Exploring occupational gender-role stereotypes of male nurses: A South African study

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FOR THE READER'S ATTENTION

The reader is reminded of the following:

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- Each chapter of this mini-dissertation has its own reference list.
- The master's student will make use of the term 'the researcher' throughout this mini-dissertation, referring to himself as 'the researcher'.

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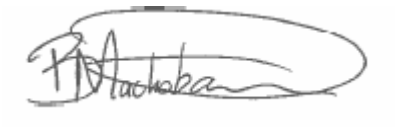
DECLARATION BY RESEARCHER

I, Bandile Freedman Machobane, hereby declare that "Exploring occupational gender-role stereotypes of male nurses: A South African study" is my own work and that the views and opinions expressed in this study are those of the author and relevant literature references as shown in the references.

I further declare that the content of this research will not be submitted for any other qualification at any other tertiary institution.



BANDILE FREEDMAN MACHOBANE **NOVEMBER 2017**

DECLARATION BY LANGUAGE EDITOR

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Dear Mr / Ms

Re: Language editing of mini-dissertation: (Exploring occupational gender-role stereotypes of male nurses: A South African study)

I hereby declare that I language edited the above-mentioned dissertation by Mr Bandile Machobane (student number: 21900906).

Please feel free to contact me should you have any enquiries.

Kind regards

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SUMMARY

Title: Exploring occupational gender-role stereotypes of male nurses: A South African study

Keywords: Stereotypes, occupational gender-role stereotypes, male nurses, professional nurses, in-group stereotypes, out-group stereotypes, nursing profession, South Africa

Over the last two decades, there has been a paradigm shift of men moving into female dominated occupations. Although men are taking occupation in the nursing profession, male nurses remain at a relatively high shortage in the health profession. Resistance and reluctance of men pursuing nursing as a profession emanate from the attached stereotypes that accompany male nurses. Occupational gender role stereotypes are eminent in both female dominated occupations and male dominated occupations.

The objective of this study was to investigate the experiences of occupational gender-role stereotypes about male nurses from both an in-group and out-group perspective. This research study was of a qualitative nature, within the social constructivism paradigm. A combination between the phenomenological and hermeneutic approaches was used to reach the objectives of this research study. A combination of snowball and purposive sampling was used, together with a multiple case study strategy. Participants that were involved in this research study (N=30) consisted of male nurses, female nurses and discharged patients who were selected from different public health institutions across South Africa. The representation of the population was diverse and included male, female, various age groups and different racial groups. Semi-structured interviews were conducted in collecting data, and thematic analysis was used to analyse data. Themes, sub-themes and characteristics were extracted from the data and direct quotations of the participants' responses.

It was found that both in-group and out-group participants are aware of stereotypes that are attached to male nurse. The results of this study indicated that negative stereotypes were most prominent relating to existing stereotypes of male nurses. It was reported that male nurses are often faced with difficulties in the nursing profession because of being a male nurse within a female dominated occupation. The responses of male nurses indicated that they experience stereotypes on different levels, namely the behavioural, cognitive and emotional levels. Results

further indicated that the work and work performance of male nurses are also being influenced by these stereotypes. However, some male nurses did report that they are not bothered by stereotypes. Out-group participants (i.e. female nurses and discharged patients) revealed that the stereotypes about male nurses cause them to experience different thoughts, behaviours and emotions towards these male nurses. However, some of the out-group participants did indicate that they are objective and do not stereotype. Participants in this study reported that out-group stereotypic perceptions originate from various sources, such as the clinical environment, the history of the nursing profession and one's upbringing.

Recommendations were made for future research and practice.

OPSOMMING

Titel: Ondersoek na beroepsgeslagsrol-stereotipes van manlike verpleërs: 'n Suid-Afrikaanse studie

Sleutelwoorde: Stereotipes, bedryfsgeslagsrol-stereotipes, manlike verpleërs, professionele verpleërs, in-groep-stereotipes, uit-groep-stereotipes, verpleging, Suid-Afrika

Oor die afgelope twee dekades was daar 'n paradigmaskuif van mans wat beweeg na vroulik-dominante beroepe. Hoewel mans hul plek in die verpleegberoep ingeneem het, is daar steeds 'n tekort aan manlike verpleërs binne die gesondheidsprofessies. Weerstand en teensin van mans wat verpleging as beroep kies vloei vanuit die geassosieerde stereotipes wat aan manlike verpleërs gekoppel is. Beroepsgeslagsrol-stereotipes is duidelik in beide vroulik-gedomineerde beroepe sowel as manlik-gedomineerde beroepe.

Die doelstelling van hierdie studie was om die ervaringe van beroepsgeslagsrol-stereotipes oor manlike verpleërs vanuit beide 'n in-groep- en uit-groep-perspektief te ondersoek. Hierdie navorsingstudie was kwalitatief van aard, binne die sosiale konstruktiwisme-paradigma. 'n Kombinasie tussen die fenomenologiese en hermeneutiese benaderings is gebruik om die doelwitte van hierdie studie te bereik. 'n Kombinasie van sneeubal- en doelgerigte steekproefneming is gebruik, tesame met 'n meervoudige gevallestudie-strategie. Deelnemers wat betrokke was in hierdie navorsing (N=30) het bestaan uit manlike verpleërs, vroulike verpleërs en ontslaande pasiënte wat gekies is uit verskillende gesondheidsorginstellings regoor Suid-Afrika. Die verteenwoordiging van die bevolking was divers en het manlike en vroulike deelnemers, deelnemers van verskillende ouderdomme en verskillende rassegroepe ingesluit. Semi-gestruktureerde onderhoude is gevoer met die insameling van die data, en tematiese analise is gebruik om die data te analiseer. Temas, subtemas en eienskappe is onttrek vanuit die data en direkte aanhalings vanuit die deelnemers se response.

Daar is gevind dat beide in-groep- en uit-groep-deelnemers bewus is van die stereotipes geassosieer met manlike verpleërs. Die resultate van hierdie studie toon dat negatiewe stereotipes meer prominent was ten opsigte van bestaande stereotipes van manlike verpleërs. Daar is gerapporteer dat manlike verpleërs dikwels moeilike omstandighede in die verpleging

in die gesig staar, vanweë die feit dat hulle manlik binne ’n vroulik-dominante professie is. Die response vanaf die manlike verpleërs toon aan dat hulle stereotipes op verskillende vlakke ervaar, naamlik die gedrags-, kognitiewe- en emosionele vlakke. Resultate toon verder dat die werk en prestasie van manlike verpleërs ook deur hierdie stereotipes beïnvloed word. Sommige manlike verpleërs het egter rapporteer dat hulle nie deur stereotipes gepla word nie. Uit-groep-deelnemers (i.e. vroulike verpleërs en ontslaande pasiënte) onthul dat die stereotipes oor manlike verpleërs veroorsaak dat hulle anderse gedagtes, gedrag en emosies teenoor hierdie mans ervaar. Sommige van die uit-groep-deelnemers het egter aangetoon dat hulle objektief is en nie stereotipeer nie. Deelnemers aan hierdie studie rapporteer dat uit-groep-stereotipiese persepsies hul oorsprong vanuit verskeie bronne het, soos die kliniese omgewing, die geskiedenis van verpleging as beroep en ’n mens se opvoeding.

Aanbevelings vir verdere navorsing en die praktyk is gemaak.

CHAPTER 1

INTRODUCTION

INTRODUCTION

This chapter focuses on the exploration of occupational gender-role stereotypes of male nurses: A South African study. The chapter outlines the problem statement and provides a discussion on the research objectives, which entail the general objective and specific objectives that flow from it. Thereafter the research design is explained and a division of chapters is given.

1.1 Problem statement

Nurses are the main role players in delivering essential healthcare to patients and for that reason it is pivotal that high quality nursing care is delivered to all patients in the healthcare system (Johnson & Johnson Services, 2007; Thompson, Glenn, & Vertein, 2011). However, although nursing is seen as an essential service, this profession is not only known for its low professional status, but also as a low paying occupation (Miers, Rickaby, & Pollard, 2007; Wallen, Mor, & Devine, 2014). Individuals are aware of the professional status nursing carries as a profession; however, there are still individuals who are passionate about pursuing nursing and also providing healthcare to the community (Frauendorfer & Mast, 2013). As a residual, it serves as evidence that a vast requisite of professional nursing needs to be roped-in to effectively help healthcare service to improve nationally and globally. The need to address this vast requisite of professional registered nurses is vital to the nursing profession as the lack of addressing this burning issue gives birth to the shortages of nurses that healthcare professionals, education leaders and government officials have been trying to address in the last decade. In the duration of the previous decade, it has been identified that enrolments of professional registered nurses are somewhat decreasing globally and one of the main reasons is due to multiple career choices that serve to weaken the demand for entry to nursing programmes (Wolfenden, 2011).

Internationally, there is estimated to be a shortage of 1 million nurses by 2020 in the United States (Stoltenberg, Behan, & Frame, 2005), and this shortage will affect the demand and supply gap of an estimated 340 000 professional nurses by 2020 (Cottingham, 2013; Johnson & Johnson Services, 2007). In sub-Saharan Africa (SSA), the nursing profession also faces many challenges because Africa has the smallest number of health workers per population as compared to other continents (Munjanja, Kibuka, & Dovlo, 2005). These challenges include a shortage of healthcare professionals due to a limited supply of newly qualified nurses, work

absenteeism and migration (Munjanja et al., 2005; Zurn, Dolea, & Stilwell, 2005). Another challenge is the burden of disease, which includes the HIV/AIDS pandemic, which increases the workload for nurses, because these patients are more prone to intense nursing care (Munjanja et al., 2005), thereby highlighting the need for a higher number of nursing professionals.

The shortage of professional nurses in South Africa points out that there are 437 nurses for every 100 000 people (Statistics South Africa, 2011); this adds to 229 patients per nurse. Statistics reveal that between 1996 and 2010, the overall growth of registered professional nurses was 28% amounting to 115 244 professional nurses. However, the 2011 statistics indicated a growth rate of less than 3% to 118 262 professional nurses, which means a growth of 3 018 registered professional nurses materialised in this period (SANC, 2012). In light of the aforementioned, it is also estimated that approximately 47% of the nursing professionals are over 50 years of age and 16% have reached the age of 60 years; with estimations revealing that over 51 200 nurses (including male nurses) are needed to replace those retiring within the next 10 years (South African Nursing Council, 2012).

In 2009, the number of male professional nurses had risen from 1 841 to 5 244; and the number of male trainees had doubled from 785 to 1 555 (South African Nursing Council, 2012). However, although male entry in nursing is on the rise, the gap in the number of male nurses compared to female nurses is far from closing. Accordingly, it is highly important for the recruiting, training and retaining of male nurses as an act of addressing skewed gender imbalances within the nursing education and nursing profession (Anderson, 2014). For this reason, nursing colleges and schools are actively pursuing higher male enrolment in their nursing programmes (Eswi, & Sayed, 2011). Reality portrays that men in nursing remain to be a minority with statistics indicating that only one man out of 10 men would possibly consider nursing as a career (Hareli, David, & Hess, 2013).

Recruitment of male nurses is not without challenges. Males face a variety of challenges, which often discourages them to enter the nursing profession (Duffield, 2003). Some of these challenges include that male nurses are stigmatised by patients as being unfriendly and unsociable (Wang et al., 2011). Furthermore, Johnson, Green, and Maben (2014) reveal that both male and female patients are more at ease to be nursed by female nurses than male nurses. Studies have shown that female patients experience stress when male nurses need to conduct

procedures where their bodies are exposed (Hollup, 2014), and as a result, female patients treat male nurses differently compared to female nurses (McKinlay, Cowan, McVittie & Ion, 2010) displaying hostility through their behaviour when being examined by male nurses (McLaughlin, Muldoon, & Moutray, 2010). In contrast, male patients are found to feel more at ease with male nurses (McKinlay et al., 2010); however, some of the male patients tend to portray a sense of dominance when being treated by male nurses. The behaviour expressed by these male patients is steered by the behaviour and attributes identified in male nurses, which, in itself, can be problematic when male nurses are reserved, low toned, and conservative **(**Janssen & Backes-Gellner, 2011; Voogdt-Pruis, Gorgels, van Ree, van Hoef, & Beusmans, 2010). Other challenges affecting male nurses include a lack of mentors and peer support and failure to be acknowledged in discussions about gender differences within the profession (Clow, Bartfray, & Ricciardelli, 2014). Lastly, male nurses have also reported that they experience direct and open discrimination from their peers, co-workers, employing institution and nursing educators as another challenge (McLaughlin et al., 2010).

Nursing is often viewed by the public as a gender-specific occupation (Johnson et al., 2014). Public opinion, which includes nursing educators having a negative image toward men who are appointed within the field of nursing (McLaughlin et al., 2010). Some nursing educators, female educators to be specific, are also of the belief that recruiting and keeping men in nursing will ultimately advance them (male nurses) to move up and occupy managerial positions within the nursing profession, which is believed to be female tailored (Wallen et al., 2014). Other views of male nurses also exist. Given the context of communities, traditionally, the man plays the role of protector and the woman the role of caregiver and as a result an image of care is reflected by the nursing profession (Kulakac, Arslan, Sucu, & Lynn, 2009). According to Evans (2002), there is a belief that men are inappropriate in the role of caring for others, which results in stereotyping men as incapable of providing compassionate and sensitive care. Verhaeghe, De Maeseneer, Maes, Van Heeringen, and Annemans (2013) add to this by indicating that occupational titles, such as nurse, attach a specific gender to the occupation and associate a stereotype to a particular gender. For instance, male nurses would be stereotyped and labelled as being fragile or feminine by female nurses and patients. Male nurses are also referred to as sisters (the same as female nurses), angels or hand maidens, thereby reflecting low male gender role traits (Eswi & Sayed, 2011; Hollup, 2014). As a result, male nurses often consider going into specialised fields such as physicians and gynaecology to avoid such associated names (Chiarella & Adrian, 2014). Evidently so, according to McLaughlin et al. (2010), society's

views or stereotypes about a specific profession play a crucial role on a person's decision whether to enter and remain in that specific profession.

According to van Antwerpen and Ferreira (2010), there are evident challenges hindering male entry within the nursing profession, such as discrimination and suspicion in relation to their motives given the judgement and perception of societal biases. In the view of men in nursing education programmes, men pursuing this discipline are not receiving the same treatment and experience as their female counterparts, but they are expected to pass and perform as their female counterparts (Wolfenden, 2011). It was further alluded to that men in nursing education programmes face bias from society, and patients often retract their permission when they discover they will be treated by a male student (Wolfeden, 2011).

Stereotypes about male nurses still persist even in the midst of these men having a passion for what they do (McLaughlin et al., 2010), and serving the community by means of helping others. Stereotypes regarding male nurses affect not only the nursing profession, but it also influences the relationship between patient and nurse (Madoka, Rose, & Dianne, 2006). Research has also indicated that it is the male nurses themselves who are personally affected by these stereotypes. Previous research has reported male nurses experiencing high levels of anxiety and stress because of the negative stereotypical attitudes that others have towards them (Evans, 2002; Lou, Yu, Hsu, & Dai, 2007). With much regard, individuals strive to reassure people of their abilities and competencies for the work, knowing that if they fail or do poorly they could confirm the stereotype (Spencer, Steele, & Quinn, 1999). According to Logel, Iserman, Davies, Quinn, and Spencer (2009), the threat of confirming a stereotype may undermine the performance of a person.

Based on the above, it is clear that nursing is viewed as an occupation that should be occupied by females rather than males, and the stereotypes that accompany this view are to the detriment of the male nurses currently employed within this occupation. There is also a lack of studies within the South African context investigating the stereotypes as experienced by male nurses and the consequences thereof. This study will therefore aim to investigate the different stereotypes that exist with regard to male nurses and the consequences thereof both personally and for the working environment.

Stereotyping from the social constructivism paradigm

While some people may have argued that stereotyping reflects truths about realities that people face on a daily basis, Prothro and Melikian (1955), however, believe that it is a "kernel-of-truth" that has been validated in some studies, but can be misleading, and this illustrates that stereotypes are rarely completely true or completely fabricated. If validity is found in some stereotypes, it is often over-generalised or exaggerated and not a true reflection of reality (Prothro & Melikian, 1955; Sanderson 2010). Seemingly so, different realities exist among different individuals, and therefore, in this light, the social constructivism paradigm seems a fitting paradigm for this research study. The social constructivism paradigm is an epistemological theory about how knowledge and meaning are created in a social setting wherein groups construct knowledge for one another in a form of creating awareness about their world (Fosnot, 1996). With this paradigm, emphasis is placed on the knowledge of individual perception and society injecting individuals with knowledge (von Glasersfeld, 1995). A transition is displayed over time and individuals confide in this culture, whereby meaning is given to objects by a group (Liu & Matthews, 2005). According to Jetten, Haslam, and Haslam (2012), giving meaning to objects or labelling of individuals or groups by other individuals or groups may likely result in stereotypes. Therefore, by making use of the social constructivism as a paradigm, the different meanings that are attached to groups can be studied.

Conceptualisation of stereotypes

A stereotype is an individual's set of beliefs about the characteristics or attributes of a group (Kreitner & Kinicki, 2010). According to Hilton and von Hippel (1990), the view of stereotypes is maintained as perceivers initially categorise individuals on the basis of some distinctive feature or information that is available about the person. The developments of categorisation materialise when one social group is found fit to belong to another on precondition of either within-category assimilation or between-category differentiation. These two category dimensions are known to categorise others as in-group (group to which an individual belongs) or out-group members (group to which an individual does not belong) (Quinn & Rosenthal, 2012). The social identity theory is a theoretical framework that can be used to explain in-group and out-group categorisation.

Social identity theory is defined as "the individual's knowledge that he belongs to certain social groups, together with some emotional and value significance to him of group membership" (Tajfel, 1972, p. 31). A social group, according to Turner (1982, p. 15), is understood as "two or more individuals who share a common social identity of themselves, or, which is nearly the same thing, perceive themselves to be members of the same social category". As human beings, we are likely to categorise people into social groups and locating ourselves within a category of people that we feel more comfortable with (Stets & Burke, 2000). For example, being categorised as a member of a social group comprises an important part of an individual's self-concept, and joining or leaving a group can redefine who we are. According to Hornsey (2008), the social identity theory comprises three components, which are the cognitive component, which refers to the knowledge that one belongs to a specific group; the evaluative component, which refers to the positive or negative connotation of the group fuelled by one's membership in the group; and the emotional component, which refers to the emotions that accompany the cognitive (pride of own group) and evaluative component (loving own group and hating other groups). According to Campbell (1997), social identity theory provides a detailed account of the twin cognitive processes of categorisation and social comparison (comparison of in-groups and out-groups). In social comparison, it is believed that in-group members favour in-group members (people similar to them), and in-group members tend to be biased against out-group members (people who differ from in-group members) (Rosenthal & Crisp, 2007). This phenomenon is known as intergroup bias, which can be defined as the systematic tendency to evaluate one's own membership within the group or its members more favourably than the non-membership group (Rudman & Godwin, 2004).

Cokley (2002) noted that negative stereotypes can be especially threatening because they carry implications of being incomprehensible, meaning that a person's abilities and competence in a given domain are inherently limited by their group membership. Current research entails that existing stereotypes are extended to other thresholds disregarding how truthful and accurate the stereotypes are, with much conflict that the prevalence of relevant information guides judgement (Quinn & Rosenthal, 2012). Deutsch and Fazio (2008) believe that even though negative stereotypes are fairly inaccurate, they are persisting. Reasons for the perseverance of these inaccurate stereotypes are the limited contact between people who hold stereotypes and the members of the stereotyped groups (Dovidio, Gaertner, & Kawakami, 2003); however, even with sufficient contact, a correction of the stereotype may not ensue.

With the existence of stereotypes being questioned for some time, it has sparked great debates among people who originally thought they were simply a way in which those in positions of power maintained control over others (Oakes, Haslam, & Turner, 1994). Normally, group members who perceive themselves as superior to other people are usually the ones that initiate classification and in turn inflict negative connotations onto the people whom they perceive as their subordinates (Chung, 2007). However; McConnell, Sherman, and Hamilton (1994) argue that stereotypes exist to help the mind navigate through a complex and often contradictory environment. The latter therefore supporting that without stereotypes, people might have more difficulty making sense of the world and will often find situations to be ambiguous, time-consuming or confusing to understand (Sanderson, 2010). Chung (2007) believes that it is humanly impossible for people to avoid stereotyping altogether; however, he suggests that people should replace using negative stereotypes in exchange for using positive stereotypes.

Occupational gender-role stereotyping

Research has proven that stereotypes are based on various attributes such as race, age, gender and occupation. However, for the purpose of this study, the focus will be on occupational gender-role stereotyping of male nurses. According to King, Mendoza, Madera, Helb, and Knight (2006, p. 1147), an occupational stereotype is defined as "a preconceived attitude about a particular occupation, about people who are employed in that occupation or about one's suitability for that occupation". Occupational gender-role stereotypes actuate when gender-based stereotyped beliefs surface, with the belief that men or women are known to be suited for specific occupations, rather than relying on a person's willingness and ability to perform within the organisation (White & White, 2006; Vick, Seery, Blascovich, & Weisbuch, 2008). Yon, Choi, and Goh, (2012) add that occupational gender-role stereotyping leads to gender typing of occupations and with much prevalence, people are limited to explore various occupations that may better fit their interests and skills. In a study by Adachi (2013), it was found that six occupations, i.e. cosmetologist, nursing, hotel clerks, sewing machine operator, house keeper, and speech pathologist, were rated as better suited for women than men. With research showing that male applicants are less likely hired for female-typical jobs, inversely, female applicants are less likely hired for male-typical jobs (Frauendorfer & Mast, 2013). For example, men would recognise nursing, administrative professionals, and paralegals as a female dominated occupation as it is more feminine, whereas women would recognise mine workers, fire fighters and police officers as a male dominated occupation as it is more

masculine (Frauendorfer & Mast, 2013). However, occupational gender-role stereotyping recurs continually although the gender distributions within occupations have changed; for example, the number of male nurses within the nursing profession, nevertheless, nursing is still associated with a female stereotype (Janssen & Backes-Gellner, 2011).

Ndobo (2013) believes that these stereotypes may develop from an early age within children due to substantive influence by parents in multiple ways such as groomed behaviour, attitudes, and beliefs. During developmental stages, girls are observed to be co-operators, who prefer reciprocal relationships, organised in flat structures and having the ability to sustain relationships; whereas boys are organised in hierarchal structures, they learn that relationship maintenance is secondary, playing tough, competitively and aggressively resorting to winning (Nelson & Brown, 2012). This maturation phase becomes part of their character and personality as they grow up and affects the way they perceive and make decisions in their lives, which in most cases, includes choosing career paths (Ndobo, 2013). Seemingly so, from an early age, children learn to associate certain behaviours with a specific gender, also having an influence on their behaviour and career paths later on in their lives.

Consequences of stereotypes

Individuals who are targets of stereotypes within an occupation are affected by stereotypes in different ways. For example, when stereotyped, individuals may show a lack of courage and confidence, evidence of self-doubt, and preference to be alone although a person is an extrovert (King et al., 2006). Within any organisational context, negative stereotypes are known to be a set up for bias perceptions for job suitability through a mechanism of job-holder schemas (Fiske & Taylor, 1991). Job-holder schema is known to be job-person relevance, which is determined by the ability to carry out a task and meet expected organisational demands as necessitated by the job specifications rather than paying attention to for instance a person's age or gender (Yon et al., 2012). The studies of Bartfay, Bartfay, Clow, and Wu (2010) attest and highlight that some occupations require masculine traits, while other occupations require traits of femininity. For example, it may cause physical strain for a female to lift and pack bags of cement; in turn, it may cause psychological frustration for a male to answer calls all day at a fixed desk. Moreover, Forman, Minick, and Stone (1993) add that gender segregation remains persistent in that people refuse to choose a job stereotypically associated with the opposite sex.

Within environments of social setting, stereotypes are believed to be effective by the society according to the behaviour of the individual, which is informed by the norms, dynamics and inclinations of existing groups. In like manner, it has been established that women in non-traditional occupations are less satisfied with their climate and the contents of task allocation; nonetheless, women in this type of occupation are satisfied with their income (Janssen & Backes-Gellner, 2011). Reality displays the true operations of non-traditional occupations, presenting that it is not likely for men (women) to have high expectations of a good work climate in a female (male) occupation, with much regard of being disappointed afterwards (Janssen & Backes-Gellner, 2011). Research solidly highlights that compared to non-threatened individuals, stereotyped-threatened individuals indicate a decreased expectation for their own performance and increased feelings of self-doubt (Vick et al., 2008). Evidently so, occupational gender-role stereotypes drive managers and subordinates into miscommunication and productivity hindrance with the outcome being issues such as unequal pay, withholding promotions, discrimination, and lawsuits (Janssen & Backes-Gellner, 2011). Janssen and Backes-Gellner (2011) suggest that the utility outcome of men and women in non-traditional occupations is affected by prejudice and gender-role-specific stereotypes.

Whenever these stereotypes are triggered or the stereotyped individual becomes aware of the stereotyping, it is likely that the behaviour patterns might change and that this may hinder the performance of the stereotyped individual within the workplace (Bosson, Haymovitz, & Pinel, 2004). Wout, Danso, Jackson, and Spencer (2008) are of the view that stereotyping impairs performance by forcing individuals to contend with how they are viewed, thereby ending up acting in a certain way around others; either conforming or trying to reverse the views held about them. Stereotype threats have been shown to increase people's concerns about how they will be perceived (Wout et al., 2008), which could be the reason why most males choose not to follow nursing as a career, because they might be uneasy about how they will be perceived by the people around them. The way people in an environment perceive targets activates a disruptive state that is likely to determine performance and aspirations in stereotype relevant domains (Plante, Sablonnière, Aronson, & Théorêt, 2013).

Consistent with their findings, Walton and Cohen (2003) assert that whenever stereotypes of an out-group are being questioned, stereotype lift (performance boost caused by the awareness that an out-group is negatively stereotyped) leads to people performing more prominently. Stereotype lift examines how positive stereotypes improve the performance of individuals who

are targets of stereotypes (Inzlicht & Schmader, 2011). Stereotype lift particularly benefits people who believe either in the validity of negative stereotypes, or in the legitimacy of group-based hierarchy (Marx & Stapel, 2006). Stereotype lift ultimately conditions an increase in the individual's confidence and a positive outcome out of an individual's performance (Cheryan & Bodenhausen, 2000). However, when positively stereotyped groups are reminded of their positive stereotype (Cheryan & Bodenhausen, 2000), they are inclined to choke under pressure (Rosenthal & Crisp, 2007; Smith & Johnson, 2006), rather than improving their performance (Inzlicht & Schmader, 2011). The findings of Inzlicht and Schmader (2011) showed that the negative stereotypes on individuals did not lead to strong effects of stereotype lift unless the social self is intact. The social self is conceived to be a loose association of group membership, with different group memberships being associated with different possibilities and constraints on action (Campbell, 1997).

It is clear from the above-mentioned that occupational gender-role stereotyping is an important topic of discussion. It can clearly be seen that this type of stereotyping holds consequences for both the individual and the nursing profession. The purpose of this study is therefore to investigate the experiences of occupational gender-role stereotypes about male nurses from both an in-group and out-group perspective.

1.2 Research questions

- How can occupational gender-role stereotypes be conceptualised according to literature?
- What are the in-group stereotypic perceptions about male nurses?
- What are the out-group stereotypic perceptions about male nurses?
- How do male nurses experience being stereotyped?
- What are the origins of out-group stereotypic perceptions?
- How do out-group stereotypic perceptions regarding male nurses influence the behaviour of out-group members towards male nurses?
- What recommendations can be made for future research and practice?

1.3 Expected contribution of the study

1.3.1 Contribution to the individual

The study will expand the current knowledge that male nurses have with regard to occupational gender-role stereotypes within primary healthcare (PHC) facilities and hospitals. This study will set clarity on how the practice environment perceives male nurses. The study also embraces knowledge concerning perceptions about male nurses, which will, in turn, lead to pre-knowledge for men who want to pursue nursing as a career or who are already employed within the nursing profession. This study educates male nurses who are employed within PHC facilities and hospitals and who experience occupational gender-role stereotypes to identify indicators of stereotypic behaviour. This study will further make female nurses and patients aware of their stereotypic perceptions against male nurses and how male nurses are affected by held stereotypic perceptions about them.

1.3.2 Contribution to the hospitals and PHC facilities

The study will build on existing literature of occupational gender-role stereotypes and this will assist the organisation as an entity and the nursing environment to identify signs and indicators of occupational gender-role stereotypic behaviour among employees. The findings of this research will help to guide the process within the nursing profession on how to go about addressing existing stereotypes.

1.3.3 Contribution to the industrial/organisational psychology literature

The study will build on existing literature of occupational gender-role stereotypes in the discipline of industrial/organisational psychology. There is limited research done within the nursing profession regarding occupational gender-role stereotypes, especially from a South African perspective. The findings of this study will elicit and arouse the thinking and perceptions held by society, in that, evidence and themes will provide much greater detail on how the stereotyped group is affected by these perceptions and to what extent this affects their functioning both personally and within their occupation. This will serve as insight into the industrial/organisational literature shedding light on the defects and damage caused by occupational gender-role stereotypes.

1.4 Research objectives

The research objectives will be divided into two sections, namely general objective and specific objectives.

1.4.1 General objective

The general objective of this study is to investigate the experiences of occupational gender-role stereotypes about male nurses from both an in-group and out-group perspective.

1.4.2 Specific objectives

The specific objectives of this research are:

- To conceptualise occupational gender-role stereotypes according to literature.
- To determine in-group stereotypic perceptions about male nurses.
- To determine out-group stereotypic perceptions about male nurses.
- To investigate how male nurses experience being stereotyped.
- To determine the origins of out-group stereotypic perceptions.
- To determine how out-group stereotypic perceptions regarding male nurses influence the behaviour of out-group members towards male nurses.
- To make recommendations for future research and practice.

1.5 Research design

1.5.1 Research approach

This study will use a descriptive qualitative inquiry within a social constructivism paradigm (Botma, Greeff, Mulaudzi, & Wright¸ 2010). According to von Glasersfeld (1995), the social constructivism paradigm places emphasis on the knowledge of individual perception and

society injecting individuals with knowledge, whereby meaning is given to objects by a group (Liu & Matthews, 2005). The focus of this study will take on a qualitative nature with a phenomenological and hermeneutic approach.

A qualitative research refers to the comprehension of social life, behavioural patterns, and environmental attitude among a certain population through the use of explanatory techniques such as interviews, observation, and focus groups; however, for the purpose of this study, interviews will be utilised (Struwig & Stead, 2001). According to De Vos, Strydom, Fouché and Delport (2011), a phenomenological study is a study that attempts to understand people's perceptions, perspectives and understanding of a particular situation. In a phenomenological study, one can interpret the meaning that the phenomenological strategy expects the researcher to provide a distinct philosophical point of departure before data collection (Tracy, 2013). The aim of the phenomenological researcher goes into the field with a framework of what will be studied and how this will be done (De Vos et al., 2011). This method will allow participants to describe what their feelings, thoughts and behaviours are with regard to the current study, which includes stereotypic perceptions regarding male nurses.

The study being researched will also follow a hermeneutic approach. Hermeneutics is defined as the primary understanding and interpreting the meaning of a text or text-analogue in an attempt to clarify and to make sense of an object of the study that is seemingly contradictory, confused, cloudy, incomplete or unclear (Maree, 2007). The goal of interpretation is to produce a reading of a text that fits all important details into a consistent and coherent message that fits into the context. According to Gadamer (1976), analysing textual data in the hermeneutic tradition focuses on the practice of the hermeneutic circle, which refers to the dialectic between the understanding of the text as a whole and interpretation of its parts guiding the descriptions of anticipated explanations.

1.5.2 Research strategy

The research strategy to be utilised for the purpose of this study will be a case study in order to ensure the description and exploration of the relationship between research and theory. According to Creswell (2003), a case study is an investigation of a system bound by time, place or context. This involves either single or multiple cases over a certain period of time ensuring the process of detailed data collection in congruence with numerous information sources. The

cohorts that will be included in this study are male nurses, female nurses and discharged patients (both male and female), and the researcher is interested in determining how these individuals experience occupational gender-role stereotypes about male nurses in South African hospitals and PHC facilities. The sample of participants will be clustered into three groups, namely in-group (10 male nurses), out-group 1 (10 female nurses), and out-group 2 (10 discharged patients).

1.6 Research method

The research method consists of the literature review, research setting, entrée and establishing researcher roles, sampling, data collection methods, recording of data, data analysis, strategies employed to ensure quality data, reporting style, and ethical considerations.

1.6.1 Literature review

A complete literature review will be done regarding stereotypes, occupational gender-role stereotypes, male nurses, nursing profession, in-groups and out-groups. The focal point of the literature review will be to gain relevant and recent sources that relate to the current study. All relevant articles and textbooks will be gathered between 2001 and 2015. The information will be collected via database such as EBSCOhost, SA ePublications, Science Direct, Emerald, Juta, Sabinet Online, ProQuest and JSTOR. Journals such as *South African Journal of Industrial Psychology, Journal of Experimental Social Psychology, International Journal of Nursing Studies, Journal of Advanced Nursing, Journal of Professional Nursing, Journal of Social Psychology, Journal of Nonverbal Behavior*; and internet search engines such as Google Scholar will be utilised.

1.6.2 Research setting

The interviews for the research will be conducted across South Africa within hospitals and PHC facilities for the purpose of acquiring relevant and truthful data. As the focus will be on collecting data from a scarce population, interviews will be conducted in more than three provinces across South Africa for the assurance of valid and nuanced information.
The research will be carried out among male nurses, female nurses, and discharged patients. Participants will be informed about the date, time and venue of the interviews on the premises

of each hospital. Interviews will be conducted in the board room of hospitals or PHC facilities, which will allow privacy and good comfort levels for participants to respond to questions; this will ensure quality data. The researcher will ensure that the setting is neat, maintaining the convenient temperature for the participant, issuing every participant with a bottle of water, and eliminating any external disturbances by placing a "do not disturb" sign on the door. The process of collecting data will commence after the contents of the study have been explained to each participant with the issue of informed consent forms and voluntarily signing of the consent form.

1.6.3 Entrée and establishing researcher roles

For the purpose of ethics and propriety, the researcher will request permission from the Department of Health in each of the provinces where data will be collected. Thereafter, permission will be obtained from the management of the chief executive officers of the hospitals and PHC facilities. After permission has been obtained from the management of the hospitals and PHC facilities, a letter requesting participation and a consent form will be distributed to the participants. In this letter, objectives and the importance of the study will be clarified. The desired population of male nurses, female nurses and patients will be contacted to arrange interview times that suit them best.

The researcher will be the 'research instrument' towards the facilitation of this study. The researcher will take on an active approach in this research, thereby being responsible for the planning and execution of this research study. The participants of this study will be recruited from hospitals and PHCs by the researcher himself. Thereafter, the researcher will fulfil the role of a data collector by conducting interviews with the participants in which an open discussion will be encouraged (here the researcher will make use of an interview schedule developed beforehand). Thereafter, the researcher will act as a transcriber and coder of data (together with co-coders). The researcher will then report in written format on the findings of the study while also being objective and neutral in order not to influence the actual views expressed by the participants (Ritchie & Lewis, 2005).

1.6.4 Sampling

A combination of snowball and purposive sampling will be used in this study. According to Maree (2007), snowball sampling, also known as 'chain referral sampling', is a method used when participants with whom contact has already been made are used to penetrate their social networks to refer the researcher to other participants who could potentially take part in or contribute to the study. Snowball sampling is often used to find groups not easily accessible to researchers through other sampling strategies. According to Rubin and Babbie (2010, p. 247), purposive sampling is referred to as "a typical case sampling in qualitative research where typical cases are sought and selected for the study". Purposive sampling is entirely based on the judgement of the researcher; in that a sample is composed of elements that contain the most characteristics, representative or typical attributes of the population that serve the purpose of the study best (Grinnell & Unrau, 2008). To be included within this study, participants are expected to adhere to the following criteria: 1) participants employed in either PHC facilities or hospitals / discharged patients cared for by above-mentioned institutions and by male nurses; 2) participants who differ according to gender; 3) participants who have a good command of the English language; and 4) participants who give permission for interviews to be voice recorded.

The sample size of the population will be estimated at 30 ($N=30$), with the break-down of 10 (n=10) male nurses, 10 (n=10) female nurses, and 10 (n=10) volunteering patients. However, data collection will also be governed by data saturation.

1.6.5 Data collection methods

To ensure validity and reliability of this study, it will be ensured that effective data collection methods are followed. Semi-structured individual interviews will be scheduled with participants. Participants will be clustered into three groups, namely in-group (male nurses), out-group 1 (female nurses) and out-group 2 (discharged patients), dedicating the necessary amount of time to each specific group in its own cluster (De Vos et al., 2011). These semi-structured individual interviews will allow the researcher to explore and describe the participants' experiences surrounding past and present events towards which will contribute to reaching the goals of the current research study (De Vos et al., 2011). In order to avoid answers

such as yes or no, open-ended questions will be implemented to ensure the quality and range of the responses given by participants. Interview questions will be partitioned as follows:

In-group (male nurses):

1. In your own words, explain what you understand about the term ‘stereotype’.
2. What stereotypes do you think exist concerning male nurses?
3. How do you experience being stereotyped?
4. Do you believe that these stereotypes are influencing you personally in any way? If yes, how so?
5. Do these stereotypes have an influence on your work or your work performance? If yes, how so?

Out-group 1 (female nurses):

1. In your own words, explain what you understand about the term ‘stereotype’.
2. What stereotypes do you hold concerning male nurses?
3. What are the origins of these stereotypes?
4. Do these stereotypes influence your behaviour towards male nurses?

Out-group 2 (discharged patients):

1. Would you rather be treated by a male nurse or a female nurse? Please elaborate.
2. In your own words, explain what you understand about the term ‘stereotype’.
3. What stereotypes do you hold concerning male nurses?
4. What are the origins of these stereotypes?
5. Do these stereotypes influence your behaviour towards male nurses?

1.6.6 Recording of data

As mentioned previously, participants will be issued with an informed consent document. This informed consent seeks permission from the participants to conduct the interview and also to record the information with a voice recorder to ensure the quality of the study. The researcher will be in possession of digital voice recordings at all times and no one will have access to the

information of the participants. All recordings will then be transcribed into a Microsoft Excel sheet to organise the data that has been gathered from the interviews. The voice recordings and the transcribed data obtained from participants will be stored on a flash disk and stored in a safe place.

1.6.7 Data analyses

For the purpose of this study, thematic analysis will be utilised to analyse classifications of present themes that relate to the data and to illustrate the data in great detail (Boyatzis, 1998). Thematic analysis is a method for identifying, analysing and reporting themes within the data (Braun & Clarke, 2006). Thematic analyses require more involvement and interpretation from the researcher, which focuses on identifying and describing both implicit and explicit themes within the data. This allows the researcher to determine precisely the relationship between concepts (Namey, Guest, Thairu, & Johnson, 2008). The process of thematic analysis involves the following steps (Braun & Clarke, 2006):

- *Step 1: Familiarise yourself with the data*: After the researcher has collected the data, it remains the duty of the researcher to re-read the transcripts of the participants a few times and also to re-listen the taped audio a few times in order to familiarise himself with the data collected.
- Step 2: *Generate initial codes*: The researcher codes significant features of the data in a systematic fashion across the entire dataset. By doing this, it gives the researcher a directive to collate and organise the data relevant to each code. The researcher has the authority to code data manually or to use software for coding of data; however, for the purpose of this study, the researcher will code the data manually within an Excel sheet.
- Step 3: *Discovering themes/searching for themes*: The researcher is encouraged to enhance an active process when identifying and discovering themes relevant to the study. This process augments the level of analysis in which codes become themes and sub-themes. Bearing this in mind, the researcher identifies words that are iterative and also take into account his intuition to assemble and configure codes into themes.
- Step 4: *Reviewing themes*: At this phase, the researcher has gathered all "candidate themes" that need to be reviewed. After these themes have been reviewed, the researcher then identifies which of these themes need to be removed and/or merged. The researcher

may take an approach of reducing the data further, or make strong distinctions between themes.

- Step 5: *Defining and naming themes*: The researcher describes the themes in a way that captures the essence of the theme and if themes are broader, this applies for the creation of sub-themes.
- Step 6: *Writing the analysis*: The researcher makes a written provision and assumes an analytical narrative approach, which involves extracting ample interview answers received from participants. The researcher needs to report all information gathered and apply scientifically as according to peer-review journal articles.

1.6.8 Strategies employed to ensure quality data

The researcher will ensure that proper guidelines are followed when conducting this research study, which will ensure that the data collected is of good quality. A qualitative researcher regards the following constructs as appropriate in establishing quality and trustworthiness with qualitative data: internal validity, external validity or representativeness, reliability and objectivity (De Vos et al., 2011). According to Lincoln and Guba (1999), there are four constructs that reflect the assumption of the quality paradigm, namely credibility, transferability, dependability, and conformability, which will be discussed below:

- *Credibility or authenticity*. This is the alternative to internal validity, in which the aim will be to illustrate that inquiry was conducted in such a manner that the subject has been accurately identified and described. The researcher will ensure outlining of various strategies in order to increase credibility; for instance, peer debriefing and persistent observation in the field.
- *Transferability*. In a qualitative study, it can present certain problematic areas in search for establishing transferability, because the numbers in a qualitative study are limited. However, the researcher will still try and ensure transferability by richly describing the context and setting of the research in case other researchers want to replicate this study.
- *Dependability.* At this point, the researcher will assume questioning of the research process, which will constitute whether the process is logical, well documented and audited.

- *Conformability.* Conformability will ensure capturing the original concept of objectivity. This will be done by not focusing on the researcher's point of view, but rather on interpreting the collected data itself. The researcher will remain objective by not letting personal inclinations influence the data, but for the findings to reflect the interpretations.

1.6.9 Reporting

When reporting the findings of this study, themes and sub-themes will be extracted from the data collected and direct quotations will be included in the results retrieved from participants. The reporting of the study will be guided by clarity and understanding of interpreted data and simplicity and craftsmanship from the researcher. A detailed description of experiences will provide the reader with a clear picture of the data collected, thereby making it possible for the reader to draw inferences (De Vos et al., 2011).

1.6.10 Ethical considerations

In this study, ethics will guide the research procedure by ensuring that no harm is caused to any of the participants or hospitals involved. The guidelines that will direct the ethics of this research will be to ensure that informed consent (written and verbally communicated) is obtained from the participants informing them what the research is all about; ensuring the confidentiality and not disclosing information obtained; assuring that participants' rights and dignity are taken into account; and ensuring truthful collection of data. Permission to undertake the research study should be granted by both the participants and hospitals/PHC facilities allowing the study to achieve its objectives. The researcher of this study will encourage anonymity and full disclosure to the participants about research objectives and the purpose of conducting interviews to best practice ethical neutrality. It will be ensured that participants are of the knowledge that they are permitted to withdraw if they encounter any form of displeasure. The researcher will ensure that no harm is done to any participants during and post-interview/duration of the study. The researcher will ensure that voice recordings are deleted after transcribing. Furthermore, no names will be mentioned on the voice recorder before conducting interviews.

1.7 Chapter division

The chapters in this mini-dissertation are presented as follows:

Chapter 1: Introduction

Chapter 2: Research article

Chapter 3: Conclusions, limitations and recommendations

1.8 Chapter summary

Chapter 1 introduces the problem statement together with the literature review of the research study. The chapter also discuss the proposed research questions, general and specific objectives, the approach and method utilised by the research study.

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CHAPTER 2

RESEARCH ARTICLE

Exploring occupational gender-role stereotypes of male nurses: A South African study

Orientation: Male nurses within the nursing profession are faced with gender role stereotypes from both female colleagues and patients within nursing institutions.

Research purpose: The general objective of this study is to investigate the experiences of occupational gender-role stereotypes about male nurses from both an in-group and out-group perspective.

Motivation for the study: Male nurses, being a minority in the health institutions, are faced with many challenges, and stereotypes pertaining to their occupational role and presence in the nursing profession have been questioned. The researcher therefore aimed to discover how male nurses experience being stereotyped and how occupational gender role stereotypes influence male nurses at work.

Research approach, design and method: This research study was of a qualitative nature, within the social constructivism paradigm. A combination of the phenomenological and hermeneutic approach was used to reach the objectives of this research study. A combination of snowball and purposive sampling was used, together with a multiple case study strategy. Participants who were involved in this research study (N=30) consist of male nurses, female nurses and discharged patients who were selected from different public health institutions across South Africa. The representation of the population was diverse and included male, female, various age groups and different racial groups. Semi-structured interviews were conducted in collecting data and thematic analysis was used to analyse data. Themes, sub-themes, and characteristics were extracted from the data and direct quotations of the participants' responses.

Main findings: Results of this study indicated that in-groups (i.e. male nurses) and out-groups (i.e. female nurses and discharged patients) are aware of existing stereotypes regarding male nurses. Stereotypes mentioned were both negative and positive in nature; however, more negative stereotypes were mentioned. The findings further revealed that behavioural, cognitive and emotional influences are reported when male nurses are being stereotyped. Out-groups further indicated that they believe there are various sources from which stereotypes originate.

Practical/managerial implications: It is evident that occupational gender role stereotypes are visible within the nursing profession and both nurses and patients are aware of these stereotypes. Female nurses should be aware and understand the effects of stereotypes on male

nurses. The nursing profession should educate society through the media on the effects of negatively stereotyping male nurses in the nursing profession.

Contribution/value-add: There is limited research done within the nursing profession regarding occupational gender-role stereotypes especially from a South African perspective, and therefore a contribution to South African literature is being made. The research study elicits and arouses a thinking process among individuals to become aware of their stereotypes and the damaging effects on male nurses.

Keywords: Stereotypes, occupational gender-role stereotypes, male nurses, professional nurses, in-group stereotypes, out-group stereotypes, nursing profession, South Africa

INTRODUCTION

Problem statement

In South Africa, approximately 83% of the population is served by the public healthcare sector, and as a result, rendering the most healthcare services to the public. This high number results in increased workloads to nurses who must work in resource-deprived and infrastructure-hampered clinical workplace (CPEs) (Rabie, Coetzee, & Klopper, 2016). The nursing profession is often viewed negatively due to media portrayal. Most media reports highlight that nurses neglect patients and deliver poor quality of care. However, other factors than the aforementioned contribute to this, namely many nursing vacancies, poor salaries and working conditions for nurses, poor leadership and nurses who are not well trained due to a lack of good role models in the workplace (Rabie et al., 2016:29; Meiring & van Wyk, 2013). Although there has been an increase in the number of professional nurses abroad (Jarrah & Tawfiq, 2013), there is still a grave shortage of professional nurses within South Africa (South African Nursing Council (SANC), 2012). Evidently, quality of healthcare services delivered to the community is directly related to nurses (Meiring & van Wyk, 2013). This contributes to a poor public image of the nursing profession in especially the public health sector of South Africa, resulting in fewer prospective students opting for a career in nursing as a career of choice, which contributes to increased nursing shortages in South Africa (Oosthuizen, 2012).

Globally, the negative stereotyping of male nurses has been reported by nursing scholars. This is caused by the public image of nursing that is conveyed in the form of social expectations

(Takase, 2005) leading to males not pursuing nursing as a career. In literature, it is evident that most students, who pursued nursing as a career, reported that it was not their first career choice and they only considered nursing when they could not be accepted into other courses such as medicine (Chauke, van der Wal & Botha, 2015). According to Chauke et al. (2015), nursing students begin their nursing education with stereotypical, idealised and inaccurate images of nursing that change for the better over years of education and training; however, a majority of student nurses maintain some traditional and idealistic beliefs throughout their years of training (Chauke et al., 2015).

During the years of training nursing, educators are faced with many important challenges such as managing the fully loaded nursing curriculum, which includes theory and practice, but now they also have to face the challenge of assisting male nursing students with the gender stereotypes elicited towards them in the nursing profession (Chiarella & Adrian, 2014). The last challenge causes many male student nurses to experience social isolation, difficulties in addressing individual learning needs, and being emotionally affected by the reluctance of other nurses and patients to acknowledge men as a vital part of the nursing profession (Cook-Krieg, 2011). On the other hand, male student nurses assert that nursing schools do not address the differences in communication styles of men and women, and that the system does not prepare them to work primarily with women (Landau & Henle, 2014). Research has found that most of the male students studying nursing considered dropping out, but if given the considerable support (investment) given to male nursing students, they persevere in completing their studies (Hoeve, Jansen, & Roodbol, 2013). It is, however, concerning that if they do not receive the necessary support they drop out and this causes additional staff shortages to the nursing profession that could have been prevented.

Male nursing students are often mistaken for medical students and are sometimes mistaken for being doctors within a health setting. In the study of Juliff, Russell, and Bulsara (2015), male nursing students announced that patients are often surprised that they were studying nursing, commenting that “what’s a guy doing in nursing” or “didn’t you want to be a doctor?”. These stereotypes make males studying in the nursing profession regarded as unintelligent, not having the intellectual ability to study medicine. This makes them feel as outsiders wherein they experience professional unacceptance by both society and some female colleagues (Mthombeni & Phaladi-Digamela, 2015). Furthermore, not only do they experience professional unacceptance from society and some female colleagues, but to some extent they also

experience unacceptance and/or rejection from both male and female patients (Landau & Henle, 2014).

In most countries, male nurses face difficulties when placed in maternity units over their female counterparts. This is also true in South Africa, despite South African male nurses being allowed to participate in midwifery training for the first time since 1977 (Mthombeni & Phaladi-Digamela, 2015). These difficulties with male student nurses placed in maternity units caused them to be predominantly allocated to male patients instead of female patients (Juliff, Russell & Bulsara, 2016).

From the aforementioned, it is clear that gendered division of labour appears to be a burning issue that has led to the development of stereotypes that propose synergy that channels a specific gender to a specific profession. For example, research found that 93% of their female nursing student sample agreed that nursing was more appropriate for women than men because women tend to be more caring and compassionate by their inborn nature (Bartfay & Bartfray, 2007; Clow, Ricciardelli, & Bartfay, 2014). Nonetheless, history proclaims that men have been taking the roles of organised nursing through military, religious, and lay orders to the sick and injured (Boateng, 2004; Creina, Twomey, & Meadus, 2008). By the same token, recently, men have mostly been allocated and hired in psychiatric and orthopaedics areas as a result of their physical strength in order to ensure the safety of the patients, and to move and assemble heavy equipment (Landau & Henle, 2014). It is such systems and designs that affect societal perceptions for nursing and leave room for the development of stereotypic views, which, in turn, feed the cycle of bias that limits the role of men in nursing (Creina, Twomey, & Meadus, 2008). However, in their findings, Brink and Nel (2015) highlighted that not all stereotypic views are true and people who stereotype others would be on the basis of having an attitude or a high self-concept about themselves.

The capabilities of men and women are informed by stereotype beliefs and they are not translated through roles of either gender in the society or any other profession (Edjah & Edjah, 2009). Stereotypical representations that connote what men's work or women's work is, drive and promote gender segregation in the workplace (Gupta, Turban, Wasti, & Sikdar, 2009), which is clearly seen in the nursing profession. Social stereotypes, overt gender discrimination, the gendered nature of the workplace, and the gendered nature of networks are all factors that contribute to a continuing gender difference in occupational achievement (Crawley, 2014). It

is clear that stereotypic perceptions regarding male nurses have various influences on the organisation and stereotyped individuals. It is therefore important to conduct this research study in order to iron out stereotypic perceptions regarding male nurses and to make organisations aware of the negative influences thereof.

Research purpose and objectives

The overall objective of this study is to investigate the experiences of occupational gender-role stereotypes about male nurses from both an in-group and out-group perspective. In order to reach the overall objective of this study, the following specific objectives are applicable:

- To conceptualise occupational gender-role stereotypes according to literature.
- To determine in-group stereotypic perceptions about male nurses.
- To determine out-group stereotypic perceptions about male nurses.
- To investigate how male nurses experience being stereotyped.
- To determine the origins of out-group stereotypic perceptions.
- To determine how out-group stereotypic perceptions regarding male nurses influence the behaviour of out-group members towards male nurses.
- To make recommendations for future research and practice.

Literature review

Occupational- gender role stereotypes

Stereotypes are based on a variety of factors such as age, gender, racial and occupational roles; however, for the purpose of this study, we are focusing on occupational gender role stereotypes. In the study of Pettigrew and Tropp (2008), findings reveal that both genders actively held stereotypes towards each other based on characteristics and temperaments. Kreitner and Kinicki (2010) define gender stereotypes as beliefs that differing traits and abilities make men and women well suited to different roles. Moreover, literature also suggests that gender

stereotypical expectations dictate perceptions of what is deemed appropriate for women and men (Louw-Potgieter & Nunez, 2007). Yon, Choi, and Goh, (2012) add that occupational gender role stereotyping leads to gender typing of occupations and with much prevalence, people are limited to explore various occupations that may better fit their interests and skills. When individuals engage in occupational gender-role stereotypes, it is believed that different genders are suited for different occupations, therefore not relying on a person's willingness and ability to perform the specific job within the organisation (White & White, 2006; Vick, Seery, Blascovich, & Weisbuch, 2008). The findings of Adachi (2013) indicated that comparison of gender typing ratings of women and men indicated statistically significant gender differences for six occupations out of 30. For example, male dominated occupations are known to be construction work, maintenance and repairs, carpentry, automotive mechanics, truck driving and police officer. Female dominated occupations reveal preschool teachers, administrative assistants, nursing, cosmetologist and hairstylist to be more female appropriate occupations. With research showing that male applicants are less likely hired for female-typical jobs, inversely, female applicants are less likely hired for male-typical jobs (Frauendorfer & Mast, 2013).

Social identity theory

Quinn and Rosenthal (2012) accentuate that stereotyping develops when one social group is found fit to belong to another on precondition of either within-category assimilation or between-category differentiation. These two category dimensions are known to categorise others as in-group or out-group members. People develop perceptions about how a typical person in an out-group looks, thinks, or behaves, and consequently they form a stereotype of the group as a whole, based on these perceptions of an average out-group member (Vaes, Leyens, Paladino, & Miranda, 2012). Therefore, individuals belonging to the stereotyped group are assumed to be similar to each other, and different from other groups, on a particular set of attributes (Matusitz, 2012). At the heart of such phenomena comes about the study of social groups wherein concepts, such as social identity, prove to be more prominent. Social identity refers to an individual's internalised awareness or understanding of one's participation in a group that emphasises the importance of group membership (Nell, 2013). The social identity theory asserts that enhancing the group requires in-group favouritism and out-group negativity. This means that individuals strive to maintain their in-group identity by viewing their own social group more positively than other social groups and to identify with social groups with

positive social status (Mulvey, Hitti, & Killen, 2010). If perceptions on social group differences are more attached as a biological factor rather than a social factor, this will likely enhance greater stereotyping and prejudice (Clow, Ricciardelli & Bartfay, 2014). Therefore, strong group identity leads to strong aversion towards outsiders and therefore generates aggression and extreme behaviour, which become more evident especially with conflicts that involve identity issues (van Delft, 2013). According to Burkley and Blanton (2008), negative in-group stereotyping occurs whenever an individual embraces a negative stereotype regarding his or her own group. However, negative out-group stereotyping occurs whenever a group possesses and embraces a negative stereotype regarding another group, which is not his or her own (Cant & Cooper, 2009).

Origin of stereotypes

In their view, Smith and Zarate (1990) concurred that stereotypes are formed within a social context through a combination of observing others, learning, and mental processes. Moore (2006) adds to the above and argues that stereotypes exist to help the mind navigate through a complex and often contradictory environment. The latter therefore supporting that without stereotypes, people might have more difficulty making sense of the world and will often find situations to be ambiguous, time-consuming or confusing to understand (Sanderson, 2010). Chung (2007) believes that it is humanly impossible for people to avoid stereotyping altogether; however, he suggests that people should replace using negative stereotypes in exchange for using positive stereotypes. Several studies conducted suggested that the stereotyping extended even to situations in which irrelevant information is available to supplement information (Tajfel, Turner, Austin, & Worchel, 1979; Dovidio, Hewstone, Glick, & Esses, 2010). Therefore, in most cases, individuals tend to look at or observe things that affirm their opinions instead of being objective in observations, and this strongly suggests that stereotypic thoughts feed on incorrect information.

Current research entails that existing stereotypes are extended to other thresholds disregarding how truthful and accurate the stereotypes is, with much conflict that the prevalence of relevant information guides their judgement (Quinn & Rosenthal, 2012; Cadinu, Latrofa, & Carnaghi, 2013). Deutsch and Fazio (2008) believe that even though negative stereotypes are fairly inaccurate, they are persisting. A reason for the perseverance of these inaccurate stereotypes is seen to be the limited contact between people who hold stereotypes and the members of the

stereotyped groups (Dovidio, Gaertner, & Kawakami, 2003) as well as in-group / out-group stereotypes. However, even with sufficient contact, a correction of the stereotype may not succeed. Inaccurate persisting negative stereotypes are fuelled by limited contact between people who hold stereotypes and the members of the stereotyped groups (Deutsch & Fazio, 2008).

Ndobo (2013) believes that stereotyping may develop from an early age within children due to substantive influence by parents in multiple ways such as groomed behaviour, attitudes, and beliefs. During developmental stages, girls are observed to be co-operators, who prefer reciprocal relationships, organised in flat structures and having the ability to sustain relationships; whereas boys are organised in hierarchal structures, they learn that relationship maintenance is secondary, playing tough, competitively and aggressively resorting to winning (Nelson & Brown, 2012). This maturation phase becomes part of their character and personality as they grow up and affects the way they perceive and make decisions in their lives, which in most cases includes choosing paths (Ndobo, 2013). Therefore, gender stereotyping serves as a medium toward traditional perception of boys/men and girls/woman regarding themselves within the context of whether they are capable of doing well or not so well; how they ought to think or behave purely on the ground of their gender (Roth & Coleman, 2008; Mwamwenda, 2013). Steinmetz, Bosak, Sczesny, and Eagly (2014) lament that gender stereotypes are also formed through the observation of women and men in different social roles; the occupancy of the same social roles by women and men might be able to prevent gender stereotyping.

Consequences of stereotypes

The nature and the setup of any occupation have proven to contribute to societal gender stereotypes that dictate gender roles (Maina & Vera, 2013). Gender stereotyping is likely to become commonplace in different settings including the home, school and workplace (Pinias & Sharon, 2013). Moreover, traditional stereotyped role expectations spill over to organisational policies and practices to maintain gender-specific marginalised work roles and become entrenched in a gender-biased organisational culture (Martin & Barnard, 2013). Much as it stands, stereotypes frequently affect people's judgements and behaviours, whereby individuals who are influenced by the stereotypes often attempt to suppress those beliefs because of concerns about appearing to be biased (Monteith, 1993; Zhang & Hunt, 2008).

Cokley (2002) noted that negative stereotypes can be threatening because they carry implications of being incomprehensible, meaning that a person's abilities and competence in a given domain are inherently limited by their group membership. This is very concerning in especially the nursing profession where people lives are at stake.

Wout, Danso, Jackson, and Spencer (2008) are of the view that stereotyping impairs performance by forcing individuals to contend with how they are viewed, thereby ending up acting in a certain way around others; either conforming or trying to reverse the views held about them. Stereotype threats have been shown to increase people's concerns about how they will be perceived (Wout et al., 2008). For example, males choose not to follow nursing as a career because they might be uneasy about how they will be perceived by society and individuals around them. The way people in an environment perceive targets activates a disruptive state that is likely to determine performance and aspirations in stereotype relevant domains (Plante, Sablonnière, Aronson, & Théorêt, 2013). Consistent with their findings, Walton and Cohen (2003) assert that whenever stereotypes of an out-group are being questioned, stereotype lift (performance boost caused by the awareness that an out-group is negatively stereotyped) leads to people performing more prominently.

Gender stereotyping within the health setting for most of the men is really challenging in that they work with various patients who are members of the society. According to the study of Williams (1988), men in the nursing profession use their attributes as males to their advantage, such as their aggression, to advance their career mobility. On the contrary, Brown (2009) suggests that there is discrimination among many female nurses toward their male colleagues, whereby male nurses are not accepted as equals and that male nurses are regarded as homosexuals. In the qualitative study of Stott (2007), findings revealed that male nursing students were treated differently compared to female nurses in the clinical field. Furthermore, occupational gender role stereotypes and stereotypes of male nurses in particular, have dented the image of male nurses, especially when providing intimate care to female patients. In the study of Williams (1988), male nurses were reported to attempt disassociating themselves from female nurses and the stigma of being in a female dominated occupation. Moreover, male nurses have been reported to prefer night shifts in the sense that they work more independently with less supervision and viewer arguments with female nurses. In the study of Poliafico (1988), findings revealed that male nurses are reported to be underachievers and lacking the ability to enter medical school.

RESEARCH DESIGN

The research design consists of the research approach, research strategy and research method.

Research approach

This study employed a qualitative research design. In qualitative research, the researcher, after collecting data, advances to understanding and exploring a specific phenomenon in accordance with the topic being investigated (Richards, 2009). Furthermore, reference of quality research yielded to meanings, concepts, definitions, characteristics, metaphors, symbols and description of things concerning the subject topic. The researcher used the social constructivism paradigm, which maintained the process of constructing meaning in pursuit of understanding how people make sense of their experience (Amineh & Asl, 2015). Creswell (2013) defines social constructivism as an explanatory framework, whereas individuals or groups of people, in an attempt to find understanding to their world, create and attach their own specific connotations that resonate with their experiences. Therefore, the indication of the paradigm reveals that because individuals construct their own reality of the social world, it is more likely that individuals also construct their own reality and experiences in as far as stereotypes are concerned (Leavy, 2014).

A combination between the phenomenological and hermeneutic approach was used to reach the objectives of this research study. The researcher utilised a phenomenological approach that granted a deeper understanding of the nature and meaning of the individual's everyday experiences (Yin, 2016). Through in-depth interviews, the participants drew out their own meaning of their experience with reference to occupational gender-role stereotypes. Henceforth, the researcher aimed at creating rich and deep account of a phenomenon at the same time focusing on uncovering and amplification with avoidance of prior knowledge. The directive of the researcher accurately described the phenomenon, refraining from any pre-given/pre-knowledge framework, however remaining true to the facts as eluded to by the participants (Richards, 2009).

The study followed a hermeneutic approach. The researcher pursued in-depth understanding and clarification of interpretive conditions as laid out by participants (Tracy, 2013). The researcher delved into historical past and environmental situations that brought forth

comprehensive information. The researcher, who is also the interpreter, recognised the significance of the various items that he or she noticed, and also recognised the way in which those items relate to each other (Leavy, 2014). Herein, the hermeneutic circle signified a methodological process of understanding the meaning of the whole text and also its parts that are interdependent for constructing logic (Tracy, 2013).

Research strategy

With the understanding that the general objective of the current study is to explore the occupational gender-role stereotypes among male nurses, the researcher implemented a multiple case study strategy to collect relevant data. In retrieving relevant data from participants, the researcher aimed at detailing views of multiple cases to get a real sense of what participants believe to be occupational stereotypes among male nurses (Berg & Lune, 2014). This approach ensured that the description and exploration of the relationship between research and theory is thoroughly underlined. The multiple case study approach led to a comprehensive description of individual cases, the events thereof, and discovery process of features that best describe the characterisation of cases and events (Sturman-Moleke, 1997). The multiple case studies highlighted a developmental factor that generated different cases and situations, which evolved over time and allowed the researcher to focus on the different individuals within the given environment (Richards, 2009).

The participants in this research study consisted of male nurses, female nurses and discharged patients (both male and female) in a quest to establish how they experience occupational gender-role stereotypes about male nurses in South African hospitals. The sample of participants that were interviewed were clustered into three groups, namely in-group (N=10 male nurses), out-group 1 (N=10 female nurses), and out-group 2 (N=10 discharged patients)**.**

Research method

The research method utilised consists of the literature review, research setting, entrée and establishing researcher roles, sampling, data collection methods, recording of data, data analysis; strategies employed to ensure quality data, reporting style, and ethical considerations.

Research setting

Data was collected in the form of one-on-one interviews with participants from the selected population. Interviews were conducted in South Africa across three provinces. The three provinces included Gauteng (1 hospital), the North West Province (1 hospital), and the Free State Province (2 hospitals). All four hospitals were public hospitals and permission was granted via the Office of the HOD in the Department of Health, which cascaded down to the Office of the Head of Nursing and a letter of approval was issued to the researcher. The interviews with the first hospital were conducted during both day and night shifts as there is a shortage of male nurses in the hospital. The second and third hospital interviews were conducted during the day as the male nurses are mostly available during the day shift.

The interviews were conducted among male nurses, female nurses, and discharged patients. The researcher received a list of professional male and female nurses on and off duty and arrangements were made with regard to the date, time and venue of the interviews on the premises of each hospital. Now that the date, time and venue were agreed upon by both the researcher and matron, preparations with regard to how discharged patients will be approached were pre-arranged. The matrons in the three hospitals used different techniques to gather discharged patients who would be selected as participants in this study. In the first and the third hospitals, the matron had a list of patients who would be discharged and this was communicated with the researcher for setting preparations of the interviews. In the second hospital, the matron had dates of discharged patients who were in-walk patients coming for check-ups. The researcher made follow ups with in-walk patients and set meetings for interviews, which would be communicated with them. It is important to note that discharged patients voluntarily agreed to partake in this study. The researcher arranged reservations of the boardroom of the hospital with the matron where interviews were conducted. On the eve of the interviews, the researcher paid a visit to the hospital to meet with the matron and also to ensure that the boardroom was reserved, secured and clean. The researcher arrived an hour earlier to set up the venue ensuring that a “do not disturb” signage on the door of the boardroom was placed. The researcher ensured that there was enough ventilation that accessed the room by opening windows in the morning of interviews and that a bottle of water was issued to each participant, before commencing the interviews.

Entrée and establishing researcher roles

The researcher received ethical clearance from the North-West University Ethics Committee project number EMS15/08/26-01/03. In order for permission to be granted for the researcher to collect data in the hospitals (N=4), the researcher requested approval from the Department of Health in the office of the Head of Department in each province. An online application was also done through the National Health Research Database (NHRD) and after two weeks, a permission letter from the Provincial Department of Health was received. A letter was written to the office of the Chief Executive Officer in each hospital requesting permission. Permission was obtained and a meeting was convened between the researcher and the Head of Nursing. At this meeting, the Head of Nursing (Senior Matron) delegated the floor matrons to assist with selecting the desired population of male nurses, female nurses and discharged patients for the interviews. Before starting with the research interviews, the researcher firstly welcomed the participants and thereafter firstly explained the study and thereafter issued an informed consent letter to each of the participants to be signed to ensure the code of ethics was adhered to.

The researcher played a crucial role in planning and coordinating the entire research study. The researcher was responsible for carrying out the duties of planning how the research would unfold, organising that all stakeholders namely, Department of Health staff members, hospital staff members, male nurses, female nurses, and discharged patients in all three provinces were aware and kept abreast with the proceedings of research interviews. The researcher had to fulfil the role of the designer wherein the researcher strategised and prepared the necessary methodological processes. The researcher pioneered the process of recruiting participants and collecting data from the population using research questions that had been sought beforehand. After the researcher collected data from participants, the researcher further acted as a transcriber and the coder of data and thereafter the researcher became the analyst of the data that was collected. The researcher, in an attempt not to be biased to the data collected, remained objective in the entire research process. Lastly, the researcher fulfilled the duty of a reporter, writing a comprehensive report regarding the findings of the present study.

Sampling

The researcher followed a combination of snowball and purposive sampling. Snowball sampling allowed the researcher to gather and obtain knowledge from extended associations

(female nurses and discharged patients) through previous and current acquaintances (Leavy, 2014). As this approach unfolded, information collected increased and enough data was gathered for the purpose of useful facts for this research. Snowball sampling created a safe passage that subjected participants to certain biases and specifics (Bernard & Ryan, 2010). The researcher was able to receive and retrieve information about the subject matter from different places through a mutual intermediary (Aurini, Heath, & Howells, 2016).

A purposive sampling method was also used for the purpose of this research study. The prerogative of participant selection was entirely up to the judgement of the researcher. The selection of participants was done based on the inclusion and exclusion criteria of the each population to reach the objectives of the study (Yin, 2016). This method proved to be more effective to a limited number of people, which contributed immensely to the primary data sources due to the nature of research design (Berg & Lune, 2014).

Participants who were selected to take part in the study were chosen on the following inclusion criteria: 1) registered male and/or female nurses who are employed in the hospital; 2) discharged patients who were cared for by male nurses; 3) participants who have a good command of the English language; 4) participants who gave permission for interviews to be voice recorded. The sample size of the population was set at 30 (*N=30*) with a break-down of 10 (*n*=10) male nurses, 10 (*n*=10) female nurses, and 10 (*n*=10) discharged patients.

The criterion that was used for the inclusion of participants in this research targeted individuals who complied with the following prerequisites: 1) employed as male nurse or female nurse in a nursing institution; 2) discharged patient who had been treated by a male nurse; 3) able to speak English; 4) differed according to race, age and gender; 5) willing to participate in the research and prepared to have a tape-recorded interview with the researcher.

Table 1

Characteristics of participants (N = 30)

Item	Category	Frequency	Percentage
Age	18-30 years	1	3.33
	31-40 years	14	46.67
	41-50 years	7	23.33
	51-60+ years	8	26.67

Race	Black	24	80.00
	Coloured	3	10.00
	White	3	10.00
Gender	Female	14	46.67
	Male	16	53.33
Language	Afrikaans	6	20.00
	Sesotho	9	30.00
	Shona	1	3.33
	Setswana	10	33.33
	isiXhosa	3	10.00
	isiZulu	1	3.33
Province	Free State	12	40.00
	Gauteng	9	30.00
	North West	9	30.00
Qualification	General education and training (NQF 3)	8	26.67
	Further education and training (NQF 4)	8	26.67
	Higher education and training (NQF 5)	14	46.67
Interviewed participants	Male discharged patients	6	20.00
	Female discharged patients	4	13.33
	Male nurses	10	33.33
	Female nurses	10	33.33

The majority of the participants were in the age group 31 to 40 years (46.67%), 26.67% in 51 to 60 years and older age group, 23.33% were in the 41 to 50 years age group and 3.33% were between 18 and 30 years. The majority of the participants were black (80%) and 10% were white and coloured, respectively. More than half were male (53.33%) and 46.67% were female. 33.33% of the participants spoke Setswana, 30% spoke Sesotho, 20% spoke Afrikaans, 10% isiXhosa, while 3.33% spoke isiZulu and Shona. Most of the participants resided in the Free State (40%), while 30 % were from Gauteng and another 30% were from the North West. Most of the participants had acquired higher education and training (46.67%), while 26.70% had acquired further education and training and general education. From the discharged patients, the majority of the discharged patients who were interviewed were 20% males and female discharged patients who were interviewed were 13.33%. Other participants who were interviewed included 33.33% of male nurses and 33.33% of female nurses.

Data collection methods

The researcher applied effective data collection methods that established authenticity, soundness and reliable responses through the means of semi-structured individual interviews. Participants were clustered into three groups, namely in-group (male nurses), out-group 1 (female group) and out-group 2 (discharged patients) across the four hospitals. In Gauteng, three male nurses, three female nurses, and three discharged patients were interviewed. In the North West Province, three male nurses, three female nurses, and three discharged patients were interviewed. In the Free State Province, two hospitals were selected to be part of the research study. In the first hospital, the researcher interviewed two male nurses, two female nurses, and two discharged patients; and in the second hospital, the researcher interviewed two male nurses, two female nurses, and two discharged patients. Semi-structured individual interviews allowed the researcher to delve into both past and present experiences in the work environment. The use of semi-structured interviews afforded the researcher the platform to set predetermined questions allowing the opportunity for the researcher to probe further on interesting and unclear answers that emerged from the interview with the participants (De Vos, Strydom, Fouche, and Delport, 2011). Interviews allowed the researcher to investigate the participants' realities, which gave meaningful phenomenological data by transcribing and analysing the content (Henning, 2014). Interviews were formulated and clustered in the following sequence:

In-group (male nurses):

- In your own words, explain what you understand about the term 'stereotype'.
- What stereotypes do you think exist concerning male nurses?
- How do you experience being stereotyped?
- Do you believe that these stereotypes are influencing you personally in any way? If yes, how so?
- Do these stereotypes have an influence on your work or your work performance? If yes, how so?

Out-group 1 (female nurses):

- In your own words, explain what you understand about the term ‘stereotype’.
- What stereotypes do you hold concerning male nurses?
- What are the origins of these stereotypes?
- Do these stereotypes influence your behaviour towards male nurses?

Out-group 2 (discharged patients):

- Would you rather be treated by a male nurse or a female nurse? Please elaborate.
- In your own words, explain what you understand about the term ‘stereotype’.
- What stereotypes do you hold concerning male nurses?
- What are the origins of these stereotypes?
- Do these stereotypes influence your behaviour towards male nurses?

A pilot study (*N*=4) was undertaken within the nursing profession to determine whether questions were understood and correctly interpreted by participants. A pilot study is a mini-version of a full-scale study or a trial run done in preparation of the complete study. The pilot study in the current research can be defined as mainly a try-out and pre-testing of research techniques and methods through the use of interviews for the feasibility study (Walker, Farquharson & Dempsey, 2016).

All of the participants who took part is this study were requested to complete a biographical questionnaire (race, language, gender, etc.) at the end of each interview. This was only done to enable the researcher to describe the study population.

Recording of data

The recording of data followed a very principled and cautious procedure in that it served as a point of access, comfort and trust between the participants and the researcher. Upon arrival of each participant, the researcher initiated the introduction and the purpose of the research study emphasising and asserting the confidentiality clause sharply. Thereafter, the researcher indicated the usage of recording the interview and how that will assist in compiling a report reflecting true events of this interview. The researcher then explained the purpose of the study and asked if he had permission to proceed with the interview and upon agreement and after the informed consent letter was signed the interviews were started. Participants were made aware they were at liberty to withdraw if they were not comfortable to proceed with the interview. The researcher transcribed all the recordings to a Microsoft Excel sheet in pursuance of organising data collected from all the interviews.

Strategies employed to ensure quality data

Great attention was placed on the following to assert the true reflection of the findings (Shenton, 2004):

Credibility (internal validity): The findings of the current research study were reported in accordance with data that emerged from the interviews with the participants. With the aim of communicating actual experiences of the participants, the researcher ensured the truthful and accurate reporting of data as reflected by the participants. The assistance of co-coders of the data provided a more systematic and scientific approach that implemented authenticity to the objective findings.

Transferability (external validity): Transferability refers to the extent to which the research outcome can be generalised and/or be applicable in other contexts and settings (Leedy & Ormrod, 2015). It is difficult to achieve full transferability in qualitative research due to the small numbers of participants; nevertheless, the researcher and co-coders checked all transcribed interviews to ensure quality outcomes (Shenton, 2004). The research findings of the current study should yield the same results if conducted again. The researcher provided a dense and thick description of both the methodology and phenomenon being studied. This

ensured that readers of this study understand what was done, how it was done, and why it was done.

Dependability (reliability): Dependability refers to the consistency of the data. The researcher provided a clear description of the research procedure by documenting all phases of the research method. This process entails the end-user of this study reading and being convinced about the reliability of the current study. By doing this, the research findings of the current research would yield the same findings with similar participants within the same context.

Confirmability (objectivity): Confirmability refers to the neutrality and objectivity of the research approach (Yin, 2016). The objectivity of this research was established by the researcher remaining impartial throughout the current study and not allowing preconceived knowledge to determine the outcome of the study. The supervisor of the current study reviewed the research process and the results as a means to confirm the objectivity of the research study.

Ethical considerations

The researcher of the current study was abreast with observing all measures of ethical methods that were to be applicable in the study. A comprehensible and in-depth knowledge was required of the researcher with regard to the approach of conducting a fair design that encourages and yields actual outcomes of the said topic of the study (Berg & Lune, 2014). Before conducting this study, the researcher presented the research topic to the Ethics Research Committee of the higher education institution. All protocol was observed by the researcher as permission was requested from the Department of Health (in all 3 Provinces) and public hospitals (in all 4 hospitals) to conduct the current study in their facilities. After permission was granted, the researcher informed the participants about the purpose of the study and that they were at liberty to withdraw if they were not comfortable to continue with the study. The participants were made aware of the reasons of using an electronic voice recorder during the interviews. The researcher informed the participants about voluntary participation in the study and the reasons for signing a consent form. This would ensure that the recorded interviews will only be used by the researcher and the supervisor of the study assuring the confidentiality of the data collected. This would ensure that no harm will come upon the Department of Health, hospitals and participants involved in the study. The findings of the study will yield a true reflection of the recorded interviews and transcribed data.

Data analyses

After the recorded interviews were transcribed, the researcher utilised the thematic analysis in order to investigate, understand and interpret the data that has been collected. Thematic analysis is an instrument used by researchers to identify themes and sub-themes that emerged from the collected data. Themes would be categorised for analysis. The following six steps of Braun and Clarke (2006) were used to analyse data for this study:

Step 1: Becoming familiar with the data

The research questions were based on occupational stereotypes concerning male nurses. All transcribed interviews were reviewed, consolidated and thereafter drafted to form one large dataset. The researcher read through the dataset several times in light of better acquainting himself to a comprehensive data. Meanings and patterns were then established while reading the data and through this phase the researcher was immersed with the data.

Step 2: Generating initial codes

The thematic analysis was conducted manually in an Excel program; the program helped with the analysis, reduction and interpretation of the data. After the researcher had become better acquainted with data, codes were developed. The researcher identified seven codes, namely: preference of treatment, stereotype of male nurses, origin of stereotypes, influence of stereotypes, existing stereotypes, experience of stereotypes, and influence of stereotypes on work. Coded data is different from themes as it is broader explanations; therefore, initial codes were predetermined and were advanced into organised meaningful groups. Accordingly, the researcher methodically worked through the dataset to examine repeated themes to be considered.

Step 3: Searching for themes

After the seven categories have been identified, the researcher created themes within each category. Themes and sub-themes (where necessary) were developed by methodologically working through the spreadsheet of all the transcribed interview answers. The co-coder of the current study assisted with the arrangement and coordination of the themes and sub-themes.

The identified categories, themes and sub-themes were documented on a separate page for the purpose of methodical processes.

Step 4: Reviewing themes

This step ensures the refinement of previously identified themes. The researcher established proper and accurate correlation between responses and sub-themes of each theme. Following that, the researcher read through the entire dataset to guarantee that all themes, sub-themes and responses were adequately extracted from the dataset and correctly assigned to relevant categories.

Step 5: Defining and naming themes

In this step, the researcher further refined the themes and sub-themes that were recognised for the analysis. Following that, the researcher indicated the most important aspects covered by each theme. The researcher allocated proper names to the themes and made sure they reflected the correct content of the data collected. Thereafter, the researcher explained the content of each theme by only making use of a few sentences (see findings).

Step 6: Producing the report

The final step is the writing and assembling of the report. The purpose of the report is to convey a reflection of the data in a comprehensible modus to the end-user. The results of the current study, as assured by the researcher, are reflected in an authentic and scientific system. As data is reflected in table format through the use of themes, sub-themes and responses; the validity of data was championed by the supervisors of the current study who are in the field of industrial psychology and nursing.

Reporting style

The results of the current study were reported in table format. Themes and sub-themes were extracted from the data collected and direct quotes were used to substantiate the results. The researcher made use of the descriptive quotes to further express the results of the study.

FINDINGS

The findings of this study were organised into a discussion of categories, themes and sub-themes as extracted from the collected data. The findings of this article are outlined in a table format and direct quotations are also included within the tables to support the findings. Eight categories were extracted from the data collected and include the preference of treatment, stereotypes of male nurses, origin of stereotypes, influence of stereotypes, existing stereotypes of male nurses, experience of stereotypes, personal influence of stereotypes and influence on work.

Category 1: The preference of treatment (perspectives of out-group patients)

In this category, out-group participants (both male and female discharged patients) were requested to share their preference of quality healthcare recipients to be either treated by male or female nurses. While a minority of participants indicated that they had no preference to be treated by either male or female nurse, a number of participants indicated a preference of treatment by male nurses. It is important to note that this category did not form part of the objectives of the study. The researcher asked the following question to discharged patients: *Do you prefer being treated by a male or female nurse?".* This question did not form part of the objectives of this research study. The researcher only asked this question to patients to ease into the process of interviewing and to stimulate a thought process among female patients. However, the results were interesting, and the researcher thought it best to also transcribe and analyse the answers of these questions.

Table 2

Preference of treatment (perspectives of out-group patients)

Theme	Sub-theme	Response
No preference	**Improved health (indicated by male patient)**	*"My only concern is to get better and improved my health condition."*
	Quality healthcare service (indicated by male patient)	*"I absolutely do not see anything wrong if I am treated by either a male or female nurse, in fact, I don't see gender but a health care giver."*

Preference for female nurses	**Comfortable with female nurse (indicated by female patient)**	"I would prefer to be treated by a female nurse in the sense that I will be free and comfortable because I am also a woman."
	Inherent caregivers (indicated by female patient)	*"I believe that … it is in their (female nurses) genes to give care."*
	Nursing profession occupied by females (indicated by female patient)	*"From inception of nursing it has always been female nurses in the nursing profession from one generation to the next."*
Preference for male nurses	**Comfortable with male nurses (indicated by female patient)**	*"I don't feel comfortable if I am treated by a female nurse because I am not shy around male when I have to take off my clothes."*
	Do not complain when needed (indicated by female patient)	*"Male nurses don't complain when we call for their service..."*
	Familiar with male nurses (indicated by male patient)	*"I prefer to be treated by male nurses in that I am used to being treated by male nurses whenever I am hospitalised."*
	Females lack sense of urgency (indicated by female patient)	*"Female nurses do not have a sense of urgency and they always bite off our heads when we ask for assistance."*
	Females transfer responsibilities to male nurses (indicated by male patient)	*"When I ask for assistance from a female nurse they pretend as if they didn't hear me calling them or they would ask a male nurse to assist me"*
	Helpful (indicated by male patient)	*"I prefer male nurses because they are very helpful and they are not many in the ward..."*
	Perform beyond expectations (indicated by female patient)	*"Male nurses go the extra mile and take good care of their patients..."*

Table 2 indicates the broad themes on the preference of treatment, the sub-themes and the examples of original response that were analysed. Patients receiving quality healthcare services view male nurses in various ways and therefore prefer to be treated by them or not. The broad themes include:

- *No preference:* The participants reported that they do not have a preference of being treated by either a male nurse or a female nurse; however, they are more concerned about

their improved health and receiving quality healthcare services. These participants therefore indicated that as long as they receive good quality healthcare they do not mind the gender of the nurse.

- *Preference for female nurses:* Some of the patients indicated a preference for female nurses as they are inherent caregivers. Female patients are less comfortable being physically examined by male nurses, but they are more comfortable being examined by female nurses. These comfort levels are also informed by the profession being occupied by female nurses.
- *Preference for male nurses:* Most of the participants expressed the preference of male nurses because they are familiar and comfortable with male nurse treatment and they do not complain when needed. Male nurses are believed to be very helpful and perform beyond expectations. Male nurses have a sense of urgency unlike female nurses and this translates to patients being comfortable receiving quality healthcare services from male nurses. Male nurses respond positively when responsibilities are transferred from a female nurse.

Category 2: The stereotypes of male nurses (perspectives of out-groups)

The participants (i.e. discharged patients and female nurses) were requested to mention and point out what they believe stereotypes of male nurses are and how they are perceived. However, before this, participants were asked to provide a description of the term stereotype. All of the participants were well aware of the meaning of stereotypes and therefore the researcher could proceed to the next interview question (*What stereotypes do you hold concerning male nurses?*)

Table 3

Stereotypes of male nurses (perspectives of out-groups)

Theme	Sub-theme	Response
Do not stereotype	**Equality of male and female nurses**	*"The same tasks performed by a female nurse should be also performed by a male nurse."*
	Males are minority group	*"The same tasks performed by a female nurse should be also performed by a male nurse."*
Negative stereotype	**Appear to be gay**	*"The stereotype that affects them the most is when they are being perceived as being gay..."*

	Constant observation of male nurses	*"Male nurses are always put under a radar when they examine bodies of female patients because of rumours pertaining to rape cases."*
	Disengaged	*"Female nurses have a hold over and claim of the nursing profession and to some extend this will have male nurses to be disengaged in the environment."*
	Disengaged	*"Female nurses have a hold over and claim of the nursing profession and to some extend this will have male nurses to be disengaged in the environment."*
	Dislike basic nursing care duties	*"Bathing patients is not within them, if they had a chance of not doing it, they wouldn't do it."*
	Dislike being called on professional rank	*"Male nurses do not appreciate to be called by the term "sister" and we as female nurses refer to them by their last name."*
	Enforcement of male authority	*"Most male nurses remind female nurses that even if he is at a lower rank, but the female nurses mustn't forget that he is a man and he won't be spoken to in a particular."*
	Lack of professional pride	*"One thing that I have observed from a personal view is that male nurses are not proud of being nurses."*
	Lack sense of belonging	*"Male nurses are not given a sense of belonging in the nursing institutions..."*
	Less family responsibility; poor social interaction	*"Male nurses have less family responsibility and more social and interaction problems..."*
	Loneliness	*"In a setting of a hospital or a clinic, male nurses are lonely. Stereotypes about male nurses influence the behaviour of male nurses than it does female nurses."*
	No preference for administration of medication	*"When providing medication to patients, male nurses do not have preference when providing medication to either male or female patients."*
	Not trusted with female patients	*"There is a belief that male nurses cannot be alone in an enclosure with a female patient meaning there should be 2 people doing 1 task. 3 quarters of time the female nurse is likely to do 3*

		quarters of the job and the male nurse will be just roaming around."
	Nursing not first career choice	*"I am of the belief that male nurses were stranded when they took on the profession of nursing."*
	Oversensitive when reprimanded by female nurses	*"When male nurses are being reprimanded by female nurses they take it personally and they will view them as a disrespectful woman and a pushover."*
	Ownership of nursing profession by female nurses	*"Female nurses have a hold over and claim of the nursing profession …"*
	Receive preferential treatment	*"Ever since from training, I have had male nurses as friends and they have always had it easy."*
	Unhappiness	*"Male nurses are not happy in the nursing profession..."*
Positive stereotype	**Administrative aptitude**	*"Male nurses flourish when they are in offices dealing with paper work…)*
	Committed; Hardworking	*"The male nurses that I have come across are very hardworking and very much committed to their work."*
	Execute basic nursing care duties	*"They know how to make my bed nice and clean..."*
	Gentle caregivers	*"Male nurses are not harsh when addressing patients as compared to female nurses..."*
	Helpful	*"I don't hold any negative stereotypes concerning male nurses for the mere reason that they provide necessary help more than their female colleagues."*
	Passionate	*"A reality is that most male nurses that I have come across have heart and they are really passionate about what they do."*
	Patients prefer being treated by male nurses	*"I believe that male nurses are preferred by patients more than female nurses..."*
	Professional image	*"Most male nurses are very neat, clean, and calm having characteristics of a nurse and some have a low tone when speaking."*
	Punctual	*"Male nurses are very polite and punctual when attending to the needs of patients..."*

	Well mannered	*"Male nurses are very good and polite individuals..."*

Table 3 indicates themes on the stereotypes of male nurses; the sub-themes and examples of original responses were analysed. Perceptions of people differ from one person to the next. Positive stereotypes refer to subjectively favourable beliefs about social groups. Negative stereotypes refer to beliefs about individuals or groups that display them in a poor light. The broad themes that were identified include:

- *Do not stereotype:* Other participants reported they do not stereotype by virtue of male being a minority and that there is a need for equality among male and female nurses.
- *Negative stereotype:* Participants mentioned that male nurses are given preferential treatment and in most cases are disengaged and will most likely have preference for certain types of work. It is believed that nursing was not the first career choice of male nurses and that they do not have professional pride. Male nurses are stereotyped as enforcing male authority and they dislike being reprimanded by female nurses. The view about male nurses is that they appear to be gay, having less responsibility and that they struggle with social interaction. A major concern is that male nurses are not trusted in closed settings when they are alone with female patients and therefore they are also constantly observed. Some of the patients reported that during their observations, they discovered that male nurses were unhappy, lack a sense of belonging and are lonely because of being a minority group in the profession and in the wards. Participants mentioned that patients rather listen to male nurses and they also prefer receiving treatment from male nurses. Another observation made is that male nurses are not comfortable conducting examinations on female bodies; however, they do not have preference to administer medication to either male or female patients. Male nurses dislike being called "Sister" (i.e. their professional rank).
- *Positive stereotype:* Participants mentioned that male nurses are helpful, well-mannered, hardworking, punctual, passionate, and very committed to the nursing profession. They are perceived to be gentle caregivers, execute basic nursing care well, they have a professional image, and have an aptitude for administration work, characteristics that were previously believed to be feminine characteristics.

Category 3: The origin of stereotypes (perspectives of out-groups)

Regarding this category above, out-group participants (i.e. discharged patients and female nurses) were requested to provide descriptions of how stereotypes originate. Stereotypes are believed to originate from various elements as perceived by different people. Most of the participants gave detailed descriptions of what they thought the origins of stereotypes were.

Table 4

Origin of stereotypes (perspectives of out-groups)

Theme	Response
Clinical environment (female nurses, patients)	*"I believe that these stereotypes arise from both patients and female nurses because they spend more time with male nurses."*
Culture	*"Stereotypes are really influential from one person to the next and a very penetrating influence is cultural influence and information."*
Females dominate nursing profession	*"This labelling is informed by the number of women were only allowed to pursue this profession and having no allowance for any male to pursue this nursing profession."*
Gossip	*"Enemies also spread lies about individuals and people will then generalise a particular issue that will lead to rumours."*
History of nursing profession	*"These stereotypes are retrieved from our cultural backgrounds, knowledge and history concerning the nursing profession."*
Jealousy	*"Women who couldn't join nursing as a profession envy male nurses and they start negative stereotypes."*
Lack of knowledge	*"People are not knowledgeable with roles and occupations in nursing institutions..."*
Lack of open mindedness	*"People are not open minded and by so doing they end up labelling people..."*
Lifestyle	*"People categorise others whenever they don't agree to with how they live their lives."*
Male nurses acting	*"Male nurses will then be inclined to the presence and association of female nurses and they are likely to act, behave and talk like females..."*
Media	*"Media through advertisements has dented the image of the nursing profession and has painted the profession to be strictly accessed and occupied by females."*
Public opinion	*"The community has a way of stigmatising male nurses simply because of the career they chose."*
Unfamiliar with origin	*"I have no idea where these stereotypes originate from..."*
Upbringing	*"Our customs and upbringing is a very influential determinant in our relations..."*

Table 4 consists of the themes and responses that were extracted when participants were asked questions relating to the origin of stereotypes. The findings were substantiated with direct quotes from the participants. The following themes emerged when participants expanded more on the origin of stereotypes.

- *Clinical environment:* Participants reported that origins of male nurses emerge from female nurses and patients.
- *Culture:* Stereotypes are injected by cultural influences, beliefs and groups.
- *Females dominate nursing profession:* Participants reported that the origins of stereotypes concerning male nurses emerges from their career choice being questioned. Females dominate nursing and therefore male nurses are not accepted within the nursing profession.
- *Gossip:* Stereotypes are normally created through the grapevine and most of gossip that is spread in most cases is not true. The reasons for gossiping vary in many ways and this is also applicable in the case of male nurses.
- *History of profession:* Nursing care has always been delivered by female nurses. Stereotypes emerge as female nurses have always been active role players in providing quality healthcare.
- *Jealousy:* Stereotypes begin when people are jealous of others by virtue of being unable to access or achieve what the others were able to accomplish.
- *Lack of knowledge:* People will stereotype because they are not equipped and knowledgeable about the roles and occupation of male nurses.
- *Lack of open-mindedness:* Thinking patterns of most people are tunnel minded and refuse to approach attached stereotypes to male nurses in a peripheral approach.
- *Lifestyle:* People start to stereotype when sensing a foreign custom that they do not agree with and that they do not practise within their own lifestyle.
- *Male nurses acting:* Most of the people who are close to male nurses by association would carefully observe the behaviour (how they walk, talk, and react) as they are always in the presence of female nurses and the career they have chosen, and this causes stereotypes about male nurses to originate.
- *Media:* The media has portrayed the nursing profession to be only restricted to female nurses through the means of billboards and TV commercials. There is an exclusion of males as nursing professionals' advertisements.

- *Not accepted in the nursing profession:* Male nurses are still a minority in the nursing profession because males are not accepted in the nursing profession, and therefore men refrain from pursuing nursing as a profession.
- *Public opinion:* The community attaches stereotypes to male nurses because of the career choice they occupy.
- *Unfamiliar with origin:* Some of the participants indicated that they were unfamiliar with the origin of the stereotypes.
- *Upbringing:* Stereotypes are affected by what we know, what we are used to and what we were told. Most of what we know today was learned at a tender age and this is what people would grow up believing most of their lives.

Category 4: The influence of stereotypes (perspectives of out-groups)

The out-group participants (i.e. discharged patients and female nurses) were requested to explain in detail the influence of their stereotypes regarding male nurse. Most of the participants provided the researcher with their view on the influence of stereotypes, and indicated that their views of male nurses influence them in a behavioural, cognitive or emotional way, which is presented in Table 5 below.

Table 5

Influence of stereotypes (perspectives of out-groups)

Theme	Sub-theme	Response
Behavioural Effect	**Encouraging interaction among male and female nurses**	*"No, they don't influence my behaviour towards male nurses, but it motivates me to work more hand in hand with them."*
	Equal treatment	*"I develop an attitude which clearly informs them that we are all employees with the same duties and responsibilities."*
	Positive treatment of male nurses	*"Positive stereotypes about male nurses I believe do good directly to male nurses but not so much for female nurses."*
	Rejection of male nurses to perform basic nursing duties	*"The problem arises during nappy change and bed bathing, however, during routine and blood pressure elderly female nurses do not inquire about the presence of the male nurse."*

	Verification of stereotypes	*"Stereotypes about male nurses should be verified on how truthful they are."*
Cognitive Effect	**Believe stereotypes to be correct**	*"This is very sad because people end up believing what is not true but just unreliable rumours and gossip."*
	Incompetent to provide quality health care	*"Most elderly female patients don't understand that a male nurse is trained and able to provide quality health care service such as a female nurse."*
	Learning from male nurses	*"Knowing that they are hard workers, I learn from them and their methods of executing different methods."*
	Male nurses' role questioned	*"Their roles and gender are both questioned for helping and nursing patients."*
	Negative views of nursing profession	*"Whenever I witness such behaviour within institutions this lets me to have a negative view towards nursing and people who claim to own the profession."*
Emotional Effect	**Frustration**	*"Sometimes it's frustrating because we would be two on duty and the male nurse would delegate all the work to the female nurse."*
	Irritable	*"Sometimes I would be grumpy to the male nurse and the patients..."*
	Joy	*"I enjoy working with male nurses because it breaks this routine of always working with females and it is lightening to hear their side when we interacting as colleagues."*
No influence	**Awareness of professional dynamics**	*"It doesn't for the mere reason that I am aware of the nursing profession and its dynamics."*
	Objectivity	*"I cannot make impulsive conclusions about one's gender and interests based on other people perceptions."*

Table 5 indicates themes on the influence of stereotypes about male nurses, the sub-themes and examples of original responses that were analysed. Behavioural effect refers to how one intends to act or behave towards someone or something. Results indicated that the stereotypes that participants have about male nurses have either a behavioural, cognitive or emotional effect on them. Emotional effect includes the feelings or emotions one has about an object or situation.

Cognitive effect is the belief or ideas one has about an object or situation. The broad themes that were identified include:

- *Behavioural effect:* Some of the participants indicated that they try to stay objective by treating male and female nurses the same. Their behaviour toward male nurses will only change once they have noticed that negative stereotypes can be verified. Female patients reject male nurses to perform basic nursing duties and this has led to female nurses accompanying male nurses when they perform invasive procedures on female patients. More interaction is encouraged between male and female nurses as a means that will remedy positive treatment of male nurses.
- *Cognitive effect:* Participants indicated that because the roles of male nurses are questioned, male nurses are perceived to be incompetent to provide healthcare services to female patients. Other participants made mention of views or negative thoughts about the nursing profession and that negative stereotypes are believed to be correct. Furthermore, positive thoughts are also present as some of the female nurses view male nurses as hardworking and they learn from them.
- *Emotional effect:* Participants reported that they feel and become frustrated with male nurses and eventually become irritated towards them. However, other female nurses indicated that they enjoy working with male nurses.
- *No influence:* Participants reported that stereotypes do not influence them as they are aware of the professional dynamics of nursing and they are more knowledgeable on the profession and do not differentiate between male and female nurses. Participants also mentioned that they try to be objective when it comes to stereotyping.

Category 5: Existing stereotypes (perspective of in-group)

Participants (in-group male nurses) were requested to mention stereotypes that exist in their workplace according to them. Participants in this study recognised various stereotypes in their work set-up. In this category, the male nurses were participants and they gave a report on how they are viewed and perceived according to their profession.

Table 6

Existing stereotypes (perspectives of male nurses)

Themes	Sub-theme	Response
Negative Stereotypes	**Disorganised; irresponsible**	*"Male nurses leave things lying around and they are not so responsible..."*
	Flirting with female nurses	*"Friends will jokingly say that male nurses are making moves on female nurses..."*
	Incompetence of male nurses in management positions	*"There is a question around whether a male nurse can occupy a management position in a nursing profession."*
	Lack of professional recognition of male nurses	*"We are not recognised and seen to be fit for this profession and it's saddening..."*
	Male nurses enjoy examining bodies of females (Midwifery)	*"The community have the view that male nurses in midwifery are perverts because they want to be in contact with female private parts."*
	Only recognised for physical strength	*"Male nurses are regarded only when it comes to lifting of patients..."*
	Reckless with basic nursing care duties (young, males)	*"Young males are known to be very reckless and nursing is a profession that facilitates basic care; will male nurses be able to do what is expected."*
	Sexual harassment of female patients	*"Media has portrayed that male nurses sexually harass female patients..."*
	Untrustworthy with confidential patient information	*"People don't trust males with the confidentiality of patient's information or status profile."*
Positive Stereotypes	**Accautures are more capable than midwives**	*"Patients have a perception that an acauture performs better than a midwife..."*
	Gentle caregivers	*"After having their experience of being treated by a male nurse, then patients would prefer being treated by male nurses as they believe us to be gentler."*
	Sympathetic	*"Male nurses are more understanding and sympathising during labour process."*

Table 6 indicates the theme on existing stereotypes, the sub-themes, characteristics, and original participants' responses that were analysed. The existing stereotypes that participants mainly perceived entailed negative stereotypes, positive stereotypes and in-group stereotypes.

Below is an exposition of the examples of stereotypes the participants considered part of their workplace.

- *Negative stereotypes:* Existing stereotypes concerning male nurses are the belief that they flirt with female patients and that they sexually harass the female patients. Another perception is that male nurses working in midwifery (Accauture) enjoy examining naked female bodies. Young males are perceived to be reckless with basic nursing care duties and that all male nurses are disorganised, irresponsible and untrustworthy with confidential patient information. Male nurses are lacking professional recognition and therefore the competence level of male nurses being afforded a position in management is also questioned. They are only appreciated for their physical strength.
- *Positive stereotypes:* Male nurses are reported to be gentle caregivers and very sympathetic. Furthermore, male nurses are believed to be more capable as accautures than midwives.

Category 6: The experience of stereotypes (perspective of in-group)

In the sixth category, participants (i.e. male nurses) shared with the researcher on various ways in which they experienced being stereotyped in the workplace. As data was analysed, the researcher discovered behavioural, emotional, and not bothered by stereotypes.

Table 7

Experience of stereotypes (perspectives of male nurses)

Themes	Sub-theme	Response
Behavioural Effect	**Deliberately responding in friendly manner**	*"Some will jokingly call me sister and I respond in a friendly manner..."*
	Family life behaviour affected	*"Some of the negative things that happen at work will hamper on how you react and behave when you are at home."*
	Having many girlfriends when stereotyped as being gay	*"Some male nurses are proving that they are not sissies by having many girlfriends."*
	Ignore	*"I ignore people who refer to me as sister in an attempt to spite or belittle me..."*

	Immediate correction	*"I correct people whenever they refer to me as sister..."*
	Physical wellbeing	*"It affects my physical state because I would be left to do most of the work that was supposed to have been done by a female nurse."*
Cognitive Effect	**Belittled**	*"In most cases I feel belittled because we are not trusted by both the patients and our female colleagues."*
	Impacts on confidence	*"Negative stereotypes dents ones confidence..."*
	Mental exhaustion	*"It is mentally straining when colleagues don't follow instructions as given to them just because you are a male."*
Emotional Effect	**Anger**	*"There is no clear indication as to male nurses harassing patients physical, emotional or verbal. Sometimes our anger gets misplaced to another patient as you had an argument with a previous patient involuntarily."*
	Anxiety	*"A level of anxiety kicks in when as the only male nurse to work alone with females in specialized skills because they approach you with a certain attitude."*
	Demotivated	*"Sometimes I become demotivated because I have to do double work of the female patient that didn't carry out her task as I have requested."*
	Depression due to suppressed emotions	*"It's depressing because I am not at liberty to share disturbing work issues and I bottle them inside."*
Not bothered by stereotypes	**Concerned about professional development**	*"I'm more concerned about developing myself professionally and most of females would seek my advice."*
	Confidence in own capabilities	*"There is no reward in what people say the next person because one should know his own capacity and capabilities."*
	Passionate about nursing	*"I don't pay mind to negative stereotypes because I am passionate about my job."*

Table 7 indicates the broad themes on the experience of stereotypes and the examples of original responses that were analysed. When male participants were asked to explain how they experienced being stereotyped in their workplace, the following emerged:

- *Behavioural effect:* Male nurses would at times ignore patients who address them as "Sisters" but other male nurses correct patients immediately when they address them as "Sister". Even in the most unpleasant circumstances, some male nurses respond in a friendly manner. When male nurses experience stereotypes about themselves, inter-role conflict can occur, which, in turn, affects their behaviour at home. Inter-role conflict is where the role pressures from the work and family domains are mutually incompatible so that participation in one role (home) is made more difficult by participation in another role (work). Male nurses feel that their physical wellbeing is being affected by the stereotypes that they experience of male nurses only being capable of physical duties. It causes them to do all the work that could also have been distributed to female nurses. Male nurses are in pursuit of proving stereotypes to be incorrect by having more than one girlfriend.
- *Cognitive effect:* Participants reported that they are rendered unimportant and this affects how they are viewed particularly as males. Stress of workplace can activate mental exhaustion among male nurses and this results from excessive long-term stress. Dented confidence because of negative stereotypes about male nurses has a negative impact on how they view themselves. More often than not, it prevents people from looking at themselves objectively and clearly.
- *Emotional effect:* Participants reported that they feel depressed because of suppressed emotions; they are also demotivated, angry, and anxious.
- *Not bothered by stereotype:* Participants reported that they are confident in their own capabilities because they are passionate about the nursing profession. Other participants reported they are only concerned about their professional development and are therefore not bothered by being stereotyped.

Category 7: The influence of stereotypes on work (perspective of in-group)

Regarding this category, participants (i.e. male nurses) were requested to give an account of the influence of stereotypes on their work. Participants gave a detailed description of what they believe are the influences of stereotyping on their work or work performance.

Table 8

The influence of stereotypes on work (perspectives of male nurses)

Theme	Response
Alter action of protocols	*"As male nurses sometimes we alter our own protocol pertaining to a certain procedure because we want the patient to be satisfied."*
Competence reassurance of patients	*"There are sensitive issues that as a male nurse I excuse myself from. When we are doing procedure, we reassure the patient and ensure that the patient is comfortable."*
Disrespected by female nurses	*"Young male professional nurses are not respected by female colleagues, and elderly female nurses don't take instructions from young male professional nurses."*
Female patients resistant to male nurses providing care	*"Some patients don't retract when male doctors assist them but they quarrel when male nurses are assisting them."*
Lack of mentorship	*"There is a lack of mentorship from senior male nurses to junior male nurses because there are no senior male nurses in management."*
Lack of performance	*"When these negative stereotypes arise, one end up shrinking back and not performing to the best of our abilities."*
Lack of sense of belonging	*"Sometimes we don't feel a sense of belonging in the nursing profession..."*
Lack of support from female nurses	*"We sometimes get assistance from another male nurse from a different ward, rather than getting assistance from a female nurse within your ward."*
Misplace anger on patients	*"Sometimes our anger gets misplaced to another patient as you had an argument earlier with a fellow colleague."*
Misunderstandings between male nurses and patients	*"One has to be careful with patients not to misunderstand you and your role as a male nurse."*
Not provided with professional attire	*"Male nurses are not accommodated with uniform because the uniform service provider is with a female clothing outlet."*
Poor promotion opportunities into management position	*"There is resistance from the female nurses because they feel that male nurses have invaded their territory and as a result we are not afforded management positions."*
Uncomfortable around female patients	*"It frightens us when we think that we can be accused of raping a patient..."*
Uncomfortable performing basic nursing duties on female patients	*"Although we are trained professionals, we are still grappling with administering invasive procedure on female patients."*

Table 9 pertains to the influence of stereotypes on work as explained by male participants and gives an indication of the themes that were extracted from the data analysis:

- *Alter action of protocols:* In pursuit of satisfying the patients' needs and also observing the right to access quality health service, males often alter their own protocol.
- *Competence reassurance of patients of competence:* Patients need to gain confidence of one's expertise of specialisation in providing quality healthcare services. Therefore, measures of procedure should be explained to the patients and that the process is known to be successful.
- *Disrespected by female nurses:* Female patients who believe negative stereotypes about male nurses to be correct, are likely to develop an attitude of disrespect towards male nurses.
- *Female patients resistant to male nurses providing care:* When male nurses are administering medication or check blood pressure of female patients, the process and procedure thereof go smoothly. However, when male nurses conduct examinations on female bodies, they are resisted by female patients.
- *Lack of mentorship:* The absence of male nurses in nursing programmes and a lack of male nurses in senior positions directly affect the development of male nurses' careers.
- *Lack of performance:* Participants reported that stereotypes that arise from within the workplace impact on the output and quality services rendered by male nurses.
- *Lack of sense of belonging:* Weak social support within the work environment is a determinant of low sense of belonging wherein people feel lonely and isolated.
- *Lack of support from female nurses:* Social support from colleagues is known to be a resource that boosts the motivation of employees. The participants reported that they are not receiving any lack of support from their female colleagues.
- *Misplace anger on patients:* Men in nursing have many challenges facing them in the profession. Some of the challenges they are faced with can steer their behaviour and attitude in a particular direction. Whenever they become more stressed, they are likely to take out their anger on patients.
- *Misunderstandings between male nurses and patients*: The role of a male nurse is very important when delivering a healthcare service to a patient. There is a level of fear from the male nurses that their roles might be misunderstood especially with female patients.
- *Not provided with professional attire:* Male nurses believe that they are being left out and not accommodated in the profession. The participants reported that they are not provided with professional nursing attire. The reason for this is because the service provider who provides nursing attire is with a female clothing outlet.

- *Poor promotion opportunities into management position:* Negative stereotypes about male nurses cause them not to be promoted within management positions. Not having characteristics to nurture for patients hinders the career growth of males in the nursing profession.
- *Uncomfortable around female patients:* Most of the negative stereotypes that have prevailed have turned the people and patients against male nurses. Negative stereotypes indicate male nurses sexual harassing female patients. This has led to the belief that male nurses cannot be trusted around female patients and therefore they feel uncomfortable around female patients.
- *Uncomfortable performing basic nursing motherly duties on female patients:* Male nurses reported on their work package that hampers on their work deliverables as having challenges in washing female patients, changing their nappies and changing of bed pans.

DISCUSSION

The first objective of this study was to conceptualise occupational gender role stereotypes according to literature. Over the years, gender status beliefs have been regulated and attached to certain individuals who are perceived to be in a particular gender group within various social contexts (Rudman & Glick, 2008). The works of Ridgeway (2011) reveal that individuals often categorise employees as either male or female in relation to their interactions, which become infused into their occupational roles and responsibilities. This further indicates that gender stereotypic views about individuals are likely to affect the way the job is done, understood and represented to others. Thorne (1993) illustrated that gendered careers (such as nursing) are careers that have more female than male practitioners; however, this career is viewed to be not appropriate for males. These stereotypic views emanate from womanly qualities that have attached to the profession that emphasise that women are warm, loving and caring. On the contrary, males are viewed to be taller, heavier, and stronger than females and they may be required to occupy positions of employment that require physical strength and other manly qualities. Rigdeway (2011) argues that stereotypic beliefs are likely to be inscribed into occupational tasks and roles, which are highly linked to occupation with gender stereotypes. According to White and White (2006), occupational gender stereotypes are work roles that are seen to be best suited for either male or female employees in occupations that are believed to be either male dominated occupations or female dominated occupations; for example, if men

occupy a position of a preschool teacher or becomes a male nurse, and if women occupy a position as an engineer or a police officer.

In their view, Weisgram, Bigler, and Liben (2010) demonstrated that gender roles have an influence on occupational preferences showing that males prefer carrying out masculine occupations while females prefer carrying out feminine occupations. Following that, individuals who perform gender-specific work will deem gender-specific work as appropriate, which follows traditional preconceptions of male and female workplace competency (Kmec, McDonald, & Trimble, 2010). Acker (1990) asserts on the views that occupations with their attached concept of the ideal worker are gendered. External gendered perceptions directed to a certain group in the workplace do exist and they reproduce gender beliefs and expectations.

The second objective of the research study was to determine in-group stereotypic perceptions about male nurses. The themes that emerged from the findings included negative stereotypes and positive stereotypes. Participants who reported on negative stereotypes mentioned that male nurses are untrustworthy with confidential patient information. The study by Heppner and Heppner (2009) indicates that female traditional career fields are perceived in a negative light wherein men who enter these occupations are exposed to discrimination and suspicion in as far as their motives are concerned. Participants in this study also revealed that male nurses sexually harass female patients; they flirt with female nurses; and that male nurses enjoy examining bodies of female nurses. Furthermore, the findings of Heppner and Heppner (2009) revealed that men in female traditional occupations are viewed as employees who cannot be trusted and because of societal biases they are viewed as likely to harass female colleagues (and, in this instance, female patients as well).

Participants who reported on negative stereotypes also revealed that the male nurses are lacking recognition and that they are only recognised for their physical strength. This finding is consistent with the finding of Evans (2004) that revealed that male nurse were found to be at an advantage in the nursing profession due to their physical strength and ability. The finding of the current research study also revealed that male nurses are viewed as incompetent in management positions and that young male nurses were seen to be reckless with providing basic nursing care. According to literature, perceptions from others in relation to male nurses range from a perception that male nurses are unable to provide sympathetic care, to a conception that male nurses are unwilling to tackle unpleasant chores (McKinlay, Cowan,

McVittie, & Ion, 2010); therefore, also consistent with the findings of the current research study.

The participants also reported on positive stereotypes that exist within the nursing profession. Participants also reported male nurses to be more capable as an acauture than female midwives. Furthermore, male nurses were reported to be gentle caregivers and were reported to be very sympathetic. The findings of Evans (2002) reveal the opposite and indicate that certain men are incapable of compassion or sensitive care and were found to be inappropriately placed in caregiving roles. However, the findings of Penprase, Oakley, Ternes and Driscoll (2014) overturn previous beliefs that male nurses are not empathetic and lack the ability to provide both nursing care and empathetic care.

The third objective of the research study was to determine out-group stereotypic perceptions about male nurses. The themes that emerged from the findings of this research study include *positive stereotypes*, *negative stereotypes*, and *do not stereotype*. Some of the participants indicated that they do not stereotype male nurses. The reasons provided for not stereotyping male nurses are because males remain a minority group in the nursing profession and that there should be equality among male and female nurses.

Other participants in this study reported that male nurses are passionate about nursing, punctual, and have a professional image. These findings are consistent with the studies of Scott (2004) that revealed that men who chose nursing as their profession did this because of their desire to care for other people. Participants reported male nurses to be very helpful and with an aptitude for administrative duties. Male nurses in this study were also seen to be well mannered, committed and hardworking. Bartfay and Bartfay (2007) argue that stereotypes about the nursing profession can lead to false beliefs that female nurses are better nurses more, committed than male nurses and the belief that male nurses are lazy.

Negative stereotypes were also found to be a theme in this category. Participants reported that male nurses enforce male authority, and therefore they dislike it when instructed by female nurses and it is also believed that they are oversensitive when reprimanded by female nurses. The participants also reported that male nurses have a preference for certain types of work and that they therefore dislike to perform basic nursing care duties. The finding of Simpson (2009) supports the aforementioned finding and posits that male nurses pursue being promoted in order

to move away from bedside and body examinations of patients (which can be referred to as basic nursing care duties). Furthermore, the findings of MacWilliams, Schmidt and Michael (2012) reveal that men in the field of nursing assign their task and deliverables in technical areas, low-touch specialty areas and administrative work even work allocation that was with female patients. This is also in accordance with the stereotype of men having an administrative aptitude. Another negative stereotype revealed by participants is that male nurses appear to be gay. The work of Streubert (1994) supports this finding and indicates that, over all, men who enter nursing typically face questions about their masculinity or sexuality (Streubert 1994). Participants in this study also perceived male nurses as lacking professional pride and that nursing was not their first career choice. The participants further reported that male nurses were unhappy, isolated and experienced loneliness because they are a minority in the nursing institutions and profession. Literature revealed that men in the nursing profession continue to experience isolation and acceptance (Evans & Frank, 2003). It was found that there are evident feelings of discomfort in the social surroundings of nursing (Herakova, 2012).

The fourth objective of the research study was to investigate how male nurses experience being stereotyped. To reach this objective, participants (i.e. male nurses) were asked two questions namely: *How do you experience being stereotyped?* and *Do these stereotypes have an influence on your work or work performance?* When asked the first question, the participants indicated that they experienced stereotypes on three levels, namely on a behavioural level, cognitive level and emotional level. Some participants indicated that they are not bothered by stereotypes. These findings are in accordance with literature that reveals that the activation of social stereotypes was found to have tremendous effects on the outcomes especially impacting on one's behaviour, perceptions of others and perceptions of the self (Steele & Aronson, 1995; Devine, 1989; & Levy, 1996).

On the behavioural level, the participants reported that they ignore people who are trying to be spiteful towards them and sometimes they correct patients who refer to them as "sister". They also reported that their family life behaviour is being influenced as well as their physical well-being. The participants also reported that at times when they are being stereotyped negatively, they deliberately respond in a friendly manner. On the emotional level, participants reported that they experience various emotions when faced with being stereotyped. In correlation with these findings, Mackie, Devos, and Smith (2000) reported that stereotypes may generate different negative emotions including anger, disgust, or fear. Participants of the current

research study, however, experienced feeling depressed (because of supressed emotions), angry, and demotivated. Literature reveals that outgroups may elicit emotion by activating either perceptions of specific groups and their attendant stereotypes elicit distinct emotional responses; secondly, the emotion elicited by an outgroup can be transferred to unrelated stimuli; and thirdly, individuals predisposed toward an emotion being more prejudiced toward outgroups whose stereotypic traits would be likely to elicit that emotion (Tapias, Glaser, Keltner, Vasquez, & Wickens, 2007).

Some of the participants in this study reported that they were not bothered by stereotypes. Participants reported that the reason for not being bothered by stereotypes was because they are passionate about nursing. Furthermore, participants mentioned that they are confident in their own capabilities to carry out a task and that their only concern was in relation to their professional development.

When asked the question: "*Do these stereotypes have an influence on your work or work performance?"* participants indicated many influences. Participants in this research study indicated that stereotypes had a negative influence on their work leading to a manifestation of poor performance when they carry out their duties. The participants also reported that influences of these stereotypes create segregation between male nurses and female nurses where male nurses feel isolated and having no sense of belonging in the nursing institution and not having male nurses who are mentors. The study by Anthony (2004) revealed that male nursing students indicated that there has been limited changes within the nursing programmes to enhance feelings of belonging to the nursing profession. It was further indicated that after graduation, male nursing students still experience social isolation and lack of role models and this attitude from the nursing institutions is prevalent throughout the career of male nurses practising nursing. Participants reported that they are not receiving any support from female colleagues. In the study of Lubbe and Roets (2014), it was reported on their work situation whereby male nurse reflected on their frustrations, feelings of powerlessness and lack of support from both the nursing profession and the female colleagues. Participants also revealed that stereotypes influence their work in that they have to be careful when providing healthcare services to a female patients because they do not want to be misunderstood by patients. During the performance of procedure, literature revealed that male nurses become scared of being judged as inappropriately handling female patients when they provide intimate care to female nurses (Kantrowitz-Gordon, Ellis, & McFarlane, 2014). This is also in accordance with

findings from the current research study. Participants reported furthermore that stereotypes have caused them to become uncomfortable around female patients. According to literature, widely held stereotypes concerning male nurses indicate difficulties that male nurses encounter when they are providing intimate care to female patients and the discrimination they face in the nursing institutions (Patterson & Morin, 2002).

The fifth objective of the research study was to determine the origins of out-group stereotypic perceptions. Participants in this study reported that they believe stereotypes to originate from, among others, lack of knowledge and lack of open mindedness. Barriers that have been identified in gender-based retention emphasise on the lack of information and support from the faculty and lack of exposure in relation to nursing care (Brady & Sherrod, 2003). Most of the participants reported that stereotype activation is triggered by the clinical environment and public image of the nursing environment. It was reported that within the current research study that the society (i.e. public opinion) questions the career choice of male nurses for the reason that women are dominant within this profession and they further do not accept male nurses to be employed within the nursing profession. According to literature, gender role norms and perceptions about the nursing profession are likely to induce high stress levels which may result in men not entering the nursing profession (Evans, 2002; O'Lynn, 2013). Participants reported that stereotypes about male nurses are created by the clinical environment of which female nurses and patients form part. The literature of McMillian, Morgan and Ament (2006) supports the notion that female nurses contribute to environmental barriers faced by male nurses in the nursing profession.

Another origin reported by participants was the history of the profession and the upbringing of individuals. The history of males in the nursing field has been well documented over the years and illustrations thereof reveal that men have been part of providing nursing care for over centuries, as this was the case until the advent of Florence Nightingale (O'Lynn, 2004; Anthony, 2004). Moreover, the provisions of the nursing textbooks reveal the contribution of Florence Nightingale but marginalise a lack of male representation, which intensifies the alienation of males in the nursing profession (MacWilliams, Schmidt & Bleich, 2012). Whittock and Leonard's (2003) arguments revealed that men who have been providing nursing care have been prominently featured in the history of nursing as these services have been evident and practised by religious organisations, monastic brotherhoods and in military forces. Therefore, men's position in taking care of patients and being in the healthcare industry all

around the world is not new and goes far back to medieval times and there is recorded evidence of males' skill and care.

Participants in this study also reported that media is the culprit when it comes to stereotypic perceptions of male nurses. The inclusion of male nurses in media depends on how they are portrayed and as such these portrayals can either reinforce or challenge stereotypes, and on the contrary, their exclusion from the media may imply that as male nurses they are not important, considered and rendered not useful (Kay, Matuszek, & Munson, 2015). An efficient professional nurse has been profiled with womanly qualities by the media (Harding, 2007) and as portrayed by the media, young men may not consider nursing as a career (Nelson & Gordon, 2006). Subsequently, such media reports are likely to influence not only young men interested in nursing, but also the public's perception about the nursing profession.

The participants in this study reported that culture is also a contributor to the origins of stereotypes and therefore male nurses are stereotyped negatively within some cultures. The investigations of Cheney and Ashcraft (2007) reveal that the role of occupational and professional identities in the workplace reflects on task allocation and duties to be performed by specific individuals and directly reflects on cultural association as a result of status associated with certain kinds of work. Some of the cultures do not support the tradition of men providing healthcare services or performing motherly duties to a member of the opposite gender, and, in like manner, this is viewed as very offensive to some of the patients or relatives of the patients (Davidson, Boyer, Casey, Matzel, & Walden, 2008).

The sixth objective of the research study was to determine how out-group stereotypic perceptions regarding male nurses influence the behaviour of out-group members towards male nurses. The themes that emerged in the category of influence on stereotype included no influence, behavioural effect, cognitive effect and emotional effect. The participants in this study reported that stereotypes did not have any influence on the way they treat male nurses because they consider themselves to be objective when it comes to the perceptions of others. Other participants, however, indicated that they are knowledgeable about the dynamics of the nursing profession and therefore they do not allow stereotypes to influence their behaviour towards male nurses.

Some of the participants in this study reported that the influence of stereotypes had a behavioural effect on them. Participants reported that they needed to verify stereotypes before it can have any influence on them, and therefore they will only behave differently towards male nurses if the stereotypes of male nurses are confirmed, they also reported that positive stereotypes are good showmanship towards male nurses. On the contrary, other participants reported that female patients reject male nurses when they perform basic nursing care duties. The findings of O'Lynn and Krautscheid (2011) revealed that patients had more concerns about intimate touch from male than from female nurses. Five studies revealed that the use of intimate touch by male nurses was misinterpreted by female patients (Evans, 2002; Patterson & Morin, 2002; O'Lynn, 2004; Keogh & Gleeson, 2006; Gleeson & Higgins, 2009), and two studies revealed that such accusations were created by mostly male patients (Edwards, 1998; Fisher 2009).

The participants reported that male nurses were accompanied by female nurses when performing invasive procedures. The study of Keogh and Gleeson (2006) indicated that the adoption of a chaperone policy is crucial and would serve as prudent. According to Good Medical Practice (2013), a chaperone is an independent person, appropriately trained, whose role is to independently observe the examination/procedure undertaken by the doctor/health professional to assist the appropriate doctor-patient relationship. This entails that when male nurses provide intimate quality healthcare services to female patients, the use of a chaperone and/or accompanied female colleague minimises and protects male nurses against allegations of sexual impropriety (Keogh & Gleeson, 2006). Riordan (2004) argues that the use of chaperones is likely to exhibit the prevailing dominance of heterosexual values and ignoring sexual orientation (homosexual, lesbian, bisexual, etc.) of the patient.

Participants in this study reported that the stereotypes of male nurses also influenced them cognitively. Participants revealed that male nurses are believed to be incompetent in providing quality healthcare and that stereotypes that were directed to towards male nurses were believed to be correct. Literature revealed that male nurses did experience challenges that included, among others, their performance as nurses considered substandard and their work closely scrutinised and movements monitored (Rajacich, Kane, Williston, & Cameron, 2013). Participants also revealed that the roles and capabilities of male nurses were questioned and that there were many negative thoughts about the nursing profession. In the study of Anthony

(2006), findings reveal that men in nursing experience barriers of the nursing field as nursing students and when they practise nursing as a profession.

Other participants also reported that when having stereotypes about male nurses it elicits an emotional response. Participants reported that they are sometimes irritable towards male nurses and feel frustration when working with them. Other participants, however, indicated that because male nurses are a different gender than themselves, they enjoy working with them as this breaks the routine of always being around female nurses.

Practical implications

Certain practical implications can be drawn from the findings. Male nurses, male students in nursing and men who want to pursue nursing as a career need to be aware of the stereotypes that exist in the nursing profession. The findings of this research study revealed that existing stereotypes concerning male nurses are somewhat negatively viewed mostly by female patients and female nurses. There should be an understanding in relation to the presence of the male nurse that should be instituted and regulated by the nursing professionals. The importance of male nurses should be stressed and recognised not only for physical strength but also for being able to deliver quality healthcare services. Both female nurses and female patients need to become aware of their stereotypic views towards male nurses. When these negative stereotypes are believed to be correct, it may lead to male nurses being treated differently and having damaging consequences.

Limitations and recommendations

Limitations were evident in this research study. The first identified limitation of this study is that interviews were not conducted in the first language of the majority of participants and language might have been a barrier for participants to fully express themselves. The second limitation of this research study relates to interviews only conducted in three provinces and this limits the findings of the research study to be generalised across South Africa. The case study design also contributes to the limit of findings not being able to be generalised across South Africa, as only 30 participants were interviewed. However, the goal of qualitative research is not to generalise, seeing that the sample size is much smaller than that of quantitative research. During this research study, a voice recorder was used, and this might have affected participants

to provide actual occurrences of how stereotypes are experience or viewed within the nursing profession. However, all the participants who participated in this research study did provide consent to be interviewed and recorded. Recommendations can be made for future research. Interviews for future research can be conducted in more than three provinces in order to see whether the findings of this research and that to be conducted yield the same results. It is also recommended that interviews should be conducted in participants' home language for purpose of home language proficiency. This can be achieved by training fieldworkers to conduct interviews in the home language of the participants. It can also be recommended that further qualitative studies be conducted where both male and female nurses and patients are interviewed where they are asked to make recommendations on minimising the occurrence of stereotypes within the clinical environment. Other studies can also focus on occupational gender role stereotypes experienced among males in female dominated industries other than nursing.

The Department of Education in consultation with the Department of Health should resolve the issue of negative stereotypes by educating the members of the public more about the paradigm shift and development in the nursing profession. It is therefore important to foster an environment that understands and supports male nurses. The nursing profession should review their policies regarding role modelling of men in the nursing profession. This is also important for student male nurses and this could be done by promoting capable and deserving male nurses in strategic positions, which will help formulate a strong self-identity as a nurse that they resonate with in a predominately female environment. More specifically, training or workshops within the clinical environment can be developed and implemented where both male and female nurses are made aware of existing stereotypes and the damaging consequences thereof. By doing this, nurses might pay more attention to their own stereotypic views of male nurses and be motivated to not treat male nurses according to their stereotypic perceptions.

Conclusion

In conclusion, the findings of this study clearly indicate that occupational gender role stereotypes are indeed prevalent within predominately female occupations. It became evident that male nurses are stereotyped from both an in-group and out-group perspective. Existing stereotypes were mostly reported to be negative; however, many positive stereotypes were also mentioned by participants. There were various findings on how participants experienced being

stereotyped, which included behavioural effects, cognitive effects, emotional effects, and not bothered by stereotypes. Various findings were reported concerning the origins of stereotypes. The research study determined how out-group stereotypic perceptions regarding male nurses influence the behaviour of out-group members towards male nurses. The findings revealed that no influence, behavioural effect, cognitive effect, and emotional effect were reported by the participants of this study.

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CHAPTER 3

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

This chapter sums up the main findings that emerged from the study and further whether the research objectives of this study were addressed. The chapter encapsulates the summary of the discussions and the conclusions that have been identified also drawing on the findings of the research study. As such, limitations of the study and recommendations for future research, practice and the profession have been outlined.

3.1 Conclusions

The first objective of the research study was to conceptualise occupational gender-role stereotypes according to literature. Gender stereotypes are cultural and social attitudes towards what is traditionally considered male or female roles and functions (European Commission, 2009). The concepts of gender role and gender stereotype tend to be related in that gender stereotypes affect conceptualisations of women and men to establish social categories for gender (Kiausiene, Streimikiene, & Grundey, 2011). In the study by Stockard and McGee (1990), their findings revealed that occupational gender-role stereotyping was found to be the strongest predictor of occupational preference among children. Gender stereotyping formed at early age is suggested to be informed by shared cultural beliefs that are translated to behaviours that may lead to expectations in the workplace immediately as occupations are categorised to be gender appropriate for either a male or a female (Ridgeway & Correll, 2004).

The creation of occupational gender stereotypes is also informed by gender segregation within occupations. Henceforth, the segregation of women and men into different occupations and social roles is regulated by occupational gender role stereotype (Ross, Amabile, & Steinmetz, 1977; Eagly, 1983). Occupations and task allocations are found to be highly associated with social gender categories, which indicate that either male or female attributes or behaviour tend to follow such categorical prescriptions (Janssen & Backes-Gellner, 2011). The studies by White and White (2006) show that occupational stereotyping is prevalent even though gender representation and gender distribution within occupations has increased.

The second objective of the research was to determine in-group stereotypic perceptions about male nurses. Results from this study indicated that male nurses experience stereotypes to be

both negative and positive; however, negative stereotypes were more prominent. Male nurses are often faced with difficulties in the nursing profession because of being a male and stereotypes associated with male nurses. Participants in this research study revealed that male nurses are often reported to sexually harassing female patients and flirting with female nurses. Male nurses are aware that intimate touch may be questioned and in instances misconstrued as sexually inappropriate (Keogh & Gleeson, 2006), and therefore they revealed that they are negatively stereotyped as incompetent, reckless with basic nursing care duties, and only recognised for their physical strength. Literature confirms these findings. The study by Rajacich, Kane, Willston, and Cameron (2013) revealed that sources of existing male stereotypes included being expected to provide physically demanding work and heavy lifting, and stereotyping, which excluded them from performing certain procedures because they were men. Consistent with this study, is the study of Kronsberg, Bouret and Brett (2017), which revealed that clinical practice requires male nurses to being viewed by their female colleagues as "muscle" rather than being a competent nurse. However, positive stereotypes that were experienced included that male nurses are gentle caregivers, they are sympathetic and that they are more capable as acautures. This is in accordance with literature. The nursing profession provisions indicate that healthcare should be provided in a gentle and sensitive manner, while observing and respecting the healthcare recipients' privacy and dignity (Evans, 2002).

The third objective of the study was to determine out-group stereotypic perceptions about male nurses. The themes that were extracted from data analysis included: positive stereotypes, negative stereotypes, and do not stereotype. The participants reported that male nurses are helpful in assisting female nurses and they were reported to be very committed and hardworking. Literature identified that even though male nurses are visible and hardworking within the nursing profession, they are less welcomed and accommodated in the profession as these are potential barriers whereby men are held to feminised standards for practising nursing (Anderson, 2014). Participants in this study reported that male nurses are viewed as professional, gentle givers, passionate, and approachable. However, Dyck, Oliffe, Phinney, and Garrett (2009) argue that female nurses perceive male nurses to be less caring, showing no compassion and at times male nurses are known to be more confrontational than female nurses within the nursing profession (Dyck et al., 2009). Some of the negative stereotypes mentioned included, among others, that they are disengaged, dislike basic nursing care duties, untrustworthy, and enforcement of male authority. According to Landua and Henle (2014), male nurses not only experience professional unacceptance from society and some female

colleagues, but to some extent they also experience unacceptance and/or rejection from both male and female patients (Landau & Henle, 2014). This may all be due to the negative stereotypes that exist regarding male nurses.

The fourth objective of the research study was to investigate how male nurses experience being stereotyped. Participants in this study reported on experiencing stereotypes on a behavioural, cognitive, and emotional level. However, some participants were not bothered by stereotypes at all. Participants in this study reported mostly on strong emotional responses to stereotypes being experienced. The emotional responses of the experience of stereotypes included being depressed because of suppressed emotional anxiety, being demotivated and anger. Researchers from divergent traditions have explored how bias toward outgroups can be manifested as different emotions (Cottrell & Neuberg, 2005). They argue that intergroup emotions are activated by threat appraisals, specifically because groups pose evolutionarily significant 'socio-functional threats', including competition for resources. Participants further revealed that they respond in a behavioural way towards individuals stereotyping them. They either ignore these individuals, correct them, or deliberately respond in a friendly manner. Literature has indicated that despite negative stereotypes existing, men pursue non-traditional occupations (such as nursing) for reasons such as desire for less stress and a less aggressive lifestyle, increased stability of the positions and the opportunity to frequent with females on the job (Heppner & Heppner, 2009); however, this is not always the case within the nursing profession. Some of the participants did, however, indicate that they do not allow stereotypes to influence them. Reasons include that they regard themselves as being capable, passionate, and only concerned about professional development. Participants revealed that male nurses are demotivated in the nursing profession as they experience negative views and connotations from the workplace and society. Participants in this research study also reported on stress and anxiety as one of the experiences that male nurses face when they are stereotyped. However, not all nurses have this positive attitude towards stereotypes. Male nurses often report high degrees of anxiety and tension on the job and are more likely to leave the profession as a result of negative attitudes from patients and stress from gender discrimination (Lou, Yu, Hsu, & Dai, 2007). Participants in this research study were also asked about the influence of stereotypes on their work or work performance. Participants in this study reported that the influence of stereotypes on their work performance takes a strain on how they conduct their examinations on female patients because they feel uncomfortable performing basic nursing duties and also feel uncomfortable around female patients. O'Lynn (2007) indicated that nursing patients

requires touching because it is an integral part thereof; however, male nurses are troubled in this area because they are faced with ridicule and female patients may not be comfortable with a man examining her body. Participants also reported that female patients resist male nurses to provide nursing care and execute their duties as set out. Literature reveals that male nurses face discrimination and female patients no longer provide the platform for male nurses to attend to their nursing needs and care (Porter-O'Grady, 2007). Participants in this study revealed that there are poor promotion opportunities into management positions for male nurse. Literature is in support of this finding. Porter-O'Grady (2007) indicated that female nurses have come together to keep male nurses from being promoted and from achieving success in nursing.

The fifth objective of the research study was to determine the origins of out-group stereotypic perceptions. Various origins of stereotypes regarding male nurses were reported to exist. Origins mentioned included, among others, upbringing, history of nursing, gossip, media, jealousy, lack of open-mindedness and culture. Studies have revealed that nursing is a profession that is not appropriate for men (McKinlay, Cowan, McVittie, & Ion, 2010; McLaughlin, Muldoon, & Moutray, 2010) and male nurses who are aware of these negative views experience anxiety and stress being in a workplace that is informed and managed by stigma. Participants of this study reported that male nurses are not completely accepted within the nursing profession or nursing institutions, as the nursing profession is viewed as a female dominated occupation. This makes it even harder for the male nurses as it does not serve to be a conducive environment for the male nurse. Literature has shown that gender stereotypes are not only limited to peers, patients and family members; however, they are further extended to both healthcare providers and the nursing faculty. Furthermore, findings assert that there is a high degree of isolation and discriminating treatment experienced by male nurses (Meadus & Twomey, 2011). Another study pointed out that over the years men who entered the traditionally female occupations, particularly the nursing profession, were probed by their financial situation and possible promotion outcomes (Snyder & Green, 2008).

The sixth objective of the research study was to determine how out-group stereotypic perceptions regarding male nurses influence the behaviour of out-group members towards male nurses. The findings revealed that participants (i.e. female nurses and discharged patients) respond to male nurses in a variety of ways, such as behavioural, cognitive, and emotional. However, some of the participants did indicate that they do not allow their stereotypes to have an effect on the way they treat male nurses. Influences that were mentioned by out-group

participants included rejection of male nurses to perform basic nursing care duties, and accompanying a female patient when male nurses perform procedures. The findings of Chur-Hansen (2002) reveal that both male and female patients preferred the services of same gender care whenever intimate procedures where to be conducted. Moreover, the low number of male nurses in the nursing workplace ultimately compels men to provide intimate quality health service to female patients. However, not all influences described by participants were negative in nature. Participants in this study also revealed that frequent interaction was encouraged among male and female nurses and that they enjoy working with male nurses. Literature has supported the notion that due to demographic paradigm changes (males moving into nursing), healthcare professionals are encouraged to engage and support each other in ensuring greater effectiveness in communities (Buerhaus, 1999). Following that, the study of Fleming, Berkowitz, and Cheadle (2005) identified that a diverse workforce helps reduce health disparities and enhance a more reflective current population. Literature suggests that diversified nursing institutions were found to enrich the nursing profession, and gender diversity throughout the nursing profession is essential (Sullivan, 2000).

3.2 Limitations

Various limitations were found in this research study. The sample size was too small and could therefore limit the generalisation of the research study. Only three provinces were selected in this research study and the findings cannot be utilised across South Africa. Although the goal of qualitative research is not to generalise, the researcher still described the research setting and methodology in great detail, if another researcher wanted to replicate this specific study. The researcher utilised a qualitative research method and the findings by the researcher could be easily influenced by the researcher's personal subjectivity. Nonetheless, the researcher remained objective throughout the whole research process, by not allowing his personal opinions or inclinations to influence the research process. Following that, the researcher made use of the help of co-coders in order to ensure the validity of the results. Another limitation is that all participants answered interview questions in English and for many participants English was not their home language and this might have been a barrier in expressing themselves. However, all of the participants of this study indicated that they are comfortable with the use of the English language. The researcher also ensured that when a response of a participant was not clearly understood, he asked for clarification from the participant. The use of an electronic voice recorder can also influence the outcome of the participants' responses because they might

have felt reserved and uncomfortable when aware of the voice recordings. However, the researcher explained the purpose of the recording process to all participants, and all participants also gave written informed consent for voice recorders to be used.

3.3 Recommendations

Recommendations for future research

For future research it is recommended that a larger sample from both public and private sector healthcare institutions be utilised. By so doing, it will allow a clear distinction of the public and the private sector and its dynamics when it comes to the experience of stereotypes regarding male nurses. Future research should also explore the possibilities of conducting interviews in the participants' home language, which will assist the participants to further express themselves fully. The participants will be at liberty to express their views and other views of people that he or she resonates with and feel they are relevant. This can be achieved by appointing fieldworkers who speak the same language as participants. Fieldworkers can then be provided with in-depth training on how to conduct interviews. It is recommended that future research should apply in-depth investigation concerning the phenomenon relating to occupational gender-role stereotyping in relation to nursing as a profession. What is meant by this is that themes that were extracted from this research study can be explored in more detail by future research studies. Furthermore, future studies can investigate the stereotypes that male nurses hold of female nurses, and the influence of this on their treatment of the female nurses. Furthermore, staying within the bound of occupational gender role stereotyping, future studies can be conducted within other male dominated occupations other than nursing.

3.3.2 Recommendations for practice

It has been recommended that nursing curriculum should endeavour on a learning expedition that enhances development, growth and information regarding assumptions of male nurses not having empathy and not caring for patients. It is also recommended that the Department of Education and Department of Health should develop a road map and an action plan that allow public citizens to benefit from the knowledge of nursing and its dynamics. The environment that the male nurse spends most of his working hours in should be enhanced with the knowledge and understanding that guides knowledge of occupational gender role stereotyping concerning

male nurses. Male nurses should also align their policies with the policies of provisions of Nursing Health Care prescripts that encourage role modelling of male nurses in senior positions. Male nurses who prove themselves to be well informed and have the ability to carry out nursing tasks as efficiently as possible can then be provided with opportunities to fulfil senior positions in traditionally female occupations. The nursing bodies and institutions should take responsibility for changing the image of nursing to a profession where both genders are welcomed and valued. Nursing school faculty, male student nurses, and male nurses should make efforts to educate the public about the invaluable contributions made by men in the nursing profession. Furthermore, nursing institutions should provide training or workshops to both male and female nurses concerning the damaging effects of stereotypes. By doing this, nurses may be motivated not to stereotype others, but rather to appreciate colleagues for their unique contribution to the workplace and nursing profession.

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