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Gender in Nursing: The Effect of having a Male Nurse on the Attitudes of Patients

Katie Wise

HONR 491

## A. Introduction

Our culture puts a significant amount of focus on discrimination towards females in the workforce, which is important because women historically have been treated as inferior to men and unfortunately that attitude has yet to disappear in some workplaces (Cortina, 2008). Due to the focus on discrimination towards females, society neglects to focus on the discrimination towards men in the workplace—in one case, nursing. Before the Civil War, males worked as nurses through the military and religious orders (Landivar, 2013). However, after the Civil War, women like Clara Barton and Dorothea Dix demonstrated their value as nurses, and the profession became largely dominated by women (O'Lynn, 2013). This entrance and contribution of women to the nursing workforce tends to overshadow the male contributions to the profession. Men like Walt Whitman who also served as a nurse during the Civil War helped to save many soldiers' lives and tend to be largely forgotten or not mentioned in relation to the nursing profession.

The nursing workforce needs to be diverse as nurses to provide care for a diverse population. However, male nurses have only relatively recently returned to the nursing workforce in the United States and are still a vast minority (Landivar, 2013). Male nurses are especially rare and face bias from staff and patients alike in certain niche fields like labor and delivery which had been traditionally female dominated (Burt, 1998). There are numerous male nursing students accounts of discrimination in nursing schools and not being able to fully participate in maternity clinical courses (Cudé & Winfrey, 2007). Although male doctors have historically been widely accepted even in areas like obstetrics and labor and delivery, male nurses have faced discrimination in the workplace from colleagues, from the patients, and from the spouses of patients that they care for (Burt, 1998).

One of a nurse's main goals is to develop a trusting and therapeutic relationship with their patients and make the patients as comfortable as possible. According to Kolcaba's comfort theory, when interventions are implemented to increase comfort, patients are more satisfied with their healthcare and have better health outcomes (Peterson & Bredow, 2009). Therefore, it is important as nurses to endeavor to improve patient comfort in order to optimize health outcomes. This research is aimed to investigate if there are differences between the influence of male nurses versus female nurses on the comfort level of potential male and female patients. More specifically, the research is focused on understanding how different groups of people feel about male nurses performing more intimate tasks on them like applying a catheter where they might feel more at ease with someone of the same gender. Another aim of this research is to investigate if patients have different attitudes towards male doctors than male nurses in similar situations.

## B. Review of Literature

There is limited research on male nurses, specifically on how patients react to male nurses rather than female nurses. A large percentage of the scholarship that does involve male nurses is also old enough that the sources may not be entirely relevant to current societal attitudes although they may give a historical perspective to the issue such as the article by Appleson from 1982 that reports on a hospital which prohibited male nurses from the maternity ward. In a 2013 US Census Bureau report by Landivar, the statistics of males in the nursing field are given including the percent of nurses that are male and the percent of nurses that are male in specific categories such as nurse practitioner or licensed practical nurses. As of 2011, out of 3.5 million nurses, nine percent were male (Landivar, 2013). The report shows that while male

nurses are a small part of the nursing population, they are more likely to be in higher paid nursing positions especially those such as nurse anesthetist.

### 1. History of Men in Nursing

Most literature about nursing history focuses almost solely on female contributions to the nursing profession and especially on female pioneers in the nursing profession such as Florence Nightingale. For example, in a chapter titled “History of Nursing” by Egenes (2017), the contribution of men to nursing history was not mentioned at all with two exceptions in the entire chapter with one sentence about Walt Whitman during the Civil War and mentioning Pastor Theodor Fleidner but only for the contribution of creating a deaconess training program which taught females in nursing. There was no mention of male nurses in the military, in religious orders, or even as mental health nurses. While it is important to recognize the significant contributions of women to the profession of nursing, it should not come at the expense of overlooking the substantial history of men in the profession.

Threat (2015) discussed the history of nursing in her book about civil rights and nursing and included a section about men in the profession as well as sections about women in nursing history. This book included information about how in Europe men founded many Christian hospitals and other facilities for the sick. In these institutions, both men and women cared for patients with men only caring for male patients and women only caring for female patients. There were also many other religious orders that were also dedicated to nursing that were comprised completely of men such as the Brotherhood of Santo Spirito and the Alexian Brothers. It is also mentioned how in the military male soldiers would care for sick and wounded soldiers and often also members of the nearby civilian community. In the mid-nineteenth century in the United States, male soldiers were also appointed as hospital stewards who served with the

Hospital Corps and performed many functions of the nurse. Threat (2015) discussed the decrease of men in nursing after the Civil War and the development of female-only nurse training schools. The author argued that nursing as a profession became gender-segregated with women being taught in general nursing while the nursing schools for men taught them to only work in psychiatric hospitals and men's wards. The author also discussed how in the twentieth century, there were many opponents to the existence of male nurses other than in the psychiatric setting that argued that females were inherently more suited to caring and that that males were only needed for their strength to deal with patients with mental illness that became violent.

O'Lynn (2013) also discussed the history of men in nursing in his guide for men trying to enter a nursing career. The author reviewed the history of male nurses all the way back to ancient Greek men who worked with physicians to care for the ill, Indian men during the third century B.C.E were the only ones allowed to go to nursing school, and Ancient Romans who, as soldiers, would care for their wounded comrades. The early Christian Era was also discussed where local churches staffed by male clergy would provide hospitality and nursing care to travelers in need. During the Christian Crusades, religious military orders would also establish hospitals for injured soldiers and the local community with male soldiers whose primary duty was to act as nurses. O'Lynn (2013) also discussed reasons for decrease of male nurses during the nineteenth century which include Florence Nightingale's reforms and proving that females could be great nurses, the Protestant Reformation which led to many hospitals associated with the Catholic Church to close, and the decrease in men entering religious orders.

Turk (2016) discussed historical discrimination of male nurses. The author also discussed how much of the medical community and public during the twentieth century saw the nurse's role as fundamentally better suited to females because of their supposed natural aptitude

for empathy and patience. During this time period, if a man endeavored to work in this traditionally “pink-collar” occupation, then their masculinity may be called into question. Many also felt that nurses should be female because they were supposed to defer to doctors which at the time were traditionally male. Turk (2016) also focused on how Title VII of the Civil Rights Act of 1964, which prohibited employment discrimination based on sex, inspired many male nurses at the time to seek legal action against discrimination in the workplace. However, they were still met with opposition from courts which argued that the Bona Fide Occupational Qualification provision, which allowed employers to discriminate based on the sex of the applicant if the sex of the worker was thought to be critical to job performance, applied to this profession. They maintained that it was more important to protect female patients’ modesty than to respect the male nurses’ right to job equality.

## 2. Males in Nursing School

The discrimination that male nurses face can start as early as nursing school. Getting into the nursing profession and remaining in the discipline is so difficult for males that Coleman (2013) wrote an advice guide for males going into the nursing profession. The guide gave strategies on how to deal with discrimination and overcome challenges; for example, finding a mentor with similar experiences to guide the male nurse through the process. It is advocated that incoming male nursing students investigate the gender diversity of the institution and go to organizations like the American Assembly for Men in Nursing (AAMN) if they face discrimination. O’Lynn (2013) provided a similar guide for males entering the nursing profession; however, this book focuses on giving more specific approaches to graduating from nursing school. The author discussed the reasons why men are drawn into the nursing profession, the challenges they face, and strategies to succeed in the nursing field. This book

focuses on the challenges of nursing school, clinical experiences, and getting your first position in the nursing field.

O'Lynn (2004) also published a study about barriers for male nursing students in schools. The author investigated how friendly the nursing schools were to male nursing students from the perspectives of male nurses who had completed the programs. The participants of the study were male nurses from varying backgrounds and differed in the amount of years since they had graduated nursing school. Out of thirty-three barriers, only seven barriers differed significantly in rated importance between the subsets of participants. This study suggested that barriers for males in nursing school are consistent and have not changed significantly over time. These barriers include anti-male remarks made by faculty during class and their career choice not being supported by the people important to them. McLaughlin, Muldoon, and Moutray (2010) studied people that do not complete nursing programs and found that males were more likely to drop out than females, which is thought to be due the female-centered view perpetuated in nursing schools. McKinlay, Cowan, McVittie, and Ion (2010) also looked at nursing students but they investigated the perceptions of nursing students toward male nurses. They found that nursing students would reject the stereotype that male nurses were either gay or hyper-masculine but instead would state that male nurses avoided menial tasks. The students rejected some elements of bias towards male nurses but replaced them with others. Bell-Scriber (2008) also researched male nurses experience during nursing school and found that the nursing school's "climate" was more conducive to female traditional-age students than male traditional age students. Male students reported that nurse educators behaved more harshly towards them and subtly, perhaps inadvertently, projected biased behaviors. The findings were similar compared with the treatment of female, non-nursing students in traditionally male dominated fields of study.



### 3. Patient Related Perceptions

Laroche and Livneh (1983) studied the attitudes of patients of a variety of backgrounds towards male nurses. Their study took into account their subjects' "age, sex, marital status, educational level, occupation, and medical training of family members" (p.69). They found that formal education was the biggest factor in the reception of male nurses. It was also found that females were more accepting of male nurses than other males. Chur-Hansen (2002) compared the attitudes of patients towards male nurses in 1984 and 2000 in Australia. Their study found that there was no significant difference in attitudes between 1984 and 2000 and that attitudes were not affected by previous encounters with male nurses. It was also found that setting impacted patient comfort with male nurses; female patients preferred to see nurses of their same gender in an intimate setting such as when clothes needed to be removed.

Morin, Patterson, Kurtz, and Brzowski (1999) studied patient responses to male student nurses in the maternity ward and found that a significant number of women are not comfortable with male nursing students performing more intimate tasks with them like breastfeeding teaching even though they did not have as many issues with male doctors. Mothers stated that they would be more comfortable with male nursing students if it was not for maternity care. Lodge, Mallet, Blake, and Fryatt (1997) explored how the intimacy of a nursing interaction was related to the patient's comfort level. They found that patients with no prior experience with hospital admission or male nurses preferred to be cared for by female nurses; however, there is no preference if the patient had been admitted into the hospital within five years or had experience with male nurses.

O'Lynn and Krautscheid (2011) conducted a qualitative study on patient's feelings about intimate touch with the gender of the nurse as one of the factors being investigated. Some

participants did not have any qualms about having a male nurse performing intimate tasks on them because male nurses are professionals and should be just as competent as female nurses. Other participants were initially nervous with having a male nurse but became more comfortable after seeing how professional the male nurses were. Male participants were divided on preference with some men wanting nurses of the same gender and others preferred to have a female nurse especially with tasks involving intimate touch.

#### 4. Discrimination in the Workplace

Much of the literature regarding male nurses entails the discrimination towards male nurses from administrators and doctors and how that impacts the experience of male nurses. Ingram (2011) discussed the challenges men face in the nursing field and possible solutions. Male nurses reported that female coworkers treat them as if they are chiefly suitable for tasks that involve strength and are not capable of as much empathy. The author also looked at the scarcity of male nurses and the historical background of nursing. Ingram also concentrated on how sexual stereotyping, sexual harassment, and gender discrimination are big issues for men seeking to join the nursing profession. He proposed that having increased teaching and awareness of sexual harassment in the workplace would improve workplace conditions and that middle and high schools should promote nursing as a viable option for males. Appleson (1982) reported on a hospital in Oklahoma that was attempting to prohibit male nurses from the maternity ward to protect women's privacy and to create less tension in the unit. This article provided evidence for the historical discrimination of male nurses especially in fields that involve intimate tasks.

Burt (1998) discussed the experiences of individual male nurses and the discrimination they face from hospital administrators and male physicians like Bruce Wheatley who was denied

employment in the labor, delivery, and postpartum unit based solely on the fact that he was male. This article supported the idea that there is a systemic bias towards male nurses especially in areas that deal with childbirth—not just prejudice from patients. There was also prejudice from other healthcare professionals especially male doctors. Cudé and Winfrey (2007) also discussed the discrimination that male nurses face especially in the maternity specialty field. Male nursing students experienced discrimination during their labor and delivery clinical experiences from nurses on the unit and had a different experience than their female counterparts including being told to observe from the edges of the room while female nursing students got to assist in the birthing process.

However, there is also literature that promotes an opposing view—that males entering the nursing workforce have an advantage over female nurses. Evans (1997) argued that male nurses have the advantage because of the fact that there is a relatively large number of male nurses in specialty and leadership positions. Evans argued that male nurses dissociate themselves from their female counterparts and femininity to elevate themselves. Simpson (2004) argued a similar view that males in traditionally female dominated professions have better opportunities because of their minority position. The author argued that men in these fields use their minority position to their advantage to get into more leadership positions and that they distinguish themselves from their female counterparts by establishing their masculinity.

### C. Methods

This research study was compiled through surveys of members of student organizations at a mid-size university located on the Eastern Shore of Maryland. Permission was obtained from the presidents of the student organizations to attend one of their meetings and ask members of the organization to participate in the study. A convenience sampling method was used, which

was the most realistic for a project of this scale. The members that are a part of these student organizations were selected if they agreed to participate in the survey and signed the consent form. There was to be a short prompt recited during the distribution of the informed consent papers that explained the project, that their confidentiality would be protected, and that there was no reward for participation or consequence for not choosing to participate. If the student agreed to take part in the project, they were instructed to hand in the signed informed consent. Once they handed in the consent form, they were given the survey to complete. At this point the researcher exited the room while the participants completed the survey. The completed surveys were collected at the front of the room in a folder. The researcher collected the folders once everyone had completed the survey. These surveys were anonymous and did not include any identifying information such as name or birthdays. The surveys and informed consent forms were collected in different folders and code numbers were assigned to the surveys to prevent the participants' name from being associated with their survey. The list of participant names was kept in a locked drawer that will be destroyed once the study has been completed.

The only inclusion criteria for participation in the study was being a member of a student organization at the university and agreeing to participate in the survey by completing the informed consent form. However, student organizations that were primarily comprised of nursing students like the Student Nurses Association were not approached because this population would most likely have a significant bias. These surveys asked for demographic information such as the gender of the student/other, age of the student/other, ethnicity, and major in college. The survey also had questions about previous experiences with male nurses: if they had a previous experience with male nurses, then how would they rate their care, if they had a preference for the gender of their nurses, if they had a preference for the gender of their

physician, their comfort level of being cared for (or their significant other being cared for) by male nurses in different situations including intimate procedures like baths and child birth, and their comfort level of being cared for by male physicians in those same situations. For the question about rating the care of male nurses, participants were asked to rate their care as outstanding, good, adequate, needs improvement, poor, or not applicable. For the questions about comfort level, participants were asked to rate their comfort level as very comfortable, somewhat comfortable, neutral, somewhat uncomfortable, or very uncomfortable. Each question on the survey had an option of prefer not to answer. To analyze the gathered data, unpaired t-tests were performed. The t-tests were used to determine if there was a difference in the reported comfort level of males and females with male nurses giving them a bath, with male nursing care during childbirth, and with male physician care during childbirth. A t-test was also used to determine if there was a difference in the reported comfort level with male nurses giving them a bath and the reported comfort level with male nursing care during childbirth. Additionally, a t-test was used to determine if there was a difference in the reported comfort level with male nursing care during childbirth and with male physician care during childbirth. For the t-tests, the possible responses were assigned numerical values with 5 being very comfortable and 1 being very uncomfortable.

The student organizations at the university that participated in this study were the German Club, the Philosophy Society, and Starnet Society. Most of the participants were students of the university; however, alumni members of the organizations and advisors of the organization that attended the meeting were also potential participants in the study. The university is located in a rural area; however, members of student organizations at the university,

especially students, may be from many different areas of the country and not just from the local area.

#### D. Results

There were 47 participants that completed the survey (there were 4 participants who did not fully complete the survey—they are not included in this number and their data was also not included). There was an equal number of male and female participants and one respondent who reported their gender as other (see Appendix 1). Of the 47 respondents, 16 respondents or 34 percent had previous experience with male nurses. Those who had previous experience with male nurses had a mean rating of 4.25 (5 being outstanding and 1 being poor) for their care from the male nurse and the lowest option chosen was adequate (see Appendix 2).

For comparing males and females reported comfort level with male nurse a giving them bath, the p value was 0.0025 which is less than the alpha value of 0.05. This means that the null hypothesis of there being no difference between the two groups' responses was rejected. Therefore, there is a statistically significant difference between the males' and females' reported comfort level with a male nurse giving them a bath. For other two t-tests that compared male and female responses, the female participants' mean scores were also lower; however, the p values were not less than the alpha value with male nursing care during childbirth having a p value of 0.0982 and male physician care during childbirth having a p value of 0.2115 (see Appendix 3). Therefore, we cannot reject the null hypotheses that there is no significant difference between the males' and females' comfort level for these situations.

The t-test that compares the participants' comfort with male nurses giving them a bath and male nursing care during childbirth had a p value of 0.0001 which is lower than the alpha value. Therefore, there is a significant difference in the comfort levels of the participants for

these situations. The mean score for the bath situation was lower at 2.55 than the childbirth situation at 3.79. However, the p value of 0.5475 for the t-test comparing participants' comfort level with male nursing care during childbirth and male physician care during childbirth was not less than the alpha value which means the null hypothesis cannot be rejected.

#### E. Conclusion

Although the majority of participants reported that they did not have a preference for the gender of their nurse, a majority of the participants also reported that they would be somewhat uncomfortable or very uncomfortable with a male nurse giving them a bath. Therefore, it would appear as if many people believe that they would be agreeable to having a male nurse until they are confronted with a situation where the male nurse would perform intimate tasks. However, a t-test showed that there was a significant difference between participant comfort level with male nurses with bathing and childbirth—the mean comfort level with male nursing care during childbirth was significantly higher than the comfort level with male nurses giving a bath. Therefore, this significant difference may indicate that people could feel that bathing is more intimate than childbirth which would be an unexpected finding. This could also suggest that patients would be receptive to having male nurses care for them in labor and delivery setting and perhaps that other health professionals' (including female nurses) biases could also be preventing male nurses from entering this area of the workforce.

This is a different result than other findings reported in the literature such as in the article by Morin, Patterson, Kurtz, and Brzowski (1999) that found that a significant number of birthing mothers were not comfortable with male nursing care in the maternity setting. That study also reported that patients had different attitudes towards male nurses and male physicians which also differs from this study which found no significant difference between reported comfort level of

male nursing care during childbirth and male physician care during childbirth. Also, the difference in results of these studies could indicate that the public's attitudes have changed in the eighteen years since that study was published. This study also found that there was a significant difference between the male and female participants' comfort level with a male nurse giving them a bath—female participants had a significantly lower mean score. Therefore, the data supports the conclusion that female patients would be more uneasy with male nurses in certain situations than male patients. This is useful information because if there would be teaching for patients to make them feel more comfortable with male nurses, then it may be beneficial to especially give information to female patients. The study results also support the conclusion that male nurses still face bias from patients and that there is a need to teach the public about the professionalism of male nurses so that we can counteract that bias and enable patients to feel more comfortable with male nurses even in performing intimate tasks.

#### F. Limitations

Due to the limited scope of the project, nature of the project, and time constraints on the project, there are some significant limitations to this research. One major limitation of the project is the sampling method. Convenience sampling is a nonprobability sampling (nonrandom) method which means there is a possibility of a sampling bias. Nonrandom sampling affects the external validity of the study and limits generalizability of the results. The sample used for this study is also a very specific population that may exclude certain members of the population. All participants of the study either have a college degree or are seeking a college degree which means that the participants have a higher education level. This excludes people with a lower education level who may have different feelings about male nurses. Also, the participants of this survey are all under the age of 30 which excludes the older members of the



population who may have different feelings about male nurses especially due to generational differences. Older members of the population may also have more experiences with male nurses due to their increased life experience and older people also may have more medical issues, so they may have required more medical care. The majority of participants in the study had never been cared for by a male nurse.

The participants consisted of members from the German club, the Philosophy Society, and Starnet Society which may be a different population and have different opinions than other organizations like sport or business clubs. Additionally, the population consisted of many more students of the Fulton and Henson schools than the Perdue and Seidel schools, although the Fulton and Henson schools do house some of the most popular majors including Biology and Communication Arts which could contribute to some of this disparity. This study also does not address the existence of transgender or nonbinary nurses. Despite these limitations, this project is beneficial because there is such limited existing scholarship on this topic currently and this project is more qualitative in nature than quantitative. This research is designed to shed more light onto the public's feelings about male nurses and bring more attention to this issue so that we could find ways to combat this matter like teaching.

#### G. Recommendations for future research

Bias against nurses is a very real phenomenon and does not appear to be disappearing. Therefore, further research is necessary to fully understand the feelings about male nurses so that we can better address these feelings and discover if there are any areas of teaching for patients that would enable them to feel more comfortable with male nurses. One potential area for further study would be with a subject population that has a more diverse age range. That would enable researchers to compare different age groups to investigate if there are differences in

attitudes towards male nurses in different age groups or a generation disparity. It also may be beneficial to study populations that have more experience being cared for by male nurses to better understanding if previous experience with male nurses has any impact on the patients' attitudes towards male nurses. Another potential area of research would be to investigate if people from different places like cities, suburbs, or rural areas have different attitudes toward male nurses. Additionally, it would be beneficial to further investigate potential biases towards male nurses from other health professions such as physicians. Also, it would be interesting to further investigate patient comfort level towards male nurses in different intimate settings and tasks because this study found that the reported comfort level was significantly different for childbirth and bathing. In order to counteract the biases toward male nurses, researching teaching strategies to reduce bias is also an area that should be explored. One strategy for teaching that could be beneficial may be to offer nursing as an option for male students in elementary, middle, and high schools in order to further normalize the idea of males working as nurses.

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## Appendix 1- Demographics

Demographics table		
	N	% of Total
<b>Gender</b>		
Male	23	48.9
Female	23	48.9
Other	1	2.1
<b>Age</b>		
18-20	21	44.7
21-23	19	40.4
24-26	2	14.9
27-29	4	8.5
PNA	1	2.1
<b>Ethnicity</b>		
White	39	83.0
Hispanic/Latino	3	6.4
Black or AA	1	2.1
Native American	0	0.0
Asian or PI	0	0.0
Other	4	8.5
<b>Academic School</b>		
Fulton	25	53.2
Henson	11	23.4
Perdue	3	6.4
Seidel	3	6.4
Other	3	6.4
PNA	1	2.1
N= Number of Participants		
PNA= Prefer not to answer		
AA= African American		
PI= Pacific Islander		

## Appendix 2- Participant responses to survey questions

	<b>N</b>	<b>% of Total</b>
<b>Do you have a preference for the gender of your nurse?</b>		
I would a prefer a female nurse	12	25.5%
I would prefer a male nurse	1	2.1%
I do not have a preference	34	72.3%
Prefer not to answer	0	0.0%
<b>Do you have a preference for the gender of your physician?</b>		
I would prefer a female physician	15	31.9%
I would prefer a male physician	1	2.1%
I do not have a preference	31	66.0%
Prefer not to answer	0	0.0%
<b>How comfortable would you be with a male nurse giving you a bath?</b>		
Very Comfortable	7	14.9%
Somewhat Comfortable	3	6.4%
Neutral	12	25.5%
Somewhat Uncomfortable	12	25.5%
Very Uncomfortable	13	27.7%
<b>How comfortable with a male nurse caring for you (or your significant other) during childbirth?</b>		
Very Comfortable	23	48.9%
Somewhat Comfortable	3	6.4%
Neutral	14	29.8%
Somewhat Uncomfortable	2	4.3%
Very Uncomfortable	5	10.6%
<b>How comfortable with a male physician caring for you (or your significant other) during childbirth?</b>		
Very Comfortable	26	55.3%
Somewhat Comfortable	4	8.5%
Neutral	10	21.3%
Somewhat Uncomfortable	3	6.4%
Very Uncomfortable	4	8.5%
N= Number of Participants		

## Appendix 3- T-Test Results

T-Test Results Comparing Males' and Females' Comfort Level with a Male Nurse Giving Them a Bath							
	N	Mean	SD	T Value	DF	P Value	Decision
Male	23	3.17	1.19	3.21	44	0.0025	Reject
Female	23	2.00	1.28				
T-Test Results Comparing Males' and Females' Comfort Level with a Male Nurse Caring for Them (or Their Significant Other) during Childbirth							
	N	Mean	SD	T Value	DF	P Value	Decision
Male	23	4.17	1.19	1.69	44	0.0982	Fail to Reject
Female	23	3.52	1.41				
T-Test Results Comparing Males' and Females' Comfort Level with a Male Physician Caring for Them (or Their Significant Other) during Childbirth							
	N	Mean	SD	T Value	DF	P Value	Decision
Male	23	4.26	1.18	1.27	44	0.2115	Fail to Reject
Female	23	3.78	1.38				
T-Test Results Comparing Comfort Level with a Male Nurse Giving Them a Bath and a Male Nurse Caring for Them (or Their Significant Other) during Childbirth							
	N	Mean	SD	T Value	DF	P Value	Decision
Bath	47	2.55	1.36	4.39	92	0.0001	Reject
Childbirth	47	3.79	1.38				
T-Test Results Comparing Comfort Level with a Male Nurse verses a Male Physician Caring for Them (or Their Significant Other) during Childbirth							
	N	Mean	SD	T Value	DF	P Value	Decision
Nurse	47	3.79	1.38	0.60	92	0.5475	Fail to Reject
Physician	47	3.96	1.35				
N= Number of Participants      SD= Standard Deviation							
DF= Degrees of Freedom							