

ORIGINAL ARTICLE

THE PERFORMANCE OF MALE NURSES AS CAREGIVERS IN PUBLIC HOSPITALS IN SELANGOR

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ABSTRACT

The study focused on the performance of men working in what has culturally and traditionally been labelled as a woman's profession, which is nursing. There has been little focus on men who have ventured beyond the traditional gender limits and ventured into what has been labelled as feminine roles. Therefore, this study examined male nurses' character as caregivers in public hospitals in Selangor. The research employed the descriptive research design, which is used to gather quantitative data. The sample size was calculated to be 88 male nurses. The respondents were obtained from 6 selected public hospitals in Selangor. The study focuses on the method of motivation needed to enter the nursing field, the importance of rewarding male nurses, and self-evaluation as they work in a sector dominated by a female. Perception of the male nurses about their profession (62%) mentioned that they did not find any advantage when compared with female nurses. Respondents from this study (63.3%) were very confident in their full abilities to perform their duties. As the health care profession is thriving, this sector needs serious attention, mainly for male nurses' development, and action needs to be taken for more males venturing into this nursing profession. Policy from government and nursing colleges needs to be revised for better policy outcomes for the male gender to involve themselves in nursing. Further studies are highly encouraged for psychological aspects of how males deal with the female-dominated sector.

Keywords: Male; Nurses; Performance; Public hospitals, Selangor

INTRODUCTION

For a long time, nursing was known as "women's work" due to the predominance of women in the profession worldwide. However, this perception has gradually changed as more and more men have deliberately chosen nursing as a career (Anthony, 2006). Men in nursing, despite being a minority in many countries, hold significant importance for the entirety of healthcare. Their presence within the nursing field introduces a diverse forms of nursing care profession, especially for the male patients (Kim & Shim, 2018). This may surprise some people and raise questions about the benefits of male nurses. In fact, male nurses are in high demand and bring a unique set of qualities that make them excellent at their job. According to WHO (2014), fewer young people are interested in pursuing a career in nursing, which is concerning given the high demand for nurses. Men in nursing are appreciated and preferred by patients and other healthcare workers compared with their women peers in clinical nursing as providers of unique and quality nursing care (Achora, 2016; Carte & Williams, 2017). The Ministry of Health

Malaysia reports that only 1.8% of nurses in public healthcare facilities are male (MoH, 2023). This means that men are a minority in the nursing workforce, and as the demand for nurses continues to grow, there is a need to attract more men to the profession. The purpose of this study was to investigate the performance of male nurses and to identify potential strategies for encouraging more men to pursue a career in nursing. The study found that male nurses are just as effective as female nurses, and they bring a unique set of skills and qualities to the profession. For example, male nurses are often more physically imposing, which can be helpful in dealing with aggressive patients. They are also more likely to have experience with manual labor, which can be useful in lifting and moving patients. Additionally, male nurses can provide a valuable role model for young men who are considering a career in nursing. The study also found that there is a lack of research on male nurses in Malaysia. This is a significant gap in the literature, as male nurses play an important role in the healthcare system. More research is needed to understand the experiences of male

nurses and to identify ways to attract more men to the profession.

MATERIALS & METHODS

The research employed descriptive research design, which is used to gather quantitative data. The cross-sectional study design is used in this research. This study required collecting information regarding individual attitudes, habits, and opinions on any variety of education or social issues. This descriptive design is suited to research on the performance of male nurses as caregivers. A study was conducted on male nurses working in six public hospitals in Selangor, Malaysia. The participants consisted of male nurses aged between 21 and 60 years. Convenience sampling was employed. The determined sample size is 88 male nurses, calculated utilizing the single population proportions formula. The calculated level of precision is at a 95% confidence level, with a margin of error of 5%. Consequently, the final sample size was determined. According to Kish's (1965) formula, the participation of 88 male nurses was required for this study.

A questionnaire (Evans, 2013) is used for data collection, containing three sections. The first part of the questionnaire included sociodemographic data, the second part of the questionnaire included questions, section 1 about motivations for entry into the nursing field, section 2 about the rewards, section 3 about the male nurses' perception of their profession, section 4 about the performance, section 5 about the coping mechanisms. The questionnaire was prepared considering the relevant literature. The form is divided into sections to obtain the sociodemographic form, and the questions include such features as age, gender, education, gender, and working experience. Next is the Rewards-based questionnaire (RBQ) (Evans, 2013), which is used to obtain data regarding rewards; there is 6 questions prepared, including salary, benefits obtained, promotion, and satisfaction with their pay. Next, a Perception-Based Questionnaire (PBQ) is used to obtain data regarding the perception of male nurses. There are six items with a scale regarding their profession. The largest scale, 5, shows that they strongly disagree about the statement. Next, the Performance-based Questionnaire (PBQ), which consisted of 1 work habit and job efficiency rating on a scale of 1, which is excellent, and up to 5, which is poor, contain additional 11 questions which relate to performance during their job. Finally, the coping mechanism-based questionnaire (CMBQ) Consisted of 10 questions about the experience-related question based on the situation, where the scale is 1 for very often and up to 4, which is

never.

This research is done with approval from the Research and Ethics Committee, Management & Science University. This study has also been registered under National Medical Research Registry (NMRR) with approval number NMRR-19-346-45785. This study was also registered under Clinical Research Centre in 6 study hospitals. For the medical ethical approval. This study is registered under Medical Research & Ethics Committee (MREC) approval. MREC approves this protocol and the associated recruitment material. All the protocol or consent forms amendments must also be approved before they are used. Further to this, permission is obtained from the concerned authority. These participants will be assured confidentiality, and the data will be used for research purposes only. The nurses are approached for consent to participate in the study only during non-contact hours. Therefore, this study does not interrupt nurses working time and activity. There is no compensation given.

RESULTS

In total, 88 respondents participated in the study, most of them aged between 21 and 30 (72.7%). In addition, the respondents who were married were 51%, those who were single were 47.7% while 1.1% were divorced. Next is the level of education among the respondents. Most of the respondents are from college diplomas (79.5%). A (47.7%) of the respondents had worked as nurses between 2 and 5 years, whereas 21.6% had worked for one year and/or less. About 28.4% had worked for between 6 and 10 years, while 3.4% had over 15 years' experience. Those who had between 11 and 15 years of experience were, 20.5%. Experienced workers were more likely to have better job performance due to expertise gained in execution of duties over a long period.

Most respondents (88.6%) strongly agreed or agreed with the statement. In contrast, a minority of 6.4% strongly disagreed with the statement, while 7.9% were neutral to the statement. Admiration for nurses was a motivating factor. Most of the respondents, 47.7%, either strongly disagreed or disagreed with the statement. In contrast, 18.2% strongly agreed or agreed with the statement, while 34.1% held a neutral opinion. A role model influenced respondents. According to the results, only 25% knew an individual who was a role model who inspired them to join the profession. The 15 respondents who indicated that a role model influenced them were asked to identify the individual; statement 4 analyzed the value the respondents placed on the possible favorable

financial benefits and opportunities for men in nursing, which was an extrinsic motivating factor. Most respondents (62.5%) strongly agreed or agreed with the statement. In

contrast, 22.7% of the respondents strongly disagreed or disagreed with the statement, while 12.5% were neutral.

Motivation for entry into nursing

Table 1: Factor(s) which motivated the respondents to venture into nursing

Statements on motivating factors	Strongly Agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly Disagree (%)	Total	(N)
a. I had a passion for helping people and nursing was the best way	60.2	28.4	7.9	0	6.4	100	88
b. I admired nurses.	22.7	25	34.1	11.4	6.8	100	88
c. I was influenced by a role model.	15.9	9.1	28.4	34.1	12.5	100	88
d. Nursing offered good financial benefits and opportunities for men.	45.5	17.0	12.5	11.4	13.6	100	88
e. I chose nursing because that is what my nursing college grades qualified me	22.7	25.0	19.3	15.9	17.0	100	88

Rewards

Table 2: Whether the respondent’s character fitted in with the care giving role

Response options	Number of respondents	Percentage frequency
No	9	10
Yes	79	90
Total	88	100.0

In table 2, most of the respondents (90%) indicated that they thought their character fitted in well with their role as caregivers. In contrast, 10% of the respondents indicated that it did not. The promotion was identified as an important extrinsic reward for the male nurses

which also doubles up as a performance motivating factor. Most of the respondents, 69.0%, indicated that they were yet to receive a promotion. In contrast, a minority, 31.0%, indicated that they had received a promotion.

Table 3: Respondents who had received a promotion.

Response options	Number of respondents	Percentage frequency
Yes	27	31.0
No	61	69.0
Total	88	100.0

Male nurses’ perception of their profession

Table 3 shows that the male nurses' perceptions of the advantages and disadvantages they accrued due to their minority status highlighted the challenges they faced due to their gender. The advantages may have been translated as rewards that motivated male nurses to perform

their duties better and for long periods of time. The extra-visibility and stereotypes may, however, have resulted in limitations on the male nurses as well as added pressure, higher job strain, and higher levels of work stress which negatively impacts the overall performance of male nurses.

Table 4: Respondents perception of their profession

Statements	Strongly	Agree	Neutral	Disagree	Strongly	Total	(N)
	Agree	(%)	(%)	(%)	Disagree		
	(%)				(%)		
1 Male nurses are more visible than female nurses	19.3	13.6	14.8	34.1	18.2	100	88
2 I feel pressure from within myself to move to a higher position within nursing	56.8	13.6	14.8	11.4	3.4	100	88
3 Supervisors and/or bosses put pressure on me to move to a higher position within nursing	0	9.1	19.3	56.8	14.8	100	88
4 Family members and friends put pressure on me to move to a higher position within nursing.	9.1	20.5	21.6	31.8	17	100	88
5 Male nurses tend to be promoted faster and to higher positions than female nurses.	0	8.0	15.9	43.2	33	100	88
6 Male nurses tend to be considered for promotion and advancement more often than female nurses	34.1	26.1	17.0	13.6	13.6	100	88

Performance

According to Table 4, the respondents were asked to state the level of stress and strain they experienced because of their work as nurses. Most of the respondents (30.6%) indicated either a very high or high level of stress and strain, while a slightly lower number (45.5%) indicated either very low or low levels of stress and strain. The rest of the respondents (23.9%) had no opinion. The findings established that quite a few nurses regarded the profession as strenuous and stressful.

The first statement delves into the effect of societal stereotypes on male nurses' self-perception. 56% of respondents acknowledged periodic alignment with these stereotypes, indicating a psychological struggle adapting to their role as male caregivers due to nursing's prevailing perception as a woman's profession. Conversely, 40% resisted this influence, while 2% frequently or often felt its impact. The second statement investigates the questioning of male nurses' masculinity linked to their profession. Engaging in traditionally female-dominated roles prompts uncertainty about their masculinity. The third statement scrutinizes workplace

transparency among male nurses. Roughly 40% consistently disclosed job specifics, while 40% occasionally withheld position details, and 17% frequently did so. A minority of 4% engage in this practice very often. Also, the fourth statement examines the frequency of male nurses justifying their career choice. Respondents (40%) occasionally experienced the need to validate their role as male nurses. The fifth statement analyzes male nurses' alteration of job titles. While a majority (54%) refrained from modifying titles, 31% occasionally did so, and 15% frequently engaged in such behavior. The subsequent statement evaluates the formation of social groups among male nurses in their workplaces. Male nurses received enhanced treatment from female co-workers compared to women's interactions, reflecting gender dynamics. 40% indicated sporadic instances of improved treatment, while 32% observed frequent occurrences. The following statement probes whether male supervisors treat male nurses preferentially over female colleagues. A majority (50%) reported no preferential treatment, 38% occasionally experienced it, and 12% frequently noted its prevalence.

Table 5: Work Habits and Job Efficiency Ratings

Statements on work habits and rates of efficiency	RATING					Total (%)	(N)
	Excellent (%)	Above Average (%)	Average (%)	Needs improvement (%)	Poor (%)		
a. My rate of completing assignments.	39.8	22.7	20.5	17.0	0	100	88
b. My ability to work as a team member while delivering Care.	42.0	25.0	22.7	10.2	0	100	88
c. My client relations skills.	40.9	21.9	22.7	14.8	0	100	88
d. My ability to follow health care procedures when dealing with with patients.	37.5	33	23.9	5.7	0	100	88
e. My ability to handle complex healthcare Situations.	43.2	33	21.6	2.3	0	100	88
f. My organisational and planning abilities while doing my work.	44.3	31.8	19.3	4.5	0	100	88
g. My communication skills.	36.4	33	22.7	8	0	100	88

Coping Mechanisms

Table 6: Coping mechanisms of male nurses

Statements on coping mechanisms	Very often (%)	Often (%)	Not Often (%)	Never (%)	Total (%)	(N)
a. Felt insecure and ashamed about your occupation?	4.5	4.5	56.8	34.1	100	88
b. Questioned whether you are a “real man” because of your work as a nurse.	2.3	3.4	60.2	34.1	100	88
c. Indicated that you work at a hospital but did not actually, reveal your specific position or job to other people?	4.5	8.0	54.5	33	100	88
d. Have to give reasons for being a male nurse to other people when asked what you do for a living?	5.7	5.7	52.3	36.4	100	88
e. Modified and or lied about the title of your job when asked what you do for a living?	2.3	4.5	53.4	40.0	100	88

f. Emphasised the complex roles and responsibilities aspects, parts, or tasks of your job when talking about it to others?	15.9	28.4	37.5	18.2	100	88
g. Have formed and/ or is part of a social group just for male nurses at my place of work?	6.8	11.4	13.6	68.2	100	88
k. Women co-workers treat you better than they do other women workers because you are a man?	9.1	17.0	36.4	37.5	100	88
l. Women bosses/supervisors treat you better than they do women workers because you are male?	6.8	19.3	51.1	22.7	100	88
m. Male co-workers treat you better than they do women workers because you are a man?	4.5	5.7	47.7	42.0	100	88
n. Male bosses/supervisors treat you better than they do women workers because you are a man?	6.8	9.1	60.2	23.9	100	88
i. A patient declined your services because you were a man?	3.4	13.6	48.9	34.1	100	88
j. A patient preferred your services because you were a man?	28.4	36.4	18.2	17.0	100	88

DISCUSSION

Motivations for entering the nursing field, the study found that majority of the respondents were finders which meant that they ventured into nursing accidentally as they made general career decisions. While a minority, settlers, had either tried their hand at other professions and /or had gone through a period of unemployment. Research by Kamau from the University of Nairobi, Kenya, in the year 2016 shows that minority ethnics had tried many professions during the period of unemployment. The distribution between the three categories demonstrated that the respondents balanced between intrinsic and extrinsic motivations. Role models, past and present, were noted as a positive catalyst for more men venturing into nursing. Documenting the historical contribution of men in nursing was a possible avenue to identify male icons in nursing to act as role models (LaRocco, 2007). However, it was clear that more information needed to be disseminated to young men and boys at an early age so that a more significant number would make the career choice as early as childhood. More importantly, highlight the historical contribution of male nurses so that role models were identified and a higher level of admiration

for nursing in young boys would be nurtured (Evans, 2014).

In terms of rewards, the study found that the majority of the respondents balanced between intrinsic and extrinsic rewards. The dissatisfaction of the male nurses with the extrinsic rewards they received may have been one of the indicators. This result in poor job performance and lower productivity. This will also influence staff turnover, which is ultimately very costly to healthcare facilities and highly likely to compromise healthcare quality. For the perception of male nurses, it was noted that they were expected to fulfil additional roles that men were socially expected to fulfil even though it was not part of their job description. This was likely to influence the performance of the male nurses in the long term (Simpson, 2009). Creating a gender-sensitive work environment for male nurses was noted as necessary. Studies from Marci D in the missing and needed male nurse: Discursive hybridization in professional nursing texts show the need to have a work environment that is the gender-sensitive environment. This indicated that the male nurses viewed nursing as a career like any other. Emphasis should be made on further understanding men's perceived challenges to address better some of the negative aspects of being a male nurse.

The study found that most male nurses can execute duties well. However, some respondents were confident in their abilities to comfortably a number and indicated they were either average and/or needed improvements in some areas, such as communication skills, organization and planning skills, and ability to handle complex health situations (Evans, 2012). This indicated a need for further training or retraining to build confidence and refresh the knowledge of the respondents (Viswevaran, 2000). The study also found that 63.3% of the respondents found their performance reviews as either very positive or positive. Therefore, a level of importance should be given to equipping nurses with various strain and stress management strategies to prevent burnout and maintain quality care for patients (Wahid, 2015).

Coping mechanism, the study noted that the nurses, both male, and female, faced a level of discrimination at work from both the staff and, at times, the patients (Wigfield, 2000). This pointed to a need for the introduction of gender mainstreaming in nursing to create a lot more sensitization on gender barriers that result from gender discrimination. As professionally trained nurses, both male and female staff should enjoy similar advantages and disadvantages that come with the profession according to the studies done in the United States in Men in Nursing: Their Influence in a Female Dominated Career 2014 show that both male and female nurses enjoy the same percentage of advantages and disadvantages (Barrett-Landau, et al 2014).

CONCLUSION

The study concluded that there was growing diversity within the health profession that required all hands on deck. The shortage within the health care sector was not only in Selangor, Malaysia problem but rather a global crisis. Training young men and women in nursing and other health care professions in Selangor, Malaysia, can significantly help plug the shortage in the field and improve the delivery of quality care to all. The venturing of males into the female-dominated sector may provide an avenue for addressing the high unemployment rates in the country. However, there was the need for action to be taken on possible avenues to inspire more young people, more so young men, to view nursing as a possible career. In terms of policy, there is a need to review the enrolment policies for colleges and universities to increase the number of young men enrolling in nursing-related courses. There is also a need to develop programs that target boys at an early age to introduce them to nursing and other female-dominated careers to promote these careers and show them the available opportunities.

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