

SEX-ROLE STEREOTYPING AND ROLE STRAIN AMONG
MALE REGISTERED NURSES

by

James W. Egeland, R.N., B.S.N.

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Approved:

[Redacted Signature]

Julia S. Brown, PhD, Professor of Sociology,
Thesis Advisor

[Redacted Signature]

Debbie Lieber, RN, MN, Assistant Professor, Reader

[Redacted Signature]

Thomas Lloyd, RN, CNM, Assistant Professor, Reader

[Redacted Signature]

Carol A. Lindeman, RN, PhD, Dean, School of Nursing

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CHAPTER I

INTRODUCTION

The women's movement that began in the late 60's and early 70's has increased awareness of sex-role stereotyping. Since then, numerous researchers have documented problems that women have encountered upon entering traditionally male-dominated occupations. Considerably less attention however, has been focused on the gradual influx of males into traditionally female sex-typed occupations during this same period, and the problems they have encountered (Greenberg & Levine, 1971; Lynn, Vaden & Vaden, 1975).

There is a scarcity of research on males in traditional female occupations, particularly in nursing. This may be due in part to the small numbers and proportion of male Registered Nurses (RNs) in the work force. However, changes in men's attitudes toward women's occupations which presumably occurred in response to the "women's movement", together with the presumed shortage of nurses, led increasing numbers of men to enter the nursing profession during the 1970's. Within a decade the percentage of male RNs doubled and the percentage of male nursing students tripled.

The influx of men into nursing is expected to continue, perhaps not strikingly, but enough to warrant

an examination both of the problems male RNs encounter in this female sex-typed profession, and of their reactions to these problems. The present study explored these problems.

Review of the Literature

This review focuses first on the literature pertaining to gender roles and sex-role stereotyping to provide a theoretical understanding of the problems encountered by men upon entering a female stereotyped occupation. Next, sex-role stereotyping within the nursing profession will be discussed, combined with role strain experienced by male RNs as a result of sex-role stereotyping. Compensatory mechanisms used by male RNs to decrease role strain are identified and discussed. Finally, possible differences are explored between role strain experiences of male nursing students and of male RNs.

Nature of Gender Roles

Gross, Mason, and McEachern (1958) define role as a "set of expectations...a set of evaluative standards applied to an incumbent of a particular position" (p.60). In Western culture, gender partially determines the status and roles held by individuals. This results from sex-role stereotyping, which Kagan (1964) defines as "a publicly shared belief regarding

the appropriate characteristics for males and females" (p.144). These characteristics for Western men are identified as strength, aggressiveness, self-control, and leadership by Bush (1976); competence by Broverman, Vogel, Broverman, Clarkson, and Rosenkrantz (1972); and as objectivity, persistence, valor, and dominance by Carson and Fehir (1980). The positions considered particularly appropriate for men are those more technically-oriented, which offer more prestige, status, and higher salaries than service-oriented jobs; jobs of power and competitiveness, requiring the initiation of activities and decision making (Miner, 1965); jobs that are action-oriented and involve high-pressure situations (Robinson, 1973); and jobs that involve scientific and bureaucratic tasks (Schulman, 1958).

According to their stereotyped role, women in Western society are expected to display caring, tenderness, warmth, and sympathy (Bush, 1976), and nurturance, caring and tenderness, sensitivity and compassion (Carson and Fehir, 1980). Women tend to occupy service-oriented jobs (Bush, 1976). Relative to men, they are thought to be "dependent, subjective, passive, noncompetitive, [and] illogical" (Broverman et al., 1972, p. 66); to be less creative and less capable

of initiative (Devereux & Weiner, 1950); and are presumed to enjoy spiritual and artistic activities (Miner, 1965).

Nursing: A Female Sex-Role Stereotyped Occupation

Many occupations have come to be regarded as particularly appropriate for one sex or the other. In her research on sex labeling of jobs, Oppenheimer (1970) documented that occupational roles are not randomly distributed between the sexes. Because of societal values and because of people's conscious or unconscious attempts to conform to norms, men and women tend to enter occupations presumed congruent with their sex-stereotyped roles.

Merton (1957) suggested that sex-role stereotyping of an occupation exists when: (a) an occupation's membership is largely comprised of members of one sex, and (b) the occupational role is concordant with the stereotyped role of that sex. Nursing is one such "female" occupation. According to Schulte (1981), males comprised only 1% of the U.S. Registered Nurse population from 1949 to 1966. In 1972, the percentage had increased to 1.3%, and in 1980, the estimated 45,060 male nurses represented 2.7% of all licensed Registered Nurses (American Nurses Association, 1985). Although 5.5% of students who graduated from schools of

nursing in the U.S. in 1981 were males, this percentage had leveled out, that is, it was virtually unchanged from 1978 (National League for Nursing, 1980, 1984). It may be a number of years before this percentage increases substantially. As studies by Looft (1971) and Papalia and Tennent (1975) demonstrated, among school-age boys and girls, girls were still the only ones who expressed occupational interest in nursing.

The expectation that females, not males, should become nurses is widespread in our society. Nurses are expected to be nurturing, caring, and tender (Bush, 1976); and sympathetic, kind, gentle, and patient (Segal, 1962). These are sex-role stereotyped characteristics of women. The television medium portrays the nurse as a woman in a traditional handmaiden role. The pronoun "she" is used in reference to the word nurse, not only in the lay press, but is applied in the nursing literature and in communication among nursing professionals as well. Judging from the small number of males in nursing and from evidence of public attitudes, nursing is clearly a female sex-role stereotyped occupation.

Role Strain

The concept of role strain was first articulated by Goode (1960). Considered to be a normal process, it

was defined as "the felt difficulty in fulfilling role obligations" (p. 483). Thomas (1968) stated that "stress [role strain] factors may be attributed to role factors, to the particular personality characteristics of the individuals thus exposed, or to various combinations of role factors and the personality disposition of members" (p. 708). He cited five different types of role problems: role conflict, role ambiguity, role overload, role discontinuity, and role incongruence. Although men in nursing may display role strain arising from any of these role problems, the particular problem addressed in the present study is role incongruence, specifically the incongruence of the male role with the female stereotyped role of the nurse.

Thomas defined role incongruence as "person-role malfit....[the person] being out of fit with his social role" (p. 713). He postulated that role incongruence exists where "the range and variety of individual differences greatly exceed society's mold of positional alternatives, and...the processes of selection and change do not always operate sufficiently well to achieve a fit between given positions and particular persons" (pp. 713-714). Thomas identified seven types of person-role malfit: motive, incentive, skill,

capacity, performance, value, and identity. Identity malfit is of particular interest as it is a common type of person-role malfit that male RNs may experience as a consequence of their role incongruence. Thomas defined identity malfit as "the discrepancy between an individual's identity and that provided by membership in a social position" (p. 714).

Burr, Hill, Nye, and Reiss (1979) defined role strain as "stress generated within a person when he or she either cannot comply or has difficulty complying with the expectations of a role or set of roles" (p.57). They considered role strain to be a continuous variable, ranging in different instances from "none" to "a very high degree."

Burr et al. identified "incompatibility of roles" as a factor associated with problems such as those created by sex-role stereotyping. "The more individuals think their roles are incompatible, the greater their role strain" (p. 82). With respect to the profession of nursing, it may be argued that male RNs experience role strain to the extent that they perceive their gender and occupational roles to be incompatible.

Role of the Male Nurse

Men who enter nursing have an ambiguous role.

They are not nurses; they are "male nurses." The use of male as a qualifier suggests that they are different, not in keeping with the norm. Women in nursing are not subjected to this role problem. They are not "female nurses;" they are nurses. Groff (1984) states that "male nurse" suggests a "subtype of nurse, akin to an orderly" (p.62). While this statement may be extreme, this image of the male nurse is not uncommon. The terms "marginal role" (King, 1962) and "marginal man" (Segal, 1962) have been used to dramatize this ambiguous status of the male nurse. As a result of this status, male RNs were generally employed in certain nursing areas such as anesthesia, psychiatry, and urology until the last ten to fifteen years. Even today they may be legally restricted from working on obstetric units (Trandel-Korenychuk & Trandel-Korenychuk, 1981).

Nilson (1976) speculated that male stereotyped roles are more highly valued by society than female stereotyped roles; hence, males are "held suspect" for deviance from their role; and "a man in a female-typed occupation is penalized more for his role violation (relative to a woman in the same occupation) than a woman in a male-typed occupation" (p.332). Investigating this phenomenon more specifically,

Laroche and Livneh (1983) found that males tolerated sex-role violations by men less than sex-role violations by women. Moreover, males were less tolerant than females of sex-role violations by either sex.

Nilson argued that male RNs may experience psychological pressures because of the stereotyped expectation of the male's appropriate role. They may experience implicit and explicit disapproval from family, friends, colleagues, patients and the general public who may believe males choosing nursing have adopted female-stereotyped personal attributes.

Segal (1962) compared the attitudes of 22 male nurses and 81 female nurses working in a large psychiatric hospital in the East. He found that male nurses believed their occupational status was lower than female nurses believed their own to be. Male nurses were found to have lower self-esteem than their female colleagues. Segal also found that female nurses did not respect male nurses for their choice of career. This study was unusual in that it addressed many of the internal conflicts of males nurses at a time when literature pertaining to male nurses was scarce. However, the generalizability of Segal's findings to the current population of nurses is limited, both

because of his small and nonrepresentative sample, and, possibly, because of the 20-year time lapse since the study was conducted.

Silver and McAtee (1972) suggested that female nurses typically resist acceptance of male nurses for two reasons. First, female nurses may subscribe to the sex-typed image of nursing and believe that nursing should be a female profession. Second, many female nurses believe a man's ability to perform as a nurse is restricted by sexual taboos. Acceptance by female nurses of these stereotyped views may prevent a man from gaining recognition and professional equality in nursing. Although their assessment may be correct, Silver and McAtee offered no empirical evidence to substantiate these opinions.

Fottler's (1976) findings are in apparent contradiction to Silver and McAtee's claim. Fottler mailed questionnaires to a random sample of 200 female nurses belonging to the New York State Nurses Association (NYSNA). Of the 126 nurses who responded (63% return), 75% indicated positive attitudes toward male nurses. Older nurses were more positive than younger nurses. The generalizability of Fottler's finding may be limited inasmuch as the opinions of NYSNA members may differ from the opinions of nonmember

nurses and nurses from other regions.

Lynn et al. (1975) conducted two surveys on the struggles which men experience in a nursing career. The first survey of a random sample of 541 women and 58 men licensed as Registered Nurses in Kansas elicited attitudes toward administrative abilities, professional practice, job performance, and career orientation. The researchers concluded that female nurses wanted more males to enter nursing, believing such a development would result in attracting more young people of both sexes to nursing. At the same time, Lynn et al. speculated that if the number of male nurses increased significantly, the strong male-female polarization of attitudes toward each other, which the researchers had also discovered through their study, could "escalate into serious organizational conflicts" (p. 12).

In their second survey, Lynn et al. sent questionnaires to all hospital administrators in Kansas, inquiring about their attitudes toward nursing career entry and advancement, their reactions to advancement of male nurses, and their perceptions of differences between male and female supervisors. An 83% return (49 females and 92 males) revealed that male and female administrators believed that lack of male companionship increased dissatisfaction among male

nurses and that male administrators expected more from male nurses than did female administrators. When the authors compared the attitudes of staff nurses in the first survey and of administrators in the second survey, they concluded that male nurses will "upgrade" the profession as long as administrators and staff nurses continue to believe that they do. They also predicted that males, once attracted to nursing, will progress to managerial positions at a faster rate than females.

Shuval (1970) suggested that society's stereotyped expectations "condition the attitudes of clients toward professionals [e.g., male RNs]" (p.237). However, Bush (1976), upon interviewing 6 male nursing students and 4 male RNs at a midwestern university concluded that male nurses are accepted by most patients, with "the few rejections coming from older female patients" (p.400). Although her conclusion may be correct, the very small sample size and use of nursing students, who have had little opportunity for interaction with patients, minimizes both the validity and reliability of her findings. As with Fottler's (1976) findings on female nurses' attitudes toward male nurses, Bush's findings on male nurses' perception of patient attitudes toward them may represent a change from the previous decade.

However, Bush's findings lend support to Segal's claim that "public attitudes will lag behind the actual change in the profession" (p.38). If indeed this is true, the increasing tolerance of male nurses by patients and colleagues should help alleviate role strain experienced by male RNs in the workplace, while role strain resulting from pressures of the broader society may be pronounced for a longer period of time.

Male RNs apparently perceive their parents tolerate their career choice of nursing initially. Later this tolerance often develops into outright encouragement. Auster and Auster (1970) reported that only 6.1% of male nursing students believed that their fathers were somewhat or very discouraging of their choice of a nursing career, and that over time their fathers became less discouraging. Williams (1973) found that 67% of male RNs and nursing students perceived their fathers as encouraging, while only 1.8% frankly discouraged their sons' career choice. However, Bush (1976) found that most overt pressures to avoid a career in nursing came from fathers.

In summary, male RNs appear to experience role strain primarily in their relationship with three categories of persons; with individuals in the community, outside the nurse's work environment; with

colleagues and co-workers in the work environment; and with patients and their families.

Compensatory Mechanisms For Role Strain

Hughes (1971) recommended that individuals suffering from role strain, such as male RNs, try to reduce the force of status inconsistencies by keeping out of troublesome positions. Some researchers state that certain fields of nursing have characteristics which make them more congruent with sex-role stereotyped characteristics of men, and therefore may be less troublesome for male RNs. It has been suggested that men enter fields of nursing which reflect the following characteristics: technical competence (Williams, 1973); respect, independence, and higher salaries (Greenberg & Levine, 1971); drive and ambition, (Silver & McAtee, 1972); less nurturance, avoidance of "touch," and no requirement to wear white uniforms (Bush, 1976; Greenberg & Levine, (1971); responsibility and status (Greenberg & Levine, 1971; Williams, 1973). Higher status fields of nursing, according to Carnevelli and Patrick (1979), are those in which nurses help to "cure people, particularly when they do it in acute, high risk situations such as cardiac care units, intensive care units, and emergency rooms" (p. 5).

Numerous researchers have listed the fields preferred by men in female professions or fields in which men "fit" best. One of these researchers studied male social workers and the rest studied men in nursing. Kadushin (1976) surveyed the attitudes of male social workers in direct-service positions. The findings from the 259 questionnaires returned (61%) led Kadushin to doubt that male social workers generally suffer from role strain. He recommended that those who do should minimize their role strain by choosing "fields of practice and practice methods that are more characteristically male sex-typed, and by moving up to administrative positions in the professional hierarchy" (p. 446).

Although researchers have studied various characteristics of male RNs, the preferences of men for different fields of nursing is a topic addressed by only six studies since 1970. Researchers studied nursing students only, a mixture of nursing students and RNs, or RNs only. The three studies in which nursing students were sampled will be presented first, followed by the two studies of both nursing students and RNs, and finally the study using RNs only.

Auster and Auster (1970), in a study of 335 males and 508 females in various associate degree and diploma

programs, found that the top five choices of male nursing students were administration, anesthesia, psychiatry, operating room (OR), and education/teaching. In comparison, the female nursing students were most interested in obstetrical, general medical, general surgical, psychiatric, and pediatric nursing, in that order. Williams (1973) polled 273 male baccalaureate nursing students from 32 western universities and asked them to rank nursing interests. The seven choices ranking highest were surgical nursing, intensive care unit (ICU), coronary care unit (CCU), nursing education, OR, administration, and anesthesia. Emergency room (ER) was frequently listed under the "other" category. Because surgical nursing ranked highest on the list, Williams questioned Auster and Auster's claim that fields of nursing requiring direct patient contact contribute to increased role strain in male nursing students. Williams argued that male nursing students "do not experience the role conflict once inherent in prolonged patient contact" (p.524).

Finally, Schoenmaker and Radosevich (1976) reported the preferred fields of nursing of 33 male and 58 female nursing students. The eight fields most preferred by male students were ER and outpatient

department; ICU; general medical and surgical; psychiatry and CCU; and anesthesia, in that order. The researchers noted the conspicuous absence of administration from this list but did not interpret this finding. In contrast with the male students, the female students preferred, in order, pediatrics, public health, medical-surgical, obstetrics, and psychiatry.

Two studies included both male student and male RNs. Although often cited, both studies had very small samples. Robinson (1973) interviewed three male RNs and two male nursing students at a National League for Nursing/National Nursing Students Association convention. She found that "several men" (sic) preferred being "where the action is" in fields such as ICU, CCU, ER, and OR. However, "other men" (sic) listed pediatrics and psychiatry as their main fields of nursing interest. Bush (1976) reported that the men in her study, both nursing students and practicing RNs, enjoyed the fields of anesthesia, psychiatry and urology but avoided pediatrics and obstetrics. Because Robinson and Bush did not distinguish between the preferences of students and those of practicing nurses, the fields of nursing chosen can not be attributed to either group alone.

Only one study of preferences for fields of

nursing has sampled male RNs only. Greenberg and Levine (1971) reported interviews of 15 practicing male nurses in the Philadelphia/Baltimore area. All 15 listed psychiatry, anesthesia and administration as fields of nursing enjoyed by male RNs. These fields allow the men to avoid "touch," and are "less intimate specialization areas" (p. 421). The researchers claimed support for their hypotheses that "a man's position in the female-dominated nursing profession involves role strain" (p.419) and that as a result, male nurses choose specific fields of nursing to minimize role strain.

Although male nursing students may today experience less role strain than formerly, as Williams (1973) cites, care must be taken not to generalize the findings about students to RNs who have been in the work force for a few years. For example, both Greenberg and Levine (1971), and Bush (1976) theorized that male nurses experience role strain and consequently "specialize" so that it can be minimized. Greenberg and Levine boldly speculated that "the further they are from general medical-surgical nursing--the less men nurses perceive the original [emphasis mine] role strain" (p.430). This statement, written two years before Williams' article, implies

that male RNs in the work force can reduce the degree of role strain they incur working in medical and surgical fields of nursing by moving into "specialty" fields. Comparing the findings from Williams' study of male nursing students and Greenburg and Levine's study of male RNs, it can be speculated that more experienced male RNs may be reacting to the reality of everyday situations whereas male nursing students may not be fully aware of the effect of role incompatibility which can develop in the work setting over time. The students' expectations may still be unrealistic, and may both underestimate the amount of role strain which they will encounter, and overestimate their ability to cope with it.

Conceptual Framework

Stereotyping of roles occurs in our society. Certain occupations are stereotyped as appropriate for men and others as appropriate for women. If the male or female gender role is incompatible with the stereotypically appropriate gender role of a particular occupation, any person having the two incompatible roles will experience some degree of role strain. Nursing is an occupation stereotyped as appropriate for women. The male gender-role is incompatible to some degree with the occupational role of the nurse.

Because male nurses have two stereotypically incompatible roles--gender role and nursing role--male nurses experience role strain.

Male RNs experience various degrees of role strain depending on their reactions to implicit and explicit disapproval by family, friends, colleagues, patients and the general public. Although the reaction of the male RN to disapproval is undoubtedly modified by his own personality, including such factors as attitudes and sense of self-esteem, research to date has tended to focus on the quality and sources of disapproval that the male nurse must address. It has been suggested that male RNs, as they attempt to deal with role strain, may discover that some fields of nursing are more congruent with the male gender-role, and may therefore tend to gravitate toward them. Thus, the preference for the more congruent fields of nursing might be expected to be more pronounced in practicing male RNs than men still in nursing school. Examples of the more congruent fields of nursing are those demanding behaviors which are less nurturant, more technical, more crisis-oriented, and more administrative. Men working in these fields would be expected to experience less role strain than men working in less congruent fields.

Statement of the Problem

The literature review and conceptual framework give rise to the following questions. First, which fields of nursing are considered by male RNs to be more congruent with male-stereotyped roles and which less congruent? Second, is there an association between the degree of role strain experienced by male RNs and their most recent fields of nursing? Third, is there an association between the degree of role strain experienced by male RNs and the fields of nursing in which they prefer to work? Fourth, do male RNs prefer more congruent fields of nursing now than when they were students? This research addresses these questions in an attempt to contribute to the body of knowledge pertaining to male RNs.

Rationale

It is believed that more knowledge is needed about the male segment of the nurse work force. Although only 2.7% of nurses in the United States are male, this proportion represents approximately 45,000 men. Moreover, both the proportion and the absolute number of male RNs are increasing. Most studies on males in nursing have focused on male nursing students, and not on experienced nurses.

It was anticipated that if the findings of this

study were significant, several benefits might result. First, the results might help male RNs improve their individual performance through a better understanding of the sources of role strain and of the actions they might take to cope with their situation. Second, the findings might broaden female nurses' awareness of the problems of male RNs, perhaps inspiring attitudinal and behavioral changes in relation to men in nursing that could ease the role strain of their male colleagues. Third, the results might help organizations to decrease their costs of recruiting and retaining male RNs by matching job requirements to the needs of male RNs. Fourth, and perhaps most beneficial, that the above-mentioned three potential benefits might help to decrease patient care costs and improve patient care through more effective utilization of male RNs, improved performance and job satisfaction of nurses, reduced turnover, and an improved nurse-patient relationship attributed to less stressed male RNs. Fifth, the results might increase public awareness and acceptance of the role and influence of men in nursing. Sixth, increased public awareness might help to increase the number of men entering nursing. Lastly, this study might contribute to a clarification of role theory, in that few research studies to date have

examined the hypothesis that sex-role stereotyping is a source of role strain.

CHAPTER II

METHODS

Sample and Setting

The sample consisted of 500 male Registered Nurses licensed and residing in the state of Oregon. This number represents approximately one half of the total male nurse population. As there was no list of Oregon's male Registered Nurses, the Oregon State Board of Nursing's computerized roster of all Registered Nurses (February, 1985) was used. Males on this list were identified by a review of given names. Nurses in leadership positions were asked to identify males known to them among individuals with a first name common to both sexes. Every male so identified, if his address was listed as "Oregon," was included as part of the sampling frame. A number was assigned to each male and a sample of 500 male nurses was drawn using a table of random numbers.

Design and Procedure

This study was descriptive and correlational. Data were collected by a questionnaire (Appendix A) partly developed by the researcher and partly modified from the instrument employed by Kadushin (1976) in his study of male social workers. The researcher used Dillman's "Total Design Method" (1978) for constructing

the questionnaire and collecting data.

The original version of the questionnaire was pretested on 10 male nurses to ascertain any inadequate coverage of role strain, ambiguous statement wording, biased statements or questions, or any other gross defects. The researcher conducted the pretest in person to obtain verbal feedback from respondents. Male nurses of different age groups, fields of nursing, and educational backgrounds were selected in order to obtain a better representation of the survey population.

The questionnaire was revised and mailed to the residences of the male Registered Nurse sample. A self-addressed, stamped envelope, and a cover letter (Appendix B) were enclosed with the questionnaire. The cover letter explained the nature and purpose of the study, how the information was to be used, when the questionnaire should be returned, and a comment thanking the nurse for his cooperation. Each questionnaire was numbered to facilitate followup.

Three weeks after sending out the initial questionnaire, a second letter (Appendix C) and replacement questionnaire were sent to all nonrespondents. Six weeks after the original mailout, a final questionnaire and still different cover letter

(Appendix D) were sent to all nonrespondents.

Data

The questionnaire (Appendix A) elicited data on the subjects' perceptions of their degree of role strain, the subjects' perceptions of congruent and incongruent fields of nursing for male nurses, the fields of nursing in which the nurses are currently employed and have been employed in the past, and their preferred fields of nursing. Questions on demographic characteristics, education, and employment were also included on the questionnaire.

Measurement of Major Variables

Role strain. One aspect of role strain in male RNs is that which results from the incompatibility of their male role and their nursing role. This aspect of role strain was conceptualized as being incurred from three "sources." The sources were categorized and labeled as Community Milieu, Colleagues, and Patients. Community Milieu sources of role strain included attitudes of people outside the nurse's work environment such as family members, friends, and general public. The Colleague category referred to co-workers, including nurses, physicians, supervisors, and other men in the health care facility. The Patient category included patients and their families, and

concepts related to patient care. Role strain from the three categories was initially measured by a 42-item Likert-type scale (Role Strain Scale), composed of 14 items in each of three subscales. Many of the 42 statements were adapted from Kadushin's (1976) questionnaire and reworded to be appropriate for use with male nurses. A few items were adapted from Lynn et al.'s survey of male and female nurses. The remaining items were devised by the researcher. They reflect situations and experiences which other researchers have reported to be associated with role strain in male nurses or which the researcher has observed in his own experience. Respondents indicated agreement with each statement on a 5-point scale, from strongly agree to strongly disagree. Strongly agree was scored 5 for every positively oriented statement and scored 1 for every negatively oriented statement. Thus, with negatively oriented statements reversed, the score reflecting the most role strain for each item was "5" and the score reflecting the least was "1". Items that are negatively oriented are indicated in Appendices E and F by asterisks.

Examples of positively oriented statements, agreement with which implies role strain, are: "When first introduced to other men, I hesitate to identify

myself as a nurse" (#5); "Many female nurses believe male nurses should care for only male patients" (#26); and "Most female patients believe that female nurses can care for them better than male nurses" (#35).

Examples of negatively oriented statements, agreement with which implies lack of role strain, are: "Most people view nursing as an appropriate job for men" (#6); and "My father is enthusiastic about my career choice of nursing" (#12).

The scale, as it was administered to the sample, included 14 items in each of three subscales pertaining to each of the three "source" areas. For each subject, a role strain subscore was obtained for each of the three source areas by calculating the mean of the subscale items. The symbols that represent the role strain subscore for each of these source areas were designated RScm for Community Milieu, RSc for Colleagues, and RSp for Patients. The mean of these three means represents the individual's Total Role Strain score (TRS). The range of possible scores for each subscale and for the TRS was 1 to 5.

When the data from the scale were ready for analysis, a reliability check of the 42 items was performed to determine the inter-item correlations of each item, and the coefficient alphas of each subscale

and the total scale. The initial coefficient alphas were: Community Milieu subscale, 0.799; Colleague subscale, 0.799; Patient subscale, 0.624; and for the total scale, 0.845. Based on their low inter-item correlations, items #7, #25, #28, #31, #38, #41, and #42 were deleted from the Role Strain Scale. The means and percentages of these items in the initial analysis are listed in Appendix F. Six of the seven items were negatively oriented and had scoring reversed. With these items deleted, the revised scale included 35 items, 13 items in the Community Milieu subscale, 12 in the Colleague subscale, and 10 in the Patient subscale. The recalculated alpha coefficients were: Community Milieu, 0.804; Colleagues, 0.841; Patients, 0.781; and for the total scale, 0.873. Polit and Hungler (1983) consider a reliability coefficient above .70 as satisfactory for most research purposes.

Congruency of Fields of Nursing With the Male Sex-Role. Each of 22 selected fields of nursing (FONs) was assigned a Field Congruency Score (FCS) based on the responses of the male nurses to questionnaire item #46. The FCSs were determined in the following manner. Each respondent listed the 5 most likely and 5 least likely choices he would expect of a man with a stereotyped image of nursing. For each respondent,

every FON listed as most likely was scored "3." Every FON listed as least likely was scored "1." All FONs not listed under either category were scored "2." In this manner, every FON received a score of 1, 2, or 3 from each respondent. The exceptions were FONs written in the other or another categories. These FONs are noted in the study results but were not ranked. The FCS for each FON is the mean of all respondents' scores, and thus varied from 1, least congruent, to 3, most congruent.

Additional data. In response to question #43, each respondent listed his first FON and most recent FON. Question #44 asked each respondent to indicate the FON that he, as a student nurse, most preferred. In response to question #45, each respondent selected the FON in which he, as an experienced nurse, would now prefer to work. In response to question #47, each respondent selected the FON in which he expected to be working in five years.

Question #48 requested each respondent to rate his degree of comfort in his present FON. A Likert format was used to allow respondents to indicate comfort on a 5-point scale, from very comfortable, scored 5, to very uncomfortable, scored 1.

The questionnaire also collected demographic and

socioeconomic data concerning age, marital status, ethnic background, first type of nursing preparation, year of initial nursing license, nursing experience, highest level of nursing education, other degrees, employment status, field of employment, position, number of hours currently worked per week as an RN and/or in another occupation, and amount of interaction with other male nurses. These questions were included to provide additional insights in interpreting the findings regarding the four research questions.

Data Analysis

The Statistical Package for the Social Sciences (SPSS) software (Nie, Hull, Jenkins, Steinbrenner, & Bent, 1975) was the computer program used for this study. Data were processed using standardized coding procedures and checked for possible coding errors. Descriptive and correlational statistics were used to describe the sample. Data were initially tabulated in frequency distributions and percentages. Analysis of the data will be discussed in detail in the next chapter.

CHAPTER III

RESULTS AND DISCUSSION

In this chapter, first the sample will be described. A discussion of the general findings from the Role Strain Scale will follow. Next, the subjects' choices and preferences for the Fields of Nursing (FONs) will be presented. Finally, the study findings will be presented as they relate to the research questions.

Description of the Sample

Of the 500 male RNs randomly selected for inclusion in the study, 30 subjects could not be located. They had either moved without leaving a forwarding address or their forwarding request with the Postal Service had expired. Thus, 470 subjects received questionnaires. Of these 470 subjects, 375 responded. Eight questionnaires were not included in the data analysis because they were too incomplete to contain meaningful data. The remaining 367 questionnaires were used in the data analysis, representing a usable response of 78%.

The first three tables display information obtained from analysis of the background data portion of the questionnaire. Selected demographic

characteristics of the sample are presented in Table 1. Table 2 displays educational characteristics and Table 3 presents employment characteristics. The average man in the sample was 36 years old, Caucasian, and married. He graduated from an associate degree program 8 years ago, had 8 years of nursing experience, and was presently working 38 hours per week in a hospital as a staff nurse.

The men in this study differed somewhat from the men in a recent study conducted by Gulack (1983). He reported that 26% of the male RNs in his sample held second jobs. Only 14% of the Oregon sample of male RNs stated they hold another job. The statistics concerning full time employment as RNs are similar in both studies, 68% in the Oregon sample, and 64% in Gulack's study.

The statistics for this Oregon sample were generally consistent with national statistics about types of positions held by male RNs. Staff nurses comprised 60.6% of this sample, close to the national figure of 59.2% (American Nurses Association, 1985). The percentages of men in management positions (charge/asst. head nurse to administrator) nationally and in Oregon were similar, 18.4% and 18.0%, respectively. However, the administrative positions of

Table 1
Selected Demographic Characteristics of Male RNs in Oregon

Characteristic	Values	
<u>Age in Years</u>		
M	36.0	
SD	7.4	
Range	22-79	
<u>Marital Status</u>		
	<u>N</u>	<u>%</u>
Never married	58	(15.9)
Married, or living with partner	271	(74.0)
Separated/Divorced	36	(9.8)
Widowed	1	(0.3)
<u>Race</u>		
	<u>N</u>	<u>%</u>
White	352	(96.2)
Nonwhite	14	(3.8)

Table 2

Selected Educational Characteristics of Male RNs in Oregon

Characteristics	Values	
<u>Initial Nursing Program</u>		
	N	%
Associate degree	187	(51.5)
Bachelor's degree	80	(22.0)
Licensed practical nurse	50	(13.8)
Nursing school diploma	46	(12.7)
<u>Year Graduated From Initial Nursing Program</u>		
<u>M</u>	1977	
<u>SD</u>	8.7 yrs.	
Range	1929-1984	
<u>Highest Nursing Level Attained</u>		
	N	%
Associate degree	218	(59.7)
Bachelor's degree	88	(24.1)
Nursing school diploma	46	(12.6)
Master's degree	12	(3.3)
Doctoral degree	1	(0.3)
<u>Nursing Experience in Years</u>		
<u>M</u>	8.0	
<u>SD</u>	6.6	
Range	0-56	
<u>Nonnursing Degree</u>		
	N	%
Yes	150	(41.1)
No	215	(58.9)

Table 3

Selected Employment Characteristics of Male RNs in Oregon

Characteristics	Values
<u>Employment Status</u>	
Nursing only	N % 301 (82.0)
Combined nursing and other occupation	51 (13.9)
Other occupation only	8 (2.2)
Unemployed, retired, or student	7 (1.9)
<u>Employment Facility</u>	
Hospital	N % 275 (74.9)
Nursing home or ECF	20 (5.5)
Health clinic	13 (3.6)
School of nursing	5 (1.4)
Doctor's office	4 (1.1)
Industry	2 (0.5)
Other	23 (6.2)
Self-employed	10 (2.7)
Not employed as R.N.	15 (4.1)
<u>Position</u>	
Staff nurse	N % 223 (60.9)
Charge/asst. head nurse	31 (8.5)
Head nurse	15 (4.1)
Supervisor/asst. DON	17 (4.6)
Director of nursing	3 (0.8)
Nurse anesthetist	19 (5.2)
Nurse practitioner	6 (1.6)
Clinical specialist	6 (1.6)
Nursing instructor	5 (1.4)
Inservice coordinator	3 (0.8)
Consultant	3 (0.8)
Other	22 (6.0)
Not Employed as R.N.	15 (4.1)
<u>Nursing Hours Per Week^a</u>	
M	38.4
SD	8.18
Range	0-64
<u>Nonnursing Hours Per Week^a</u>	
M	2.1
SD	6.82
Range	0-40

^aExcludes subjects who are retired or working only in non-nursing occupations.

male RNs are at a much higher level nationally than in Oregon. Nationwide, 13.7% of all men in nursing are at the supervisor to administrator level compared to only 5.4% of the male RNs in the Oregon sample. Most of Oregon's male nurse managers were found in assistant head nurse and head nurse positions.

The most surprising statistic in the background data was that 150 men (41%) in the study also held another college degree outside the profession of nursing. The other college degree was at least the level of bachelor degree for 130 men. There were only two commonly held majors. Fourteen men obtained a bachelor's degree in psychology and twelve men held a bachelor's degree in biology. However, over sixty different fields were named, indicating great diversity in the interests and background of men in nursing. Although the questionnaire did not ask which degree was earned first, one may assume that because respondents graduated from nursing school at an average age of 28, nursing was not the initial career interest for many of the respondents.

Role Strain Scale

This section discusses data elicited by the Role Strain Scale. The complete scale may be found in Appendix E. The Role Strain Scale was composed of

three subscales that measured perceived role incompatibility, stemming from three sources: Community Milieu, Colleagues, and Patients. The mean scores for the scale and subscales are listed in Table 4. The mean Total Role Strain (TRS) score of 2.63 indicates a fairly normal distribution of scores. The skewness and kurtosis of the distribution were only -0.08 and -0.06, respectively.

Role Strain From the Community Milieu (RScm)

Table 5 presents statements concerning situations which relate to people or the larger society beyond the subject's work environment. The statements are arranged with the statement obtaining the highest mean role strain score at the top and the statement obtaining the lowest mean score at the bottom.

Two unexpected findings appeared in answers to statements in this subscale. Although the mean role strain scores of items #6 and #4 were high, relative to the other means in the subscale, male RN opinion was equally divided between agreement and disagreement on these items (Appendix E). It was anticipated that male RNs would express stronger disagreement with item #6 and stronger agreement with item #4. Concerning item #4, it has been this researcher's impression that the idea that many male nurses are "gay" is a commonly held

Table 4

Mean Scores on the Role Strain Scale and Subscales
of Subjects

<u>Subscales and</u> <u>Overall Scale</u>	<u>Mean</u>	<u>S.D.</u>	<u>Range of</u> <u>TRS Scores</u>
Community Milieu subscale	2.48	0.64	1.00-5.00
Colleague subscale	2.76	0.73	1.00-4.92
Patient subscale	2.65	0.64	1.00-4.30
Total Role Strain (TRS)	2.63	0.51	1.17-4.14

Table 5

Role Strain Scale:Subscale 1 - Community Milieu (RScm)

Questionnaire Item Number	Statement ^a	Mean	S.D.
*11.	I feel that, as a male nurse, I have a higher social status than my father. . . .	3.25	1.24
* 6.	Most people view nursing as an appropriate job for men.	3.05	1.07
4.	Other men suspect that male nurses are "gay".	2.88	1.22
10.	For a man, a career in nursing has many negative aspects.	2.61	1.22
* 1.	If asked by a male friend about nursing as a career, I would urge him to consider it a very desirable possibility.	2.61	1.21
2.	If I had a son, I would advise him to avoid a career in nursing.	2.58	1.31
3.	Most people give men who enter nursing a lower social status than women who enter nursing.	2.58	1.22
*12.	My father is enthusiastic about my career choice of nursing	2.50	1.00
*13.	My mother is enthusiastic about my career choice of nursing	2.23	1.05
5.	When first introduced to other men, I hesitate to identify myself as a nurse . .	2.16	1.26
8.	Other men initially seem to have difficulty relating to men when they learn I am a nurse	2.12	1.09
*14.	My wife (or closest female friend) is enthusiastic about my career choice of nursing.	1.89	0.98
9.	When first introduced to women, I hesitate to identify myself as a nurse . .	1.82	1.02

^aItems ranked by mean scores; the higher the score the greater the role strain.

*"Negatively oriented" statement; mean shown already reflects reversed scoring.

opinion. Kelly (1981), based on a review of the literature, concluded that classmates and strangers "show a tendency to view them as homosexuals" (p. 201). It has been documented that nursing is not considered to be an appropriate job for men. It is possible that the contrary response to item #6 indicates that either male RNs perceive the general public's views as changing or perhaps some male RNs only shield themselves from public disapproval. A few subjects offered comments that are in agreement with the first possibility. Those subjects supported their belief in terms of their many years of experience. One man provided a particularly vivid appraisal of the situation. Twenty years ago, when I became a student nurse,

it was socially a more difficult situation. There were vastly fewer male RNs, and many of those were gay. It was a 'woman's profession.' Today, attitudes are more liberal, more men are becoming nurses, and although the double-take or side-long glance does still occur, it's a rarity.

According to responses to items #1 and #2, the majority of men in the sample feel good enough about a career in nursing that they would recommend nursing as a career to their sons and male friends. As seen in

Appendix E, only 25% of men oppose this view.

The mean scores in items #5 and #9 indicate that generally male RNs do not hesitate to identify themselves as nurses to people they meet, although they are less hesitant in introducing themselves as nurses to women than to men. This latter finding is consistent with Laroche and Livneh's (1983) finding that men are less tolerant of sex-role infractions by men than are women.

The mean scores of items #12, #13, and #14 indicate that the men generally perceive their relatives as enthusiastic about their career. Consistent with the findings of Bush (1976) and Fottler (1976), most subjects perceive their fathers as generally approving of their career choice. However, it is noteworthy that mothers and wives were perceived as more enthusiastic than fathers about the men's choice of occupation. This perception supports the previously noted finding that men are less tolerant of role infractions by men than are women.

Role Strain From Colleagues (RSc)

Table 6 presents statements concerning situations relating to interaction with colleagues in the subjects' work environment. The statements are arranged from the statement indicating the highest mean

Table 6

Role Strain ScaleSubscale 2 - Colleagues (RSc)

Questionnaire Item Number	Statement ^a	Mean	S.D.
19.	Male nurses must move into leadership positions to earn enough money to support themselves and their families	3.43	1.31
21.	When in the situation, I would prefer to work in a setting where there are more men.	3.32	1.05
17.	A higher level of job performance is generally expected of male nurses than female nurses.	3.13	1.29
20.	Given a choice, I would rather be supervised by a male nurse than by a female nurse.	3.10	1.05
18.	There is a great deal of "female" talk at work breaks from which I feel excluded .	3.05	1.27
16.	Male nurses find the absence of male nurses to interact with at work to be a source of dissatisfaction	3.04	1.30
23.	It is difficult for many female nurses to understand why men become nurses.	2.60	1.12
27.	I feel that many female nurses consider me a threat to <u>their</u> profession	2.58	1.33
26.	Many female nurses believe male nurses should care for only male patients.	2.55	1.26
24.	If I have free time on the job or am looking for someone to lunch with, I tend to seek out other men in the facility . . .	2.48	1.11
15.	Many female nurses resent working with male nurses.	2.17	1.23
22.	Many female colleagues have considered me incapable of dealing with patients' feelings.	1.73	1.12

^aItems ranked by means; the higher the score, the greater the role strain.

role strain at the top to the lowest at the bottom.

The statement that reflected the highest degree of role strain was item #19, with a mean of 3.43. Fifty-five percent of the men in the sample indicated that they feel they must move into leadership positions to earn a high enough salary to support their families. This is one of the highest means of the entire scale and may indicate that some men, although they enjoy "hands on" nursing, feel compelled to seek out better paying fields with in nursing. Many men feel that they may have given up opportunities for higher paying jobs in other occupations to enter nursing (item #7 in Appendix F). Other male RNs may feel compelled to seek out a better paying occupation. One man, who opted to leave nursing and is now a lumber broker, stated bluntly that "any man considering nursing as an occupation should only consider it for a short time, how can a 40 year old male support a family on a nurse's wages"?

Items #21, #16, and #24 address the absence of other men in the work setting. The results indicate that this is one of the most significant areas of male RNs' dissatisfaction due to role incongruence. Many men would enjoy the presence of other men at work with whom to interact. However, it is not of sufficient

importance that they seek out men elsewhere in the facility at breaks or lunchtime.

Items #27, #26, #15, and #22 refer to the male nurses' perceptions of female nurses' attitudes toward them. The responses on these items indicate that most male RNs believe that their female counterparts enjoy working with them and do not consider them a threat to their occupation. A number of men mentioned an exception to this generalization. They believe that "older women in nursing seem to view men as a threat to the power they've held for years". Male RNs perceive that most female nurses consider them capable of handling patient feelings, but that some female nurses nevertheless feel it is appropriate for male nurses to care for only male patients. The items on the questionnaire did not explore the possible reasons for this attitude.

Role Strain From Patients (RSp)

Table 7 presents statements concerning situations related to patients, patients' families, and patient care. The statements are arranged from the statement with the highest mean role strain score at the top to that with the lowest mean score at the bottom.

Responses to item #34 suggest that male RNs recognize that most patients are "caught off guard"

Table 7

Role Strain ScaleSubscale 3 - Patients (RSp)

Questionnaire Item Number	Statement ^a	Mean	S.D.
40.	Expectant mothers would rather have female nurses care for them than male nurses . . .	3.52	1.14
34.	Most patients are "caught off guard" when assigned a male nurse because they do not expect men to provide nursing care. . . .	3.28	1.10
32.	Asking female patients about their marriage and sex life is more difficult for male nurses than for female nurses. . .	2.99	1.26
36.	I often feel that female patients withhold significant personal information because I am a male	2.68	1.10
33.	I feel that male patients generally prefer female nurses.	2.64	1.04
30.	I feel that most female patients generally prefer female nurses.	2.62	1.16
35.	Most female patients feel that female nurses can care for them better than male nurses	2.48	1.04
39.	I find it more difficult to care for female patients because of the physical intimacy required	2.28	1.18
37.	Generally most male patients feel that female nurses can care for them better than male nurses.	2.25	1.00
29.	I find it difficult to care for female patients because their experiences and orientation are so different from mine. . .	1.76	0.88

^aItems ranked by means.

when assigned a male nurse to care for them. However, several subjects commented on this statement. As one man expressed it, "Many female patients (especially the older ones) are surprised to have me as their RN the first night. I make an effort to react swiftly and professionally to their needs. The next night almost all of them are glad to have me for their nurse." Therefore, although the situation appears to frequently elicit stress due to role strain, the experience is usually short-lived.

Responses to items #30 and #33 indicate that the majority of the respondents disagreed that either male or female patients prefer female nurses. It is noteworthy that the mean of item #30, concerning female patients, was not substantially higher than the mean of item #33 concerning male patients. However, although 55% of the subjects disagreed that female patients prefer nurses of their own gender, only 20% of the men disagreed that expectant mothers prefer female nurses (item #40).

Although the scale did not inquire whether the subjects believed that patients prefer male nurses, some respondents commented that most patients are more interested in quality care than a nurse's gender, the possible exceptions being older female patients.

I find that elderly female patients are the ones who most hesitate at first about having a nurse who is male. In general though, once they see you are a nurse, regardless of your sex, they relax and accept you. I have found that it's your ability as a nurse, not your sex, that determines how you are looked on by co-workers, patients, families, and doctors.

Items #35 and #37 also refer to female and male patients, respectively, but these items ask male nurses to indicate if either female or male patients feel that female nurses can care for them better than male nurses can. On these items male RNs disagreed more strongly, especially on item #37, concerning male patients. Comparing item #33 and item #37, 54% of respondents felt that male patients do not "prefer" female nurses while 66% of subjects felt that male patients do not feel female nurses can care for them better than male nurses. In other words, it appears that male RNs believe that factors other than patient care abilities may play some part in some male patient preferences for female nurses. If this is true, male RNs would not be expected to suffer much role strain relating to the perceptions of male patients' faith in their ability to provide nursing care to them.

Responses to items #29 and #39 indicate that only a few male RNs (6.5%) feel they have difficulty caring for women on the basis of different gender orientations. But a larger percentage (still only 24%) do have difficulty caring for women on the basis of the physical intimacy required.

Items Deleted from the Role Strain Scale

Appendix F lists the seven items deleted from the Role Strain Scale, with their mean role strain scores, and with their percentage distribution of responses. Although they were deleted from the scale because of their poor inter-item correlations, the items are worth displaying for their descriptive characteristics. Interestingly, the means of the seven items, relative to the mean of the nondeleted items (2.63) tend to be skewed. The high means of items #42, #28, and #41 can be better understood also by examining the percentages table (Appendex F) in which the high percentage of neutral responses is evident. One of the lowest item means from the questionnaire was 1.72 (item #31). Eighty-three percent of the 367 men in the sample specified that they were comfortable with the view that a good nurse must be accepting, caring, gentle, nurturant, and empathetic (all female stereotyped characteristics). Whatever problems male RNs have

because of their deviance from the norm, most of the respondents, as practicing nurses, feel comfortable with that role. Although not the focus of this study, comfort with female stereotyped characteristics indicates that perhaps male RNs are more androgynous than other men.

Fields of Nursing

This section discusses the data gathered in the Fields of Nursing (FONs) section of the questionnaire. Data were collected on FONs related to five points in the subject's career: FON that the subject preferred as a nursing student; first FON; most recent FON; FON that he, as an experienced nurse, now prefers; and future (five year projected) FON. Table 8 presents the array of responses for the five points of the men's nursing careers. The FONs are arranged, from the FON preferred by the largest percentage of nurses at the top to the FON preferred by the smallest percentage at the bottom, with reference to the Preferred-as-Student category. Thus, changes of choices and preferences over time can be seen.

Results in the Preferred-as-Student category do not support Williams' (1973) finding that surgical nursing is highly preferred by male nursing students. General surgical nursing, a "direct patient contact"

Table 8

Fields of Nursing in Which Male RNs Have Worked and
Prefer to Work, by Percentages

Fields	Preferred as Student	First Job	Most Recent Job	Prefer Now	Future Job
Emergency room	21.1	8.0	9.9	13.2	9.2
ICU/CCU	19.5	18.0	18.3	15.1	11.0
Psychiatry	12.3	10.0	9.5	11.2	9.1
Operating room	11.2	6.1	6.8	7.7	6.9
Anesthesia	7.4	0.5	7.1	10.2	8.3
Public Health	4.4	0.8	0.8	3.8	2.5
Pediatrics	3.6	0.3	0.8	1.1	0.5
General surgical	3.2	12.6	4.6	1.9	1.7
Orthopedics	2.5	5.5	2.2	1.6	1.1
Home health	2.2	0.3	1.9	4.6	3.9
Geriatrics	1.9	5.8	3.8	2.2	2.2
Obstetrics	1.9	0.8	0.3	0.5	0.3
General medical	1.6	17.9	6.5	2.5	1.4
Administration	1.1	0	5.4	6.3	10.5
College teaching	1.1	0	1.4	1.4	1.4
Rehabilitation	1.1	1.4	1.6	0.5	0.8
Outpatient clinic	0.8	0.5	2.2	2.2	2.8
Industrial	0.5	0.5	0.5	1.4	1.4
Staff education	0.5	0	0.3	1.1	1.4
Research	0.3	0	0.3	0.5	0.8
Neurology	0	3.6	1.9	1.1	0.8
Doctor's office	0	0.5	0	0.3	0.3
Other	1.1	5.8	12.8	7.1	6.5
Non-nursing job	-	-	-	-	14.7

field, ranked eighth with only 3.2% of the sample preferring it. Even when general medical nursing, another "high touch" field is combined with surgical nursing, they were preferred by only 5% of subjects as students. Although 11% still stated these fields were their most recent FON, only 4% now prefer these fields and only 3% expect to be working in these FONs in five years.

It is somewhat surprising that 18% of the subjects listed ICU/CCU as their first job, a higher percentage than in any other first FON. Although no statistics on the first job of female nurses or male nurses nationwide are available for comparison, 18% seems unusually high. ICU/CCU is generally considered to be a specialty area requiring nurses to have previous experience in fields such as general medical or surgical nursing. General medical and surgical nursing ranked second and third respectively, and together accounted for 31% of the nursing jobs male RNs held as their first job. This large percentage is more consistent with the view that general medical or surgical nursing experience provides the foundation of nursing care in many other areas. That is, they may be career stepping stones to other FONs. The findings of this study appear to reflect this trend of movement

among FONs.

Of great interest and concern is the finding that 15% of the sample stated that they will not be in nursing five years from now. Recognizing that 2.2% of the men stated that they are now working in a non-nursing occupation only, and about 2.5% are retired or will retire within five years, 10% of male RNs remain who expect to leave nursing for unknown reasons.

Another item in the FONs section requested subjects to indicate, from the perspective of a man in a female occupation, their degree of comfort working in their present or most recent FON. Possible scores ranged from 1, very uncomfortable, to 5, very comfortable. The mean score was 4.29 and the mode was 5. Only 11.5% of the subjects felt they were uncomfortable with the most recent FON in which they worked.

Research Questions

Research Question #1

The first research question asked, "Which fields of nursing are considered by male RNs to be more congruent with male stereotyped roles and which less congruent?" Based on the researcher's knowledge of the FONs and the stereotypical male role, and findings of previous studies, it was anticipated that

Table 9

Ranking of Fields of Nursing in Terms of Congruence
With the Stereotypical Male Role

Field of Nursing	Field Congruency Score
<u>Most Congruence</u>	
Administration	2.74
Emergency room	2.71
Anesthesia	2.59
ICU/CCU	2.57
Operating room	2.29
Psychiatry	2.29
Industrial	2.24
<u>Intermediate Congruence</u>	
Research	2.16
Orthopedics	2.12
Staff education	2.04
College teaching	2.02
Neurology	2.01
Rehabilitation	1.97
General surgical	1.95
Public health	1.86
<u>Least Congruence</u>	
General medical	1.81
Outpatient clinic	1.80
Home health	1.64
Geriatrics	1.53
Pediatrics	1.42
Doctor's office	1.19
Obstetrics	1.11

administration, anesthesia, emergency room, ICU/CCU, industrial, operating room, and psychiatry would be the seven FONs most congruent with the stereotyped male role. Conversely, it was expected that the seven least congruent FONs would be: doctor's office nursing, general medical, geriatrics, neurology, obstetrics, pediatrics, and public health. The eight FONs expected to be in between were: college teaching, general surgical, home health care, inservice education, orthopedics, out-patient clinic, rehabilitation, and research.

Table 9 lists the results of data analysis. The twenty-two FONs are ranked from highest congruence to lowest congruence. The actual results were very similar to the anticipated results. The seven FONs in the most congruent group were all accurately predicted. Only two of the seven least congruent fields were unanticipated. Home health care and out-patient clinic nursing emerged in the least congruent group whereas public health care and neurology had been anticipated.

Overall, these findings certainly represent no surprise. Nevertheless, they are of academic interest as male RNs' perceptions of the congruence of FONs with the stereotypical male (or female) role have not been previously documented.

When Tables 8 and 9 are compared, some particularly interesting observations are seen. In general, male RNs now prefer the same seven FONs (Table 8) that they listed as most congruent with the male stereotype (Table 9). The exception was that home health care, a least congruent field, ranked 7th of the 22 fields in terms of present preference, whereas industrial nursing, a most congruent field, was one of the least preferred fields. Several factors may have contributed to the selection of home health care as a preferred field. One is that subjects who now prefer home health care also feel it is a more congruent field than the overall sample indicated. The congruency score for home health care when calculated only for those subjects preferring home health was 2.07 while its congruency score based upon the total sample was only 1.64. It is also possible that the men who prefer home health are not troubled by working in a less congruent FON, that is, they have low role strain, but analysis to test this hypothesis was not conducted. Home health care has recently emerged as a field which is expected to burgeon, requiring an increasing number of nurses, nurses who can develop creative new solutions to health problems that were previously cared for in hospitals. Perhaps the aura of "frontiers"

helps explain why home health rather than other more congruent FONs replaced industrial nursing on the list of preferred FONs. An additional factor may be simply the relatively small number of jobs available in industrial nursing (as well as in other less congruent FONs). When there is little opportunity to practice in a field, it is unlikely many men will claim to prefer it.

A FON demonstrating a unique contrast between its congruency and its placement on the preferred as student list was administration. Although administration was the most congruent FON, it tied with two other FONs for 14th place as the student-preferred FON. This finding is surprising in light of the consistency with which the subjects as nursing students preferred the other six most congruent FONs. Furthermore, the finding is at odds with the conclusions of Auster and Auster (1970), who reported administration as the first ranked field "of interest" for 335 male nursing students. Perhaps the dramatic discrepancy is attributable to the difference in measurement method. Auster and Auster requested students to indicate degree of interest in each of fifteen fields of nursing. As administration may be understood as a generic term meaning "leadership role,"

it is sometimes seen as a component inherent in each of the other fields. Therefore, it would quite likely be mentioned with a variety of other fields. In contrast, the present study elicited only one student preference from each subject. Forced to choose one field, subjects must focus on a "preference," which in this context conveys a different meaning than multiple "interests." Schoenmaker and Radosevich, in their 1976 study of nursing students, obtained results similar to those of the present study, noting the "absence of administration from the men's preferences" (p. 299). Although they remarked that the finding was "rather unexpected," they did not speculate further on possible reasons. Returning to the present study, one factor contributing to the subjects' relative apathy toward administration when they were students may relate to most nursing students' recognition that they must first gain experience in a clinical area, thereby proving themselves competent nurses before moving on to management. Another factor may be that increasingly, a bachelor's or master's degree is a prerequisite for a management position. Nearly three-quarters of the men in the sample hold an associate degree or a diploma as their highest nursing educational level, and therefore may not have received encouragement in their nursing

programs to consider administration as a career choice. Probably the most significant factor is the male nursing students' desire to provide nursing care to patients. What man, pursuing a career primarily in administration, would choose to enter a field noted for its low salaries, low prestige (for men at least), and an image incongruous with the stereotypical male role? However, over time, men may, for various reasons, find administration an inevitable job. "As much as I like where I am [operating room], I don't feel there is much job mobility or financial future as there might be in administration." It is quite likely that the popular belief that men enter nursing in order to go into administration is a myth.

One may note in Table 8 that even experienced male RNs prefer five other fields to administration. However, substantially more men are planning to be in administration in five years than presently prefer it. Thus, a pattern can be seen in which administration moves progressively from relatively unpopular in students' preferences, to sixth as the field now preferred, to second place for the subjects' five year expectation. In contrast, the other top six FONs in the now preferred category retained identically their ordering in the future FON category. What would

account for administration's unique progressive ascent on the lists of FON choices and preferences? The primary motivating factor may be a financial one. As mentioned earlier, the majority of the sample indicated the need to move into leadership positions, increasing their salaries to better support their families. Kelly (1981) also made reference to male RNs' "desire to move into better-paying administrative positions" (p. 200). It is also likely that some men (and women) who, having worked in nursing for a number of years, may desire to enter administration to provide leadership and create change within the profession, needs that they may not have perceived as students. Some men may respond to others' expectations, both implicit and explicit, that they enter administration. These expectations are usually vague or ill-defined but carry the message that men belong in administration, which is presumed to bestow higher status than bedside care.

Research Questions 2 and 3

The second and third research questions asked, "Is there an association between the degree of role strain experienced by male RNs and their most recent field of nursing or the fields of nursing in which they prefer to work." It was expected that male RNs who experience more role strain than other men in the sample would be

working in less congruent FONs. It was also expected that male RNs who experience more role strain than other respondents would express preference for the more congruent FONs.

Table 10 indicates that the male RNs' total degree of role strain (TRS) did not correlate strongly with congruence of the FONs in which they most recently worked or those which they prefer. Role strain in the Patient subscale category (RSp) did correlate weakly but significantly, in a negative direction with the congruency score of the FON in which each male RN most recently worked. In other words, nurses working in less congruent FONs reported more role strain when dealing with patients, patients' families, and patient care issues, than nurses working in more congruent fields.

The lack of significant correlations may be a result of an invalid measure or perhaps the the field of practice does not significantly decrease the degree of role strain, in which case the Role Strain Scale may or may not be valid. The first explanation, that the scale is invalid and that the field of nursing does influence a male RN's degree of role strain, is quite possible. The validity of a scale is usually developed over years of trials and revisions.

Table 10

Correlation Between Individual Male RNs' Role Strain Scores, and Congruence of Fields of Nursing in Which They Most Recently Worked and in Which Prefer to Work

Correlation of Role Strain With:		
Role Strain Categories	Field Congruency Score for the Most Recent FON	Field Congruency Score for the Now Preferred FON
<u>RScm</u>	r = 0.057	r = 0.085
<u>RSc</u>	r = 0.010	r = 0.089
<u>RSp</u>	r = -0.101*	r = -0.057
TRS	r = -0.007	r = -0.059

*p<.05

The second explanation is contrary to the assumptions propounded by theorists and researchers to date. Intuitively, their assertion that "specializing" or entering more congruent FONs would decrease role strain makes sense. However, no empirical evidence exists to substantiate this theory. Their assertion assumes that role strain is significantly decreased by changes in a person's environment. A different conceptualization of factors which affect role strain can be formulated which is consistent with the second explanation. The role strain which a male nurse experiences from holding two incompatible roles may not be easily decreased by entering a different FON (an environmental change) because the degree of role strain may be partially attributed to his personality (Thomas, 1968). Personality, characterized by elements such as values, attitudes, and sense of self-esteem, is not easily altered by environmental changes. However, a change of fields may decrease the number of altercations he experiences because of his role strain. In other words, a man may decrease the frequency with which he must address the incompatibility of the male role and nurse role by entering a more congruent field of nursing. Unfortunately, he may not be able to easily decrease the intensity (degree) of role strain

by this change. In this light, the second explanation, that the field of practice does not significantly decrease a male RN's degree of role strain, appears plausible. The Role Strain Scale still may or may not be a valid measure of a male RN's degree of role strain, but it is clear that the scale does not measure the frequency with which role strain is addressed.

Research Question #4

The last research question asked, "Do male RNs prefer more congruent fields of nursing now than when they were students?" Based on the review of the literature, the respondents were expected to designate less congruent FONs as their preferred FONs as nursing students than as RNs now. The respondents were expected to now prefer the more congruent FONs. In other words, it was anticipated that the mean of the Field Congruency Scores (FCSS) would be higher for the now preferred fields than the mean of the FCSS for the preferred as a student FONs.

The mean of the FCSS for FONs which respondents now prefer and the mean of the FCSS for the FONs which respondents preferred as students were calculated and compared. The scores were identical, 2.32, placing both in the most congruent category.

To gain insight into the preferred fields as well

as the pattern of first, most recent, and future FONs, distributions by percentage were calculated for each of the three congruency categories, least, middle, and most. These are displayed in Table 11 in a loosely chronological format. Not surprisingly, the first FON demonstrated the smallest percentage in the most congruent positions, and the largest percentage in the least congruent positions, probably due to the usually limited choice of FONs open to graduate nurses.

The most recent FON indicates more subjects working in the most congruent FONs, but the percentage is still less than the percentages of experienced nurses who prefer the most congruent fields and less than those who plan to work in the most congruent fields in the future. The low percentage found in the most recent FON/most congruent cell quite likely reflects the fact that the most recent FON is still the first FON for some subjects. However, this assumption was not investigated. Overall, the consistency of preference for most congruent fields across time is striking. Although it was expected that the majority of experienced nurses would prefer to work in the more congruent FONs, the choice of the men as students was not expected to demonstrate that preference to the same high degree. These findings provide strong support for

Table 11

Percentage of Male RNs Choosing or Preferring Fields of
Nursing Within Congruency Categories

FON Selections by Point in Time ^a	Percent of Male RNs in Least, Intermediate, and Most Congruent Categories		
	<u>Least</u>	<u>Intermediate</u>	<u>Most</u>
Preferred as student	12.3	13.1	74.6
First Job	28.1	25.7	46.2
Most recent Job	16.8	16.5	66.7
Prefer now	14.7	13.8	71.5
Future expectation	14.6	14.9	72.4

^aWork selections exclude subjects who did not choose one of the 22 designated fields of nursing.

the view that in general, male nursing students are already well aware, whether consciously or unconsciously, of which FONs are congruent with the male role and may be already planning their career paths to move toward the more congruent FONs.

One other surprise emerging from the distributions displayed in Table 11 is that, excluding the first job in which choice is reduced, there is no gradual shift of the men's choices and preferences from least congruent to middle congruent FONs over time. For unknown reasons, 12% to 17% of the sample at any given time chose or preferred the least congruent FONs. This may reflect only normal differences in personality characteristics.

Additional Analyses

The analyses of the data related to the research questions generated further questions. Are there associations between the degree of role strain experienced by male RNs and other characteristics such as comfort with their most recent job, the extent to which their written comments indicate they enjoy nursing, their marital status, their age or experience, their level of nursing education, or the number of male RNs with whom the subjects interact daily? Is their degree of role strain related to their employment

status, their employment position, the number of hours worked per week, or whether they expect to be out of nursing in five years? To answer these questions, various tests were conducted. These tests included the use of the Pearson r , ANOVA, and t-test.

The Pearson r was used to arrive at correlations between some of these variables and role strain. These correlations are shown in Table 12. It was anticipated that if the Role Strain Scale was a valid instrument, a male RN's overall degree of role strain (TRS) and the degree of role strain measured within the Colleague subscale (RSC) would correlate with the degree of comfort the subjects, as males in a female profession, experienced in their most recent FON. As the findings indicate, degree of comfort did correlate moderately and significantly, in a negative direction with both the Colleague subscale (-.31) and the overall scale (-.36). In other words, as male RNs' degree of role strain increases in general, and with colleagues specifically, their degree of comfort on the job decreases.

In another attempt to determine the validity of the Role Strain Scale, the written comments volunteered by respondents were analyzed. Only men whose comments reflected feelings about their situation as men in a

Table 12

Correlations Between Selected Variables and
Role Strain Scores (TRS)

	RScm	RSc	RSp	TRS
Comfort in most recent FON ($n = 365$)	N/A ^a	-.31***	N/A	-.36***
Favorable comment about nursing ($n = 103$)	N/A	N/A	N/A	-.62***
Age ($n = 366$)	-.04	.04	.05	.02
Experience ($n = 365$)	-.03	.02	.02	.01
Combined hours worked per week ($n = 346$)	-.07	.07	-.04	-.01
Level of nursing education ($n = 365$)	N/A	N/A	N/A	.12*
Male Registered Nurse interaction ($n = 366$)	N/A	-.16**	N/A	-.18***

* $p < .05$. ** $p < .01$. *** $p < .001$

^aNot Applicable; correlations not addressed by the researcher.

female occupation were considered. Of 367 respondents, 103 wrote comments which could be categorized.

Comments which were interpreted as favorable toward nursing were scored "3." Comments interpreted as unfavorable toward nursing were scored "1." If the comments seemed to reflect mixed feelings toward nursing, they were scored "2." Tabulation revealed that of the 103 men, 23 expressed enjoyment in nursing, 49 had mixed emotions about their career, and 31 expressed dislike of nursing, specifically from the perspective of a male in a female profession.

The scores on the favorability of comments correlated strongly and significantly ($r = -.62$, $p < .001$) with the individual overall role strain score (TRS). Although this test helps to validate the Role Strain Scale, the reliability of the method used to score comments is questionable. The researcher did not adhere to any strict coding criteria to categorize comments and inter-rater reliability was not performed.

It was anticipated that the degree of role strain might increase in older and more experienced male RNs and in men who worked a greater number of hours per week. No relationships emerged between scores on the TRS or any of its subscales, and the respondents' age, nursing experience, or the number of hours worked per

week.

The degree of role strain of male nurses was positively but weakly correlated, ($r = .12, p < .05$) with level of nursing education. It is impossible to determine which variable acted on the other, or perhaps both variables are consequent upon a third. For example, a man with a higher level of education might expect to command more status, respect, and money. At the present time, most hospitals do not pay different wages to nurses with associate degrees, diplomas, or bachelor degrees. A man with a bachelor degree might therefore feel more role strain. Considering the second "cause and effect" relationship, male RNs with higher levels of role strain might believe that a higher level of education would command more status, respect, and money and thus return to college for more education.

Role strain was also related to the number of other male nurses with whom the respondents interact daily. The findings indicate that a subject's overall degree of role strain and role strain from colleagues are lower when he has a greater number of other male nurses to with which to interact ($r = -.18, p < .001$ and $r = -.16, p < .01$, respectively).

To determine if the subjects' degree of role

strain was related to their employment status, the mean TRS scores were compared for each of four groups: men who have nursing employment only, those with nonnursing employment only, those with both nursing and nonnursing employment, and subjects who were unemployed, students, or retired. Although the four group means ranged from 2.57 for men who indicated both nursing and nonnursing employment, to 3.04 for those who indicated nonnursing employment only, the oneway ANOVA determined that the means of no two groups were significantly different.

A similar analysis was conducted to determine if male RNs' degree of role strain was related to their marital status. Three groups were distinguished: subjects who were single; those married or living with a partner; and those who were divorced, separated, or widowed. Mean TRS scores for these three groups ranged from 2.60 for married men to 2.74 for single men. Oneway ANOVA determined that the means of no two groups differed significantly.

Because staff nurses usually command lower pay and lower status than nurses in non-staff positions, it was conjectured that staff nurses may have more role strain. The mean TRS of the staff nurses was 2.58 while that of the men in all other employment positions was 2.61. Compared by t test, the means were not

significantly different.

As mentioned earlier, 39 male RNs (10.6% of the sample) expect to leave nursing within five years. To find out if those individuals have a higher degree of role strain than men who expect to remain in nursing, the mean TRS scores of the two groups were calculated and compared. A t test determined that the mean of 2.93 for the group expecting to leave nursing was indeed significantly higher ($t = -4.10, p < .001$) than the mean of 2.57 for the group of men remaining in nursing. Undoubtedly there are many reasons men leave nursing, and it is unfortunate that the questionnaire did not explore these further. It seems likely that the role strain men experience from the incompatibility of the male role and the nurse role might be one of the reasons that men would offer if asked.

Summary

As anticipated, the fields of nursing which represent stereotypical male role were administration, ER, anesthesia, ICU/CCU, OR, psychiatry, and industrial nursing, in that order. Most men in the sample worked in and/or preferred these fields. No relationships were found between the fields in which men most recently worked, or preferred to work, and their degree of role strain. The consistency of mens' preference

for most congruent fields across time, from their days as students to the present, strikingly refutes the assumption that male nursing students are less aware of the congruency of nursing fields with the stereotypical male role than are practicing male RNs.

CHAPTER IV
SUMMARY, LIMITATIONS, RECOMMENDATIONS,
AND IMPLICATIONS FOR NURSING

This chapter will present a summary of the study, discuss its limitations, and include recommendations for future research. The implications of the study for nursing will conclude the chapter.

Summary

The conceptual framework, based on the literature, suggested that, stereotypically, the gender role of a man and the occupational role of a nurse are incompatible. Thus, male RNs experience strain from holding both roles. The degree of role strain depends on each man's reaction to explicit and implicit disapproval from other people. To decrease role strain, men may gravitate toward fields of nursing which they perceive as more congruent with the male role.

This study had several purposes. One was to measure the degree of role strain men incurred from holding two roles, the gender role of a man and the occupational role of a nurse. Another was to determine the relative congruency of 22 fields of nursing, that is, the degree to which they are seen as congruent with the male stereotypical role. A third was to document

in which of these fields male RNs choose and/or prefer to work. A final purpose was to determine whether relationships existed between the subjects' degrees of role strain and the fields in which they chose or preferred to work.

The study was descriptive and correlational. Data were collected by a questionnaire which elicited from male RNs their perceived degree of role strain and their perceptions of congruent and incongruent fields of nursing. The questionnaire requested the men to specify the fields of nursing in which they have been and were most recently employed, as well as their preference for various fields over time. Finally, they were requested to provide information on demographic characteristics, education, and employment.

The questionnaire was pretested, revised, and then mailed to a random sample of 500 male RNs licensed and residing in Oregon. The usable response rate, after three mailings, was 78%.

Descriptive analysis of the background data revealed that the average respondent was 36 years old, Caucasian, and married. He graduated from an associate degree program 8 years ago, had 8 years of nursing experience, and was presently working 38 hours per week in a hospital as a staff nurse. One fifth of the

subjects held management positions (charge/assistant head nurse to administrator) but only one quarter of these were administrative positions (supervisor to administrator). Other noteworthy characteristics of the sample were that one out of seven men held a nonnursing job and four out of ten possessed a college degree outside the domain of nursing.

The individual overall role strain scores (TRSSs), as measured by the Role Strain Scale, ranged from 1.17 to 4.14. The mean score was 2.63, and the scores were fairly normally distributed. Data elicited from the Community Milieu subscale indicated that the vast majority of male RNs are comfortable with the view that a good nurse must be accepting, caring, gentle, nurturant, and empathetic. Most of the sample received favorable feedback about their career choice from relatives, most men do not hesitate to identify themselves as nurses, and the majority feel good enough about their career to recommend nursing to other men. Analysis of the Colleague subscale revealed that just over half of the men in the sample believe they must move into leadership positions for financial reasons. Most male RNs do not experience as much strain at work from the presence of female nurses as from the absence of other men with whom to interact. Data elicited from

the final subscale, Patients, indicated that the majority of men perceive that patients are surprised when assigned a male nurse to care for them but the men believe that most patients do not necessarily prefer female nurses, especially if the patients have received care from male nurses. Some mentioned that gender made no difference. A small percentage of male RNs reported they had difficulty caring for women on the basis of different gender orientations and/or the physical intimacy sometimes required.

Analysis of the data to address the research questions revealed that the 7 nursing fields most congruent with the male stereotypical role were administration, ER, anesthesia, ICU/CCU, OR, psychiatry, and industrial nursing in that order. Obstetrics, doctor's office, pediatrics, geriatrics, home health, outpatient clinic, and general medical were the 7 fields, in that order, listed as least congruent with the male role. Most men in the sample worked in and/or preferred the most congruent fields. No strong relationships were found between the fields in which men most recently worked or preferred to work and their degree of role strain. It had been assumed that male nursing students are less aware of the congruency of nursing fields with the stereotypical

male role than are practicing male RNs. The consistency of men's preferences for the most congruent fields of nursing across time, from their days as students to the present, strikingly refuted that assumption. Administration was the one field which demonstrated a unique contrast between its congruency and its selection by men as a choice or preference over time. The subjects rarely designated administration as a field preferred as students. Additionally, although a low percentage work in and prefer the field of administration now, twice as many expect to enter administration within five years. This finding may reflect the subjects' concern for financial security which may not be achieved as readily in other fields of nursing.

Other analyses of data were conducted to determine if the subjects' degree of role strain was related to selected demographic, educational and employment characteristics. The most outstanding finding from these analyses was that men who expect to leave nursing within five years have a significantly higher degree of role strain than those who expect to remain in nursing.

Limitations of the Study

This study had several limitations. Perhaps foremost was the scale used to measure role strain.

Although the scale appears to be reliable, the degree to which the scale is valid has not been determined, this study being the scale's first use. Use of the scale assumes that male RNs who fill out the instrument adhere to both the stereotypical male role and nurse role. Therefore, the scale would not be appropriate for use on those male RNs who do not occupy a stereotypical male role, for example, some homosexuals. It is unclear whether the "role strain" measured when the instrument is administered to male RNs not presently working in nursing is the same entity as the "role strain" of men who are presently working as nurses. Despite uncertain equivalence, the TRSs of both groups were included in analysis. A further limitation of the scale is that an individual's role strain scores, in isolation, are meaningless. A man's role strain scores, as measured, are meaningful only if compared to the scores of other male nurses.

Two problems relate to the wording of the statements in the scale. Uniform scoring assumes that the wording of each item has about the same intensity but such equivalence was difficult to achieve. Thus, the uniform intensity of the items remains uncertain. The second problem is that a male RN may attribute characteristics of role strain to other male nurses

that he would not attribute to himself. Thus, he may respond to a generalized statement concerning role strain in "male nurses" differently than he would if the words "I" or "me" were used in place of "male nurses" in a statement. Unfortunately, the scale contained both types of statements.

Two further limitations of the study involve data collected in the Fields of Nursing section of the questionnaire. First, to list fields of nursing which "a man with a stereotyped image of nursing" would choose to work in or avoid, the respondents must be consciously or unconsciously aware of the characteristics of occupations considered more appropriate for the stereotypical man and the characteristics of the fields of nursing from which he may choose. For example, it was speculated that many nurses do not know what industrial nursing actually is, although it sounds masculine. Second, the question requesting the subject to name the field of nursing he preferred as a student depended on his memory for the answer, and memories are fallible.

Two final limitations involve the sampling technique. The sample size seemed adequate and representative of the population of male RNs in Oregon but may not be representative of the U.S. population of

male RNs. Their characteristics undoubtedly vary from region to region. Finally, identification of male RNs by reviewing the given names of all RNs in Oregon is prone to error because names such as Billie, Kelly, Jan, Kim, Pat, Dale, Lynn, Tracy, or Chris may be masculine or feminine. Using this method to designate individuals from which to draw a random sample forces the investigator to either include women in or exclude men from the sample. Either may have occurred in the present study and perhaps some nonrespondents were women.

Recommendations for Future Research

The results of this study indicate that a reliable and valid instrument needs to be developed to measure role strain in male nurses. If the instrument used in this study is used again, several changes in the scale are warranted. First, statements should be added to the scale which ask men whether they experience more role strain from community members, colleagues, or patients. Second, a separate scale should be developed to measure the frequency with which male nurses are stressed about their incompatible roles or are openly confronted about their deviance from the stereotypical male role. Third, the responses to statements would better reflect an individual's feelings if all

statements were personalized, using the words "I" or "me" in place of "male nurses". Another suggestion is to factor-analyze the scales to detect other ways of grouping items into subscales. Finally, the instrument should be adapted for use with female nurses for comparative purposes.

Two research recommendations relate to the Fields of Nursing section of the questionnaire. Research should be conducted to identify the fields of nursing in which female RNs have or preferred to work over time. With these data collected, the similarities and differences between male and female RNs could be more clearly understood. It would also be beneficial to more clearly determine why men (and women) prefer to work in certain fields of nursing rather than others. These reasons might help nurse managers to recruit men and women for specific fields, and to recognize why some nurses move from field to field while others remain in certain fields.

A problem related to terminology emerged from the review of the literature. What this investigator termed fields of nursing varies in usage among researchers. Specialties, units, floors, areas, wards, and fields have all been used to signify various settings within which nurses work. The term "field of

nursing" is a general term which would easily facilitate academic discussion and study of the variable and is therefore recommended as a standardized term.

To accurately measure changes in role strain, and choices and preferences for fields of nursing, a prospective longitudinal study of men in nursing, from their days as first year nursing students to five years post-graduation, would be beneficial.

One last recommendation is to more closely study men who eventually expect to leave nursing and those who have already left nursing in order to gain more insight into their reasons for leaving.

Implications for Nursing

This study generated implications for nursing in several areas. Perhaps the primary implication is the need for further nursing research relating to the experiences of male RNs, as discussed in the previous section.

One of the clearest findings from the study is that although most men are already content with their nursing careers, they would enjoy the company of more men in nursing. The responsibilities of nursing leaders in the realm of public relations include

acquainting young people with nursing as an occupation for both genders. Nurse recruiters from college campuses should develop marketing strategies to attract high school and college men to nursing programs.

Another finding, that most of the subjects perceived patients as "caught off guard" when assigned a male nurse, indicates the need for more public education concerning the presence of men in nursing. Many people's only exposure to the idea of men in nursing is through the mass media.

The elimination of sexist language from nursing journals, nursing conferences and other professional communications would be an important means of assisting the colleagues of male nurses to recognize that nursing is a profession of both men and women.

In the past, it was suggested that men in nursing move into more congruent fields to minimize role strain. However, the findings of the present study indicate that working in congruent fields of nursing may have little impact on decreasing the degree of role strain that male RNs experience. Nurse managers might assist men to discover and mobilize their internal coping mechanisms. Male nurses themselves must recognize and take responsibility for role strain that they may experience.

To help confirm or legitimize their role in nursing, several subjects suggested greater visibility of the male nurse. As one man put it, "I am proud to be a nurse, although I would like to see more men on the cover of nursing publications."

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Appendix A

Male Nurses Role Strain Questionnaire

OREGON MALE NURSES: THEIR PERCEPTIONS OF THEIR ROLE

This survey will collect information about how male nurses in Oregon perceive their role as men working in a predominantly female occupation. Please answer all of the questions. If you wish to comment on any questions, please feel free to use the space in the margins when space is not provided after the questions. Thank you for your help.



Return questionnaire to:
James W. Egeland
School of Nursing, L 343
Oregon Health Sciences University
3181 S.W. Sam Jackson Park Road
Portland, Oregon 97201

Section I: This section deals with the consequences of being a male nurse in regard to your relations with the general public. Each item statement is a belief with which you may agree or disagree. Beside each statement is a scale which ranges from strongly disagree (1) to strongly agree (5). Please circle the one number which most nearly represents the extent to which you agree or disagree with the statement. Please make sure that you answer every item and that you circle only one number per item. This is a measure of your personal beliefs; obviously, there are no right or wrong answers.

Statement	STRONGLY DISAGREE (1)	MILDLY DISAGREE (2)	NEUTRAL (3)	MILDLY AGREE (4)	STRONGLY AGREE (5)
1. If asked by a male friend about nursing as a career, I would urge him to consider it as a very desirable possibility.	1	2	3	4	5
2. If I had a son, I would advise him to avoid a career in nursing.	1	2	3	4	5
3. Most people give men who enter nursing a lower social status than women who enter nursing.	1	2	3	4	5
4. Other men suspect that male nurses are "gay".	1	2	3	4	5
5. When first introduced to other men, I hesitate to identify myself as a nurse.	1	2	3	4	5
6. Most people view nursing as an appropriate job for men.	1	2	3	4	5
7. By choosing nursing over other possible career choices, I gave up the opportunity to earn a higher income.	1	2	3	4	5

Statement	STRONGLY DISAGREE (1)	MILDLY DISAGREE (2)	NEUTRAL (3)	MILDLY AGREE (4)	STRONGLY AGREE (5)
8. Other men initially seem to have difficulty relating to me when they learn I am a nurse.	1	2	3	4	5
9. When first introduced to women, I hesitate to identify myself as a nurse.	1	2	3	4	5
10. For a man, a career in nursing has many negative aspects.	1	2	3	4	5
11. I feel that, as a male nurse, I have a higher social status than my father.	1	2	3	4	5
12. My father is enthusiastic about my career choice of nursing. . .	1	2	3	4	5
13. My mother is enthusiastic about my career choice of nursing. . .	1	2	3	4	5
14. My wife (or closest female friend) is enthusiastic about my career choice of nursing. . .	1	2	3	4	5

Section II: This section deals with the consequences of being a male nurse in regard to your relations with health care colleagues and others in the work setting.

Please indicate your degree of agreement with each of the following statements by circling the one number which most nearly represents your reaction.

Statement	STRONGLY DISAGREE (1)	MILDLY DISAGREE (2)	NEUTRAL (3)	MILDLY AGREE (4)	STRONGLY AGREE (5)
15. Many female nurses resent working with male nurses.	1	2	3	4	5
16. Male nurses find the absence of other male nurses to interact with at work to be a source of dissatisfaction.	1	2	3	4	5
17. A higher level of job performance is generally expected of male nurses than female nurses.	1	2	3	4	5
18. There is a great deal of "female" talk at work breaks from which I feel excluded.	1	2	3	4	5
19. Male nurses must move into leadership positions to earn enough money to support themselves and their families.	1	2	3	4	5
20. Given a choice, I would rather be supervised by a male nurse than by a female nurse.	1	2	3	4	5
21. When in the situation, I would prefer to work in a setting where there are more men.	1	2	3	4	5

Statement	STRONGLY DISAGREE (1)	MILDLY DISAGREE (2)	NEUTRAL (3)	MILDLY AGREE (4)	STRONGLY AGREE (5)
22. Many female colleagues have considered me incapable of dealing with patients' feelings.	1	2	3	4	5
23. It is difficult for many female nurses to understand why men become nurses.	1	2	3	4	5
24. If I have free time on the job or am looking for someone to lunch with, I tend to seek out other men in the facility.	1	2	3	4	5
25. Physicians prefer asking for help and advice from male nurses rather than female nurses.	1	2	3	4	5
26. Many female nurses believe male nurses should care for only male patients.	1	2	3	4	5
27. I feel that many female nurses consider me a threat to <u>their</u> profession.	1	2	3	4	5
28. It is easy for most physicians to understand why men become nurses.	1	2	3	4	5

Section III: This section deals with the consequences of being a male nurse in regard to your relations with patients you care for and their families.

Please indicate your degree of agreement with each of the following statements by circling the one number which most nearly represents your reaction.

Statement	STRONGLY DISAGREE (1)	MILDLY DISAGREE (2)	NEUTRAL (3)	MILDLY AGREE (4)	STRONGLY AGREE (5)
29. I find it difficult to care for female patients because their experiences and orientation are so different from mine.	1	2	3	4	5
30. I feel that most female patients generally prefer female nurses.	1	2	3	4	5
31. I am comfortable with the view that a good nurse must be accepting, caring, gentle, nurturant, and empathetic.	1	2	3	4	5
32. Asking female patients about their marriage and sex life is more difficult for male nurses than for female nurses.	1	2	3	4	5
33. I feel that male patients generally prefer female nurses.	1	2	3	4	5
34. Most patients are "caught off guard" when assigned a male nurse because they do not expect men to provide nursing care.	1	2	3	4	5
35. Most female patients feel that female nurses can care for them better than male nurses.	1	2	3	4	5

Statement	STRONGLY DISAGREE (1)	MILDLY DISAGREE (2)	NEUTRAL (3)	MILDLY AGREE (4)	STRONGLY AGREE (5)
36. I often feel that female patients withhold significant personal information because I am a male.	1	2	3	4	5
37. Generally most male patients feel that female nurses can care for them better than male nurses.	1	2	3	4	5
38. I am pleased when patients or visitors call me "doctor".	1	2	3	4	5
39. I find it more difficult to care for female patients because of the physical intimacy required.	1	2	3	4	5
40. Expectant mothers would rather have female nurses care for them than male nurses.	1	2	3	4	5
41. Families of critically ill patients desire the reassurance given by male nurses more than reassurance given by female nurses.	1	2	3	4	5
42. Children interact with male nurses more readily than female nurses.	1	2	3	4	5

Section IV: Use the following Fields of Nursing list to answer questions #43-#47. In the blanks provided after each question, write in the number which precedes the appropriate choice in the list.

FIELDS OF NURSING

- | | |
|---|------------------------------|
| 1. NEUROLOGICAL NURSING | 14. ADMINISTRATION |
| 2. REHABILITATIVE NURSING | 15. OBSTETRICICAL NURSING |
| 3. CLINIC, OUTPATIENT or
AMBULATORY CARE NURSING | 16. OPERATING ROOM NURSING |
| 4. COLLEGE NURSING INSTRUCTOR | 17. ORTHOPEDIC NURSING |
| 5. DOCTOR'S OFFICE NURSING | 18. PEDIATRIC NURSING |
| 6. EMERGENCY DEPARTMENT NURSING | 19. PSYCHIATRIC NURSING |
| 7. GENERAL MEDICAL NURSING | 20. PUBLIC/COMMUNITY HEALTH |
| 8. GENERAL SURGICAL NURSING | 21. ANESTHESIA |
| 9. GERIATRIC NURSING | 22. RESEARCH |
| 10. HOME HEALTH CARE/VISITING NURSE | 23. NOT EMPLOYED AS A R.N. |
| 11. I.C.U./C.C.U. (infant or adult) | 24. OTHER, please specify: |
| 12. INDUSTRIAL NURSING | |
| 13. IN-SERVICE EDUCATION or
STAFF DEVELOPMENT | 24. ANOTHER, please specify: |

43. Please indicate (a) the first Field of Nursing you worked in and (b) your most recent Field of Nursing. (See list above)

(a) FIRST FIELD _____

(b) MOST RECENT FIELD _____

44. As a nursing student, what was the one Field of Nursing that you thought you would most prefer to work in? (See list above)

MOST PREFERABLE _____

WHY THIS FIELD? _____

45. Now, as an experienced nurse, what is the one Field of Nursing you have preferred or would most prefer to work in? (See list above)

MOST PREFERABLE _____

WHY THIS FIELD? _____

46. For various reasons, most men do not choose a career in nursing. If a man with a stereotyped image of nursing accepted a career in nursing, (a) which 5 Fields of Nursing would he most likely choose to work in and (b) which 5 Fields of Nursing would he least likely choose to work in? (Please select from the fields of nursing listed on opposite page)

(a) MOST LIKELY CHOICES

(b) LEAST LIKELY CHOICES

1 _____

1 _____

2 _____

2 _____

3 _____

3 _____

4 _____

4 _____

5 _____

5 _____

47. What one Field of Nursing do you expect to be working in 5 years from now? (See list on opposite page)

FIELD OF NURSING _____

WHY? _____

48. From the standpoint of a male in a female profession, how comfortable is/was your most recent Field of Nursing to work in? (Please circle most appropriate number)

VERY UNCOMFORTABLE		NEUTRAL		VERY COMFORTABLE
-----------------------	--	---------	--	---------------------

1

2

3

4

5

PLEASE EXPLAIN ANSWER GIVEN. _____

Background Data

Section V: Finally, I would like to ask you a few questions about yourself for statistical purposes.

49. Your present marital status. (Circle number)

1. NEVER MARRIED
2. MARRIED, OR LIVING WITH PARTNER
3. SEPARATED/DIVORCED
4. WIDOWED

50. What is your ethnic background? (Circle number)

1. ASIAN (ORIENTAL)
2. BLACK
3. CAUCASIAN (WHITE)
4. MEXICAN-AMERICAN, CHICANO, LATINO
5. NATIVE AMERICAN INDIAN
6. OTHER, please specify _____

51. What was your age at last birthday: _____ YEARS

52. What is your first type of nursing degree? (Circle number)

1. LICENSED PRACTICAL NURSE
2. ASSOCIATE DEGREE
3. NURSING SCHOOL DIPLOMA
4. BACHELOR'S DEGREE

53. In what year did you receive your initial nursing degree? _____

54. How many years have you worked as a nurse:

_____ YEARS

55. What is the highest nursing degree you hold? (Circle number)

1. ASSOCIATE DEGREE
2. NURSING SCHOOL DIPLOMA
3. BACHELOR'S DEGREE
4. MASTER'S DEGREE
5. DOCTORAL DEGREE

56. Do you hold any other college degree? (Circle number)

1. YES Please specify _____
2. NO

57. Present employment status: (Circle number and fill in blank when appropriate)
1. EMPLOYED AS A R.N. AND AS A _____
(Specify non-nursing occupation)
 2. EMPLOYED AS A _____
(Specify non-nursing occupation)
 3. EMPLOYED AS A R.N. ONLY
 4. NOT EMPLOYED AT PRESENT
58. Where are you currently employed as a Registered Nurse? (Circle number)
- | | |
|------------------------|---------------------------------|
| 1. HOSPITAL | 8. SELF-EMPLOYED |
| 2. NURSING HOME or ECF | 9. INACTIVE |
| 3. HEALTH CLINIC | 10. NOT EMPLOYED AS A R.N. |
| 4. DOCTOR'S OFFICE | 11. OTHER, please specify _____ |
| 5. OCCUPATIONAL HEALTH | _____ |
| 6. SCHOOL | |
| 7. SCHOOL OF NURSING | |
59. For the field of employment you work in, Please indicate your present position as a Registered Nurse: (Circle number)
- | | |
|----------------------------|---------------------------------|
| 1. STAFF NURSE | 8. INSERVICE COORDINATOR |
| 2. CLINICAL SPECIALIST | 9. FACULTY MEMBER |
| 3. NURSE PRACTITIONER | 10. CONSULTANT |
| 4. ASSISTANT HEAD NURSE | 11. NOT EMPLOYED AS A R.N. |
| 5. HEAD NURSE | 12. OTHER, please specify _____ |
| 6. SUPERVISOR/ASST. D.O.N. | _____ |
| 7. DIRECTOR OF NURSING | |
60. What is the average number of hours that you work each week as a registered nurse?
- AVERAGE NUMBER OF HOURS _____
61. What is the average number of hours that you work each week in another occupation?
- AVERAGE NUMBER OF HOURS _____
62. How many male nurses do you generally interact with on a daily professional basis? (Circle number)
1. 0
 2. 1
 3. 2
 4. 3
 5. 4 OR MORE

Appendix B

First Cover Letter Accompanying Questionnaire

THE OREGON HEALTH SCIENCES UNIVERSITY

School of Nursing

3181 S.W. Sam Jackson Park Road Portland, Oregon 97201 (503) 225-7790

We male nurses have chosen a career which is considered by many people to be a female occupation. At present, very little information is available about problems we may encounter in nursing. Therefore, I am undertaking a study to learn more about this topic. The results of this study may benefit male nurses by providing colleagues and the general public with an understanding of our feelings and attitudes.

You are part of a randomly selected sample of male Registered Nurses licensed and residing in the State of Oregon. Enclosed is a questionnaire that requires approximately 20 minutes to complete. Your response to questionnaire will be greatly appreciated. Please answer every question to ensure that the information may be properly analyzed. Your response is crucial if this study is to be successful and representative of all male nurses statewide.

You may be assured of complete confidentiality. The questionnaire has an identification number for mailing purposes only. This is so I can check your name off the re-mail list when your questionnaire is returned. Your name will never be placed on the questionnaire.

You may receive a summary of results by writing "copy of results requested" on the back of the return envelope, and printing your name and address below it. To maintain confidentiality, please do not put this information on the questionnaire itself.

I would be happy to answer any questions you might have. Please write to me or my thesis advisor, Julia Brown, Ph.D. You may also call me at (503) 234-3769.

Thank you for your assistance.

Sincerely,

[REDACTED]

JAMES W. EGELAND, R.N.
Graduate Student
School of Nursing

[REDACTED]

Julia Brown, Ph.D.
Professor of Sociology
Community Health Care Systems



Appendix C

Second Cover Letter Accompanying Questionnaire

at First Follow-up

THE OREGON HEALTH SCIENCES UNIVERSITY

School of Nursing

3181 S.W. Sam Jackson Park Road Portland, Oregon 97201 (503) 225-7790

Last month I wrote to you seeking your perception of the problems we male nurses may encounter in nursing. As of today, I have not received your completed questionnaire.

I have undertaken this study because of my belief that male nurses can provide colleagues, patients, and the general public with a better understanding of their feelings and attitudes.

I am writing to you again because of the significance each questionnaire has to the accuracy and usefulness of this study. Your name was drawn through a random sampling process in which every male Registered Nurse who is licensed and residing in Oregon had an equal chance of being selected. Therefore, your response is crucial if this study is to be successful and representative of all male nurses statewide.

You may receive a summary of results by writing "copy of results requested" on the back of the return envelope and printing your name and address below it. Although I expected to receive a number of requests for results, I have been astonished at the high percentage of respondents requesting study results. This indicates to me how keenly male nurses are interested in increasing their understanding of how other men in nursing feel about nursing as a career. I hope to have the results mailed out late this summer.

I would be happy to answer any questions you might have. Please write to me or my thesis advisor, Julia Brown, Ph.D. You may also call me at (503) 234-3769.

In the event that your questionnaire has been misplaced, a replacement is enclosed. Your cooperation is greatly appreciated.

Sincerely,

[REDACTED]
James W. Egeland, R.N.
Graduate student
School of Nursing

[REDACTED]
Julia Brown, Ph.D.
Professor of Sociology
Community Health Care Systems



Appendix D

Third Cover Letter Accompanying Questionnaire

at Second Follow-up

THE OREGON HEALTH SCIENCES UNIVERSITY

School of Nursing

3181 S.W. Sam Jackson Park Road Portland, Oregon 97201 (503) 225-7790

In the last six weeks I have written to you seeking your perception of the problems, if any, you may encounter as a Registered Nurse. I have not yet received your completed questionnaire.

The large number of questionnaires returned is very encouraging. But whether I will be able to accurately describe how men in nursing feel about their career depends on you and others who have not yet responded. This is because those of you who have not yet returned your questionnaire may feel differently about nursing than those who have. As a matter of fact, some men responded to the second mailing stating that they did not initially respond because they felt they were "atypical" of the usual man in nursing. How can I describe how men who are Registered Nurses feel if I do not hear from all of you?

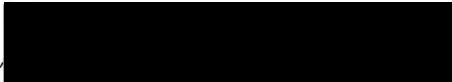
This is the first study of this type. Therefore, the results can provide colleagues, patients, and the general public with a better understanding of your feelings and attitudes.


It is for these reasons that I am sending out this third questionnaire. In case my other correspondence did not reach you, a replacement questionnaire is enclosed. I urge you to please complete and return it as quickly as possible. I hope to begin analyzing the data within two weeks.

You may still receive a summary of results by writing "copy of results requested" on the back of the return envelope. I would be happy to answer any questions you might have. Please write to me or my thesis advisor, Julia Brown, Ph.D. You may also call me at (503) 234-3769.

Your contribution to the success of this study is greatly appreciated.

Sincerely,


James W. Egeland, R.N.
Graduate student
School of Nursing


Julia Brown, Ph.D.
Professor of Sociology
Community Health Care Systems



Appendix E

Role Strain Scale With Distribution of Responses

Role Strain ScaleSubscale 1 - Community Milieu

Statement	Responses in Percentages				
	STRONGLY DISAGREE	MILDLY DISAGREE	NEUTRAL	MILDLY AGREE	STRONGLY AGREE
*1. If asked by a male friend about nursing as a career, I would urge him to consider it as a very desirable possibility. . . .	8.7	16.8	19.3	37.0	18.2
2. If I had a son, I would advise him to avoid a career in nursing.	27.7	22.0	24.5	16.0	9.8
3. Most people give men who enter nursing a lower social status than women who enter nursing.	21.5	33.4	16.6	22.6	6.0
4. Other men suspect that male nurses are "gay". . . .	17.7	21.0	24.3	30.0	7.1
5. When first introduced to other men, I hesitate to identify myself as a nurse.	43.3	22.3	12.5	18.3	3.5
*6. Most people view nursing as an appropriate job for men.	7.1	32.4	25.0	29.4	6.0

*"Negatively oriented" statement.

Subscale 1 (continued)

Statement	Responses in Percentages				
	STRONGLY DISAGREE	MILDLY DISAGREE	NEUTRAL	MILDLY AGREE	STRONGLY AGREE
8. Other men initially seem to have difficulty relating to me when they learn I am a nurse.	35.2	34.7	14.1	14.6	1.4
9. When first introduced to women, I hesitate to identify myself as a nurse	49.9	29.3	11.1	8.4	1.4
10. For a man, a career in nursing has many negative aspects.	19.9	34.7	16.1	22.7	6.6
*11. I feel that, as a male nurse, I have a higher social status than my father.	18.2	26.7	27.3	17.1	10.7
*12. My father is enthusiastic about my career choice of nursing.	2.6	9.7	42.0	26.0	19.7
*13. My mother is enthusiastic about my career choice of nursing.	3.6	7.5	23.5	36.9	28.5
*14. My wife (or closest female friend) is enthusiastic about my career choice of nursing.	1.9	3.8	18.8	29.2	46.3

**Negatively oriented statement.

Role Strain ScaleSubscale 2 - Colleagues

Statement	Responses in Percentages				
	STRONGLY DISAGREE	MILDLY DISAGREE	NEUTRAL	MILDLY AGREE	STRONGLY AGREE
15. Many female nurses resent working with male nurses	38.6	30.5	10.3	16.2	4.3
16. Male nurses find the absence of other male nurses to interact with at work to be a source of dissatisfaction.	14.9	25.0	13.3	34.5	12.2
17. A higher level of job performance is generally expected of male nurses than female nurses.	14.3	20.8	15.7	35.9	13.2
18. There is a great deal of "female" talk at work breaks from which I feel excluded.	13.5	24.3	19.2	29.5	13.5
19. Male nurses must move into leadership positions to earn enough money to support themselves and their families.	9.2	21.1	11.9	33.2	24.6
20. Given a choice, I would rather be supervised by a male nurse than by a female nurse.	8.4	13.0	50.8	15.9	11.9
21. When in the situation, I would prefer to work in a setting where there are more men.	5.4	13.0	39.7	27.4	14.4

Subscale 2 (continued)

Statement	Responses in Percentages				
	STRONGLY DISAGREE	MILDLY DISAGREE	NEUTRAL	MILDLY AGREE	STRONGLY AGREE
22. Many female colleagues have considered me incapable of dealing with patients' feelings . . .	61.4	19.7	7.6	7.6	3.8
23. It is difficult for many female nurses to understand why men become nurses	19.8	28.2	27.6	21.1	3.3
24. If I have free time on the job or am looking for someone to lunch with, I tend to seek out other men in the facility.	21.5	32.4	27.0	14.7	4.4
26. Many female nurses believe male nurses should care for only male patients	25.9	28.1	17.0	23.2	5.7
27. I feel that many female nurses consider me a threat to their profession.	29.7	20.8	19.7	21.6	8.1

Role Strain ScaleSubscale 3 - Patients

Statement	Responses in Percentages				
	STRONGLY DISAGREE	MILDLY DISAGREE	NEUTRAL	MILDLY AGREE	STRONGLY AGREE
29. I find it difficult to care for female patients because their experiences and orientation are so different from mine	46.5	38.4	8.6	5.9	0.5
30. I feel that most female patients generally prefer female nurses. . . .	16.5	38.9	14.3	26.2	4.1
32. Asking female patients about their marriage and sex life is more difficult for male nurses than for female nurses. . . .	15.0	24.5	17.7	32.2	10.6
33. I feel that male patients generally prefer female nurses.	10.6	43.2	21.0	20.7	3.8
34. Most patients are "caught off guard" when assigned a male nurse because they do not expect men to provide nursing care. . . .	6.5	23.2	13.8	48.6	7.8
35. Most female patients feel that female nurses can care for them better than male nurses	16.5	41.2	22.0	18.2	2.2

Subscale 3 (continued)

Statement	Responses in Percentages				
	STRONGLY DISAGREE	MILDLY DISAGREE	NEUTRAL	MILDLY AGREE	STRONGLY AGREE
36. I often feel that female patients withhold significant personal information because I am a male.	16.5	30.5	23.5	27.6	1.9
37. Generally most male patients feel that female nurses can care for them better than male nurses	24.4	41.5	20.1	13.3	0.8
39. I find it more difficult to care for female patients because of the physical intimacy required.	30.3	37.6	8.4	21.1	2.7
40. Expectant mothers would rather have female nurses care for them than male nurses.	6.0	14.4	20.9	39.1	19.6

Appendix F
Items Deleted From the Role Strain Scale

Means of Items Deleted From the Role Strain Scale

Statement ^a	Mean	S.D.
*38. I am pleased when patients or visitors call me "doctor".	3.91	1.08
7. By choosing nursing over other possible career choices, I gave up the opportunity to earn a higher income	3.46	1.33
*42. Children interact with male nurses more readily than female nurses	3.44	0.83
*28. It is easy for most physicians to understand why men become nurses.	3.30	0.90
*41. Families of critically ill patients desire the reassurance given by male nurses more than reassurance given by female nurses.	3.28	1.05
*25. Physicians prefer asking for help and advise from male nurses rather than female nurses	2.99	1.07
*31. I am comfortable with the view that a good nurse must be accepting, caring, gentle, nurturant, and empathetic	1.72	1.08

^aItems ranked by mean scores, the higher the score the greater the role strain.

*"Negatively oriented" statement; mean shown already reflects reversed scoring.

Percentage Distribution of the Items Deleted From the Role Strain Scale

Statement	Responses in Percentages				
	STRONGLY DISAGREE	MILDLY DISAGREE	NEUTRAL	MILDLY AGREE	STRONGLY AGREE
7. By choosing nursing over other possible career choices, I gave up the opportunity to earn a higher income	10.9	16.8	14.1	31.8	26.4
*25. Physicians prefer asking for help and advise from male nurses rather than female nurses	9.5	22.7	31.1	30.8	5.9
*28. It is easy for most physicians to understand why men become nurses . . .	10.3	26.4	47.8	13.6	1.9
*31. I am comfortable with the view that a good nurse must be accepting, caring, gentle, nurturant, and empathetic .	3.2	7.6	5.9	24.3	58.9
*38. I am pleased when patients or visitors call me "doctor".	39.2	25.1	25.4	8.1	2.2
*41. Families of critically ill patients desire the reassurance given by male nurses more than reassurance given by female nurses	16.3	20.3	42.3	17.6	3.5
*42. Children interact with male nurses more readily than female nurses.	11.6	29.7	51.9	4.9	1.9

*"Negatively oriented" statement.

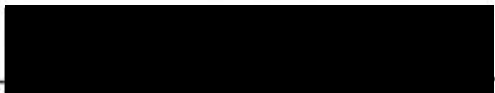
AN ABSTRACT OF THE THESIS OF
JAMES W. EGELAND

For the degree of MASTER OF NURSING

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Title: SEX-ROLE STEREOTYPING AND ROLE STRAIN AMONG
MALE REGISTERED NURSES.

APPROVED: _____


Julia S. Brown, PhD, Thesis Advisor

A descriptive and correlational study of a random sample of 500 male RNs, licensed and residing in Oregon, was undertaken to determine: (1) the degree of role strain men experience as a result of the incompatibility of their occupational role with their sex role; (2) the relative congruency of different fields of nursing with the male stereotypical role; (3) the fields of nursing in which male RNs work and/or prefer to work; and (4) the relationships between the subjects' degrees of role strain and fields in which they work or prefer to work. A questionnaire was developed to address the above concerns as well as gather information on demographic characteristics. The usable response rate after three mailings was 78%.

The seven fields of nursing found to be most congruent with the male stereotyped role were administration, emergency room, anesthesia, ICU/CCU, operating room, psychiatry, and industrial nursing, in that order. Most men in the sample worked in, or preferred, the most congruent fields. The striking consistency of men's preferences across time, from their days as students to the present, refuted the assumption that male RNs come to prefer more congruent fields after they have had work experience than when they were students. No strong relationships were obtained between the degree of men's role strain and the congruency of the fields in which they most recently worked (-.01) or preferred to work (-.06). One outstanding finding of this research was that men who expect to leave nursing within five years have a significantly higher degree of role strain than those who expect to remain in nursing ($t = -4.10, p < .001$).

In recognition of the limitations of this study, the following recommendations are made for future research. First, the Role Strain Scale needs further refinement and should be tested for validity. Second, the generalizability of the present findings to populations of male RNs outside Oregon should be determined. Third, the views of both male and female

nurses concerning the characteristics of different fields of nursing should be compared with their views of the characteristics of occupations considered appropriate to the male stereotypical role. Fourth, views of both male and female nurses regarding the congruency of different fields of nursing with the female stereotypical role might be examined. Lastly, a prospective longitudinal study of men's role strains and preferences for specific fields of nursing should be undertaken.

The implications of this research for nursing are discussed, including the needs to educate the public concerning men in nursing, to market nursing careers to men, to work for the elimination of discrimination against male nurses within the nursing profession, and to assist male nurses to cope with and overcome role strain.