

Professional career development for male nurses

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Aim. The aim of this paper is to report a study to: (a) explore Taiwanese male nurses' motivations for becoming a nurse; (b) reveal their professional developmental process in nursing; (c) understand the difficulties hindering their professional development from both professional and gender aspects; and (d) identify the strategies they use to cope with these difficulties.

Background. Hindered by historical, cultural, economic and warfare factors, the proportion of male nurses in Taiwan remains low. Taiwanese male nurses' career development process has not been well investigated yet.

Methods. A descriptive qualitative research design was used, with a convenience sample of 15 male nurses (mean age 30.8 years) with a Bachelor's degree in Nursing Science. Data were collected by semi-structured interviews and analysed by content analysis.

Results. Taiwanese male nurses' entrance into the nursing profession involved three phases: pre-study, study and employment. The difficulties encountered during career development were related to the gender expectations of patients and the general public. The nurses received support more from superiors than from colleagues. The strategies they used included (a) improving their professional knowledge and skills to obtain higher levels of satisfaction and better opportunities for promotion; (b) thinking aggressively about job promotion; (c) choosing specialist departments as appropriate environments for graduate study and personal growth; and (d) changing their professional track for personal growth.

Conclusions. Based on the nature of nursing work and clinical experiences, Taiwanese male nurses believed that nursing was a profession suitable for both men and women. Their preparation for career development started at the pre-study

phase. The major strategies they used were related to a strong desire for personal growth and professional promotion. Finally, a conceptual framework was developed to depict this complex phenomenon.

Keywords: Taiwanese male nurses, professional career development, difficulties, coping strategies

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In terms of traditional gender stereotypes, male and female behaviours are often rigidly codified and choices of male or female professional development are by no means exempt from such expectations. In Europe, although men have been prominent in the nursing profession during the Middle Ages and Renaissance, the modern image of an 'ideal nurse' is feminized. This is primarily because of the Nightingale system for training nurses, as well as to wartime and economic factors (Halloran & Welton 1994). In other words, since the time of Florence Nightingale, nursing has been stereotyped as a female-dominated profession throughout the world (Thomas 1998). In the United States of America (USA), the proportion of men who were Registered Nurses (RNs) decreased from 5.5% in 1990 to 4.0% in 1996 (Williams 1995a, 1995b, Thomas 1998). In Taiwan, very few men were recruited to serve as nurses during World War II during the Japanese occupation of Taiwan. In fact, men had no opportunity to undergo regular nursing school preparation in Taiwan until 1985. Eighteen years later there were only 556 male nurses, representing 0.55% of the total number of practising nurses in Taiwan (Institute for Information Industry 2003).

A review of the international literature suggests that male nurses' experiences of studying in nursing schools and their continued career development differ from those of female nurses; this stems from implicit or explicit influences of gender roles. In some instances, inequalities appear in specialty fields (e.g. obstetrics and gynaecology) and in society generally, and these can create substantial pressures on professional male nurses (Williams 1995a, Tseng 1997), to the point that their sexuality is questioned and they are categorized as homosexual (Kelly *et al.* 1996). As a result, men throughout the world generally enter 'suitable' professional specializations such as emergency care, psychiatry, or surgery (Okraimec 1994, Williams 1995a, 1995b, Kin *et al.* 1996). Despite the continued existence of some gender stereotyping, increasing numbers of nursing leaders are acknowledging male nurses' contributions, because of their clinical competency and day-to-day nursing shortages, particularly in Western societies (Halloran & Welton 1994, Mackintosh 1997, Tseng 1997).

However, until now little information has been reported on the perceptions of Taiwanese male nurses with a Bachelor's degree in Nursing Science (BSN) of their professional career developmental process, the difficulties they encounter, and their coping strategies.

The study

Aim

The aims of this study were fourfold: (a) to explore Taiwanese male nurses' motivations for becoming nurses; (b) to reveal the process of their professional development; (c) to understand the difficulties hindering their professional development; and (d) to identify strategies they use to deal with these difficulties.

Design

A descriptive qualitative research design was used. Data were collected by semi-structured interviews and analysed by thematic content analysis.

Participants

A convenience sample of participants who met the following criteria was obtained: (a) male, licensed as a RN; (b) holding a BSN qualification; (c) having worked as a clinical RN for at least 12 months in Taiwan; (d) being willing to share his experiences; and (e) no history of alcohol or drug abuse or mental disorders.

Data collection

Male nurses who expressed interest in participating in the project were referred to the investigators by the head nurses in different wards and intensive care units (ICUs) in leading medical centres in northern Taiwan. In-depth, semi-structured face-to-face interviews were the primary data collection technique. The interview guide was developed from an extensive literature review, the principal investigator's empirical experiences as a male RN, and in consultation with four well-known experts, including a senior male nurse

administrator, as well as three faculty members familiar with qualitative methods. Chinese culture and nursing education programmes for both genders were also taken into consideration. Each interview lasted 50–60 (mean, 52) min.

Ethical considerations

With the approval of the institutional ethics committee, participants were individually approached, and the purpose and procedures of the project carefully explained. Any questions were clarified before obtaining their written consent. Interviews tapes were securely stored and then destroyed at the end of the project. Confidentiality and anonymity were preserved.

Data analysis

Data were first transcribed from the audiotape in the subject’s native language (Mandarin or Taiwanese, a Chinese dialect) using written Chinese, and then translated from Chinese to English and back again into Chinese to ensure accuracy. To ensure that categories, themes, and concepts were firmly ‘grounded’ in participants’ actual experiences, data were subjected to content analysis. However, percentages of participants’ responses in each category are not presented because of the small sample size. Second, the context of this phenomenon was thematically analysed to determine the

conceptual bases of participants’ descriptions. A conceptual framework was then developed and this is shown in Figure 1.

Trustworthiness

Several strategies were employed to enhance the rigor of the findings. The content of the transcribed tapes and the results of the analysis were individually confirmed by each of the participants. Accurate transcriptions and translations of the descriptions of the interviews as well as post-interview reflections were prepared. Negative cases were investigated and analysed (Berg 1995). The results of the qualitative content analysis for each interview were carefully discussed by the research team every 2 weeks.

During the interviews, if the informants ‘got stuck’ when expressing or distinguishing differences between their feelings and meanings (DeVault 1990), they were encouraged to describe their perceptions *in their own way or words*. Similarities and differences in the meanings and types of these terms were contrasted.

Results

Description of participants

The 15 participants ranged in age from 23 to 34 years (mean 30.8 ± 2.3). Two were married. All were graduates of a

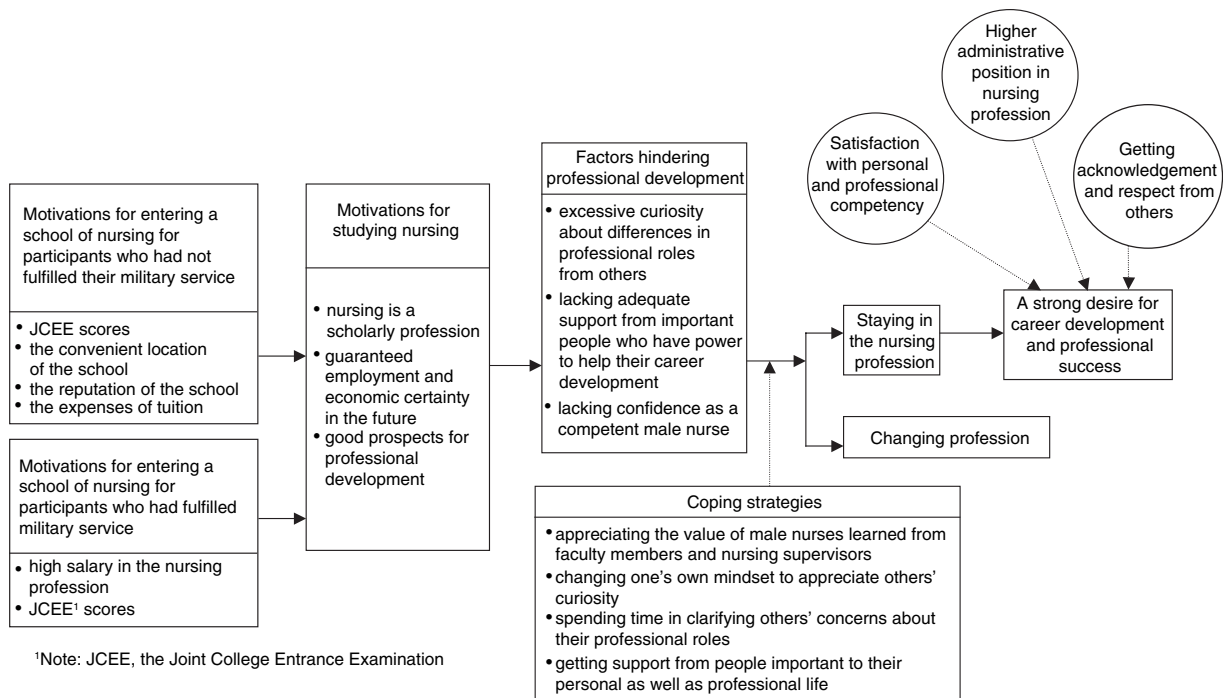


Figure 1 Three-phase entrance into nursing profession for male nurses in Taiwan.

3-year technical school, a college, or a university. The duration of service as a RN in a clinical setting ranged from 1.0 to 8.5 years (mean 3.2 ± 2.2). Participants' specialties were reported to be psychiatry, emergency care, intensive care, surgery, and internal medicine. Their annual salaries ranged from US\$ 14,493 to 23,188 (mean US\$ $18,551 \pm 2347$) (Table 1).

Motivations for becoming nurses

Taiwanese male nurses' motivations for becoming nurses were found to be interwoven with their professional developmental process, and a three-phase categorization – pre-study, study, and employment phase – was developed to track this.

Pre-study phase

As recent high school graduates, all young men in Taiwan are subject to compulsory military duties if they are unable to

Table 1 Description of participants ($n = 15$)

Variable	M (SD)	Range	<i>n</i>
Age (years)	30.8 (2.3)	20–24	2
		25–30	7
		30–35	6
Marital status		Single	12
		Married	3
School of nursing		University	9
		College (3 years)	6
Military		Having fulfilled military service	9
		Not having fulfilled military service	6
Years of work as a Registered Nurse in a clinical setting (year.month)	3.2 (2.2)	1–1.11	4
		2–2.11	2
		3–3.11	3
		4–4.11	1
		5–5.11	2
		6–6.11	1
		7–7.11	1
		8–8.11	1
Specialty		Emergency nursing	7
		Intensive care nursing	4
		Psychiatric nursing	2
		General medical and surgical nursing	1
		Community nursing	1
Income/year (US\$ 1 = NT\$ 34.5)	US\$ 18,551 (2347)	US\$ 14,000–16,999	2
		US\$ 17,000–16,999	9
		US\$ 20,000–22,999	3
		US\$ 23,000–25,999	1

obtain a full-time student deferment, which is the preferred method of avoiding military service. Apart from overriding concerns about avoiding the draft, motivations for studying nursing were based on four external factors, rather than on personal interest in nursing: (a) scores on the Joint College Entrance Examination (JCEE, required for continuing with postsecondary education in Taiwan) ($n = 13$); (b) the convenient location of a school; (c) the reputation of a school; and (d) tuition expenses. The nursing field was never considered, except as an unexpected last resort: 'I didn't get accepted by any school except for that nursing one, so it was my only choice, and I studied there'. The reputation of the school ($n = 10$) and cost of tuition ($n = 8$) figured prominently. Conversely, for participants who had fulfilled their military service, the unexpectedly high salary of the nursing profession became another reason, secondary to JCEE scores: "One day I noticed a statement in the newspaper which said, 'Male nurses earn as much as NT\$ 50,000 per month', so I put 'nursing department' down on my form as my choice".

Study phase

After participants had registered as full-time students in a school of nursing, three kinds of rationales for learning to work as a nurse were identified:

- Career track focus ('I have studied in the school of nursing for four years, and it's impossible for me to spend another four years to learn another discipline');
- Educational satisfaction ('The courses in the school of nursing were pretty thorough. I feel rewarded to have that kind of preparation for my professional qualifications');
- Economic stability ('Nursing is a very reliable and stable job'); and
- Professional development ('Concerning the future direction of the development in nursing, my first step was accumulating work experience. Then, I'd like to pursue a Master's degree in Nursing Science, or to teach at a nursing school some day').

Employment phase

Several factors were reported to have hindered Taiwanese male nurses in developing their nursing careers after they became full-time RNs, and the impediments were identified as (a) excessive curiosity about gender differences in professional roles by the public; (b) lack of confidence in being a competent male nurse; and (c) lack of adequate support from important people in their lives who had power to help in their career development.

Curiosity about gender differences in professional roles All participants reported that, while in school or on the job as a

male nurse, they felt bored by the curiosity exhibited by others about their becoming a nurse. Some felt challenged by patients and family members, and this led to frustration. Examples of this were:

Many patients and their visitors including children have asked me, 'Are you a real nurse?' You know, it's quite boring to repeat my answer.

During the late evening and night shifts, when the pace of my nursing care slows down, I'll chat with the patients. I have to prepare to answer many questions about my male nurse's work, but I feel so tired after a round of 15 to 17 patients.

Since no male nurses' living experiences have been reported, the public is curious about everything related to male nurses. Nevertheless, I often lose patience answering various strange questions raised by my clients.

Lack of support Ten participants reported that they did not receive adequate support from significant others, including their family members, friends and people who have power to influence their career planning. Participants' parents were sometimes embarrassed when relatives asked about their son's chosen profession:

My family members were hesitant to tell others that I was a nurse since the social status for a male nurse is still questionable. Though it's OK for women, but, for men it is another story.

Friends and classmates, especially young men, were sometimes critical:

Some of my friends believed that I could find a better job than nursing. They had a hard time accepting my decision to become a nurse, men in particular.

Finally, nursing supervisors and doctors apparently felt ill-at-ease in day-to-day contact with male nurses:

Some of my nursing supervisors, you know, they are all females, spend quite a bit of time providing consultation for my female colleagues. But it seems that my supervisors do not feel so relaxed in talking to me about my problems, needs, and so on. In this condition, how can I expect to get adequate support from them? I also encountered this condition with some physicians;

I found that senior residents communicated in a more command-like style with female nurses, although most junior physicians talked to female nurses in a friendlier way. It seems that physicians were wondering what kind of attitudes they should use to communicate with us male nurses. Until now, very few of them have been interested in learning about what needs male nurses would ask them about.

Lacking confidence as a competent male nurse After becoming full-time nurses, eight participants complained that they were startled by the pace and energy required in for nursing work. Patients openly questioned their skill as a nurse, and even requested that their care be entrusted to a female nurse. Colleagues questioned the legitimacy and quality of their nursing care when performing urinary catheterization on a woman or providing teaching about breast care or breast-feeding. For example:

The first time I introduce myself to my clients, their faces always look so surprised. Some of them asked, 'Are you not a physician? Did you say that you are a nurse?'

Some patients asked 'Don't you have female nurses here?' and 'Why am I cared for by a male nurse?' When I heard these, I was hurt.

The most frustrating thing is that many patients in the ER do not believe that I'm a qualified RN. I felt that some of them were hesitant about my nursing care.

In some cases, such as when performing urinary catheterization or teaching about breast feeding and breast care with a female patient, my female colleagues often question the legitimacy and the quality of my care.

As a result, participants sometimes felt frustrated and worried that they might be judged inferior to their female colleagues. Some began to question their decision to become a nurse:

As a nurse I need to learn a lot of detailed procedures and technical skills. It seems that females are more adept at this than men;

After becoming an RN in a clinical setting, I sometimes wonder if nursing is good for men as a lifelong career.

Managing gender-related career development issues

Participants developed several strategies to manage the factors hindering their professional nursing development: (a) appreciating their value as a male nurse and learning from teachers and nursing supervisors; (b) changing their own mindset to appreciate others' curiosity; (c) taking time to clarify others' concerns about their professional roles; and (d) winning support from the people important to their personal and professional life. Learning of their value as male nurses from teachers in schools of nursing and from supervisors in the health institutes where they were employed was highly appreciated. Apart from the curiosity of society and the ambivalent support from some superiors, some participants reported that nursing was a field suitable for both men and women based on the nature of nursing work and their own experiences. Second, participants learned to change their

mindset to appreciate others' curiosity about the fact that there are only a small number of male nurses within the profession rather than feeling frustrated with others' curiosity. They also tried to spend time with patients and their families to demonstrate their motivation for becoming a professional nurse and to explain their professional roles compared with female nurses. Some confronted the issue squarely and presented themselves with the confidence appropriate to nursing professionals in order to win the acceptance and trust of their patients, families, relatives, and most especially their friends.

Some participants noted some advantages for men in developing a nursing career in Taiwan. They believed that males in the nursing profession would have a good potential for future development since their careers would not potentially be interrupted by maternity leave. In addition, from their observations, they reported that males were more likely to take the initiative in seeking opportunities for professional advancement. Finally, most participants reported that it was very important to win the encouragement and support from the people who were important in their personal and professional lives, such as family members and friends, as well as their colleagues, including female nurses, supervisors, and physicians. On a personal level, they introduced their families and friends to the tangible and intangible benefits of being a nurse. Professionally, they demonstrated their positive learning attitudes by working hard and taking the initiative in asking questions, and maintained good rapport with other health care team members, supervisors, and physicians.

Discussion

In this study, we attempted to gain in-depth understanding of Taiwanese male nurses' motivations for becoming a nurse in order to uncover difficulties hindering their professional development from both professional and gender aspects, as well as to identify strategies which are perceived as being useful in facilitating their career development. One notable finding was that, in each of the three phases outlined above, motivations differed. The *pre-study phase* can be referred to an 'innocent expectation phase'; the *study phase* is a 'professional fostering expectation phase'; and the *employment phase* can be deemed a 'real world frustration phase'.

The *pre-study phase* of Taiwanese male nurses' entry into nursing programmes referred to their JCEE scores, to school characteristics including location, reputation, and tuition expenses, as well as to military service obligations. This study confirmed findings from other studies in Taiwan and Western societies. Li (1994) investigated students' decision-making

when choosing a technical college in southern Taiwan and found that influencing factors included the school's reputation, distance from the home, personal interests, and the quality of teachers.

In terms of gender-role identity reasons given for entering nursing could be grouped into the three categories of 'vocational', 'influenced', and 'drifted' (Winson 1992). In this respect, our findings match those of Kelly *et al.* (1996), Tseng (1997) and Evans and Steptoe (2002). Similarly, supporting Marsland *et al.*'s (1996) findings in the United Kingdom (UK), Taiwanese men in our study were less likely than women to select nursing as a first choice for their profession. In fact, external factors, primarily the JCEE system, further reflect the dilemma confronting most high school students in Taiwan. Yu (1997) argued that this system requires students to make decisions about their undergraduate education based on a single large academic test. When coupled with the fear of compulsory military service, students feel compelled to accept any school to which they can gain admission based on their JCEE scores (Yu 1993). In summary, although hospital communities might receive a veritable bonanza of qualified young men, culture and well-intentioned institutional tests have created positive barriers for young men entering the field of nursing in Taiwan.

In the *study phase*, students' motivations shifted to more-explicit and positive expectations once in school: a sound education, guaranteed job opportunities and, probably most importantly, a gateway for promised development in the health care professions, including medicine and allied health professions. Western scholars also support this finding. They have pointed out that the primary aspirations for Western male nurses to continue in the nursing profession are the perceived benefits of nursing work, such as many guaranteed job opportunities, ease of finding work, attractive salaries, and flexible work schedules (Perkins *et al.* 1993, Okrainec 1994, Kelly *et al.* 1996).

In the *employment phase*, Taiwanese male nurses experienced difficulties inherent in clinical settings as new RNs who were still inexperienced but who were required to be independent (Wu 2003). During this tough transition, the gender issue, lack of confidence, and especially lack of adequate support were factors hindering their intention to stay in the nursing profession. Adverse curiosity and gender conflicts between the public, patients, co-workers, and superiors all created a sense of frustration and contributed to contemplations of a career change.

Many male nurses are questioned at some point about being homosexual (Kelly *et al.* 1996). Male nursing students are considered odd, disgusting, effeminate, or strange, and it is said that only those men who are incapable of other

professions become nurses (Chen 1998, Thomas 1998). The issue of sexism may further contribute to male nurses' lack of confidence as competent nurses in clinical settings. In addition, some of them experienced direct and open discrimination, as well as subtle criticism from their peers, co-workers, or employer institutions. Furthermore, some reported a feeling of low occupational status and experienced tension, anxiety, role strain, as well as reversals in mental health. Lack of adequate support from significant others, especially family members, was also reported in this study to be an important issue influencing some male nurses' career planning. Kelly *et al.* (1996) supported this finding and found that family members were most influential in providing moral support to male nurses during the years of schooling, and encouraging them to enter the nursing profession after graduation.

However, not all male nurses view their own career development negatively. Some participants believed that males still have many opportunities to develop in this profession because most female nurses have to contend with such social responsibilities as raising children and taking care of the entire family. However, most Taiwanese male nurses tend to centre their lives on professional development, and their professional careers are seldom interrupted by those obligations. This view is also influenced by traditional Chinese gender role expectations, where males are taught to seek success in their professions, and so they consequently focus their attention on career development (Liu 1996). As a result, men can legitimately accumulate more education and experience, and have more opportunities to be promoted in their professions. This is consistent with Marsland *et al.*'s (1996) findings in the UK, and indicates that men tend to plan career development more than women with the purpose of facilitating their professional promotion. Winson (1992) found that male charge nurses and senior nurse managers in the UK were more likely to aspire to top-level posts. This point of view resembles the 'human capital' theory (Reskin & Padavic 1994), in which men often receive assistance because of their gender (Williams 1992, 1995a, 1995b), and thus have more opportunities to advance (Reskin & Padavic 1994).

Because they had experienced factors hindering their professional growth, male nurses in our study had developed several focused strategies to survive and succeed in the nursing profession in Taiwan. Personal strategies included cognitive efforts to change their mindsets from negative to positive. Thus, they had begun to view others' concerns about their nursing roles as a way to understand better their own decisions and possible contributions, and to invite further dialogue between male nurses and patients. These psychological and cognitive reorientations served to create careful but

friendly in-depth dialogues with others, including colleagues, clients, patients' family members, and the public. Nevertheless, the effectiveness of these strategies requires further appraisal by themselves and others in the future.

We also found that some Taiwanese male nurses selected specialized units or even transferred to different professional tracks when necessary as adjustment strategies to achieve their goals for growth in professional knowledge and skills, and for promotion. Like Western male nurses, the majority of our participants specialized wards for employment (Okraïnec 1994, Williams 1995a, 1995b, Thomas 1998). This matches findings in a study in Taiwan which showed that the majority of male nurses preferred to work in psychiatric wards and ICUs (Kin *et al.* 1996). This may also happen because working in specialized wards allows male nurses to avoid awkwardness in nursing practice related to gender roles, and brings greater respect for competency as a nurse regardless of gender (Johnston 1987, Egeland & Brown 1988, Williams 1995a, 1995b, Thomas 1998). Because of their experience in these special wards, Taiwanese participants, like Western male nurses, ultimately expected to advance into nursing administration based upon their achievements (Williams 1995a, 1995b, Thomas 1998). In summary, in dealing with real-life situations, male nurses attempted to cope by altering their personal views and even specialties. Future studies are required to further compare the problems of attrition in nursing for both men and women.

Limitations

Some limitations were inherent in this study. First, a convenience sample was used, and the sample size was small because of the limited number of males with a BSN who continue to work as nurse clinicians in Taiwan.

Second, since a self-reporting method was used and all participants were BSN graduates of a 3-year vocational school or university, their experiences and perceptions may not be applicable to those from 2-year nursing programmes.

Third, participants in this study had not worked in the nursing field very long. The problems they had encountered, adjustment skills they had developed, complexity of the nursing phenomena they had experienced, and their expectations both personally and professionally might differ from those of more-experienced male nurses.

Last, none of the participants in this project was a first-line or higher level administrator. It is possible that male nurses' interactions with their female colleagues and their perceptions of working in a more stressful position, such as in higher administrative roles in a female-dominated group, might differ.

What is already known about this topic

- Male nurses' experiences studying in nursing schools and their continued career development differ from those of female nurses; this stems from implicit and explicit influences of gender roles.
- Male had no opportunity to undergo regular nursing school training in Taiwan until 1985.
- Hindered by historical, cultural, economic and warfare factors, the proportion of male nurses in Taiwan remains low.
- Increasing numbers of nursing leaders are acknowledging male nurses' contributions, due to their clinical competency and day-to-day nursing shortage, particularly in Western societies.

What this paper adds

- Based on the nature of nursing work and clinical experiences, Taiwanese male nurses believed that nursing was a profession suitable for both men and women.
- Taiwanese male nurses' entrance into the nursing profession involved pre-study, study, and employment phases.
- The difficulties Taiwanese male nurses encountered during career development were related to unfair gender expectations.
- They received support more from superiors than from colleagues in the health institutes.
- The major coping strategies they used were related to a strong desire for personal growth and professional promotion.
- A conceptual framework was developed to depict this complex phenomenon.

Conclusions

Despite its limitations, some suggestions can be made based on the findings of this study. First, when considering the development of such a highly valued profession as nursing, the underlying motivations which often contribute to practising personnel's long-term passion for the profession deserve greater understanding and inspiration. Men and women should not be limited to passive acceptance of a nursing career as a second choice because of rationales based upon JCEE scores or because they view nursing as a way of avoiding military service. Rather, nursing should be positively marketed to attract those who truly have an interest in such a delicate and dedicated profession.

Kelly *et al.* (1996) suggested that it is important to market nursing in an androgynous manner. Promotional advertisements, posters, and brochures should not perpetuate the image that only females are nurses. Moreover, recruiters should emphasize job diversity, flexibility, security, and professionalism. Nursing schools could also consider involving male nursing students in recruitment efforts and making them visible in recruitment materials. Newspapers, as well as professional and non-professional journals, might also play a role in portraying positive images of male nurses in advertising about the roles of nurses. High school counsellors, schools of nursing, and health care institutions should be informed of the findings in this study and be encouraged to promote nursing as a profession for men as well as women. School educators should be encouraged actively to provide psychological and cognitive guidance to empower students to manage gender-related problems.

Researchers have stressed that male nurses often pay special attention to their career development. Therefore, nursing administrators should be aware of male nurses' needs, and provide them with suitable opportunities for professional development when possible. Nursing educators should also try to understand male nurses' motivations, professional preparations, and career planning so that they are better able to offer assistance as a 'coach' in the selection of work settings, as well as to facilitate learning experiences to help these men make more feasible career plans.

Finally, the majority of Taiwanese male nurses in this study complained of a lack of adequate support for their career planning from important persons like family members, and from groups in their social environment. Mendez and Louis (1991) found that having a nursing role model positively affects one's choice of nursing as a career. Therefore, the formation of support groups, such as local chapters of the Taiwanese Assembly for Men in Nursing should be encouraged. In Taiwanese society, it would also be valuable for representatives to spend time with male nurses' family members to clarify and resolve their concerns during the recruitment process in order to help male nurses build up a strong core social support network for their further development.

References

- Berg B.L. (1995) *Qualitative Research Methods for the Social Sciences*, 2nd edn, Allyn & Bacon, Boston, MA, pp. 192–193.
- Chen T.F. (1998) Departmental management: marketing to the male nursing student. *Nursing Leadership* 2, 175–206 (in Chinese).
- DeVault M. (1990) Taking and listening from women's standpoint: feminist strategies for interviewing and analysis. *Social Problems* 37, 96–116.

- Egeland J.W. & Brown J.S. (1988) Sex role stereotyping and role strain of male registered nurses. *Research in Nursing and Health* 11, 257–267.
- Evans O. & Steptoe A. (2002) The contribution of gender-role orientation, work factors and home stressors to psychological well-being and sickness absence in male- and female-dominated occupational groups. *Social Science & Medicine* 54, 481–492.
- Halloran E.J. & Welton J.M. (1994) Why aren't there more men in nursing? In *Issues in Nursing* (McCloskey J.C. & Grace H.K., eds), Mosby, St Louis, MO, pp. 683–691.
- Institute for Information Industry (2003) *Medical Information Net: Medical Personnel Management System: Statistical Tables of Nursing Personnel in the Taiwan and Fujian Area (up to October, 2003)*. Institute for Information Industry, Taipei.
- Johnston J. (1987) Men in emergency nursing. *Journal of Emergency Nursing* 13, 88–90.
- Kelly N.R., Shoemaker M. & Steele T. (1996) The experience of being a male student nurse. *Journal of Nursing Education* 35, 170–174.
- Kin C.H., Lin S.H., Wang T.F., Ye M.C. & Lu S.M. (1996) A survey of factors related to work characteristics of Taiwan male nursing personnel. *Veterans General Nursing* 13, 278–288. (in Chinese).
- Li S.H. (1994) A study on technical and industrial school new student preferences. *Southern Taiwan Technical and Industrial School Report* 19, 33–45 (in Chinese).
- Liu C.T. (1996) A female analysis of nursing's personnel problem. *Journal of Taiwan Social Research* 22, 83–102 (in Chinese).
- Mackintosh C. (1997) A history study of man in nursing. *Journal of Advanced Nursing* 26, 232–236.
- Marsland L., Robinson S. & Murrells T. (1996) Pursuing a career in nursing: differences between men and women qualifying as registered general nurses. *Journal of Nursing Management* 4(4), 231–241.
- Mendez D. & Louis M. (1991) College students' image of nursing as a career choice. *Journal of Nursing Education* 30, 311–319.
- Okrainec G.D. (1994) Perceptions of nursing education held by male nursing students. *Western Journal of Nursing Research* 16, 94–107.
- Perkins J.L., Bennett D.M. & Dorman R.E. (1993) Why men choose nursing. *Nursing & Health Care* 14, 34–38.
- Reskin B.F. & Padavic I. (1994) *Woman and Men at Work*. Pine Forge, Thousand Oaks, CA.
- Thomas S.P. (1998) *Transforming Nurses' Anger and Pain- Steps Toward Healing*. Springer, New York.
- Tseng Y.L. (1997) Nursing needs gender education too: how to avoid sexual stereotypes influencing male nursing students. *Journal of Nursing* 44, 56–60.
- Williams C.L. (1992) The glass escalator: hidden advantages for men in the "female" profession. *Social Problems* 39, 253–267.
- Williams C.L. (1995a) Hidden advantages for men in nursing. *Nursing Administration Quarterly* 19, 63–70.
- Williams C.L. (1995b) *Still a Man's World: Men Who Do Woman's Work*. University of California, Berkeley & Los Angeles, CA.
- Winson G. (1992) A study of nurse career paths. *Senior Nurse* 12(3), 11–19.
- Wu M.L. (2003) *Transition From Graduate to the First Year Survivor: The Noviced Nurse's Clinical Experience*. Master Degree Thesis. National Taiwan University Graduate Insistute of Nursing, Taipei, Taiwan.
- Yu S. (1993) Personality traits, views on nursing and nursing abilities of different sexes. *Journal of Nursing* 1, 205–217. (in Chinese).
- Yu Y.C. (1997) Sex-based selection of schools and departments, emphasis on career development. *High School Library* 19, 8–11. (in Chinese).