist to correlate an entire gender as unsuitable for a profession' (Woman). A person's fitness to practice based on gender are views that similarly 'oppress women in the workplace and exclude them from positions of power'.

I think this view is essentialist [sic] rubbish. I think it is important to note that this same kind of view that someone is innately unsuited for a particular role based on their gender is usually used to oppress women in the workplace and exclude them from positions of power. Men should not be discouraged from caring roles, in the same way that women should not be discouraged from positions of power

(Man, NFC)

While societal expectations of men and women's roles and the gendered nature of nursing were considered pervasive and often based on 'biology' with statements such as: 'Men working with objects and women working with people' (Man), or 'females are generally conditioned to be caring and motherly'. While males are conditioned to be tough, aggressive and 'manly' (Woman), this did not 'make it true' and only widened the chasm to 'gender equality'. While both men and women reported that men were 'at times...used for the muscle or to help with a difficult patient' (Man), this was not intended to mean they were devoid of the ability to care for others.

Men are always undervalued when it comes to their ability to care for others as it is not seen to be manly
(Man, NFC)

...this stems from a misogynistic point of view that labels women as the only people capable for a 'caring' role either as mothers and nurses. From my experience men are often very caring but aren't shown (as much) as children about how to express this caring and therefore they are perceived to not care as much
(Woman, NFC)

TABLE 2 Exemplar quotes related to socio-demographic characteristics of those with higher GEMINI scale scores.*

Sociodemographic characteristics	Exemplar quotes
Gender – Man	<p><i>Example 1</i> Speaking from my personal experience, we (male nurses) do not communicate well like female nurses. We share vastly different qualities compared to female nurses that deliberately puts us behind (Man, GEMINI scale score: 69)</p> <p><i>Example 2</i> One is that because I'm a male I do not have the same caring factors as females because I lack the 'motherly' perspective to care about my patients. The other is that I'm always assumed to be gay and then when I explain I'm 'straight' and have a female partner, I am judged harshly and often have misconceptions made about me and my intentions in nursing (Man, GEMINI scale score: 64)</p>
Non-Health Related Work	<p><i>Example 1</i> ... it is seen that males are too rough and tough to be caring for others. I have experienced this on placement. I have had several patients say 'oh you should not be a nurse' (Man, GEMINI scale score: 58)</p> <p><i>Example 2</i> I think the qualities necessary are more natural in females (empathy, compassion). It's a proven scientific fact. But not all. It's just the majority (Woman, GEMINI scale score: 57)</p>
Nursing not first choice	<p><i>Example 1</i> Men lack emotional strength compared to women. They cannot express their feelings like females (Man, GEMINI scale score: 63)</p> <p><i>Example 2</i> they do not choose this field due to certain reasons, one of them being how media and culture has played a role in showing that nursing belongs to female groups and other reasons being men try to choose a field that pays more to support their family (Man, GEMINI scale score: 56)</p>
Overseas born	<p><i>Example 1</i> People tend to associate male nurses with more managerial or technical roles and hence qualities such as compassion and emotional intelligence are the perceived deficits in a male nurse. In practice, it's often true... (Man, GEMINI scale score: 61)</p> <p><i>Example 2</i> ... negative stigma and media portrayal of male nurses ... I think male nurses are underrated and sometimes other factors play a role in simply deeming them to be not qualified (Man, GEMINI scale score: 59)</p> <p><i>Example 3</i> Biologically females were built with the anatomy to care for children while males were given the anatomy to protect and hunt. I still think that this is somewhat relevant today. Females are generally conditioned to be caring and 'motherly'. While males are conditioned to be tough, aggressive and 'Manly'. So, in some cases, a female may have better empathy (Woman, GEMINI scale score: 46)</p>
Non-English speaking at home	<p><i>Example 1</i> I feel men are naturally less sensitive and empathetic than women ... I come to the conclusion that men are less empathetic about other people's sufferings (Woman, GEMINI scale score: 48)</p> <p><i>Example 2</i> Nurses often need to be more attentive, patient and friendly in their communication. It seems that male nurses may be physically stronger than female nurses but may not do as well as female nurses in other areas (Woman, GEMINI scale score: 48)</p>

*High GEMINI scale score > 34 (Montayre et al., 2022).

The discrete role delineation and sociocultural expectations only widened the gender divide and perpetuated 'discrimination' against men pursuing a career in nursing and maintained 'a damaging stigma... borne out of outdated gender archetypes and perceptions of how men and women should behave' (Man). These views were often shaped by 'media' representation and images of nursing and by culturally determined constructions of masculinity that did not align with nursing. For those from collective cultures, traditional prejudice still permeates career decisions for both men and women. The continued use of language such as 'ladies' or 'sisters' or 'you wouldn't understand because you're a man' sustains this misconstrued image of nursing.

It is a job that is often ostracised by the media for men to venture into this career as they are deemed "too good for the job". Even on social media that speak on the matter of 'men vs women' being 'doctors vs nurses', where men should not be nurses as they are "overqualified for the job" and women shouldn't be doctors as they are "too underqualified". From an Asian standpoint, being a nurse is often looked down upon, even for females, as it is expected from the

stereotypical Asian parents for their child to go into medicine, engineering or to become a lawyer
(Woman)

...they [men] don't choose this field due to certain reasons, one of them being how media and culture has played a role in showing that nursing belongs to female groups and other reason being men try to choose a field that pays more to support their family
(Man, OB)

Some explained that it is because of these stereotypes 'people assume you are gay' and it is these assumptions that need to be 'obliterated' to 'change people's views towards male nurses'.

I am angered by the stereotype that the majority of male nurses are homosexual. This stereotype is discriminatory and embarrassing for heterosexual male nurses
(Man, NFC, HRE)

When I told some people I wanted to be a nurse some people said I don't know any straight male nurse. When I've told people I'm a nurse, men normally have some sexual remark about the job and the tasks I have to complete.

(Man, HRE)

Of note, most women in this study were extremely strong advocates for '*more men in nursing*', dismissing comments about sexual orientation and 'glass elevator' career success rather pushing for '*gender equality*' in the profession.

...men in nursing are perceived as more feminine by society, which leads to the opinion that "most men in nursing are gay" etc. However, I disagree, I think society is still somewhat stuck in the mindset that men are supposed to be the bread winners and women should have children etc.

(Woman, NFC, OB)

It is...a very ignorant view. I believe this sort of view is also not productive to achieving gender equality. Males need to be supported in typically female roles in the same way females are in typically male roles.

(Woman, NFC)

4.2.2 | 'Compassion and intelligence are distributed in men and women equally'

Gender was seen as a non-issue in relation to the qualities and attributes necessary to be successful in the nursing profession—'*the role is gender neutral, there are potentially certain strengths inherent within both genders but overall roles are equal*' (Man). The statement posed was dismissed by comments such as, '*Who said men can't be successful in nursing?!*' (Woman), '*Women and men are equals, so there is no reason for men not to be nurses*' (Woman), and '*Men are equally as caring as women*' (Man). Men and women believed that any person could be a good nurse—'*both are just as good as each other, it is the individual that makes the nurse good or not*' (Man).

Men and women believed that qualities and traits that were important in nursing, such as '*care*', '*compassion*', '*intelligence*', '*patience*', '*good communication*' and '*empathy*' were often inherent, '*human traits*' or '*you could learn these skills*'—they were not determined by one's gender. There was consensus that '*women and men are much more alike than different, and...[gender]...is not indicative of the quality of a human being's heart*'. Men were described as '*having just as many qualities as females do...and sometimes more to offer than their female counterparts*' (Woman).

While compassion is stereotypically a more feminine trait to have, I have found that compassion is not

limited to gender and anyone can be compassionate and empathetic if given the right circumstances

(Man, NFC, HRE)

I think that the ethos and values inherent in the Nursing profession are universal human qualities

(Man, NFC)

Since studying nursing, the way in which men are forced into being "strong and stoic" is very obvious...I have worked with plenty of women who, despite having a less threatening female body, are judgmental and not particularly skilled. Some of the softest, most helpful people I have met have been men.

(Man, NFC, HRE).

There was agreement that 'as with any job not the entire population has the qualities and personality types to perform the role effectively, as such not all males are suited to nursing, conversely there are many men who are well suited to being nurses' (Man). One of the key determining factors to success were individuals' 'characteristics, passion and commitment', 'ability to work in a collaborative environment... [and provide] person-centred care' and a 'continued willingness to learn, reflect and grow as individuals and professionals'. These qualities were 'not exclusive to the female gender' and it was highlighted that a person could 'cultivate these qualities with proper training'.

Traits such as compassion, empathy, confidence and competency are learned skills, not ones you are born with.

(Man, NFC, HRE)

The success of an individual in any profession is not based on gender, ethnicity, culture or sexual preference, but the individual's own abilities and their effectiveness to work well in a collaborative and diverse environment.

(Woman, NFC)

The majority felt strongly that it was 'stereotypical of us to box women as more compassionate and caring than men. Nursing skills are not gender based however [understood] sometimes it is more comfortable for the patient to be around a specific gender nurse' (Woman) and 'that is completely okay, the patient is fully allowed that preference' (Man). Therefore to achieve 'gender equality' and 'workforce diversity' (including non-binary) in the profession, they were adamant that the focus should be on 'what makes a person a good nurse' because 'care is care' and 'a nurse is a nurse', 'sexism' needs to be challenged—'just as 'doctor' is no longer associated to man, 'nurse' should no longer be associated to woman'.

I think it is so important for men to be part of the nursing profession. In the same way that is important

for women to be a part of male dominated industries like engineering and construction. The men that I have worked with in the nursing profession are often fantastic nurses. They are kind, gentle and supportive and have a strong skill base as well. We should be focusing less on gender and more on what makes a PERSON a good nurse

(Woman, NFC, HRE).

...this is the same sort of sexism that is ripe in nursing and midwifery, women-centred care has just been put out there as opposed to patient-centred care, when my friend had his prostate checked there was no male-centred care so using genders on care demeans the fact that care is care, and with the non-binary workforce, moving forward this female dominated and the attitude that because they learnt it in a ward instead of at a university, that their dinosaur approach is the only way

(Man, NFC).

4.2.3 | 'Men bring a different quality to nursing'

Men were seen to be a 'valuable asset' that 'bring a different perspective to nursing' and it was evident that both men and women believed that 'in unison these differences could strengthen', 'complement' and 'balance out' the profession with positive outcomes for workplace productivity. Comments related to how men had purpose in the profession, 'enriching the field' with their different way of caring, in areas of nursing, such as 'critical care' and 'mental health' where they were 'welcomed' more so than 'maternity and paediatrics'. Their success evidenced by patient compliments, promotion and clinical success. Of note, were the number of comments received related to how the presence of men 'eliminates some work culture behaviours such as gossiping and bullying'.

I personally find that when I have worked on wards with no male nurses, the energy of gossip and complaining is at an all time high, it's disturbing and I am a woman. When there are men within the mix in the nursing field, there is a far greater balance of respect, good communication and work culture. I believe the male presence (generally) encourages the women to be better, wiser, and more professional.

(Woman, NFC, HRE)

Having a gender balance in the Nursing Profession keeps a healthy workforce and reduces bad culture and bullying. Men often have a different point of view to the needs of a patient that a women may not

notice, and therefore improving outcomes for patient treatment and care.

(Man, NFC, HRE)

They balance the work dynamics out and provide a different perspective than females. They tend to be more calm and less inclined to the 'bitchyness' and 'catiness' that comes in a predominantly female workplace. The male nurses I've worked with are more calmer and tended to be more level headed than some of the female staff.

(Woman, NFC, HRE)

Men were seen to have a different way of caring 'that round out the skill set of the nursing team which is an undeniable positive' and were particularly good in 'highly emotional situations'. They were thought to be 'level-headed, calm and sound at making decisions especially high-risk decisions'. The 'male perspective' was also thought to be appreciated by other male patients due to their ability to 'relate and empathise' or purely for 'cultural or religious reasons'.

Patients appreciate the masculine perspective in recovery. Men are relatable, and break up the monotony of an all-female task force.

(Woman, NFC, HRE, OB)

Nursing requires diversity as the population requiring healthcare in general and nursing care specifically is diverse. I find that being male allows me to discuss things with men, such as sexual health and mental health, in a far more therapeutic and efficacious manner.

(Man, NFC)

Men were further identified as being better suited to some areas of nursing such as 'mental health' or 'more autonomous/critical care roles (e.g. operating theatre, ED)', although they were seen as very capable to work well in any area of nursing (including midwifery), 'showing empathy and patient and family-centred care'. They provided an element of 'strength' and 'safety' and because of their physical traits, men were described as being used in the clinical setting as 'muscle or just to lift heavy patients'.

...men, especially in mental health have a deeper understanding how boys/men may feel through having same or similar experience, also that men will normally play sports that are male dominant, so personal injuries and that experience is transferable if they're working in those rehab wards.

(Man, NFC, HRE)

While there were comments such as, 'it is a common view amongst my colleagues (M+F) that male nurses climb the ranks quicker

than their female counterparts' and 'get into management roles at a higher rate than the gender ratio in nursing', it was considered that this perception may be related to men being a minority in the workforce, therefore they 'find it easier to progress further in their careers due to quotas, similar to how women in STEM may progress further'. Others felt that men may pursue 'positions of power' and 'advancement' as a way 'to integrate into' a female-dominated profession—it may be 'empowering for a man to be so elevated in a profession'.

The nursing workforce is screaming for men. As women outweigh the amount [sic] of men in this particular workforce, men have a better chance at being more successful based on their gender.

(Woman, NFC)

Despite the view that men seem to be *'often more successful and move up the ladder quicker'* into leadership or management positions in nursing, this did not detract from their ability to be excellent clinicians both in governance and on the floor *'going above and beyond for their patients and showing genuine compassion and empathy'*.

...they are the most incredible nurses, they are compassionate, understanding and have a wealth of knowledge and they have gone to undertake more senior roles within the healthcare facility.

(Woman, NFC, HRE)

I have been cared for by male nurses and found that at times a male nurse listened and more than a female nurse.

(Man, NFC)

Women further highlighted that men in the profession were exemplary teachers and mentors nurturing the next generation of student nurses on clinical placements. They were described with words such as *'knowledgeable'*, *'passionate'*, *'wonderful communicators'*, *'respected'*, *'approachable'*, *'welcoming'* and *'genuine'*. This made all the difference to their clinical placement experience *'in ensuring they felt included and [were] learning'*. Men also provided a sense of safety *'as the public system can become volatile'*. Some women felt that it was the *'older nurses'* or *'older generation'* who could be *'hard against them [men]'*.

Male nurses are able to engage patients in care and treatment through laughter in an attempt to make hospital not seem so frightening. The male nurses I have come across so far on my placements have been so genuine and truly enjoy their job as a nurse and you can see that by the way they perform their tasks. Male nurses have taken the time to show me around the wards, assist me with the medications and take the time to educate me and allow me the time

to learn. I have found many male nurses to be more approachable than some female nurses.

(Woman, NFC)

My two favourite preceptors from my clinical placements are men, it was actually one male nurse in particular who gave me the best day I have ever had on placement because he was so passionate about his job and had so much knowledge

(Woman, HRE)

4.2.4 | 'Anyone can be whatever they want to be'

The overwhelming sentiment from all respondents was that *'your gender does not define you'* and nothing will or should stop you from becoming a nurse. The key element is that men needed to be *'passionate about their career'* and have the *'motivation/drive'* to succeed. They felt there were many opportunities for *'career progression in nursing for both males and females'* and *'men should be encouraged'*. As a respondent highlighted: *If nursing is your dream career, then you need to go for it!* (Man).

It doesn't matter whether you are a male or female nurse. If you want to excel in nursing you have every right to!

(Woman, NFC)

I believe gender should not and does not determine a person's eligibility to enter a career nor success within a career. I believe it should be based upon the work ethic and attitudes of an individual.

(Woman, NFC)

As mentioned earlier women studying nursing were clearly supportive of men and adamant that they would *'love to see more males in the industry'* and this may even help to *'blast myths'*—*'We need more male nurses!!'*

If they enjoy it enough and that's where they have chosen to be, they make great Nurses. In some instances, better than female nurses. I would love to see more males in the industry.

(Woman, NFC, HRE)

Some of the best nurses I know are men. They are so talented and bring so much to the nursing field and we NEED MORE OF THEM!!

(Woman, NFC)

For the men studying nursing, nothing was going to stop them, they were going to defy societal expectations, this was not *'a stepping*

stone' nor was it meant to 'take job opportunities from my female peers'. Being a minority 'doesn't stop me from pursuing what I want to do' and for many 'it was always my first choice' and 'I would not choose any other profession other than nursing'.

I've been the only male in a class of 30 at uni, I've been the only male within my placement group. I'm only ever partnered with a female nurse as a mentor. I've often been turned away from offering care to patients purely cause I'm a male...It doesn't stop me from pursuing what I want to do.

(Man, NFC, HRE)

I have been in nursing for last 12 years. I would not choose any other profession other than nursing

(Man, NFC, HRE, OB)

These undergraduate nursing students (both the men and women) were progressive in their thoughts and opinions, they understood that the 'world is changing and people's perceptions are also changing' explaining that this 'old school mentality' needs to change, and that 'we need to change this; nursing needs a more balanced workforce'.

IT IS A SOCIAL FALLACY THAT NEEDS TO BE ERODED!

(Man, NFC)

It crazy to think in this day and age, stupid ideas like this are still around.

(Woman, NFC)

If there's a place for male patients in the healthcare system, then there's a place for male nurses in the healthcare industry.

(Woman, NFC)

I feel that if you have this point of view you need to graduate your thought process into the 21st century

(Man, NFC)

...an urban myth for years and is juvenile in its origins

(Man, NFC)

The men and women were championing for change—change to the 'status quo', 'change to that stigma' and change to archaic gender norms and gendered language. By pushing for this change to misconceptions they believed they could challenge sociocultural expectations and 'gender bias' in the profession. They strongly believed that 'views are changing on male nurses, albeit slowly' and with this comes a more 'balanced, gender diverse workforce' that can competently care for the needs of a gender diverse society.

In my opinion these norms are progressing, albeit slowly, so one day we might see a more gender balanced nursing profession.

(Man)

I think the stereotype that men can't be nurses or it's a female job is starting to change more to there being a greater balance between men and women in nursing.

(Man, NFC)

This may have been the case 50 years ago, however men are accepted into the nursing profession just as much as woman. Equality is thriving.

(Man, HRE)

In this century we should move ahead of the gender bias. Men and women both can be an excellent nurse, if they aspire to be.

(Woman, NFC, OB)

Having versatility in healthcare workers backgrounds is vital to ensure that all needs of the public are met by those tasked to care for them.

(Man, NFC, HRE).

5 | DISCUSSION

The current study provided an insightful and deeper understanding about misconceptions towards men in nursing from the perspective of undergraduate nursing students. Our study mainly found that undergraduate nursing students in general had lower levels of misconceptions, and this was confirmed with both the quantitative and qualitative findings. However, those who were overseas born and from a non-English speaking background (NESB) had higher misconceptions about men in nursing, which can be attributed to culturally oriented constructs that influence perception of men as nurses. For example, one study from China revealed that some men were uncomfortable to disclose being a nurse in front of their new male friends, mainly due to the associated gender and sexuality stereotypes (Chen et al., 2020). On the other hand, culturally grounded expectations about men and masculinity in Arab paradigms, perpetuate the concept that men are physically stronger than women, hence needed as 'muscles' in the clinical settings (Saleh et al., 2020). Moreover, the gendered perceptions and influence of family members (parent and grandparents) on career choices in some Asian cultures could amplify these misconceptions (Yang et al., 2017). This also accords with our qualitative findings where those who were overseas born described the traditional and cultural prejudices that continue to impact career decisions. Collectively, these factors in

one way or another could influence higher misconceptions among the culturally and linguistically diverse groups of male nursing students in Australia.

Our study also found that men in general had higher misconceptions than women did, which could have been influenced by socially induced gendered job archetypes that characterized nursing (Evans, 2004). Furthermore, our findings resonated with an earlier study highlighting the benefit of prior experience and exposure to healthcare-related work, which in turn resulted in a more positive outlook about working as a nurse (Algozo et al., 2019). Career choice has a significant influence towards misconceptions about men in nursing, which was evident in the higher levels of misconception among those who did not choose nursing as their first career option. Choosing nursing as a first choice of study has been an important predictor for nursing programme completion and in having a sense of professional identity in nursing (Salamonson et al., 2014; Worthington et al., 2013), hence this relationship of misconceptions and career preference (first choice) shared the same logical trend.

The narratives of respondents in this study were also rich and informative. The respondents revealed that, although men are equally capable of a successful career in nursing, harmful gender stereotypes of men in nursing are commonplace. Negative stereotyping of men in nursing consistent with the results of this study has been previously reported. Male nurses are reportedly under-recognized for their competence and are over-recognized for their physical strength (Rabie et al., 2021). Men in nursing report feeling that they are perceived by patients and patients' families as less suitable for nursing work than a woman (Martínez-Morato et al., 2021). Furthermore, men in nursing are subject to misconceptions that question the validity of their career choice, masculinity and sexuality (Weaver et al., 2014). Despite the reported negative attitudes and harmful stereotyping of men in nursing, the respondents in this study reported that a greater representation of men in nursing would lead to an enhanced workplace culture, and that male nurses have attributes that assuage the deficits of a workforce lacking gender diversity. Consistent with the results of this study, the merits of workplace diversity are well established. Workplace diversity in healthcare is associated with enhanced quality of patient care and enhanced economic viability of healthcare organizations (Gomez & Bernet, 2019).

Respondents' gender inclusive attitudes are explicable when considering the demographic composition of the sample; most respondents in this study were young people (average age of 26.68 years) who were receiving tertiary education in a democratic nation. These characteristics are associated with attitudes consistent with gender equality (Zagrebina, 2020). Furthermore, this demographic group in Australia is more likely to identify with a left-wing political orientation (Cameron et al., 2022) and therefore exhibit the corollary philosophical worldviews. The value placed on gender equality is congruent with the prevailing zeitgeist of the contemporary feminist movement (Swirsky & Angelone, 2016), which has led to revisions of the traditional gender-based occupational segregations. Accordingly,

greater representation of males in nursing is an outcome consistent with equality objectives. This same movement for gender equality is operative in the Australian defence force, which has undergone substantive cultural reconstruction as a means of addressing gender-based inequalities and injustices (Wadham et al., 2018). The demand for the resolution of gender-based inequality in Australia has had substantial industrial implications.

The results of this study suggest that greater representation of men in nursing will diminish gender inequalities. However, it is demonstrably clear that greater male representation in nursing is not a bellwether of gender equality. Increased representation of men in nursing is observed in nations with relatively high scores in the gender inequality index (GII), (United Nations Development Programme, 2023). Men represent approximately 25% of the nursing workforce in Saudi Arabia (Ministry of Health, 2021) (GII: 0.247), approximately 50% of the nursing workforce in Mauritius (Liu et al., 2022) (GII: 0.347) and approximately 38% of the nursing workforce in Jordan (Harding et al., 2018) (GII: 0.471). In contrast, substantially lower (better) GII scores are observed in nations with males representing fewer than 10% of the nursing workforce. For example, men represent approximately 9% of the nursing workforce in Canada (Canadian Nurses Association, 2023) (GII: 0.069), and approximately 8% of the nursing workforce in New Zealand (New Zealand Nurses Organisation, 2018) (GII: 0.088). It can then be inferred a priori that a higher proportion of men in nursing will not on its own redress gender inequalities. Rather, the attitudes and misconceptions that elicit gender inequalities must be addressed with comprehensive strategies, rather than relying on gender-specific quotas or targeted recruitment drives that simply aim to increase male representation on presumption that this in itself will resolve gender inequality. Misconceptions towards men in nursing must be addressed by changing attitudes, rather than the outcomes of those attitudes. Unless this is prioritized, misconceptions about men in nursing will continue to negatively impact the recruitment, retention and the integration of men in the nursing profession (Guy et al., 2022; Smith et al., 2021; Stanley et al., 2016; Whitford et al., 2020).

5.1 | Strengths and limitations

A strength was the large recruitment of undergraduate nursing students ($n=1245$) and the national scope of the study. While data were derived from one qualitative open-ended question, the responses ($n=929$) received were rich in detail. Limitations included self-reported bias, response bias and varied distribution across universities, which may not represent other settings if surveyed. There may also be variations in interpretation of the qualitative comments; this limitation is ameliorated by the strong use of transparent reporting of the qualitative data verbatim. Further, we only analysed data from participants who self-identified in binary genders, and we recommend further studies on nurses who self-identify as belonging to genders other than male or female.

5.2 | Recommendations and implications for policy and practice

A future direction for research would be to examine the objective and subjective implications of negative stereotyping, as these would lead to more tailored solutions and strategies. Implications for policy and practice include the need for nursing leaders to raise awareness, acknowledge and challenge biases and misconceptions and promote gender neutral language within the nursing profession, policies, schools, workplaces and media portrayals and advocate for gender inclusion in nursing. Greater awareness among nursing educators of gender bias in their teaching approaches, materials and in clinical practice settings may promote more inclusive learning environments and limit attrition at the undergraduate level and within the profession. More positive and degendered imagery of nurses within the profession and improved pay and benefits for advanced practice nurse leaders may increase the status and attractiveness of the profession. Shifting culture and attitudes towards equity, inclusion and diversity in the workforce enhances the value and support for healthy workplace environments. By addressing misconceptions, we can change the rhetoric because 'a nurse is a nurse' regardless of gender.

6 | CONCLUSION

Nursing as a profession could immensely benefit from a gender-balanced workforce, which can be achieved when misconceptions about men pursuing nursing as a vocation are addressed instead of being perpetuated. Our study found that undergraduate nursing students do not have misconceptions about men in nursing; however, they recognized and experienced these existing misconceptions within and outside the clinical and learning environments. It is important that nursing students be supported in their shifting paradigms towards a non-gendered nursing profession, focussing on the important gender-blind values and attributes of nurses centred on holism, professionalism and person-centredness.

AUTHOR CONTRIBUTIONS

All authors have agreed on the final version and meet at least one of the following criteria (recommended by the ICMJE *): (1) substantial contributions to conception and design, acquisition of data or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content.

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DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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