

Exploring gender-stereotype barriers and advantages of Hong Kong Male Nurses

Carmen Fung, MN, BNurs (Hons)

Lecturer, School of Nursing and Health Studies, the Open University of Hong Kong

***Corresponding author**

Carmen Fung, MN, BNurs (Hons), Lecturer, School of Nursing and Health Studies, the Open University of Hong Kong, Tel: (852) 27686807; Email: ckmfung23@ouhk.edu.hk

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Abstract

The purpose of this research is to explore the gender issues and identify the barriers faced by the local male nurses and students in their workplaces or clinical practicum. This project involves individual interviews with male nurses and nursing students and it aims to understand their perceptions towards the gender issues happened in clinical areas and identify the barriers that hindered their learning and career development.

A pilot study has been conducted from April to June 2018, four common themes of local gender barriers were identified.

Keywords: Male nursing, male nurses, male nursing students, gender barriers, gender stereotypes, role strain,

Introduction

Nursing profession has been stereotyped as a female-dominated profession worldwide over the centuries. However, the future of global development in nursing emphasized on the sexual diversity that need to place more efforts in male nurse recruitment because males perceive unique skills and perspectives which are contributable to the profession and the society stated in the report “The Future of Nursing: Leading Health, Advancing Change” of the Institute of Medicine (IOM) of the National Academies [1]. Recently, the California Institute for Nursing and Healthcare and the American Assembly for Men in nursing (2011) conducted a survey in 2005 and examined the perceptions of 498 male nurses and nursing students. Majority desired to choose nursing because they desired to help people, they perceived nursing as a growing profession with many career paths and a stable career. However, the top three barriers which discouraged men from nursing careers were stereotypes (73%), a traditionally female profession (59%) and cultural influences (12%), perception that nursing is not high tech (7%). 83% of the respondents would encouraged their male friends to become nurses as they thought nursing can gain great personal satisfaction and growth as well as high job stability and good career prospect. They shared the types of images which could best convey men in nursing to males are action/military images, nurse as hero, teamwork, high-tech. Moreover, 56% encountered difficulty during their nursing study, the top three reasons were the difficulty of being a minority gender (57%), being seen as “muscle” by female nurses (56%) and perceived as not caring (51%).

Gender stereotype issues have long influenced studies of nursing students in the areas of self-concept, role identity and learning preferences [2]. In Hong Kong, these traditional perceptions has

been challenged in recent years as an increasing number of males are choosing this profession as the major subject in their university studies and their life-long career. As a Clinical Instructor who has taught local university nursing students for several years, I observed some similar trends and changes in the local development of nursing education and training. One major observation is that there has been a gradual shift of the profession from female-dominated into a gradual increase in number of man enrolled in the nursing programs and exercise their practice upon graduation. In 2014, the increase in number of local male nurses is relatively high as there are 327 new male graduated nurses enter the profession this year which contributed to 8% of the total number of local male nurses [3]. During the student feedback and evaluation sessions in the clinical practicum, quite a number of male students have shared that they had feelings and thoughts about gender-stereotyping. This can be seen in terms of role strain, which is defined as the tension experienced by an individual in coping with the requirements of incompatible roles [4]. Many male students faced the situations of being isolated by nursing staff or nurse educators in their daily learning due to gender stereotyping where obstetric and gynecological ward is the most common clinical areas. O’Lynn (2004) stated that some clinical and theoretical nursing program which prepared male nurses for registration had failed to provide suitable environment to attract, prepare and retain men for the nursing profession [5]. Keogn & O’Lynn’s (2007) Irish and American study examined gender barriers faced by male nursing students and stated that the challenges they had to experience may affect their socialization into the profession and their academic performance [6]. They suggested more institutional specific research for male nursing students’ learning experience should be done to understand their perspectives on the prevalence and importance of the barriers. Besides, the Canadian society usually perceived nursing as a more suitable job for women and male nurses may be perceived as gay, effeminate, less compassionate and caring [7]. The stereotypes towards male nurses may negatively impact on their retention and recruitment

in nursing programs. Similar findings were reported by a qualitative study implemented by Wang and her colleagues (2011) in Chinese perspectives, most of the male students stated that they experienced negative learning experiences and psychological pressure due to the gender bias in their learning experiences. In Hong Kong, Chan and her colleagues (2013) identified four factors could affect how the local male nursing students establish therapeutic relationships with female patients such as presence of a chaperon, Hong Kong cultural context, attitudes of female patients and type of procedure involved [8]. Optimistically, it seems that the number of male students entering the nursing profession have grown recently because of the shift of nursing training into higher education. In United Kingdom, however, the UK's Equal Opportunities Commission has expressed concern in regard to the persistent stereotyping in career choices by young males (EOC, 2001) which could probably increase the male nurse attrition rate. Yet, many careers' advisors, teachers and parents showed relatively little concern [9]. The International Council of Nurses (ICN), which is a federation of more than 130 national nurses representing the millions of nurses worldwide, expressed concern at mainstreaming a gender perspective into the nursing services to acknowledge that men and women have different needs and experiences and promote the equitable distribution of opportunities and resources [10]. Nowadays, the local nursing development still faces a severe nursing shortage problem and rapid aging population. A latest local news reported that the Tuen Mun Hospital has a severe high attrition rate of 13% from 2013-2014 in Intensive care unit (ICU), where over half of the staff have working experience below three years. According to the figures depicted by The Nursing Council of Hong Kong (2014), there are 35,732 local registered nurses in total including both male (N=4096; 11%) and female nurses (N=31636; 89%) in general stream and psychiatric stream, which showed a gradual increase by 39% after 2000 [3]. As the total number of local male nurse is still a minority (11%), whereby encouraging more men to enter the local nursing profession could be one of the strategies to increase the nursing workforce and relief the manpower shortage problem. In a recent survey conducted by the Association of Hong Kong Nursing Staff (2014), which interviewed 1,655 local nurses who work in government hospitals [11]. Majority reported that they experienced severe high job stress (mean score 8.2 out of 10), extremely low job satisfaction (mean score 3.9 out of 10) and a low nurse to patient ratio of 1 to 12, which is far beyond the international standard of 1 to 4 [10]. Maintaining an optimal nurse to patient ratio is a crucial nursing care standard as studies stated that patient mortality rate would greatly increase with 31% when nurse to patient ratio increase from 4 to 8 patients; resulted in higher rates of "failure to rescue" and increased risks of complication such as urinary tract infections, pneumonia and upper gastrointestinal bleeding and shock [12, 13]. Hopefully, findings of this study can formulate useful strategy to enhance the retention of male nurse and improve the local nursing workforce.

In conclusion, more local research in studying local male nursing student experiences is urged to identify clearly their gender barriers and perceptions about the future nursing development. The data will be useful in formulating gender specific nursing pedagogy for nurse educators as well as strategic plans in human resources in staff recruitment and retention for hospital administrators.

Literature Overview

Current Research studies: Illustrating the global gender stereotype barriers in male nursing

Many researchers have investigated this issue in qualitative or

quantitative approach, the common themes identified such as role strain [14-16]; isolation by nursing staff and educators [1, 14]; lack of knowledge in male nursing history [7, 17]; suspicion about intimate touch [8, 18] family/institutional influences on sexual diversity [7, 19]; use for masculine work [6, 9]. Yet, few research focused these gender stereotype sensitive issues, in the Hong Kong cultural perspectives, and lack of data published so far.

Role strain

The global attrition rate of male nursing student is far greater than the female student especially young male students were more likely to drop out from nursing program [14, 20-22]. Only some male students decided to stay because they had made a considerable investment in their nursing study [14].

Role strain has been recognized as a significant potential barrier for men entering nursing. Callister and his colleagues (2000) reported that male nursing students had higher levels of role strain than female students when caring for pregnant women and their infants measured by the Sherrod Role Strain Scale [15]. Similarly, Baker (2001) found that the first and third year nursing students in diploma program have the greatest role strain which might be explained by their career consideration and their role transition into the profession in year one and year three respectively measured by the Total Role Strain Scale [16].

Isolation by nursing staff and nurse educator

Male nursing students may experience of being isolated or unwelcomed by the nursing staff in clinical practicum or nurse educators in classrooms. Stott (2007) studied the factors contributing to the attrition of male students (N=8) from their undergraduate Bachelor of Nursing program using in-depth interviews and written narrative diaries in a regional Australia university [2]. Three nursing students reported that they had the feeling of being discriminated or isolated in the academic and clinical setting. In classroom, some students felt that the educators treated them differently such as one student felt embarrassed at being picked out to take off his shirt to perform electrocardiography (ECG) in a group situation; one was required to put in a urine sample purely because of being male. Many male students shared similar negative feelings, for example, some interviewees also shared that they were chosen to role play the patient when the scene required them to remove clothes [23]. A qualitative research study was carried out by Wang et al. (2011) through in-depth interviews with fourteen Chinese male students studying in baccalaureate nursing program longitudinally over four months in a national university in Changsha [19]. The nursing students were arranged to practice alone or being arranged at a separate place when practicing fundamental skills and physical assessment skills as the number of male students were small. Inequality even happen in assessment grading as O'Lynn (2004, 2007) reported that some male students were more scrutinized and disciplined with less favorable graded in their assessment [5, 6].

The phenomenon of gender stereotype is more significant when it comes to clinical placement in obstetrics unit. Majority of the male students reported they had lack of learning objectives and practice chance during their placement. Some midwives were very hostile to them [6] and they were not allowed to practice a full range of caring interventions which they had learnt in school. Despite majority of students eager to learn how to perform proper prenatal abdominal assessment for pregnant women during their postnatal

clinical placement, they are often refused by the clients and just stand by aside, one student was even told to sit in a cupboard, read books about mastitis and then wrote an essay [6]. Conversely, a number of local male students expressed their happiness and encouragement when the mothers welcomed them to perform the prenatal assessment and observed the breastfeeding procedure [8].

These findings revealed how gender biases hinder the male students' learning motivation and learning opportunities in obstetric nursing. In fact, male midwife has a long history since 18th century, and is becoming more common in US and Canada, and now there is about 1% registered male midwife in America [24].

The male nursing students, who are being treated unequally, their negative feelings of being isolated or discriminated urged the awareness of the nurse educators and clinical mentors in terms of their learning needs, values of power, independency, competency and sense of achievement hence a maintain a more gender neutral teaching environment can be maintained [25, 26].

Lack of knowledge in male nursing history

The role model of nurse has long been recognized as caring, nurturing, gentleness and empathy which is in contrast to the traditional male characters of masculine, aggression, dominant and power [27, 28]. However, the history of male nursing tells a different story. Men's involvement in the nursing profession could be traced back to the early Eastern Roman Empire in the Middle Ages, as therapeutic activities and cares were predominately provided by male slaves in the public and some were trained by doctors to assist with treatments. In late 19th century, the nurse image shifted to be subordinate, nurturing, humble, self-sacrifice and domestic under the influence of Florence Nightingales. Nursing became a female-dominated place for where unsuitable for men [27, 29, 30]. Some social myths were perpetuated after the Second World War, as nursing started to be recognized as a woman domestic role which is unskilled and has low social status, men were not naturally capable of performing nursing care, thus males performing such care could not be "real man and has low promotion prospect [31].

These myths still existed in our modern society, when Bartfay et al. (2010) examined the attitudes and perceptions of both nursing and non-nursing students in a university in Ontario in Canada by using the "Attitudes towards Men in Nursing Scale (ATMINS)" [7]. Sixty-seven (Male: 36 & Female: 31) completed the survey and majority reported that they perceived female nurses were more caring and compassionate in nature, and female were more suitable in nursing than male. Some participants shared that they were perceived as gay or effeminate for their career choice in nursing. In spite of well documented male nursing history throughout ancient times, the middle ages and the modern history, people still views nursing as a female-dominated occupation especially in the Chinese society. Thus, it is essential to clarify the male nursing role identity based on the male nursing development history, as Okrainec (1990) stated the lack of application of the male nursing history might perpetuate the feminine image of nursing [17]. Similar findings reported by Keogh & O'Lynn (2007), they carried out a survey to investigate the gender barriers experienced by male student nurses (N= 250, 40% response rate) studying undergraduate nursing programs in Ireland and US, one of their top barriers was "no history of men in nursing" [6]. Thus, promoting more detailed knowledge of male nursing history should be put into consideration in the curriculum

design and nursing job advertisement in mass media to arouse the public awareness of male nurse history and their social recognition.

Suspicion about intimate touch

A therapeutic relationship in nursing means the nurse who possesses expertise and skills to take care of his/her patient(s) in order to alleviate their suffering and restore the level of health [32]. Some researchers suggested that gender stereotype between male nurses and female patients have a significant negative impact on the nursing care delivery by male nurses [6, 33, 34]. In Hong Kong, Chan et al. (2013) conducted a local study to explore the therapeutic relationships between male nursing students and female patients using audio form diary, drawing and focus group interview in a qualitative approach [8]. Eighteen male nursing students, who studied bachelor or master nursing program in a local university, were recruited in the study. When the participants were asked to draw the therapeutic relationship between themselves and the female patients, they expressed that a chaperon played a significant role in protecting the legal rights of both parties while they performing nursing care to female patients. Some drew wall or curtain to separate between themselves and the female patient, which reflected their embarrassment, limitation and guilt when take care of the female patients as they doubted if the female patients suspected their motivation. They reported that they preferred to avoid contact with female patients and not to get into trouble, while these perceptions may be due to their Chinese Confucianism belief that "Men and women should maintain a proper distance from each other," or due to advices by other nursing staff or worry about the previous news reports of sexual harassment in hospitals (South China Morning Post, 2012, See appendix 2). Chan and colleagues (2013) stated that the most influential barriers in developing a therapeutic relationship between male nurses and female patients are media, cultural background, and the age of patient while in Keogh & O'Lynn (2007) study, they identified three major gender barriers including the type of nursing care, the age of patient and nurses and the presence of chaperon [6, 8]. Prideaux (2010) elaborated the presence of chaperon provided legal protection for male and female patients, and informed consent should be obtained from the female nurses whether chaperone is necessary prior the permission for the male nurse to provide her nurse care [35]. However, due to severe manpower shortage in clinical settings, Chan and colleagues (2013) argued that it is not always possible to have another nurse present as a chaperon [8]. Inoue et al. (2006) and Chur-Hansen (2002) reported that female patients usually accepted nursing care such as taking vital signs and administering an intramuscular injection at thigh, whereas bathing female patient was not [33, 34]. Male nurses might feel very stressful when take care of the young female patients. In addition, the female nurses think that male nurses may not be suitable to provide intimate care to female patients (Crossan & Mathew, 2013), Gray (2010) and Stott (2007) explained this thought could be due to social stereotype of nursing as a feminine profession [2, 36, 37]. Videbeck (2011) stated that building trustful relationship with female patients is important by sufficient communication before providing care which can enable male nurses to have more confidence and less embarrassment [38]. Wilson (2005) study also found that many people were surprised when the male students chose to study nursing; also some patients assumed the male students were medical students during their clinical practicum [23]. In Canada and US, Paterson et al. (1996) and O'Lynn (2004) reported that female nursing faculty always expected male students to provide nursing care based on female or mother attributes which may increase the stress in role strain [5, 26].

Furthermore, mass media can be influential in portraying negative image of male nurses because some TV programs stereotype male nurses as psychotic kills, being gay and effeminate, which may discourage male from entering the profession [7].

Cultural influences on sexual diversity

The Hong Kong culture may have certain negative impacts on how the local male nurses perceive nursing, some male nurses perceived caring is doing, the priority given to offer basic service needs and, getting work done instead of communicating with clients [39]. Some local nurses reported that they had learnt many technical skills in schools and how to become an efficient worker rather than being empathic and sensitive to patients' feeling. One of the male nurse shared that Hong Kong nurses tend to follow rules and regulations, protocols, and guidelines rigidly without considering individual patient's needs, as they felt that it might be a waste of time when listen or sit with a patient to provide psychological support. Another informant shared that she experienced peer pressure from colleagues as she carried out a leg dressing for an elderly man who visited their clinic by mistake, as a result she was severely criticized over breaking of clinic regulation. Various researchers explained this traditional task-oriented nursing practices are under the influences of Chinese culture on work attitudes which leads to difficulty in providing sufficient psychosocial care to patients [40, 41], coupled with unreasonably high nurse to patient ratio of 1 to 11-12 and severe high job stress reported by the local nurses [11].

Male nurse uses for masculine work

Male nurses are always expected to manage heavy or difficult patients in hospitals and carry out patient lifting, reported by many researchers due to their masculinity character [6, 9, 42]. In Isaac and Poole's study (1996), they used narrative inquiry to study three male nurses life stories, one of the interviewee (Pete) reported that he was very aware of his body strength compared to women's body strength, as female nurse would appreciate a male present if a difficult or violent situation came up, and sometimes being treated as lifting machines for heavy lifting purpose [42]. Similar finding was reported by Keogh & O'Lynn (2007), unfair workload and gender bias maybe resulted because some male nursing students reported that they were assigned to perform most of the patient lifting; some shared that they were often asked to carry out most of the heavy lifting in the high dependency unit and even always be called out to assist heavy lifting work in another area; or requested to look after the aggressive or disturbed patients [6].

Advantages of men in nursing

Despite many barriers have been reported about men in nursing, their minority status may put them at an advantage. It can be explained by the rapid increasing trend of men who have entered nursing in recent years. In Hong Kong, the nursing officer (NO), who were promoted from a registered nurse, is now named as advanced practice nurse (APN). The numbers of male APNs increased recently and APNs required specialty experience and knowledge and some of them run nurse clinics collaboratively with physicians such as stoma nurse clinic, wound care, diabetic clinic for patient follow up service after discharged from hospitals. Ellis and colleagues(2006) and Fister (1999) reported that male nursing students thought they were treated better by physicians than their female counterparts, who perceived as stable employees who can "move up the ladder" easier [14, 43]. Nowadays, nursing development require not only bedside care, which may provide more promotion opportunities for men in nursing. Being recognized easier in a female-dominated workplace can be an advantage [44] as well as in classroom because male students may be offered more chance to lead classroom discussions [43].

Sexual diversity in nursing

The lack of sexual diversity in nursing has had many negative impacts on the public health in Hong Kong. Also some male nurses may choose to leave the clinical settings and work in the high technology with less touch specialty such as ICU and administration in response to those gender stereotype barriers. The American Assembly for Men in nursing (2011) has set a goal of 20% male enrollment in U.S. nursing program by the year 2020. In Hong Kong, the male students enrolled in the nursing program have an increasing trend, yet the local male nursing population is still as low at about 11% [3]. Greater effort urged to accomplish these goals by the hospital managers, government bodies, nursing educators and researchers, the ultimate achievements will benefit the local nursing profession development, diverse patient population and the health of our community.

Methodology

The criterion sampling method was adopted in this study, the male nurses and nursing students were selected based on their interests about the topics, their willingness to provide the relevant information from their own personal working or learning experiences.

Semi-structure individual interviews with ten open-ended questions (see Table 1) were asked during the individual interviews. The questions were set based on various previous researcher findings [2, 8] referred to table 1

Table 1: Interview questions

1	What do you think about the gender issue in Hong Kong nursing nowadays?
2	For nursing students: Can you tell me how this gender issue affects your work/ learning process?
3	Can you tell me how this gender issue affects your career choice?
4	Have you perceived any role strain during your clinical practicum/workplace?
5	What do you think about intimate touch when provide nursing care to patients?
6	Have you experienced any isolation by nursing staff or nurse educator? If yes, can you share with me how it affects your working/learning experiences?
7	Have you been expected to manage heavy/ aggressive/ difficult patients in clinical areas? Can you share with me how you feel about this issue?
8	What would you recommend the nurse educators/hospital administrator/government regarding the gender issue for teaching/recruitment/training purposes?
9	What do you think about the advantages of local male engaging in the nursing profession?

Sampling Method

Criterion sampling will be used to recruit participants who met the criteria as follows (female nursing students are excluded in the study):

1. Male nursing students who are undertaking their clinical practicum at bachelor level of nursing degree; and
2. Male nursing students who are able and willing to provide rich information and share own stories in related to his or her learning experiences in oral and written format.

Saturation is achieved by the quality of the theory that has been developed, it occurs at a different stage which cannot be predicted at the outset [45].

Result of the study

In the pilot study, 8 male participants comprised of 4 nurses (aged 27 to 29) and 4 nursing students (aged 22 – 22) in this study. The male nurses' participants came from Emergency Units (N=2), Medical unit (mixed gender ward, N=1) and Intensive Care Unit (N=1). The four nursing student participants were year 3 bachelor degree students who have completed their clinical practicum in obstetric, out-patient clinics and medical units. Four themes were identified as below:

1) Theme 1- Gender stereotypes in nursing

Reported feelings of frustration, disappointment, or being discriminated for not being allowed to observe the wound dressing procedures for female patients (even for a case like leg ulcer) by out-patient clinical staffs; perform antenatal checkup for pregnancy women in obstetric units; enter the delivery rooms by the husbands; enter the operating theater to a female patient underwent a breast surgery under general anesthesia by the anesthetic doctor.

Theme 2- Difference perceptions of caring and body touch

Male nursing being stereotyped as less feminine, less touchy and more like friendship towards patients compared to their female counterparts. They were fear of being misinterpreted as an act of sexual harassment; they tended to seek help from female colleagues when body touch is unavoidable in the tasks. Moreover, they wondered about the double standard of the social norms – why the clinical examinations conducted by male doctors in similar situations do not generally arouse such concerns?

Theme 3- Experience of role strain

Role strain being defined as “felt difficulty in fulfilling role obligations” [46]. Some respondents expressed that they experienced a high level of role strain in situations such as nowhere to stay in the workplace when they were forbidden to observe the female physical examinations and were instructed to stay outside the curtains. One nurse reported that he was forbidden to give intramuscular injections over hips for female patients and also not allow to enter the resuscitation room when performing care for young female patients.

Theme 4- Lack of choice for male nursing development

The male nursing students wondered why few male nurses were allowed to work in obstetric unit as the importance of the role of fathers in childbearing has been growing in the Hong Kong society nowadays. Moreover, they wondered why few male nurses were allowed to work in community nurse for home visits, given they have equivalent professional knowledge, skills and physical strengths in delivering nursing care services as their female counterparts.

Conclusion

Lack of local study have revealed the problems and the challenges faced by the local male nurse and students. Human resource units (HRU) of Hospital authority in Hong Kong should put more focus on the guidelines and policies to protect the rights of male nurses in order to enhance the overall manpower of nursing and reduce the turnover rate of male nurses in Hong Kong. More job opportunities should be open to male nurses such as obstetric, pediatric and community nursing in the local hospitals.

Next, educators and administrators of local nursing training institutes should address on the needs of male nursing students in their learning needs and difficulties encounter in classrooms and clinical practicums. Moreover, For direct body touches in performing nursing care by male nurses, the society should promote a shift from the traditional culture of Chinese Confucianism belief “Men and women should maintain a proper distance from each other” (Chan et al., 2013) to a more gender neutral ideology.

Limitation

The data analysis of this study by nature may be subjective and only reflect one-side of the argument. The literature review is limited to collection of information about the past and may not reflect the current situations. The data collection and sampling method may have its inherent limitations, such as the lack of generalizability and replicability as researcher may has a personal approach and a relationship with the participants that cannot be exactly reproduced.

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