

International Research Journal of Social Sciences\_ Vol. **11(3)**, 7-12, July (**2022**)

# Men as care-givers: A study on experiences of men in the nursing profession in Dhaka City, Bangladesh

Jannatul Ferdaus and Aziza Hena\*

Department of Women & Gender Studies, University of Dhaka, Bangladesh azizahena@yahoo.com

**Available online at: www.isca.in, www.isca.me** Received 20<sup>th</sup> Feruary 2022, revised 11<sup>th</sup> May 2022, accepted 30<sup>th</sup> June 2022

## Abstract

This paper attempts to explore the interrelation between male nurses' profession and masculinity through examining their decision-making and motivation for career choice, their relationship with others in the realm of employment and society, and the challenges they face because of their profession in contemporary urban Bangladesh. Following the qualitative methodology, the study focused on data triangulation by employing a survey among 80 male nurses and novices, 12 indepth interviews, and 2 Focus group discussion sessions as data collection techniques. Primary data were analyzed both thematically and in percentages. The finding shows that apart from self-will, job security, good earning scopes, fewer working hours, diversified working options, migration opportunities abroad attract men to enter into the nursing profession, though their position in the profession gets challenged due to their masculine identity fabricated by socio-cultural norms. Social stigmatization, discrimination in the education phase and at the workplace, lesser acceptance and recognition by patients, female colleagues, and upper authorities, identity crises, feeling of unfulfillment due to gender division of labor are found as major challenges faced by male nurses in the study location.

Keywords: Male nurse, masculinity, career-choice, challenges, Bangladesh.

#### Introduction

Men are less found in care giving and other sensible professions that are not synonymous with hegemonic masculinity. Since the conventional society considers care giving as a feminine role, men's role in providing care is considered stigmatized and effeminate. To the maximum extent, the nursing profession considers and encourages women instead of men to come into this profession for performing and engaging themselves in care work. Such an aspect reinforces the gender inequality problem and public-private dichotomies largely. Men hold minority status in the nursing profession though they have the aim to help others through care and achieve social respect. However, the nursing profession is mentally challenging work that requires self-assurance to prove someone's own worth and a caring attitude to keep patients in sound health<sup>1</sup>. Although proper approaches and guidelines are existing for all, regardless of their gender identity, in terms of obtaining nursing education and training as well as accepting nursing as a career choice, nursing, being contemplated as a sex-stereotyped job, does not offer sufficient job positions for males. Furthermore, a major cultural shift is seen in different male-dominated positions such as physician or lawyer, since women have started entering these professions by breaking the traditional barriers down, however, men's entry into the care giving works like nursing is still a neglected sphere<sup>2</sup>. Men make up more than 50% of the general workforce but the gendered minority is discerned concerning the nursing profession. Consideration of more than existing 10% quotas for males in the nursing profession can ensure the

significantly slightest visibility of men in the field where women are the majority. The migration of nurses from Bangladesh to the Gulf region and Southeast Asia is one of the means of attaining huge remittances. Since unskilled and semiskilled women's entrance is restricted through the migration process towards a bigger nursing market due to security and job status issues, the focus of the Bangladesh government in promoting male engagement in the nursing field abroad would be proved wise<sup>3</sup>. Nursing is considered a "low-esteem job" in Bangladesh, whereas it is a demanding and respectful profession in Western countries. There is a high opportunity for male engagement in the nursing profession outside Bangladesh and concerning this very fact, developing manpower in the health sector was emphasized in Fifth Five Year Plan<sup>4</sup>. Moreover, the scopes of achieving higher educational degrees in nursing help men become planners and make provisions in the nursing profession<sup>3</sup>. Based on the existing facts regarding the nursing profession, this study tries to explore male nurses' experience in work and society where their care giving role is seen negatively with abhorrence and as low categorical job. Besides, the study aims to scrutinize whether the nursing profession challenges male nurses' masculinity.

**Literature review:** The gender identity of men is the main factor of unequal opportunities for men in patriarchal institutions of nursing. In western culture, it is often found difficult to think about men in the nursing profession due to the associated stigmatization of being effeminate or gay, and it is often assumed that male nurses lack power and status in traditional patriarchal societies<sup>5</sup>. Male nurses often shape their work role in the masculine aspect to promote their heterogeneity in labor work and nurture motivation of helping others and making a difference<sup>5</sup>. Gender stereotypes negatively influence clients' acceptance of men as caregivers, and to some extent, some patients relate male nurses' touch with sexuality in nature<sup>5</sup>. In contrast, it has been suggested that female patients and their families need to accept the presence of male nurses as normal<sup>2</sup>. Another study showed that to provide qualified caring to the patients, male nurses nurture their emotional capital through emotion management strategies, and there are some unbalancing factors in traditionally female jobs like being effeminate, gay, or incompetent; the extended concept of emotional capital in relation to the emotional practice of men in their nursing profession was found in the study  $too^6$ . From the androgenic perspective, the study argued that male nurses are as compassionate and caring as their female colleagues to invest emotional capital that is distinctively a feminine resource<sup>6</sup>. The media portrayal of the nursing profession views nursing role and image as angelic and perceives female nurses as servants of God<sup>7</sup>. Being doctors' handmaidens, female nurses can serve best with their idealized feminine qualities compared to their male counterparts, and such a notion is a reflection of the privileged position of women in nursing in relation to male nurses as subordinate with inferior masculinity<sup>7</sup>.

Different types of masculinities are exercised by men depending on the positions they hold in a particular power hierarchy and men get denounced if their performed masculinity is not strong as per social standard<sup>8</sup>. Those males who possess the nursing profession may not challenge hegemonic masculinity within the patriarchal realm but support the status quo by maintaining their own masculinity<sup>9</sup>. Hegemonic masculinity and the notion of gender have historically affected and continually are affecting the development of nursing; however, masculinity is overlooked in the education of nursing and a critical explanation of gender issues needs to be included since "natural female subservience to men" within the question of "power-balance and masculinity" exists in a conventional setting<sup>9</sup>. In another research, it has been demonstrated that the societal definition of masculinity is a barrier for men who enter caring professions such as nursing, and the social meaning of masculinity influences men's education and masculine attitude in caring works<sup>2</sup>. The meaning of masculinity and experience of nursing education are mutually co-opted and there are three distinguished themes of masculinity such as masculine image, masculine attitude, and masculine caring. This set of themes, combined with nursing education, experience, and career trajectory promote male nursing students in helping others and becoming concrete thinkers in the care giving domain<sup>2</sup>. The reasons behind choosing nursing as a profession are associated with 2 rewards (intrinsic and extrinsic). The intrinsic reward is the sense of altruism and the extrinsic reward is the combination of better remuneration, high pay, job security, and other opportunities for advancement<sup>10</sup>. From the narrations of participants of a study, it has been shown that male nurses want to make a difference through nursing as it

is a respected, virtuous, and noble profession<sup>7</sup>. Getting the sources of inspiration and role models in career choice has a great impact on men in choosing nursing as a profession. Male division of labor in nursing requires physical strength for lifting heavy objects or patients and this area of discussion is subject to underrepresentation due to less presence of male faculty or role models in nursing sectors<sup>2</sup>. Relevantly, male nurses sometimes feel ashamed, insecure, or embarrassed and intend to maximize the masculine aspects of the job with their gender division of labor like lifting patients and fixing equipment<sup>10</sup>.

From the existing literature, it has been assumed that South Asian perspectives and particularly the Bangladeshi perspective on masculinity and nursing have not been brought out with sufficient emphasis. Vast issues regarding masculinity and nursing need to be discovered by giving specific attention to empirical evidence of caring professionals and their choice to help others. Considering these facts, this study aimed at uncovering the interrelation between male nurses' profession and masculinity through examining male nurses' motivation for career choice, their relationship with others in the realm of employment, and the challenges they face in their caring profession in contemporary urban Bangladesh.

## Methodology

Sampling, data collection, and data management: This research is qualitative in nature. It analyzed data both in percentages and through a thematic approach. For data triangulation, the study employed three techniques of data collection - survey, in-depth interview, and FGD (focus group discussion). 20 close-ended questions were used in conducting a survey among 80 male nurses and novices. 12 in-depth interviews were conducted for 30 minutes each with an openended questionnaire. Two FGD (focus group discussions), each running for approximately 45 minutes, were operated with the willing participation of seven respondents in every session. The population of the study has been selected through the snowball sampling method where some participants were asked to recommend other people who met the criteria to be the respondents of the research and who were willing to participate in it. Relevantly, to cross-check the validity of the information provided by the respondents, the study relied on talking with some female colleagues of the male nurses, Directors of Nursing Institutes, and trainers as key informant groups. Primary data were transcribed, translated, and coded before being analyzed thematically.

**Study area:** The study has considered the Dhaka Metropolitan area as a study location since it is a diversified area comprising more hospitals and nursing institutes. The medical institutions such as BSMMRU, Holy Family Red Crescent Medical College Hospital, and Dhaka Community Medical College Hospital were selected for collecting data from the male nurses and novices.

#### **Results and discussion**

**Decisions about career choice:** Self-motivation encouraged 53% of the respondents to choose nursing as a profession. They had to negotiate with their families to join the profession and combat challenges in it. On the contrary, for 31% of the respondents, entering into the profession was the second option since they failed to secure their top career choice and got influenced by others. They were told that they would prosper fast in this profession. 16% of the respondents admitted that their fate regarding selecting the profession was decided forcibly by their families that wanted them to be nurses. Such reality was expressed by one of the respondents- "I had no wish to be a nurse. My elder siblings influenced me to enter into the profession. Since they are my guardian, I cannot go against their words." (Interviewee 7).

Men go against their self-will and obey the decision of the family not because of their dependency on the family only. Sometimes, family expectation compels them to choose nursing as a profession that has been demonstrated in a respondent's words- "My grandfather influenced me to choose the nursing profession. He thinks nursing is a noble profession that teaches how to help others and serving in the best way like nursing is not possible in other professions". (Interviewee 11).

Motivational factors behind career choice: The study found how male nurses handle their masculinity and caring role at the same time in a traditionally dominant society. This nursing profession takes a man to come out of his hegemonic dominant role but this does not clash with his masculine role as he is convinced with the good opportunity to earn money in the profession. Strong educational background and experience in nursing provide men with the scope of obtaining a good position in reputed hospitals. Different motivational factors contribute to the career choice of male nurses. 46% of the respondents were found to choose the profession from the altruistic perspective. Concerning the opportunity of helping others and thus making a meaningful contribution to society is the major cause behind entering the nursing profession for men. Moreover, job security, self-satisfaction, and fewer working hours attract men to be a part of the caring profession. One of the respondents said-

"Nursing is a profession associated with serving humans. Here I can help others. Salary, as well as job security, is good. Moreover, the job can be found early than other professions." (Interviewee 4).

None of the respondents mentioned the nursing profession as a rewarding career. However, from the religious perspective, it was found that male nurses perceive the nursing profession as a holy duty as it provides them the scope of serving others – "To serve humans is an absolute religious duty and this duty is above all things. So, I came here to work as a nurse. (Interviewee 8).

8% of the respondents chose the nursing profession to challenge the dominant ideas of gender stereotypes in society. They assume the nursing profession is not a female-centered profession. They think that caring is an innate human quality and their profession inspired them to nurture the quality not only for their clients but also for their family members. Such a caring mentality reflects their positive maleness that is unheeded in the domain of mainstream hegemonic masculinity. Diversity in works encouraged 12% of the respondents to enter the nursing profession while 6% found the profession as satisfying as it provides the scope of dealing with challenging tasks. Since nursing doesn't require any calculative or hard-working tasks compared to other jobs, 25% of the respondents chose the profession. Migration opportunity abroad motivated 3% of the respondents to take nursing as a profession. Men have fewer barriers to migrating abroad than their female counterparts. Moreover, migration is considered as a pathway towards job security and a better lifestyle overseas. These very convictions worked as inspiring factors for many respondents to be part of the noble profession which was illustrated by one of the respondents' views - "There are huge possibilities for men to work in the nursing field abroad. Good working opportunities for nurses in Australia, the Middle East, Canada, and Europe can change their lives. My dream to migrate abroad as a nurse brought me to this profession." (Interviewee 12).

**Challenges of the nursing profession for men:** The study found social stigmatization, higher tuition expenses to complete the nursing profession, discrimination at the workplace, lesser acceptance and recognition by patients, female colleagues, and upper authorities, identity crises, feeling of unfulfillment due to gender division of labor as the challenges that male nurses have to experience predominantly.

Social stigmatization: In the conventional society, men are expected to be engaged in masculine works that are related to profitable income-generating activities. Although male nurses are earning bread for their families from the nursing profession, their role in their profession gets stigmatized by society. 15% of the respondents opined that underrepresentation of men in caring work results from fear of being stigmatized socially. They think society is still not accustomed to the ideas like "real men can serve best in caring roles" and "the nursing profession is not an unvalued profession for men". People consider male nursing professionals very differently as they do not have any knowledge about it. The fact was manifested in one piece of evidence - "When I express myself as a nurse being male, people often ask with wonder how it would be possible! People don't know whether there is anything called a male nurse." (Interviewee 9).

Getting mocked by known circles comes on top of the list of social stigmatizations for male nurses. One respondent said – "My friends make fun of me for being a nurse." (Interviewee 4) The nursing profession provides males with the space to serve the patients with sympathy and compassion. However, the majority people of the society perceive male nurses to come to the profession only to earn money instead of serving their purpose of contributing to the health industry by dedication or care. 47% of the respondents reported about the stigma they experienced in the realm of employment, family, and society One of the respondents uttered – "My relatives look down upon me due to my choice of profession. They often sneer at me saying 'Male nurse'! Didn't you find any other job to do?" (Interviewee 8).

**Higher tuition expenses and low job satisfaction:** Respondents revealed that it requires 1,00,000 - 2,00,000 taka (currency of Bangladesh) for the completion of nursing education in a private nursing institution. The tuition expenses in a government institution are comparatively low than in a private institution. Entering a renowned nursing institution increases the chance to get a better degree with a better working option in a distinguished hospital that offers a good salary. However, male nurses think female nurses are given more priority in the educational sector. The study found that 53% of the respondents are not satisfied with their payment from the service they provide. They accused both poverty and their gender identity as barriers towards seeking better education and employment possibility in the nursing field.

Confronting discrimination due to gender identity: Male nurses lead a disreputable and necessitous life compared to their female counterparts due to their gender identity. Though to some extent, it is affirmed globally that males are lesser in number in the nursing profession but earn much than their female colleagues, the claim has been proved erroneous in this study. More than half of the study population asserted that they face gender disparity in terms of getting an equal salary and women have comparatively more opportunities to earn and get promoted. 57% of the respondents confirmed that they felt inferior for their marginal position both in their educational environment and at the initial phase of their job. 23% of respondents mentioned that educational materials in nursing schools seem gender-biased as they portrayed nursing from the perspective of women's role. Furthermore, 30% of the respondents perceived the nursing department as a womenfriendly area and male nurses lack equal ground here to accomplish their duty.

The entry phase in the nursing profession is also bigoted. The quota system for nursing professionals demonstrates that nursing is a female-centered industry where men are lagging behind to portray their minimum visibility. 90% quotas are reserved for the female candidates whereas males are counted under 10% quotas. On this discriminatory system, one of the respondents stated - "10% quotas are reserved for men. If the authority doesn't find suitable male candidates under this 10%, they fill the quotas up with female candidates. As 90% quotas are saved for women in the nursing profession, women get more priorities in all spheres of the nursing field." (Interviewee 1).

Underrepresentation of male nurses by the media is another manifestation of discrimination experienced by them.

It indicates that men's way is not that smooth to enter a femaledominated industry. Media portrayal regarding men's role in the nursing sector is biased and unnoticed. One of the respondents' views on the matter is as follow - "Media does not focus on males in the nursing profession. Though we need 30% or 50% male quotas in this profession, the media never highlights the issue. Doctors' contributions regardless of their gender are concerned by the media and our female nurses' donations are not forgotten. Only we the male nurses are misrepresented and ignored by the media." (Interviewee 5).

Crises of masculinity in the female-dominated profession: Men are not well recognized, respected, and reputed in a female-dominated profession like nursing. Their position in the profession gets challenged due to the masculine identity fabricated by the cultural norms. 38% of the respondents of the study think nursing requires feminine characteristics. More than half of the study population admitted that in spite of knowing the very fact that all men are not experts in taking care, they entered the nursing profession just because of poverty and lack of proper guidance in choosing a profession that is suitable for them. Nurses are taught code and conduct regarding behavior towards patients. Dealing with patients in a soft voice, staying away from rough behavior and harsh words, keeping patients away from psychological distress, and being moderate to patients' demands are the core set of values that are requisites to learn for the nurses. 84% of the respondents acknowledged that they had succeeded in learning the code and conduct. On the contrary, 16% of the respondents found decorum difficult to learn. Nevertheless, the successful learners confirmed that being soft to the patients doesn't mean they have a lack of masculinity or they are performing their role being girlish or effeminate.

**Difficulties in dealing with female patients:** At their workplace, male nurses feel inferior not because of the lack of sufficient quota for them or the greater presence of their female counterparts only. Sometimes, religious prohibitions and the cultural norms on behaving with the opposite gender create less access in labor wards for male nurses and communication barriers for them with female patients. As a consequence, male nurses have to go through professional isolation to some extent. One of the respondents confessed his thought on this matter – "All patients are angels to us. However, handling female patients sometimes create a problem as our country is not like the developed ones and we do not feel comfortable dealing with female patients." (Interviewee 2).

All nurses are taught how to handle patients by touching and close observation. However, male nurses are not always allowed to apply this learning in the pragmatic field due to social customs. Many of the respondents mentioned that they feel embarrassed to take care specifically the female patients as it goes against the stream of traditional social norms. 23% of the respondents admitted that touching patients irrespective of gender demotivate men to enter the nursing profession.

62% of the respondents affirmed that touching and caring for the female patients challenge their masculinity while 15% of respondents confirmed their shyness regarding treating the female patients.

Gender division of labor: In the nursing profession "manpower" is a significant concept. Male nurses perceive that the nursing department would be helpless without men because men perform heavy work and without male nurses, it is quite impossible to handle patients' needs. Respondents' objection against their female colleagues was that female nurses are seen to gossip with each other and engage them in soft work. Conversely, some male nurses think they contribute more by working hard in double shifts (morning and night). Gender division of labor in the nursing profession gets determined by the upper authority, curriculum, and what the situation demands. Most of the time male nurses are employed in heavy and technical works that they think is not possible to be done by women - "Though we are considered equal like our female colleagues in our profession, our works cannot be done by female nurses." (Interviewee 8).

Another respondent associated masculinity with the technical works they do. It was demonstrated by his following statement - "Male nurses provide care more in medicine, surgery, and OT wards. And the need for male nurses is incomparable in the heavy, technical and masculine tasks like lifting up patients and heavy things, fixing the instruments, operating computer, and other managerial responsibilities." (Interviewee 3).

Relationship of the male nurses with doctors and female colleagues: Nursing is seen as a gender-stereotyped job where the presence of female nurses is more expected than that of males. The idealized caring attitude of women promotes women's entrance into the field where male nurses have to face challenges due to their gender identity. Male nurses need to be submissive to upper authorities like doctors and superintendents regardless of their gender. They have to perform roles like injecting patients, uplifting patients, giving catheters, providing medicine to patients according to the instructions of doctors. Failure in duties instructed by the authorities results in getting fined or dismissed from the job. To be saved from the risk of being fired due to an accident (e.g. -a patient's death) there are no alternatives but performing under the supervision of nursing superintendents. Under the supervision of female staff, men sometimes feel crises of masculinity. One of the respondents mentioned - "Female staffs are not much active like the male ones. Working under the supervision of male doctors or superintendents is much comforting." (Interviewee 6).

53% of the respondents of the study were found to feel identity crises during their stay in the hospital among female colleagues. 30% reported that they are overlooked and mocked by the female nurses whereas 17% mentioned they know how to handle the working environment with the female staff.

# Conclusion

By entering into a predominately female profession like nursing, men are trying to break the gender stereotype in the health care industry. However, such a paradigm shift in the nursing profession is still unrecognized. Though male nurses come to the profession with the intent of serving human beings, their role gets questioned by societal gender norms. Sometimes, nursing for men becomes the occasion of facing stigma by family, friends, relatives, patients in the hospital, visitors of the patients, female colleagues, and upper and lower authorities at work. Caring character in men is pondered as nonexistent in the very realm of idealized male roles and thus discussion on men's power, authority, belief, and achievement in the nursing profession remain unfocused. Moreover, the nursing profession for men proves to be antipodal to masculinity as it accentuates empathy, affection, and altruism. Significant changes have been seen in normalizing female participation in male-dominated occupations since the term "gender equality" had been used widely in international development parlance. However, men's role in a female-dominated employment sector didn't receive equal attention which has been clearly demonstrated by the underrepresentation and misrepresentation of male nurses in the health care workforce.

To combat the idealized realities, both Government initiative and NGO collaboration are needed to embrace more males in the nursing profession along with the assurance of an almost equal percentage of quotas for men. Removing structural barriers in the profession, policy formulation, implementation, and genuine media representations are crucial to corroborate the increasing male participation in nursing employment. Ensuring indiscriminate work environment, reshuffling an and redeveloping the existing curriculum, promoting job security, securing equal work and wage-earning opportunities for male nurses, proper management and skill development training, and migration opportunities abroad based on one's skill will encourage men to choose the nursing profession certainly. However, on top of the priorities, social propaganda in favor of men in the nursing profession should be promoted with greater importance.

The nursing profession can be considered prestigious for men if negative and stereotyped thoughts regarding career selection are eradicated completely. Furthermore, there is no alternative to bringing more men role models and mentors in front to popularize the nursing profession among men. To walk against the stream of hegemonic masculinity and accept a profession in a female-dominated career zone cannot be easy for men unless "caring" is discussed as innate human quality instead of a feminine trait. The biased representation of the "real man" concept in the domain of hegemonic masculinity needs to be altered by positive masculinity that emphasizes a balance between physical and emotional strength. Hence, masculinity won't challenge "caring manhood" and refrain men to enter the caring role in the nursing profession.

### References

- 1. Moore, G.A. and Dienemann, J. (2014). Job satisfaction and career development of men in nursing. *Journal of Nursing Education and Practice*, 4(3), 86–93. <u>https://doi.org/10.5430/jnep.v4n3p86</u>
- 2. Tillman, K. R. (2006). The meaning of masculinity for male baccalaureate nursing program graduates (Unpublished Doctoral Dissertation) Louisiana State University, Houston.
- **3.** Anisuzzaman, S. M. (2007). Migration of Skilled Nurses from Bangladesh: An Exploratory Study. Development Research Centre on Migration, Globalisation and Poverty, University of Sussex.
- 4. Bangladesh Planning Commission. (1998). The Fifth Year Plan, 1997-2002. Planning Commission, Ministry of Planning, Govt. of the People's Republic of Bangladesh, pp 1-570
- Evans, J. A. (2001). Men nurses And Masculinities: Exploring Gendered and Sexed Relations in Nursing. (Unpublished Doctoral thesis) Dalhousie University, Halifax, Nova Scotia.

- 6. Cottingham Marci D. (2013). Men who Care: How Organizations and Individuals Negotiate Masculinity, Emotional Capital, And Emotion Practice in Nursing, Doctorate thesis. OhioLINK Electronic Theses and Dissertations Center, Ohio. pp1-165. <u>https://etd.ohiolink.edu/apexprod/rws\_etd/send\_file/send?a ccession=akron1372072810&disposition=inline</u>
- 7. Price, S.L. (2011). The Experience of choosing Nursing as a Career: Narratives from Millennial Nurses (Unpublished Doctoral thesis) University of Toronto, Ontario.
- Raewyn Connell (1995). Masculinities, University of California Press, Berkeley, California, pp 1-295. ISBN: 0520089995
- **9.** Entwistle, M. (2004). Women Only? An Exploration of The Place of Men Within Nursing. (Unpublished Master's thesis) Victoria University of Wellington, Kelburn, Wellington.
- **10.** Smith, T. M. (2008). Are You My Nurse? An Examination of Men in Nursing (Unpublished Master's thesis) Indiana University, Bloomington.