

Gender mainstreaming in Nursing Education: A study on the professional socialisation processes of Malawian student male nurses during undergraduate training

Miriam Mary Chinkhata

Student Number **725942**

A Thesis submitted to the Faculty of Health Sciences,
University of the Witwatersrand, Johannesburg, in fulfilment of
the requirements for the degree
of
Doctor of Philosophy

Johannesburg, 2016

DECLARATION

I, Miriam Mary Chinkhata, declare that this thesis is my own work. It is being submitted for the Degree of Philosophy at the University of the Witwatersrand, Johannesburg. It has never been submitted before for any degree or examination at this or any other University.

HREC: Number 130805

SIGNATURE.....

Signed at Johannesburg, Date.....

PRESENTATIONS AND PRODUCTIONS MADE FROM THIS THESIS

1. Republic of South Africa August 2015 STTI (Sigma Theta Tau International Conference)

- A) Are prospective student nurse midwives making informed choices prior to joining nursing in Malawi? (Awarded best poster presented).
- B) Gender mainstreaming in Nursing Education: A case for Malawian male student nurses' professional socialisation process during undergraduate training.

2. The University of Witwatersrand Symposium Day

Application of the “Delphi Technique” in the validation exercise of a gender-inclusive teaching learning material in nursing education.

3. Productions

- A) Brochure: *A career in nursing and midwifery in Malawi.*
- B) Booklet: *Booklet for Nurse Educators & Nurse Midwife clinicians on how to improve teaching-learning & working environment for Nurse Midwives.*

ABSTRACT

Gender mainstreaming is a major global strategy of promoting gender equality. In an effort to achieve gender mainstreaming, governments are encouraged to mainstream gender at all levels as this helps prevent gender discrimination and bias. Unlike other professions, gender mainstreaming in nursing means recruiting and retaining men because for many years nursing has been regarded as a woman's profession; nowadays, both men and women are becoming nurses and midwives.

Florence Nightingale, upon founding the modern nursing profession, objected to the recruitment of men to be trained as nurses. Although in theory there could be policies to encourage equal opportunities for males and females in all areas of employment men still remain a minority in nursing and face many challenges. It was envisaged in this study that, by means of a professional socialisation process some of the challenges men face in nursing could be addressed. Studies on socialisation of male nurses have been reported in other countries but not in African countries and literature on socialisation of male nurses in Malawi is scanty.

Following ethical clearance to conduct the study, a three phased mixed methods study was conducted using a sequential exploratory descriptive design (Creswell, 2009). The purpose of the study was to design and validate professional socialisation materials that could be utilised in the recruitment and education of student male nurses. The overall aim was to understand and address challenges experienced by student male nurses hindering their education during undergraduate training thereby, contributing to the nursing education knowledge base regarding recruitment and retention of men in nursing.

It was envisaged that the challenges could be explored and described based on experiences of the student male nurses and from contributions of stakeholders (Lecturers, Deans of Students and Nurse midwife clinicians) contributing towards the students' education. The study was guided by philosophical underpinnings based on pragmatism. Pragmatists advocate the use of all available approaches, procedures and resources to study the phenomenon at hand (Johnson& Onwuegbuzie, 2004). In this study, both qualitative and quantitative methods were employed to obtain objective and subjective information

regarding the professional socialisation process of student male nurses and in validating the designed professional socialisation materials in the form of a booklet and a brochure. However, qualitative methods carried more weight. Social role theory provided an epistemological framework in understanding the phenomenon at hand.

During Phase 1 of the study, in-depth interviews (n=30) (M= 14, F= 16) were conducted with qualified nurse midwives, lecturers, Deans of Students and clinical nurse midwives. The qualified staff were utilised as informants in the study. Twelve focus group discussions were conducted with (n=70) male student nurses in purposively selected nursing colleges (n = 6) and central hospitals (n=4). Non-probability purposive sampling was conducted in identifying all data sources. Semi-structured interview guides were utilised. Data organisation and management were aided by the use of MAXQDA software version 11. Thematic content analysis (Braun & Clarke, 2006) was used to analyse the transcripts.

Documentary reviews of relevant policy guidelines addressing the recruitment and retention of students were also conducted in Phase 1 using a checklist. Content analysis helped analyse the data for the documentary reviews that were conducted. All data in this study were collected by the researcher.

Findings in Phase 1 revealed that, during the professional socialisation process of student male nurses, they encountered both positive and negative experiences in nursing, but the negative experiences were on the increase. This was confirmed during the in-depth interviews with the informants (lecturers and nurse midwife clinicians) where three major themes were uncovered. Contributing factors to the negative experiences are that nursing is perceived to be a feminine profession, men felt that they were discriminated against because of their gender and the majority of men who joined nursing did not make an informed choice due to lack of career guidance.

During Phase 2, a brochure and booklet were designed. The brochure aimed at providing information to prospective student nurse midwives and males in particular. The booklet was designed based on the recommendations obtained from the study participants in Phase

1 and is envisaged to help address challenges faced during the socialisation processes of male nurses.

Both the brochure and the booklet were validated in Phase 3 of the study using the Nominal Group Technique (Vagra-Atkins, McIsaac, Bunyan & Fewtrell, 2011) and the Modified Delphi Technique (Slaughter, Katz & Grass, 1999) respectively. Student nurses and a ‘panel of nurses’ validated the brochure and booklet by completing questionnaires. Descriptive statistics were computed using Statistica version 12. Five Nominal Group Technique discussions took place in four nursing colleges (n=37). Findings revealed that four of the five Nominal Groups found the brochure to be relevant and motivating to prospective students.

A group of nurse midwives (n=35) comprising lecturers (n=12), policy makers (n=2), nurse clinicians (n= 12) and student male nurses (n= 9) validated the booklet. Consensus, ranging from 85.71% to 97.14%, was reached during Round 1 of the exercise. In Round 2, all except one participant maintained “don’t agree” response on one statement.

Overall, the study findings could help in understanding the challenges and processes male student nurses undergo during education and beyond. The recommendations made by the study participants, as compiled in the booklet and those made by the researcher, could help equip nurse educators and nurse clinicians in the education of nurses and males in particular. The brochure could be a useful tool during career guidance for prospective nurse midwives in Malawi.

Use of the Modified Delphi technique helped arrive at a consensus in the validation of gender-inclusive teaching and learning material. Appropriate amendments to the booklet have been implemented. Based on the consensus rate, the booklet, if utilised appropriately, could aid in the professional socialisation process of student male nurses in Malawi.

Key Words: Gender mainstreaming, professional socialisation, men in nursing, recruitment and retention of men in nursing and nursing education

DEDICATION

To God the Almighty

With your presence, I have gone this far- Rehoboth!

May **YOU** be glorified!

ACKNOWLEDGEMENTS

This journey was successful with the support of the following:

- Dr Gayle Langley, who guided me throughout the research process. She is my hero.
- Geoffrey my husband, for your continued prayers, encouragement and caring for our children.
- Chisomo and Thokozani are wonderful for enduring a home without ‘mum’ and encouraging me to work hard. Their prayers and bravery have seen me this far. May God also help you in your studies.
- My brothers, sisters and friends who have been there for me during my studies. May God bless you.
- The American government through the Nursing Education Partnership Initiative (NEPI) for providing the scholarship to me through my government.
- Students and qualified nurse midwives and nurse midwife educators for volunteering to participate in the study. Their valuable time and information will help strengthen the education of male nurse midwives in Malawi.
- The University of the Witwatersrand through the Faculty of Health Sciences Research Office for sponsoring the dissemination of the study findings at a conference.
- Gill Smithies, for editing my work - thanks to her for her time, effort and expertise.

TABLE OF CONTENT

Declaration.....	i
Presentations and and productions made from this thesis.....	ii
Abstract.....	iii
Acknowledgment.....	iv
 1. CHAPTER 1.....	 1
1.1. Introduction.....	1
1.2. Gender Mainstreaming, benefits and origin	1
1.3. Gender mainstreaming: a contemporary development in modern nursing.....	2
1.4. The Malawi National Gender Policy and its implication on male nurse recruitment	3
1.5. Brief global history of Nursing.....	4
1.6. History of Nursing Education Internationally	5
1.7. Overview of the history of nursing and midwifery education in Malawi.....	7
1.7.1. The Profile of Malawi.....	8
1.8. The history of Nursing, Nurse Midwifery Education and Recruitment of Male Nurses in Malawi	10
1.9. Professional socialisation process - an indispensable process in nursing education.....	12
1.10. Factors that could impact on the professional socialisation process in Malawi	14
1.11. Stages of professional socialisation.....	14

1.11.1.	Anticipatory socialisation	15
1.11.2.	Formal socialisation	15
1.11.3.	Post-training Stage	15
1.12.	Statement of the Problem	16
1.13.	Significance of the study	18
1.14.	Rationale for the study	19
1.15.	Research Questions	19
1.16.	Aim of the study	20
1.17.	Study Objectives	21
1.18.	Definition of Terms/Concepts	22
1.18.1.	Gender mainstreaming	22
1.18.2.	Professional Socialisation	22
1.18.3.	Professional Socialisation Materials	22
1.18.4.	Dean of Students	23
1.18.5.	Nursing Education	23
1.18.6.	Nurse Clinician	24
1.18.7.	Role Conflict.....	24
1.19.	Structure of the Document	24
1.20.	Conclusion.....	26
2.	CHAPTER 2.....	27
	LITERATURE REVIEW.....	27

2.1.	Introduction.....	27
2.2.	Studies conducted on professional socialisation and inclusion of men in nursing.....	28
2.3.	Reasons for men joining nursing and implications for the recruitment and retention of men in nursing	35
2.4.	Care provision as experienced by male nurses in comparison to care rendered by female nurses	36
2.5.	Men’s coping mechanisms in the female-dominated profession.....	37
2.6.	Synthesis of the literature.....	39
2.7.	Conclusion	40
3.	CHAPTER 3.....	42
	RESEARCH METHODOLOGY.....	42
3.1.	Introduction.....	42
3.2.	The Research design	42
3.3.	Reasons for using both Qualitative and Quantitative Approaches	46
3.4.	Philosophical Worldviews	48
3.4.1.	Constructivism.....	48
3.4.2.	Positivism	49
3.4.3.	Pragmatism	49
3.5.	Research Methods.....	49
3.5.1.	SECTION 3A: METHODOLOGY FOR PHASE 1(Qualitative)	50

3.5.2.	Section 3B: The Modified Delphi Technique: Sampling & data collection method utilised (Phases 2& 3)	58
3.5.3.	Section 3 C: Methodology utilised in designing and validating a brochure using Nominal Group Technique (NGT) (Phases 2 & 3).....	62
a.	Introduction and Explanations.....	69
b.	Silent generation of ideas.....	70
c.	Sharing Ideas.....	70
3.5.4.	Section 3 D: Professional Socialisation Process and Social Role Theoretical Framework.	72
3.6.	Rigour and Trustworthiness	73
3.7.	Ethical considerations and research approval	75
3.8.	Conclusion	77
4.	CHAPTER 4.....	78
	RESULTS AND DISCUSSION OF RESULTS FOR PHASES 1 AND 3.....	78
4.1.	Introduction.....	78
4.2.	Section 4A: Results and Discussion for Results of Phase 1	79
4.2.1.	Demographic Profile.....	79
4.2.2.	Positive Experiences.....	80
4.2.3.	Theme 1: Nursing is a feminine job	83
4.2.4.	Theme 2: Discrimination	103
4.2.5.	Theme 3: Professional Socialisation Process	112
4.2.6.	Documentary Review Findings	122

4.2.7.	Recommendations made by student male nurses, nurse educators and qualified nurses	127
4.2.8.	Summary of Qualitative Findings	132
4.3.	Section 4 B: Results and Discussion for the Modified Delphi Technique	134
4.3.1.	Demographic Profile.....	136
4.3.2.	General outcome on questionnaire distribution.....	138
4.3.3.	Results of the Modified Delphi Technique for Round 1 and discussion based on Qualitative data analysis.....	138
4.3.4.	Summary of Results for Round 1 exercise	142
4.3.5.	Results for Round 2 of the Delphi Process.....	142
4.3.6.	Summary.....	144
4.4.	Section 4C:- Results and Discussion for Nominal Group Technique	146
4.4.1.	Introduction	146
4.4.2.	Demographic profile.....	147
4.4.3.	Discussion of Results of the Nominal Group Technique	152
4.4.4.	Conclusion.....	153
5.	CHAPTER 5.....	155
	INTEGRATION OF THE STUDY.....	155
5.1.	Introduction.....	155
	Research Questions.....	155
5.2.	Philosophical World Views	156

5.3.	Basis for Integration of study findings	158
5.4.	Gender Policy and Gender mainstreaming in nursing education in Malawi	160
5.5.	Professional Socialisation Processes	165
5.5.1.	Ideal Professional Socialisation Process.....	166
5.5.2.	Failed Professional Socialisation Process	167
5.6.	Factors that can enhance or hinder professional socialisation process	168
5.6.1.	Nurse educators, nurse midwives and managers’ influence on the socialisation process of students and qualified male nurses	168
5.6.2.	Institutional Policies and how they impact on male student nurses’ socialisation process	170
5.6.3.	Factors that influence the professional socialisation process in an individual.	173
5.7.	Deductive Reasoning and Theoretical Perspective.....	174
5.8.	Conclusion	175
6.	CHAPTER 6.....	178
MAIN FINDINGS, LIMITATIONS, RECOMMENDATIONS AND CONCLUSIONS		178
6.1.	Introduction.....	178
6.2.	Summary of Main Findings	178
6.3.	Conclusion	186
6.4.	Limitations	187
6.5.	Recommendations for Nursing Midwifery Education, Practice and Research...	188
6.5.1.	Recommendations for Nursing, Midwifery Education&Practice:	188

6.5.2.	Recommendations for Nursing Research	191
6.6.	Conclusion	192
7.	REFERENCES.....	193
8.	APPENDICES.....	210
8.1.	Appendix A: Map of Malawi showing nursing colleges	210
8.2.	Appendix B 1: Ethics clearance certificate from university of Witwatersrand ..	211
8.3.	Appendix B 2: Ethics Clearance Certificate from Malawi	212
8.4.	Appendix C 1: Permission Letter from the Ministry of Health to Conduct Research in four Central Hospitals of Malawi.....	213
8.5.	Appendix C 2: Permission letter from Adventist University.....	214
8.6.	Appendix C 3: Permission letter from the University of Malawi-KCN	215
8.7.	Appendix C 4: Permission from MCHS –Blantyre Campus to conduct a Pilot study.....	216
8.8.	Appendix C 5: Permission from Queen Elizabeth Central Hospital.....	217
8.9.	Appendix C 6: Permission from Malawi College of Health Science- Zomba Campus	218
8.10.	Appendix C 7: Permission from Nurses and Midwives Council of Malawi...	219
8.11.	Appendix C8: Permission from Nkhoma College of Nursing	220
8.12.	Appendix C 9: Permission from St John’s College of Nursing	221
8.13.	Appendix C10: Permission for Copy Right from SAGE publishers.....	222
8.14.	Appendix C11: Permission letter to take photographs.....	223
8.15.	Appendix D 1: Information Sheet for Student Male Nurses	224

8.16.	Appendix D2: Informed Consent for Male Student Nurses.....	227
8.17.	Appendix D 3: Demographic form to be completed by Male Student Nurses	228
8.18.	Appendix D 4: Consent for audio-taping of the interview for student male nurses	229
8.19.	Appendix D5: Interview Guide used with Student Male Nurses	230
8.20.	Appendix E 1: Information sheet for lecturers.....	232
8.21.	Appendix E2: Informed consent form for lecturers.	235
8.22.	Appendix E 3: Consent for audio-taping interviews with lecturers	236
8.23.	Appendix E 4: Demographic form to be completed by the lecturers.....	237
8.24.	Appendix E 5: In-depth interview guide for lecturers.....	238
8.25.	Appendix F 1: Information sheet for deans of students	241
8.26.	Appendix F 2: Informed consent for deans of students.	243
8.27.	Appendix F 3: Consent form for audio-taping of the interview with deans of students	244
8.28.	Appendix F 4: Demographic form to be completed by the dean of students..	245
8.29.	Appendix F 5:In-depth interview guide to be used with deans of students	246
8.30.	Appendix G1:Information sheet for qualified male nurses.....	249
8.31.	Appendix G 2: Informed consent form for qualified male nurses	252
8.32.	Appendix G 3: Consent form for audio-taping of the interview for qualified male nurses.....	253
8.33.	Appendix G 4: Demographic form to be completed by the qualified male nurses	254

8.34.	Appendix G 5: Interview guide to for qualified male nurses.....	255
8.35.	Appendix H 1: Information sheet for qualified female nurses.....	257
8.36.	Appendix H 2: Informed consent for qualified female nurse managers (Matrons).....	259
8.37.	Appendix H 3: Demographic form to be completed by the qualified female nurses	260
8.38.	Appendix H 4: Consent form for audio-taping of the interview for qualified female nurses	261
8.39.	Appendix H 5: Interview guide to be used during in-depth interviews with qualified female nurses (matrons).....	262
8.40.	Appendix I: Checklist of documents given for review	265
8.41.	Appendix J 1: Information sheet forthe modified Delphi Technique in validating the booklet.....	266
8.42.	Appendix J 2: Informed consent for participationin the Modified Delphi Technique.....	269
8.43.	Appendix J 3: Demographic Form to be completed by participants during validation of the booklet	270
8.44.	Appendix J 4: Questionnaire to be used during Modified Delphi Technique in validating the Booklet.....	271
8.45.	Appendix K 1: Information sheet for validation of the brochure.....	274
8.46.	Appendix K 2: Informed consent form for participation in The validation of a Brochure (Nominal Group Technique).....	277

8.47.	Appendix K 3: Questionnaire for validation of A brochure.....	278
8.48.	appendix l 1:information sheet for taking photographs for use in producing a final brochure	280
8.49.	Appendix L 2: Information sheet for taking photographs for use in producing a booklet	283
8.50.	Appendix L 3: Consent form for photographing.....	286
8.51.	Appendix L 4: Information Sheet explaining more regarding being photographed, in vernacular language (Chichewa)	287
8.52.	Appendix L 5: Informed Consent Form for photographing in vernacular language (CHICHEWA).....	288
8.53.	Appendix L 6: The Brochure	289
8.54.	Appendix M: Permission from sponsors to use ICAP Logo on the final brochure	291
8.55.	Appendix N: Language & Editing work Certificate	292
8.56.	Appendix O. Letter of permission to take photographs at QECH	293

LIST OF TABLES

TABLE 1.1:	Health Indicators (Ref: Ministry of Health-Malawi, 2011).....	9
TABLE 3.1:	Flow Diagram of the Phases Undertaken in the study.....	45
TABLE 4.1:	Thematic Map.....	82
TABLE 4.2:	Schematic Presentation of Documentary Review Findings.....	123
TABLE 4.3:	Number of Nurse Midwives in the Four Central Hospitals as at 2014.....	126

TABLE 4.4: Results of Round 1 Modified Delphi Technique.....	137
TABLE 4.5: Results on Strengths of the Brochure.....	148
.	
TABLE 4.6: Results on Weaknesses of the Brochure.....	149
TABLE 4.7: Results on Improvements to be made on the Brochure.....	150
TABLE 4.8: Common Strong Areas of the Brochure.....	151
TABLE 4.9: Common Weak areas.....	151
TABLE 4.10: Common Areas for Improvement.....	151

LIST OF FIGURES

Figure 1.1: Map of Malawi.....	8
Figure 3.1: A Framework for Design: The Interconnection of Worldviews, Strategies of Inquiry & Research Methods.....	43
Figure 3.2: Schematic representation of Data Triangulation of Collection Methods as Utilised in Phase 1 of the study.....	75

LIST OF ABBREVIATIONS

CHAM	Christian Health Association of Malawi.
KCN	Kamuzu College of Nursing.
MOH	Ministry of Health
MDHS	Malawi Demographic Health Survey
NGT	Nominal Group Technique
NMCM	Nurses and Midwives Council of Malawi.

NMT Nurse Midwifery Technician.

NONMM National Organisation of Nurses and Midwives of Malawi.

RN Registered Nurses.

CHAPTER 1

OVERVIEW OF THE STUDY

1.1. Introduction

Chapter 1 gives an overview of the thesis including the issue of gender mainstreaming, its benefit and origin. It explains gender mainstreaming as a contemporary issue in modern nursing, the Malawi gender policy and its implication in the recruitment of men into nursing colleges in the country. A brief global history of nursing, both internationally and nationally, is provided, as is a country profile of Malawi. The stages of professional socialisation and its impact on nursing education, the statement of the problem, the significance of and rationale for the study, research questions and objectives, definitions of major concepts and the organisation of the thesis are presented.

1.2. Gender Mainstreaming, benefits and origin

Gender mainstreaming is a global strategy for promoting gender equality (Wu & Wang, 2011; Wang, 2011a). According to the United Nations (2002), gender mainstreaming is defined as a strategy for making women's and men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres. In this way, women and men benefit equally and inequality is not perpetuated (Terrillon, 2011). The ultimate goal is to achieve gender equality. Gender equality means men and women should enjoy the same status and have equal conditions for realising their full potential and human rights such as access to opportunities, resources, benefits and equal participation in decision making (Terrillon, 2011). Governments are therefore encouraged to incorporate gender perspectives in policy decisions by the United Nations and the World Health Organizations (Wu & Wang, 2011). Gender equality, if properly implemented, benefits both the individual as well as countries in many respects. Firstly, poverty reduction and sustainable social and economic development of societies can be achieved (Terrillon, 2011); secondly, effectiveness and efficiency in service delivery can result when an appropriate skill mix, based on many factors, including gender, can be realised (Wyss, 2004); finally, there can be elimination of any form of gender discrimination (Herdman, 2008). When benefits of

gender mainstreaming are in place, there will be changes in an organisation that affect its structure, procedures and culture, thereby creating an enabling environment conducive for the promotion of gender equality.

The historical development of gender mainstreaming dates back to when European Community member countries saw the need to address gender mainstreaming in the education sector by setting up a committee to oversee the mandate (Council of Europe, 2004). One of the goals of the committee was to promote equality between women and men and eliminate gender-based discrimination (Council of Europe, 2004). This followed the integration of gender mainstreaming as a strategy to address women's and men's interests and concerns in policy adopted during the United Nations 4th World Conference on Women in Beijing, China, in 1995 (United Nations, 2002).

1.3. Gender mainstreaming: a contemporary development in modern nursing

In this study, gender mainstreaming is defined as a strategy aimed at assisting an individual to train, work and socialise in any profession, irrespective of her/his gender, without feelings of being discriminated against or segregated. This enables individuals to utilise their fullest potential to the benefit of both the profession and the individual. Unlike other professions, mainstreaming gender in nursing means recruiting and retaining men in the profession, a result of the historical background of nursing. Modern nursing has evolved as a “woman's profession” (Anthony, 2004; Meadus & Twomey, 2011), which dates back to the Florence Nightingale era when she advocated nursing as a profession for women only. Consequently, formal education in most nursing colleges, including in Malawi, had been reserved primarily for women (Yang, Gau, Shiao, Hu & Shih, 2004; Muula, Nyasulu, & Msiska, 2004). Despite this, men are increasingly being educated as nurses although literature reveals that men face challenges and require support and counselling in nursing (Yang et al., 2004; Meadus & Twomey, 2011). There are various reasons why men join this female-dominated profession and as such, nursing professionals have a duty to cultivate gender competence, understand gender-related policies and guidelines and gender issues in education, research and decision-making processes, thereby promoting gender mainstreaming in the profession (Wang et al., 2011). In Malawi, to some extent, the advent of gender policy obliged most of the nursing colleges to educate more males.

1.4. The Malawi National Gender Policy and its implication on male nurse recruitment

The constitution of Malawi prohibits discrimination of any form, gender inclusive. It recommends that there be equality in access to education, training and scholarships. This is evident in that the government formulated and implements a gender policy (United Nations 2010).

The government of Malawi formulated the first gender policy following the 4th World Conference on Women in Beijing, China, in 1995 where declarations and conventions on women were made (Republic of Malawi, 2000). The policy was aimed at ensuring mainstreaming of gender with the assistance of the Ministry of Gender and Youth and Community Services. The Ministry of Gender was also mandated to spearhead the implementation, coordination of mentoring and evaluation of the Gender Policy, programmes, projects and activities. The Ministry of Gender, as the national machinery, is the key role player in the mainstreaming of gender equality, with the first gender policy put in place (2000-2005) and since revised (Republic of Malawi, 2008). Following the formulation of the gender policy, a National Gender Programme (2004-2009) was designed and a National Plan of Action for the programme was put in place (Malawi Government, 2005). The government sees gender as a cross-cutting issue and all sectors are called upon to implement gender mainstreaming at all levels to ensure gender equality (Maluwa-Banda, 2004). Gender equality is also enshrined in the 1995 Malawi Constitution (Republic of Malawi, 2008).

Following the inception of the gender policy, authorities in educational institutions, and tertiary educational institutions in particular, were mandated to ensure the recruitment of students in all courses should be gender sensitive (Maluwa-Banda, 2004; Republic of Malawi, 2000). As an example, the mainstream education sector in Malawi instituted a number of activities and projects aimed at strengthening the sector on gender issues (Maluwa-Banda, 2004). Nursing colleges were no exception to this trend. Although the nursing colleges are expected to recruit men, it appears some colleges do not have clear policy outlines as to how many females and males can be recruited when it comes to incorporating men into the profession. It could be seen that one of the deterring factors in

some colleges was providing residential accommodation for the male students, since the colleges were initially designed to accommodate females in university and hospital residences (Muula, Nyasulu & Msiska, 2004). The intake of men in nursing has gradually increased, however the increase is not satisfactory because men remain a minority in the nursing profession.

Despite efforts put in place by the Malawi government to ensure implementation of gender equality across all sectors, evidence shows there is still a lot of work to be implemented. This is because the Millennium Development Goal targets, which had lagged behind, were the ones with gender connotations (Malawi government, 2012).

1.5. Brief global history of Nursing

Nursing is as old as is humankind. It has evolved with the development of the civilisation of human beings from primitive societies and evidence reveals the pursuit of nursing as an occupation as far back as 4000 BC (Delaune & Ladner, 2006). Before the early Christian period (1500AD), caring for the sick was a function women performed in their homes (White, 2005; Delaune & Ladner, 2006). Female nurses practised their services based on a religious motivation hence nursing became a respected occupation amongst deaconesses (White, 2005). Though history is silent on the early contributions of men to nursing, men are said to have been involved in patient care from ancient times (Mackintosh, 1997, Romem & Anson, 2005). According to Wilson (as cited in O'Lynn, 2004), the first nursing school was established for men in India around 250 BC. Later, during the Industrial Revolution, men opted for better-paying occupations in urban areas and the number of men rendering patient care in nursing declined (Mackintosh, 1997).

In 1633, the Daughters of Charity was founded by St Vincent DePaul (White, 2005). The Daughters of Charity were women of patience, gentleness, devoted to their work and noted for their exceptional characteristics. In 1636, Pastor Fleidener brought about changes by re-establishing the Kaiserswerth Institute where deaconesses were taught and nursed the sick.

The deaconesses were famous because they were the only formally trained nurses at the time (White, 2005; Delaune & Ladner, 2006). These exceptional characteristics brought about the preliminary reforms in nursing (Mackintosh, 1997).

At the end of the 18th century, although nurses were working in hospitals, there were no standards of care and most of the care was still rendered in the homes by female relatives of the sick person (Delaune & Ladner, 2006).

The situation was finally changed by a nurse leader born in 1820, Florence Nightingale. Nightingale was trained at the Kaiserswerth Institute. She practised nursing in homes and during the Crimean War, where she nursed wounded British soldiers. The sick soldiers named Florence Nightingale “The lady with the lamp” as she made night rounds to ensure the patients were comfortable and cared for. Florence Nightingale is regarded as the founder of modern nursing. She instituted a new model of nursing with the inherent assumption that it was ‘natural’ for nursing to be performed by females. The females were to be middle class women who envisaged the nursing profession as an acceptable and respectable occupation (Mackintosh, 1997). Nightingale’s approach to nursing thus established a barrier that excluded males from participating (Maggs as cited in Mackintosh, 1997). This can be evidenced further from archived correspondence between Nightingale and newly recruited graduates of the Nightingale Nursing School working at St Mary’s hospital in London, where there is reference to nurses as “sister” throughout (Lorentzo & Brown, 2003). She founded her School of Nurses at St Thomas Hospital in London in 1860 (Delaune & Ladner, 2006) after being rewarded £45,000 by the people of Britain through a fund for helping injured soldiers during the Crimean War (Bruce, Kloppe & Mellish, 2013).

1.6. History of Nursing Education Internationally

According to Mackintosh (1997), following Nightingale’s reforms, the training of male nurses in England was not recognised and in most hospitals, only “lady nurses” were

accepted in the profession. The male nurses who existed were privately trained by The Temperance Male Nurse Co-operation Ltd, which was founded in 1894 (Mackintosh, 1997: 234). These male nurses worked in institutions where they cared mainly for psychiatric and epileptic patients. Some worked in asylums, workhouse infirmaries and the military. In the infirmaries, those to be cared for were the mentally ill and lepers. The men, worked mostly within strictly sex-segregated settings, were referred to as “keepers” or “attendants,” not as nurses in a nursing capacity (White as cited in Mackintosh, 1997). Due to the nature of the work, the care providers were mainly “the unemployed of other professions” (Browne as cited in Mackintosh, 1997:233). These men were employed provided they had “the strength” and could tolerate the rigours of the job (Mackintosh, 1997). Furthermore, despite the formulation of the General Nursing Council in 1919 under the Nurses’ Registration Act, only female nurses received full membership to the profession while male nurses were put on Part 2 of the nurses’ register.

Following World War II, a chronic shortage of nurses ensued; this was secondary to the expansion of alternative work for women and the expansion of the general hospital sector. This led to formal acceptance of training and registration of male nurses, however a mechanism was put in place to ensure the traditions and dignity of the nursing profession amongst the male nurses were upheld by establishing The Society of Registered Male Nurses. This institution aimed at assisting the male members to maintain and encourage high standards of professional conduct, efficiency and professional skills (Mackintosh, 1997). Despite these developments, male nurses faced discrimination from female nurses since they believed nursing was a woman’s occupation and that the introduction of male nurses had violated the respect for the nursing profession. This affected recruitment and retention of male nurses in England (Mackintosh, 1997).

In America, South Africa and Israel, the history of male nurses took a similar process as that of Britain, where chronic shortages of female nurses after World War II made room for the incorporation of male nurses (Evans, 2004; Romen & Anson, 2005). The men served mainly in the military and mine hospitals and primarily cared for the mentally ill and patients who required restraints (Burns, 1998; Marks, 2001; Evans, 2004).

Initially, male nurses in South Africa worked as orderlies or nursing attendants and trained mainly to care for miners. After World War II, men were accepted to train as nurses but still had to serve in mine hospitals. When black female nurses were deployed in the mines, the orderlies and the number of male nurses drastically reduced as they could not work under the leadership of black female nurses for cultural reasons (Marks, 2001)

In contrast, the inclusion of men in nursing in Israel began following the 1948 War of Independence and mass immigration from Europe, North Africa and the Middle East (Marks, 2001; Romem & Anson, 2005). The influx of these immigrants resulted in an increased burden of infectious and chronic diseases, such as tuberculosis and mental disorders. The men, mainly immigrants, were initially given a short training course in nursing (Marks, 2001; Romem & Anson, 2005). This cadre of nurses later became the pool that was educated as nurses in Israel (Romem & Anson, 2005). Given the history of men in nursing, studies have been conducted to establish the experiences of male nurses (LaRocco, 2007; O'Lynn, 2004; Yang et al., 2004). Most of these studies reported that the men experience challenges and that there is a need to provide support and counselling during the course of training and beyond.

1.7. Overview of the history of nursing and midwifery education in Malawi

This section will provide an overview of the history of nursing and midwifery education in Malawi. The country's profile will be discussed first.

1.7.1. The Profile of Malawi

According to the Malawi Demographic Health Survey (MDHS) report of 2010 (National Statistical Office, 2011), Malawi is one of the countries which makes up the Sub-Saharan African region. It is located in the eastern and central part of Africa, south of the Equator. It is a landlocked country bordered to the north and northeast by the United Republic of Tanzania, to the east, south and southwest by the People's Republic of Mozambique and to the northwest by the Republic of Zambia. Malawi is 901 kilometres long and between 80 and 161 kilometres wide. About 475 kilometres of the land is covered by Lake Malawi (See Figure 1.1 below).

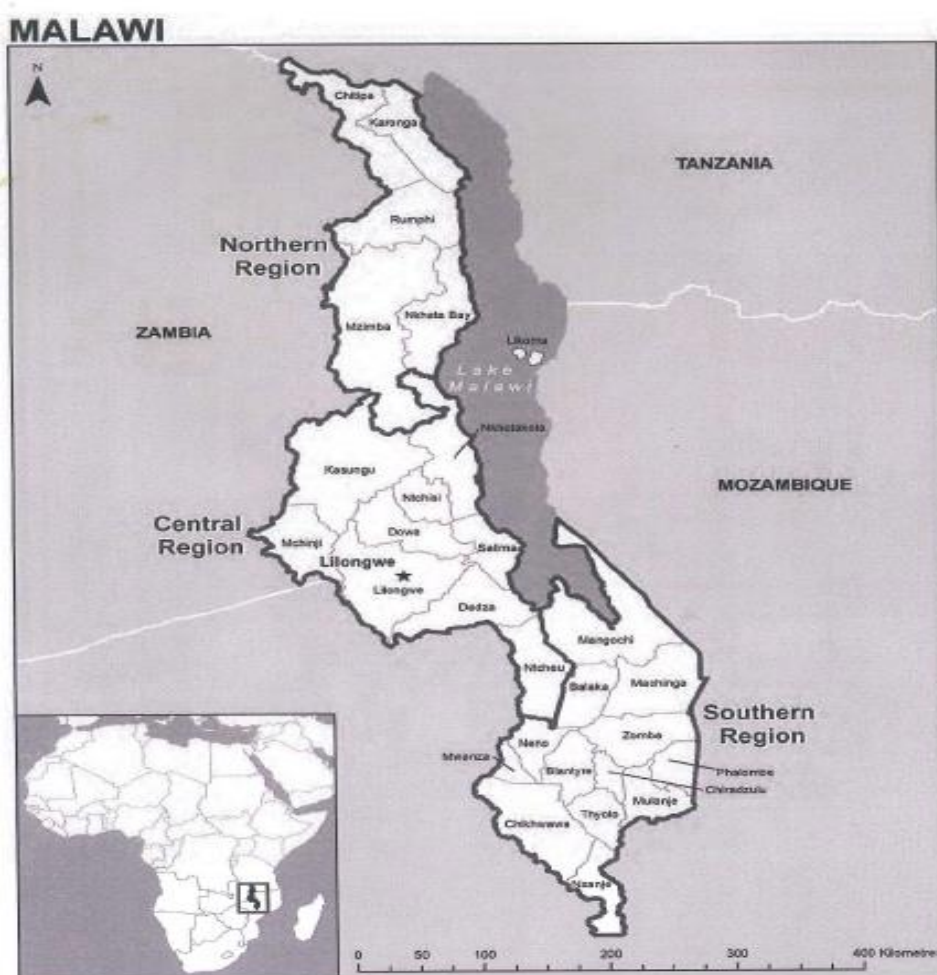


Figure 1. 1: Map of Malawi

Source: National Statistical Office ,(2011)

Administratively, the country is divided into three regions: the North, Central and South. The country has 29 districts, with Lilongwe as its capital city, and a population of approximately 14 million people. Malawi has very high Health Indicators and requires adequately educated health personnel (Ministry of Health- Malawi, 2011) (see **Table1.1**).The majority of Malawi’s health personnel, including nurses, are locally trained: there is a high nurse vacancy rate of 76% (NCA, Malawi 2009).

TABLE 1.1: Health indicators (ref: Ministry of Health- Malawi, 2011)

No.	Health Indicator	Measurement
1	Maternal Mortality Ratio (MMR)	675/100000
2	Neonatal Mortality Rate	31/1000
3	Infant Mortality Rate (IMR)	66/1000
4	Under-five Mortality Rate (U5MR)	112/1000
5	Total Fertility Rate	5.7

1.8. The history of Nursing, Nurse Midwifery Education and Recruitment of Male Nurses in Malawi

In Malawi, caring for patients in hospitals started after 1928 when both women and men rendered help. The caretakers were known as orderlies, dressers and medical attendants. By 1931, a few mission-training hospitals had been built and only elderly women midwives were trained in their native language. In the 1950s training of young girls was not accepted by the community due to cultural restrictions (Bell & Wilmott as cited in Chinkhata, 1999). After 1955, despite community resistance, some young women were sent abroad to be educated as nurses in countries such as the United Kingdom. In 1956, with the support of missionaries mostly from Western Europe, training of enrolled nurses commenced. In 1965, formal education of registered nurse midwives started in Blantyre, at the Queen Elizabeth Central Hospital in collaboration with the Blantyre School of Nursing (Chilemba, 2013). In 1979, the school was transferred to Lilongwe where the Kamuzu College of Nursing was established under the auspices of the University of Malawi (Simukonda & Rapsilber, 1989). The education of male nurse midwives started with the enrolment of 10 men at the Kamuzu College of Nursing in 1985 (Simukonda & Rapsilber, 1989). Though the college continues to recruit men into nursing, the number of male nurses still lags behind the number of women. The trend is similar in nursing colleges and universities owned by churches (commonly known as the Christian Health Association of Malawi Colleges). In all the nursing colleges, the lack of accommodation facilities for males has contributed to the trend of limited numbers of male nurses being admitted to nursing colleges. The lack of male nurses was also observed in other European countries as documented in literature (Evans, 2004). Despite efforts being made to address the accommodation issue, Malawi continues to face a vacancy rate of 76% for nurses (NCA Malawi, 2009).

According to NONMM 2016, the current statistics indicate that Malawi has slightly more than 12,000 nurse midwives to cater for the total population translating to a lower nurse – population ratio of 10 nurses for every 10,000 people. Though men are being trained as nurses, their retention in the clinical areas is an issue that needs to be addressed since the majority prefer to seek more administrative positions, unlike female nurses (NCA Malawi, 2009).

Currently, Malawi educates two cadres of nurses: the Registered Nurse Midwives (the professional level), commonly abbreviated as RNs, and the Nurse Midwifery Technicians (NMTs), the technical level. The NMTs, who used to be called enrolled nurses, are mainly trained in mission colleges and graduate with college diplomas, while the RNs graduate with a Bachelor's degree. The registered nurses assume the leadership roles when rendering client/patient care while the NMTs work under the supervision of the RNs (Chilemba, 2013). Considering the roles of RNs compared to NMTs, it is expected for them to be highly remunerated, unlike their counterparts. However, differences exist based on various factors including type of employer government versus private and the employee's years of experience.

There are 13 nursing colleges spread through the country (**Appendix A**), three universities and one government college educating registered nurses. The colleges that train NMTs are under a Christian umbrella body called the Christian Health Association of Malawi (CHAM).

The nurse midwifery education in Malawi is regulated by the Nurses and Midwife Council of Malawi. The council oversees all the preparatory requirements and regulates the nurse midwifery education so as to protect citizens from malpractice and negligent acts in practice (Chilemba, 2013). In Malawi, nursing colleges utilise an integrated curriculum for midwifery. However, the word 'nurse' is commonly used interchangeably to mean 'nurse' or 'nurse midwife.'

Most of the nurse educators in the nurse training colleges are locally trained at the Kamuzu College of Nursing under the auspices of the University of Malawi. However, the majority of the nurse educators are female.

1.9. Professional socialisation process - an indispensable process in nursing education

Socialisation is a process of social interaction by which people acquire the knowledge, values and behaviours essential for effective participation in society (Hughes & Kroehler, 2008). It is the means by which social and cultural continuity can be attained (Gerber, 2010). In this study, it is posited that the socialisation of student nurses would ensure the continuity of the nursing profession (Kenny, Pontin, & Moore, 2004).

There is primary and secondary socialisation. According to Berger and Luckman (in Kenny et al., 2004), primary socialisation is the process an individual undergoes in childhood and secondary socialisation occurs in the wider society, in this case the nursing society or community. Socialisation into an occupation is therefore a major part of secondary socialisation. In both primary and secondary socialisation, there is a shared purpose in that norms and values are transmitted. However, Mackintosh (2006) contends that socialisation does not always transmit good norms and values but it can also perpetuate unhelpful and outdated norms and values. Therefore, socialisation agents, for example lecturers and nurses, need to be cautious as to what values and norms are being displayed and transmitted.

A profession is a group (vocational or occupational) that requires specialised education and intellectual knowledge (Delaune & Ladner, 2006). Professional socialisation has been described as ‘the moulding of newcomers to conform to the systems in place and learning the rules, written and unwritten, in order to act in accordance with the expectations of the profession’ (Harwood, 2011:11). Alternatively, Dinmonhamadi, Peyrovi and Mehrdad, (2013) in their literature review on the concept of professional socialisation, concluded that professional socialisation is a complex, inevitable, diverse, dynamic, continual and unpredictable process. They maintain that, in the nursing context, it involves learning, interaction, development, adaptation and acquisition of a professional identity as an outcome of the process. Thus the development of the professional role is considered the major component of secondary socialisation (Miller, 2010).

The professional socialisation process plays a crucial role in that it also internalises the values and norms of the profession, which is then revealed in the individual's behaviour, self-concept and identity (Farrell, Payne, & Heye, 2015; Lai & Lim, 2012). In nursing it would assist student nurses to understand the profession (Secrest, Norwood, & Virginia, 2003; Craven & Hirnle, 2007). Furthermore, Delaune and Ladner (2006) explain that the process of socialisation is based on professional values which are taught to students to support essential elements of nursing, for example caring, empathy and that the process is a lifelong activity (Lai & Lim, 2012).

Every member of a profession is expected to act in a professional manner and contribute to the profession (Lamdin, 2006). Nursing students are also expected to ascribe to the learned professional attitudes and values, which are acquired when the learners are taught in the classroom and clinical area. This approach started during the Nightingale era, as the use of a clinical area was identified as an indispensable approach to the education of nurses. Students used to receive instruction both in the classroom and hospital so as to acquire the required skills (Bruce et al., 2013) with the ward member in charge taking on the responsibility of teaching students in the clinical area and caring for the patients. According to Lamdin (2006), transition into the clinical environment is important in the students' professional socialisation as it allows them to acquire the required fundamental skills, values, norms and knowledge in caring for patients as professional socialisation takes place (Price, 2009).

During the complex process, not only do students acquire the values and norms of a profession, they also acquire knowledge and skill, all of which finally contribute to forming a 'professional identity' where members are expected to "think," "act" and "feel" as members of the profession in question (Cavenagh, Dewberry & Jones, 2000). Thus, there is a culture and tradition associated with professional socialisation (Lamdin, 2006).

1.10. Factors that could impact on the professional socialisation process in Malawi

In any educational setting, there are factors that could influence the professional socialisation process of the students. The extent to which the factors may affect the process could influence the recruitment, integration and retention of male student nurses. The researcher discusses the social, culture and economic impact in nursing education in Malawi.

Malawi is a patriarchal society where men assume power in the family, especially in the rural areas. This is supported in literature in that according to the DGHS (2010), households are headed by men. This could negatively affect young men's interests to join and remain in nursing because it is a profession still considered to be feminine and as such may not be considered a career choice for men (Zamanzadeh, Valizadeh, Monadi & Azadi, 2013b). Economically, Malawi is considered one of the poorest countries globally and tertiary education may be a challenge to many. Despite the government committing itself to educating its citizens, by ensuring that scholarships are accessible on a loan basis (United Nations, 2000) thereby increasing the health-work force, the opportunity may not be utilised by some men to undertake courses in nursing. However, for those who go against the social cultural expectations by enrolling in a nursing college, to attain a tertiary education in an effort to improve their economic status upon securing a job (Zamanzadeh et al, 2013a), job satisfaction may consequently be compromised. Considering that in each profession there is a culture and traditions associated with professional socialisation, in Malawi, social, culture and economical aspects, may negatively affect the recruitment, integration and retention of men in nursing.

1.11. Stages of professional socialisation

Professional socialisation may be considered across three related but separate stages in a professional career (Shuval as cited in Lamdin, 2006:22). The various stages are anticipatory socialisation, socialisation during training or formal socialisation and post-training socialisation. As each individual stage is embarked upon, a process of achieving milestones is assumed and appropriate adjustments are made to the person's personal and professional roles (Duchscher, 2008).

1.11.1. Anticipatory socialisation

This socialisation tends to occur before formal training because it covers the time prior to commencement of training (Lamdin, 2006). According to Shuval (1980), this stage provides the prospective candidates with a lay image of the profession in question; the candidates are seen to bring with them the lay image upon commencing their training. Shuval (1980) believes the image may include elements different from the image held by mature students. This phase is seen to have a bearing on professional socialisation outcomes and as a building block to the stages that follow.

1.11.2. Formal socialisation

This takes place during the time a student undertakes training in a specified education programme and for a specified period (Miller, 2010). During this phase, the student undertakes to learn the content and skill required and discovers how to acquire the expected knowledge, attitudes, values and norms required. These are acquired as the person interacts with socialisation agents. These individuals are authority figures in any profession and, in the case of nursing, these would be lecturers, clinical nurses, students and other members of the health team. A formal and informal curriculum is utilised (Lamdin, 2006). Informally, students participate in a variety of activities that may be in place at the college (Dawn, Abell & Cornell, 2008). How the person engages with the formal educational and training process tends to have a bearing on their professional outcomes.

1.11.3. Post-training Stage

This covers the period following completion of formal education through to retirement (Shuval, 1980); during this stage the person secures employment. The relationship to the setting in which one engages as a professional is affected by the way in which the person is socialised into the profession and the nature of that practice setting has a reciprocal qualitative impact upon a lifelong and continuing process of professional socialization (Miller, 2010:932). Thus, the professional socialisation process is an essential aspect in

producing a professional. This process is seen to begin prior to formal education and continues beyond the educational period (Shuval as cited in Miller, 2010). When the individual has reached the third stage, the professional nurse is expected to engage in a process of continual learning known as Continuing Professional Development (CPD). This type of learning extends beyond graduation and maintains the standards of practice (Lamdin, 2006).

With the use of the change agents, namely lecturers and nurses as explained in Section 1.9, effective professional socialisation could be achieved to enhance the retention of male nurses (Stott, 2004). This can be achieved by ensuring the male nurses adapt to the professional nursing norms and values. In this study, professional socialisation is seen to be an interactive, personal and social process (Lamdin, 2006). However, it is unknown what male student nurses in Malawi experience as they journey towards becoming nurses and beyond. Additionally, anecdotal reports in Malawi reveal that men in nursing, both student and qualified, tend to display deviant behaviour, which can be detrimental to the individual, profession and quality of patient care. The word deviant, according to the Collins student dictionary (2011), means deviating from the acceptable behaviour, in this case the professional norms, values, attitudes and identity as set out by the nursing profession. The deviant behaviour should be identified early by the change agents and dealt with to prevent it being condoned or becoming 'normalised'. Once normalisation ensues, the behaviour may be rationalised and taken as a 'norm' at the expense of the profession and patients. According to Banja (2010), socialisation agents should avoid exposing newcomers in the profession to deviant behaviours. In addition, student nurses should be helped to accept potential challenges and develop skills or ability to address them (Freshwater, 2000).

1.12. Statement of the Problem

Malawi is one of the sub-Saharan countries that educates male nurses. According to the Malawi policy on gender, the recruitment ratio of males to females is 50:50 for secondary and tertiary education (Government of Malawi, 2010). However, in certain circumstances

more males may be recruited into nursing as females sometimes fail to meet entry requirements as they may lack “science subjects” or become victims of “school dropout” (White, 2007). Some girls may also drop out of school due to factors such as pregnancy (Government of Malawi, 2010). The benefits of educating male nurses in Malawi cannot be overemphasised, they help increase the number of nurses and can easily be deployed in rural health facilities (National Statistical Office, 2011), whereas female nurses may opt to work in towns or be based where their spouses are (Muula et al., 2004), thereby compromising nursing care. This is because the health workforce may be reduced if nurse midwives are able to choose where to work, upon completion of their studies, in the country.

Although there are advantages in having men in nursing, the challenges faced by male nurses during the socialisation process (Wilson, 2005; Yang et al., 2004; Torkelson & Seed, 2011) are worth studying in the Malawian context. It is hoped that the extent of the challenges is realised and can be addressed appropriately.

During the researcher’s thirteen years of personal experience teaching nurse midwives, the following has been observed:

- The college where the researcher works recruited students without providing career guidance to prospective nursing students. The manner in which other colleges recruited their nursing students is not known.
- Some student male nurses have withdrawn from training but the lecturers and college heads, including the researcher, seldom give a thought as to why and/or aim to address the issue to prevent further such occurrences. Resulting from this process resources have been lost in the form of time and money to the student, lecturers, educational institution and even government, who tends to be the major sponsor of nursing students. In addition, patient care may have been compromised. The status quo in other nursing colleges is not known.
- It is posited that understanding the complex phenomenon of males in nursing would help address the existing gaps.

1.13. Significance of the study

According to Social Role Theory (Eagly, Wood & Diekmann, 2000), male nurses are expected to undergo role changes during training if they are to be professionally socialised. Studies conducted in other countries such as the United Kingdom (Whitlock & Leonard, 2003); Canada (Meadus & Twomey, 2011), Taiwan (Yang et al., 2004), America (Smith, 2006; LaRocco, 2007) and Australia (Stott, 2004) reveal that the majority of male nurses face challenges during their professional socialisation process. However, literature on professional socialisation processes of Malawian male nurses regarding nursing education is limited.

This study aimed to understand and address challenges experienced by student male nurses, by exploring and describing the experiences and the professional socialisation processes which student male nurses in Malawi undergo from an African perspective and in particular, from a Malawian perspective. Malawi as an African country automatically has an African connotation. However, being a former British protectorate the nursing system followed the British style which could have influenced the African perspective. The information gathered will help elicit strategies on how men, aspiring to join nursing, could learn more about the profession prior to joining. During their education, student male nurses could be assisted in attaining appropriate professional traits expected of a professional nurse, thereby furthering and contributing to quality patient care. The study also investigated the views and opinions of members of the profession, both nurse educators and clinical nurses, regarding the phenomenon of male students in the profession and review the policies and procedures recorded to do with professional socialisation in the educational and clinical sites.

Nurse educators, nurses and other stakeholders will be equipped with appropriate knowledge and skills on how to address possible existing professional socialisation gaps that directly affect male nurses' recruitment and retention, and in so doing strengthen gender mainstreaming in nursing.

1.14. Rationale for the study

In order to achieve gender mainstreaming in nursing, more males need to be recruited and retained in the profession. However, the historical background of nursing being a ‘feminine’ profession negatively affects some men wanting to become nurses (Mackintosh, 1997). As explained earlier, literature reveals that some men face gender-based challenges in nursing and this may result in negative effects on the individual, the profession and patients at large.

Malawi has a paucity of literature on the subject of socialisation of men in nursing and the challenges they face. Although some studies have been conducted in other countries on men in nursing, the lessons learned may not be applicable to the Malawian context because education is influenced by many factors including culture, social, political and economic issues.

As Malawi is one of the countries educating male nurses, tailor-made strategies need to be designed to address problems that may be encountered by the men as they journey through the profession. Gains made in having male nurses in the profession would then be strengthened. As such, it is important to study the professional socialisation process of Malawian male nurses to ensure the implementation of study recommendations.

1.15. Research Questions

The following are the research questions to be addressed in the study:

1. Are there any formal existing educational and professional socialisation processes for male nurses undertaking undergraduate education in Malawi?
2. What is the lived experience of male nurses regarding professional socialisation during training in Malawi?
3. What are the opinions of students and qualified professional nurses (lecturers, deans of students, male and female nurse midwives and policy makers)

regarding the factors that influence males joining and remaining in the profession?

4. Do the existing policy documents of the Malawian nursing colleges have guidelines pertaining to training of male nurses?
5. What are the recommendations of student male nurses and qualified professional nurses (lecturers, deans of students, male and female nurse midwives and policy makers) regarding the formulation of facilitative professional materials for use in the recruitment and retention of men in nursing?

1.16. Aim of the study

The purpose of the study was to design and validate professional socialisation materials, which could be utilised in the recruitment and education of student nurses and male student nurses in particular.

The overall aim was to understand and address challenges experienced by student male nurses, which undermine their education during undergraduate training in Malawi, and to add to the knowledge base of nursing education regarding recruitment and retention of men in a female-dominated profession. It was envisaged the challenges could be explored and described based on experiences of the student male nurses from nursing colleges across the country and from stakeholders' input (views and opinions) as they contribute toward the education of student male nurses in a female-dominated profession. The stakeholders comprise lecturers, Deans of students and qualified clinical nurse midwives who from their experiences of being students, having undergone nursing education and having taught nurses both in the classroom and the clinical area, can benefit students.

The study will also review policies and procedures regarding recruitment and socialisation of student male nurses in the respective nursing colleges. This will provide additional information of the phenomenon.

It is hoped the findings and results of the study could provide information regarding challenges men face in nursing which, together with participants' recommendations, could be used to design and validate the professional socialisation materials.

1.17. Study Objectives

Phase 1

1.To identify existing professional socialisation processes for student male nurses during undergraduate education in Malawi by means of interviewing student male nurses and nurse informants (lecturers, Deans of students and qualified clinical nurse midwives).

2.To describe factors that can enhance or hinder the socialisation of student male nurses in nursing by means of conducting focus group discussions with student male nurses and interviewing other informants (lecturers, Deans of students and qualified nurse midwives).

3.To conduct a documentary review of policies and procedures regarding recruitment and socialisation of student male nurses.

Phases 2 and 3

4. To design and validate facilitative professional socialisation material for student male nurses for use during the recruitment process of students. The design will be based on the findings of Phase 1: Validation will use a Nominal Group Technique as expounded by Vagra-Atkins, Bunyan, Fwetrell & McIsaac (2011).

5. To design and validate facilitative professional socialisation material which will help in the retention of men in nursing. The material will be designed using the findings in Phase 1, and the material will be validated using some elements of the Modified Delphi Technique according to Slaughter, Katz and Grass (1999).

1.18. Definition of Terms/Concepts

The following terms and concepts are widely used in research and require clarification.

1.18.1. Gender mainstreaming

Gender mainstreaming is defined as a strategy for making women's, as well as men's, concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres (United Nations, 2002). The researcher sees gender mainstreaming as a strategy for enabling an individual, irrespective of his/her gender, to be educated, work and socialise in any profession without feelings of being discriminated against or segregated. This will enable him/her to utilise their fullest potential to the benefit of both the profession and the individual.

1.18.2. Professional Socialisation

Formal and non-formal activities put in place, in respective nursing colleges, to help student male nurses acquire knowledge, skills, appropriate attitudes, values and norms. This should be at a legally recognised institution of high learning to attain a professional recognition by the nursing profession. It is assumed that a professional milestone is achieved through the adjustment of individuals' personal and professional roles (Duchscher, 2008)

1.18.3. Professional Socialisation Materials

These are educational guidance materials to be utilised by nurse educators, prospective student nurses and other stakeholders during recruitment and ongoing education of student nurses, in particular student male nurses. It is envisaged the materials will comprise a brochure and a booklet. The brochure, titled "*A career in nursing and midwifery in Malawi*" is for distribution to potential students or persons interested in a career in nursing and used as part of a career guidance tool in Malawi. The booklet addresses challenges facing

students during training, especially student male nurses. The booklet targets nurse educators and nurse midwife clinicians to help them address challenges faced by male student nurses and other students in general.

1.18.4. Dean of Students

The Dean of Students is a professional nurse midwife who has specialised in nursing education and teaches and or lectures at a nursing college, with the added responsibility of handling students' personal matters and providing psychosocial counselling to nursing students when necessary.

1.18.5. Nursing Education

A guiding process enabling the learner to acquire relevant knowledge, skills and positive attitudes, to allow him/her to practice as a competent provider of holistic client/patient care, and which is influenced by health needs, political, social, economic, technological and environmental factors of the country. The nurse midwife assumes responsibility for his or her own professional growth through continuing education (Nurses& Midwives Council of Malawi, 2004).

Nursing education can also be seen as a system of helping student nurses acquire knowledge, skills and appropriate attitudes at a legalised institution of higher learning by a trained nurse midwife educator within a gender inclusive-environment.

1.18.6. Nurse Clinician

A qualified registered nurse midwife working in a hospital setting where she/he provides patient care and undertakes teaching of student nurses. Nurse clinicians play a pivotal role in the education of student nurses during clinical placements in the clinical/hospital setting. As such, nurse clinicians supervise student nurses and collaborate with nurse lecturers in facilitating and supporting student learning (Vallant & Neville, 2006). All registered nurses in Malawi are educated to provide student support during clinical placements. This role is regulated by the NMCM through prescription of syllabi for all nursing colleges.

1.18.7. Role Conflict

A situation arising from disagreement or dissatisfaction within an individual, holding multiple conflicting goals or roles as to which is appropriate (Floyd & Lane, 2000).

In this study, a situation whereby a person, in this case a male nurse (student/qualified), tries to meet professional and cultural expectations of him being a man when on duty. The nursing profession has a scope of practice for its members. Some male nurses when on duty would undertake the role/s of members of other healthcare teams, in this case the medical profession. (The majority of Malawians associate medicine with men and nursing with women).

1.18.8. Mature students

These are students who join nursing after having worked elsewhere as compared to those coming in straight from secondary school. It also means students who have spent at least two years at a nursing college compared to those still in their first year.

1.19. Structure of the Document

The Thesis was structured as follows:

Chapter 1: Introduction

Chapter 1 introduced the study and covered major concepts, which provided the background to the study.

Chapter 2: Literature Review

Chapter 2 discussed studies undertaken on the phenomenon at hand, which gave an understanding of what is known on the topic and the gaps that exist.

Chapter 3: Research Methodology

This chapter described the research design, strategies, methods and approaches utilised in the study. The chapter is divided into four sections:-

Section 1 covers methodology for qualitative part (phase 1) of the study.

Section 2 covers methodology for designing and validating a booklet using the 'Modified Delphi Technique.'

Section 3 covers methodology for designing and validating a brochure utilising the Nominal Group Technique.

Section 4 explains the social role theoretical framework utilised in the study.

Chapter 4: Results and Discussion

This chapter described and discussed results of the study in three sections:-

Section 1 covers results and discussion on results for qualitative part of the study (phase 1).

Section 2 covers results and discussion on results for part of Phase 3 of the study (the Modified Delphi Technique).

Section 3 covers results and discussion on results for part of Phase 3 of the study (the Nominal Group Technique).

Note that **Phase 2** of the study was used to formulate the professional socialisation materials namely the brochure and booklet and these were validated in Phase 3 of the study utilizing the Modified Delphi Technique and Nominal Group Technique.

Chapter 5: Integration of the study

This chapter presented an integrated discussion of the study and the findings of all phases.

Chapter 6: Main Findings, Conclusions, Limitations and Recommendations

Chapter 6 presented the main findings, conclusions made, study limitations and recommendations that will contribute to the education of nurses and male nurses in particular.

1.20. Conclusion

This chapter has introduced the origin of gender mainstreaming in nursing as a response to the global approach to promoting gender equality. It has discussed gender mainstreaming in nursing as a contemporary development following the exclusion of men in nursing. The international and national history of nursing and nursing education has been briefly discussed and professional socialisation processes highlighted as an indispensable practice in nursing education. Based on the statement of the problem and the rationale, the study was conducted to contribute to the literature on how the education of men in nursing could be strengthened. The following chapter provides a discussion of the relevant literature conducted on the phenomenon addressed in the study.

CHAPTER 2

LITERATURE REVIEW

2.1. Introduction

Chapter1 introduced the study and explained the concept of gender mainstreaming, the Malawi gender policy and its implications for the recruitment of men in nursing, the global history of nursing, briefly looked at the history of nursing education internationally and locally and its impact on recruitment of men in nursing. Additionally, professional socialisation, its impact on nursing education and stages of socialisation were introduced. Thereafter the statement of the problem, the significance of the study, research questions and objectives were covered.

This chapter discusses studies undertaken and relevant information gathered on the subject. The literature review is one of the vital processes undertaken by researchers and the reasons for doing it are numerous (Cronin, Rayan, & Coughlan, 2008). One of the reasons is that it contextualises the study at hand (Hofstee, 2006). In this study, relevant studies and literature providing information on professional socialisation in nursing education and gender mainstreaming in nursing were reviewed so as to help understand the phenomenon (Cronin et al., 2008). Studies were sourced from various databases including CIHNAL, PubMed and Google Scholar. Search phrases used were gender mainstreaming, professional socialisation in nursing, men in nursing, recruitment and retention of men in nursing and nursing education. The search resulted in both relevant and irrelevant articles. Relevant articles consisted of studies undertaken on the male nurse professional socialisation process, which encompassed reasons for choosing nursing and experiences in the female-dominated profession, both positive and negative.

Studies on gender mainstreaming in nursing and the professional socialisation process were discussed. The discussion covered both positive and negative experiences of men in a female-dominated profession and the implications for the provision of patient care. Reasons why men join the female-dominated profession, care provision to patients and coping mechanisms employed by men were also covered. This literature explained what

motivated men to join and be retained in a female-dominated-profession. Finally, implications for nursing education were discussed.

2.2. Studies conducted on professional socialisation and inclusion of men in nursing

The majority of studies on the socialisation process of men in nursing seem to have been undertaken in Europe, America, the Middle East and Asia. However, the studies did not indicate statistics on levels of the attrition of male nurses. Literature on experiences of men in nursing education or the professional socialisation of student male nurses in Africa is scant. Studies have been reported in America (O'Lynn, 2004; LaRocco, 2007), Australia (Stott, 2004), Canada (Meadus & Twomey, 2011), the United Kingdom (Whitlock & Leonard, 2003; McKinlay, Cowan, Mcvittie & Ion, 2010), Israel (Romen & Anson, 2005), Iran (Vaismoradi, Salsali, & Ahmadi, 2011; Zamanzadeh, Azadi, Valizadeh, Leogh, Monadi, & Negarandeh, 2013), Taiwan (Yang et al, 2004) and China (Wang, LI, Hu, Chen & Gao., 2011b). In Africa, studies were sited in Egypt (El-Halem, Hawashy, & El-Dien, 2011) and South Africa (Reinecke, 2014), while the rest were unpublished studies located in Malawi (Mgawi, 2009; Kangachepe & Chatambalala, 2011).

In America, LaRocco (2007) explored the process that encouraged professional male nurses to become nurses and remain in the profession by using grounded theory methods with a sample of twenty participants. The study found there were four stages through which men were socialised into nursing and these occurred in a linear manner: “prior to considering nursing,” “choosing nursing,” “becoming a nurse” and finally “being a nurse.” The study revealed the participants did not face challenges in the female-dominated profession as reported in other studies conducted in America (O'Lynn, 2004; Miller, 2004). There are some unique factors of the participants in the study by LaRocco (2007), these being that male nurses were working in the very liberal State of Massachusetts, which has a diverse urban population. These men were of advanced age and had worked in nursing for some time, with their work experience ranging from 1 year to 35 years. They had held a variety of positions in nursing, such as nurse managers, nurse anaesthetist, clinical coordinator and nurse epidemiologist. In addition, they worked in specialty areas (such as the operating room, emergency department and Intensive Care Unit) and these specific areas were areas where men were already ensconced. The fact the majority (n=16)

had worked before joining nursing may indicate that job security in nursing was a priority to them. Furthermore, this may explain why the study participants did not complain about challenges of discrimination, which some men reported having experienced during their training in America (Miller, 2010; O'Lynn, 2004).

Some negative experiences were established in the study by LaRocco (2007), but these did not seem to be viewed as challenges by the participants. Though they had no information about nursing prior to joining and perceived the language in nursing to be associated with females, half of the participants (n=10) were not anxious about this. Furthermore, despite the practice being a lot harder for some of the participants, with one participant stating he had to prove to female nurses on a new floor or unit that he could render the required care, overall it did not present itself as an issue (LaRocco, 2007). However, they believed that being men and in the minority was to their advantage. They felt they received more recognition than female nurses did and were treated differently, in that doctors would address the male nurses differently to the way they addressed female nurses, more as peers. LaRocco (2007) recommended that there was a need for men to have adequate knowledge about nursing prior to, and support upon, joining because generally, during their high school years, career counsellors did not suggest nursing as a career to male students.

Miller (2004) conducted a study in Idaho in the United States utilising the grounded theory design. This study aimed at “discovering the culture of the male nurse in a female dominant environment and determining if there were any gender differences in their professional role.” The findings revealed that the participants wanted a secure job, to work in positions preferred by male nurses such as emergency rooms, coronary care and Intensive care Units. Furthermore, the male nurses related well with doctors, unlike the female nurses who were under-rated by the doctors. Participants in Miller’s study considered nurses’ salary as low, attributing it to the fact that nursing had predominantly been a feminine profession (Miller, 2010). During training, these male nurses faced gender-based barriers. They faced opposition from female midwives not allowing them access to midwifery clinical placements. In addition to the opposition faced, the

participants perceived female patients to refuse care from the men and that their friends, relatives and female faculty ridiculed them.

In Canada, Meadus and Twomey (2011) conducted a study aimed at describing the experiences of student male nurses completing a collaborative Baccalaureate degree programme utilising Giorgi's descriptive phenomenological method. Twenty-seven participants were recruited, using a purposive sampling approach, from three nursing programme sites in Canada. Focus group discussions were utilised to embark on specific data collection. The following themes represented the students' lived experiences: "choosing nursing," "becoming a nurse," caring within the nursing role, "visible/invisible" and "gender-based stereotypes." The findings revealed there were both positive and negative experiences in the programme undertaken. The positive experiences included students making an informed choice after career guidance. This engendered a sense of confidence and developed interest in the career despite men being in the minority. There was also support from student peers of both genders, as well as family and clinical instructors. However, challenges were encountered more frequently compared to the positive experiences, as explained in the next paragraph.

The study participants reported they experienced a myriad of challenges having joined nursing. Career counsellors, female faculty, nurses and patients were perceived to have contributed to the challenges experienced by the male students. Some study participants' perceived counsellors as unwilling to recommend nursing as a career for men. Working in the maternity area was the most challenging experience reported by the participants, as female patients, faculty and even the students themselves felt the placement was not appropriate for male students; the faculty safeguarded patients' interests of not wanting men providing intimate care to them. However, the students felt they had been denied the chance of learning by being placed in other units. Participants reported feelings of being "intruders" because some female nurses were protective of their territory in nursing. Loneliness was felt in placements where a man was allocated with female students only. Feelings of being "used" were felt when female nurses allocated male students to difficult patients who needed "strength" when rendering care.

Meadus and Twomey (2011) recommended that faculty needed to adopt, identify and develop strategies that would assist when working with male students and thereby provide a positive educational experience. Furthermore, they recommended that faculty re-evaluate their own behaviour and be aware of their own biases, both in class and in the clinical area, when dealing with male students. They also suggested that nurse educators should be provided with education on learning styles of men and women students. In addressing feelings of loneliness and isolation, the researchers observed that the students could benefit more in placements with more male nurse officers, thereby promoting male role modelling and support. They also recommended avoiding placing a male student alone in a group of females; this would help reduce feelings of loneliness and isolation. Further, discrimination was discouraged by according the same learning opportunities to all students irrespective of gender, promoting nursing as a career for both male and females in the media, images in nursing text books and other materials used in the classroom and that career counsellors should provide unbiased career information regarding nursing (Meadus & Twomey, 2011).

Nonetheless, in Meadus and Twomey's (2011) study, despite reporting the above findings, there were limitations the researchers recognised: the study was conducted in one province and at one college, thus transferability of findings was presumed to be difficult. The fact that faculty conducted the focus group interviews at their work-station, was recognised as bias.

In the United Kingdom, Mckinlay et al., (2010), in a study aimed at exploring issues of gender, occupational identities and prejudice among student nurses, found that nursing was perceived to be a low status feminine job; in Ireland, Mooney (2008) encountered similar results. The study in the United Kingdom, however, which was conducted at one university, only had two male students in a class of 15 female students and used only one group of nursing students in Year 3 of their studies. As such, the findings could not be transferable to other students in the United Kingdom.

In another study in the United Kingdom, Whittock and Leonard (2003) reported on an ongoing study. The study had a sample of 42 participants and aimed at establishing the motivation of male nurses for joining nursing and examining their experiences in nursing as students and as registered nurses. In-depth semi-structured interviews were conducted.

The findings revealed the majority of the study participants had a background where a family member, mainly their mothers, had worked as a nurse. Despite this, the participants denied being influenced by their family relations when choosing nursing. They reported a lack of career information prior to joining nursing, which was seen to contribute to difficulties in making the final decision to undertake nursing. Other participants experienced problems with caring for patients in general and those experiencing these difficulties tended to leave the profession. Other participants faced problems mainly to do with fellow female nurses who excluded male nurses from caring for female patients. The participants felt that if male students were allocated to areas where intimate care was not provided, such as the Theatre and Emergency units, attrition rates in men would be minimised. The researchers concluded that the majority of male students joined nursing without making an informed choice and although many seemed to have applied to undertake nursing, very few finally registered (Whittock & Leonard, 2003).

Research findings, which have revealed feelings of being isolated, being excluded from the clinical area, a lack of male role models and male nurses preferring to work in areas that are considered more congruent with men were not found in Canada and the United Kingdom. In Australia, Stott (2007) conducted a qualitative study at a regional Australian university in which she investigated the factors that influenced both the clinical and the academic performance of undergraduate male student nurses. The researcher was interested in investigating reasons that contributed to attrition of student male nurses. The study utilised a purposive sample of eight male student nurses enrolled in a Bachelor of Nursing course, with ages ranging between 21 to 53 years. Data were collected using in-depth interviews and written narratives in the form of a diary and were analysed using thematic analysis. Findings revealed the student male nurses felt isolated and excluded from academic and clinical perspectives and lacked male role models who could have supported and inspired them better than the female nurses and faculty. Provision of care to female patients, such as showering of elderly patients, was a challenge to most of the participants. According to Stott (2007), participants preferred working in areas that were considered to be congruent with men, especially places which involved working with a lot of technical equipment, and this helped to retain men in the female-dominated profession (Stott, 2007). These findings are consistent with those of Wilson (2005) in a study in

Australia. Feeling uncomfortable with provision of care in relation to exposure to female patients' private areas was also found in a study conducted in Western Australia (Inoue, Chapman, & Wynaden, 2006)

In the Middle East and Asia, studies have been conducted on men in nursing. In China, Wanget al., (2011) studied "Perceptions of the nursing profession and learning experiences of male students in a Baccalaureate nursing programme in Changsha, China" using a phenomenological approach and which revealed six themes. The findings revealed that only one student of the 15 participants chose nursing as a career choice, while the remaining 14 participants were offered a place in the degree programme to study nursing. The study also revealed that participants perceived they were discriminated against by other health professionals. Other experiences elicited were feelings of inferiority, a perception of not being accepted by female lecturers and patients and a loss of interest and motivation in the course. This resulted in students being absent from some classes and consequently the students reported poor academic performances. In addition, they found it difficult to disclose the course being pursued to other university students, as they were embarrassed to mention they were studying nursing. The tradition of students entering nursing, as a result of being allocated courses by university officials based on the outcome of a national examination, is a common practice in Asian and Middle East countries (Zamanzadeh, 2013; Romem & Anson, 2005; Wang et al., 2011; Yang et al., 2004). The findings suggest that students, once allocated to a nursing degree programme, accepted the offer despite nursing not being their intended career choice. In these countries, entry to a university was one of the means to by-pass compulsory military service. The feelings of inferiority, not disclosing the course being studied and embarrassment were similar to findings in Iran (Zamanzadeh et al., 2013) and Taiwan (Yang et al., 2004). Study participants in Taiwan, despite experiencing gender-based barriers and a lack of male role models, chose to be positive about their career choice and appreciated the benefits offered in nursing, such as career development.

In Israel, Romen and Anson (2005) found the majority of men joining nursing were either immigrants to Israel or belonged to ethnic minorities. Although the numerous challenges

faced, the participants felt the benefits outweighed the challenges due to the men's low social economic background. These benefits included acquiring an academic degree, which is highly regarded in Israel, securing steady job opportunities and an adequate income.

In Africa, inclusive studies on gender mainstreaming and men in nursing are limited. In Egypt, El-Halem et al. (2011), using a sample of 370 (n=370) male student nurses, conducted a quantitative study aimed at determining the undergraduate male nursing students' image of the nursing profession. The study found that 62.16% of the participants had a positive image, while 37.84% held a negative image of the profession. Of those who had a positive image, 57% had joined the profession because of job security in nursing within and outside the country unlike other professions (El-Halem et al., 2001). Those who perceived a negative image attributed it to a poor relationship with novice lecturers who had no expertise in dealing with male students and a poor clinical working environment where resources were scarce. This affected learning negatively. Generally, students' perceptions of nursing as a profession became more negative as they progressed with their training. The researcher suggested this could have been attributed to "reality shock and theory-practice gaps" (El-Halem et al., 2001).

In South Africa, Reinecke (2014) studied the "experiences of male professional nurses regarding nursing as a career at a private hospital in Johannesburg" and found the men had both positive and negative experiences in the female-dominated profession. The positive experiences reported by participants included being competent, skilled practitioners when working in areas utilising technology during care provision such as in the Intensive Care Unit and also in areas which afforded them frequent travel opportunities. Despite this, there were many gender-based challenges similar to those reported in literature in other parts of the world (O'Lynn, 2004; Stott, 2007; Meadus & Twomey, 2011; Wilson, 2005). The challenges included feeling isolated, experiencing lack of male role models, role strain and lack of acceptance in the profession.

In Malawi, studies in nursing education and men in nursing in particular are limited. The unpublished studies conducted in Malawi (Mgawi, 2009; Kangachepe & Chatambalala, 2011) were on a small scale. Mgawi (2009) studied “Attitudes of male student nurses toward nursing care and the nursing profession at Malawi College of Health Sciences “and Kangachepe and Chatambalala (2011) studied “Contributing factors to high failure rate of examinations by students at one nursing college. “Common findings in these studies were the challenges faced by male nurses during training and beyond, such as feelings of inferiority, as they perceived the profession to be feminine and lack of information regarding nursing upon joining the career. Those who experienced a high failure rate attributed this to a lack of career motivation (Kangachcepe & Chatambalala, 2011). However, the studies reported in Malawi are unable to be transferred since they were conducted with a small sample at facility level.

2.3. Reasons for men joining nursing and implications for the recruitment and retention of men in nursing

Despite the challenges men face in nursing, there are various reasons men join the female-dominated profession, including a desire to care for and participate in helping others (Mooney et al., 2008), job security (Obrien, Mooney & Glacken, 2008; Oyedele, Gaji, Goshit, Louis, & Okonkwo, 2015), the prospect of stable employment (O’Lynn, 2004), attaining professional development (Yang et al., 2004), assisting in addressing the shortage of nurses (Grady, WHCNP,CNE, Stewardson, & Hall, 2008), acquiring a university degree, the career perceived as enabling practitioners to afford a relative social economic status in society (Romem & Anson, 2005)and as a result of policy changes in favour of gender equality where many countries are implementing a gender policy. Despite men’s reasons for joining nursing, they are still being recruited at a lower rate compared to female nurses.

According to Wang et al (2011) and LaRocco (2007), it would appear that in many instances the majority of the men joining nursing might not make an informed choice. Based on reviewed literature, in a Canadian study participants made informed career

choices (Meadus & Twomey, 2011). In other countries, the majority of the men join nursing for other reasons, these might be because of their countries' recruitment policies and the number of students who can be offered a university education (Yang et al., 2004; Wang et al., 2011; Zamanzadeh et al., 2013). In China, Taiwan and Iran the determining factor was the outcome of the school-leaving national examination (Zamanzadeh, 2013; Yang et al., 2004; Wang et al., 2011). As a result, the majority of the students were offered a course in nursing without their consent. Recruitment officers allocated courses to prospective university students having passed the school-leaving national examination based on the countries' educational policy. Consequently the student nurses who may have preferred to undertake courses other than nursing experienced severe challenges (Wang et al., 2011). Irrespective of the reasons for men joining nursing and the various challenges faced, men continue to join this female-dominated profession.

2.4. Care provision as experienced by male nurses in comparison to care rendered by female nurses

Rendering care to patients has been historically associated with women and the nursing profession (Evans, 2002). As nursing is a science and an art (Delaune & Ladner, 2006), caring is seen to be an essential element of this profession (Macknitosh, 2006; MacWilliams, 2013; Xi Wu, 2013) and nurse professionals are expected to portray caring behaviour. Though some men may join nursing out of passion to care for the sick, literature shows some differences exist depending on how patient care is rendered by male and female nurses (Anthony, 2004; Nilsson & Larsson, 2005; Whiteside & Butcher, 2015). Traditionally, according to societal stereotypes, men have been perceived to be less caring (Lerardi, Fitzgerald, & Holland, 2010). Women are seen to have a more natural aptitude for nursing than men (Stott, 2004; Stott, 2007; Meadus & Twomey, 2011; Bartfay, Bartfay, Clow & Wu, 2010) as they are believed to be superior in the areas of caring, empathy and the ability to express emotions (Whittock & Leonard, 2003). A study by Evans (2002) investigated "cautious caregivers, gender stereotypes and the sexualisation of men nurses' touch" and confirmed there were differences in caring styles between male and female nurses. Women were believed to express signs of caring naturally, such as through use of a soft voice and gentle touch during care provision. One reason was that the men avoided

touch, as they were concerned about their actions being misinterpreted by patients and fellow colleagues (Evans, 2002).

This could be the reason a study by Grady et al. (2008) explicitly indicated that, unlike women, male nurses need support to internalise the value of and the art of providing patient care. Faculty and peers could be vital socialisation change agents in transferring the art of nursing to male student nurses. Support of the statement that men are different from women in rendering patient care could be a result of the findings of a study by Nilsson and Larsson (2005), where men tended to work in areas where they would assume responsibilities with technical equipment, unlike females who were more patient-orientated. This finding has been reported in other studies (LaRocco, 2007; Miller, 2004; Miller, 2010).

The men may have a passion to care for the sick, however, this can only benefit the profession successfully if an appropriate socialisation process takes place. Although literature reveals differences in patient care rendered by men and female nurses, Mackintosh (2006) argues the care which nurses are expected to provide is shaped by the socialisation process to which the student nurses are exposed. Anthony (2004) notes that very little has been done to address the situation, which could suggest that, with proper training, the male student nurses could learn and provide the expected care to patients.

2.5. Men's coping mechanisms in the female-dominated profession

Literature explicitly reveals that the majority of men joining the nursing profession experience challenges once they join and thereafter (Wang et al., 2011; Stott, 2007; Reinecke, 2014). The challenges experienced are gender-based, which could have an effect on social, academic and career lives, and include discrimination, feelings of isolation, loneliness, inferiority, embarrassment, depression (Wang et al., 2011) and role strain (Stott, 2004). These impact negatively on students' personalities and, in some instances, result in reduced motivation (Wang et al., 2011) and may influence considerations to drop out from training (Stott, 2004). The challenges are experienced in varying degrees and men adopt various coping strategies during the training course and beyond, including being assertive,

perceiving support from both faculty and family and being “extra professional” when rendering intimate care that involves touching a patient’s private body parts (Fisher, 2009), as well as the ability to identify and acknowledge opportunities in the profession. The opportunities were perceived to include a sense of meeting religious commitments when patients’ needs were met, job security and promotion.

In Iran, male nurses were found to perceive the nursing profession positively. They considered nursing as a career for both men and women (Zamanzadeh et al., 2013). This is because Iranian patients have the right to choose their preferred gender of a nurse to administer care to them, which is in line with their religious practices. Based on this, nurses believed that male nurses would always be required to meet male patients’ needs (Zamanzadeh et al., 2013).

Receiving economic or financial benefits in the form of a better income is another reason that makes some men join and remain in the female-dominated profession (Zamanzadeh et al 2013a; Romen & Anson, 2005). In Israel, the income nurses receive enhance the social economic status of the professional (Romen & Anson, 2005). Additionally there is job security and this suggests that personal and financial needs can be met. In a study by LaRocco (2007), the participants had previously been employed elsewhere and had opted for a more secure job, which they found in the nursing profession. Their priority appeared to be to earn a living and support their families. In Israel, the men enjoyed good remuneration packages, which boosted their socio-economic status as many came from minority ethnic groups with a low socio-economic status (Romen & Anson, 2005).

Pursuing a university programme in any course including nursing was considered a means of avoiding military service, as is the practice in some Arab and Asian countries (Zamanzadeh, 2013a; Wang et al., 2011; Yang et al., 2004). The studies revealed that the nursing course was assigned to students based on the outcome of their National examination. In Arab and Asian countries, nursing tends to have a negative public image, yet these offers could not be turned down by men even though students reported having

trouble in coping with the challenges faced in the female-dominated profession. Upon experiencing the reality of nursing, some of the student male nurses tended to conceal the course being studied (for example some of the students were reluctant to disclose their course) as this was perceived as “feminine” by society and fellow students.(Wang et al., 2011; Zamanzadeh et al., 2013a).

As a coping mechanism, the students were reported to conceal their course registration. Mooney et al. (2008) reports that in Ireland similar findings of students concealing the fact they were studying nursing was very apparent. The students preferred to associate with men pursuing other courses and not female nurses during college life so as not to be seen as being part of a “woman’s world”.

According to a review study by Stott (2004), men chose the less intimate areas of specialisation (such as administration, intensive care, operating theatres, anaesthesia and psychiatric care units) so as to reduce role strain as these areas were perceived to be more congruent with a masculine role. In South Africa, male nurses appreciated the specialisation areas nursing offered (Reinecke, 2014). In America, in a study by LaRocco (2007), the participants did not experience many barriers since they reported having family support. Family support was also found in Ireland (Mooney, Glacken, & O'Brien, 2008).

The literature above reveals that, although challenges exist in nursing, men could be retained in the female-dominated profession if appropriate coping strategies were employed.

2.6. Synthesis of the literature

The reviewed literature has explicitly revealed information regarding gender mainstreaming in a female-dominated profession. The studies have revealed that men experience both benefits and challenges once they join the profession. The positive experiences could be seen as a sign that the profession could be for both men and women (Zamanzadeh et al., 2013 a). Although many countries continue to recruit men to nursing

in varying degrees, retention proves to be a challenge. This may be because of the negative experiences, some of which might be gender-based, and which some of the men may have experienced in the female-dominated profession during and after training, similar to other professions in which women are over-represented.

Although the policy of recruiting male nurses in some countries may be seen to help to increase the quantity of nurses, men still remain a minority in the profession (Wilson, 2005; Meadus & Twomey, 2011; Torkelson & Seed, 2011) because fewer men enter nursing compared with women (Keogh & O'Lynn, 2007). As a result, there are many gender-based problems faced during training and employment (Yang et al., 2004). The problems could be professional, social or academic challenges in nature and may negatively affect the recruitment and retention of male nurses (Kirk, O'Lynn & Ponton, 2013). The challenges revealed included a lack of male role models, anti-male remarks made by faculty, discrimination, loneliness, lack of information prior to joining, isolation and fear of the unknown (O'Lynn, 2004; Wilson, 2005; Stott, 2007; Kulakac, Ozkan, Sucu, O'lynn, 2009; Anthony, 2006; Torkelson et al., 2011; Kirk et al., 2013). The challenges faced are likely to create an unfriendly environment for men (O'Lynn, 2004) and may result in men failing to join nursing or, if they join, high attrition rates may result (Wilson, 2005; Stott, 2007). Thus, lessons could be drawn from the literature on gender mainstreaming in nursing education as being the importance of providing support for male student nurses in particular by family, career counsellors, female faculty, clinical nurses and patients and ensuring availability of male role models.

2.7. Conclusion

In conclusion, relevant studies on professional socialisation and gender mainstreaming in nursing have been reviewed and analysed. The literature has revealed the experiences men undergo as they transition into a female dominated-profession. Both students and professional male nurses have been studied. The studies covered professional socialisation of men in nursing; the reasons men join nursing, differences that exist between female and male nurses in patient care provision, challenges encountered by the male nurses in the feminine profession and the coping mechanisms employed. The coping strategies are perceived to help some men remain in the profession although it shows there is more to be

researched in this area. However, literature on the phenomenon in the African context is limited due to few studies having been located in the African region. This creates a gap on gender mainstreaming and the professional socialisation process of male nurses in the female-dominated profession in Africa and particularly in Malawi. Furthermore, the limited literature in Malawi on the phenomenon indicates the area largely remains unexplored. This could reveal that men may have unique un-researched professional socialisation issues as they enter and remain in the profession in the country. Considering the need to enrol more men into nursing, understanding and addressing the challenges men face in nursing during training and beyond is important. Some of the problems could be addressed through proper professional socialisation since, during the process, one acquires knowledge, skills, attitudes and a professional identity. The current study was conducted with the aim of addressing the gap in the literature in Malawi.

In the next chapter, the methodologies utilised in the mixed methods study are explained.

CHAPTER 3

RESEARCH METHODOLOGY

3.1. Introduction

Chapter 3, presents the methodology used in the study and outlines the study design, philosophical worldview of the researcher, the population, sampling, the two study phases conducted during data collection, data collection procedures and approaches to data analysis for each study phase. The chapter is sub-divided into four sections, namely 3A, 3B, 3C and 3D. Section 3A covers methodology for a qualitative study. Section 3B covers methodology for the validation exercise for a booklet. Section 3C covers methodology for the validation exercise for a brochure. Finally, section 3D explains the theoretical perspective which underpins the study.

3.2. The Research design

According to Creswell (2009:5), research design is a plan to conduct research. It involves the interconnection of philosophical worldviews, strategies of inquiry, specific research methods and the types of research design one can adopt, namely Qualitative, Quantitative or Mixed Methods, as shown in a framework for design in **Figure 3.1** below. In the figure, Creswell (2009) explains the interconnections a researcher may follow that exist among the three namely: the philosophical worldview of the researcher, strategy of inquiry the researcher would apply and finally, the research methods to be employed in the study. The researcher borrowed the use of the three approaches, as depicted in the diagram, to explain worldviews of the researcher, the strategies that were followed in the study and the methods employed during data correction. These are explained fully in this chapter of research methodology. It should be noted as will be expounded in section 3.4 under Philosophical worldviews the researcher has utilised the following world views: constructivism, positivism and pragmatism and not necessarily the ones outlined in the figure 3.1 as per se.

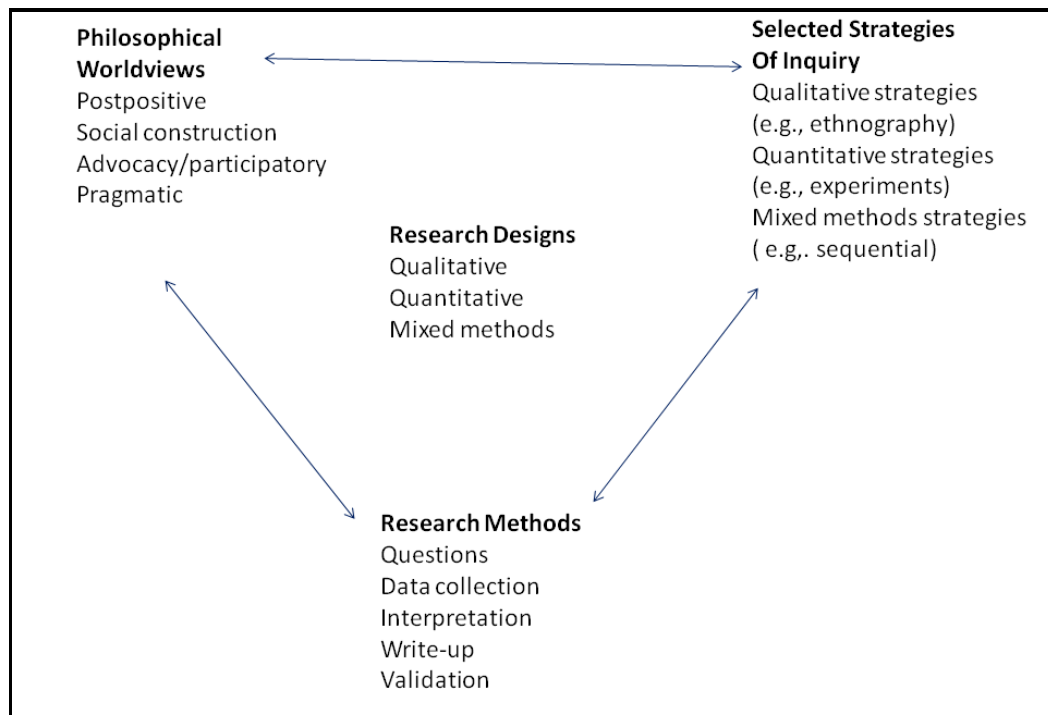


Figure 3.1: A Framework for Design: The Interconnection of Worldviews, Strategies of Inquiry & Research Methods

Adapted from Creswell (2009:5) with permission from publishers (Appendix B2)

The study utilised a mixed methods approach of qualitative and quantitative methodology (Creswell, 2009). Mixed methods research design is a procedure for collecting, analysing and mixing both quantitative and qualitative methods in a single study or a series of studies to understand a research problem (Creswell & Plano Clark, 2011). In this study, the techniques employed were aimed at understanding and addressing the challenges experienced by student male nurses during their professional socialisation process. The period covers the time of perceiving to become a nurse, enrolling at a nursing college, undergoing training at a nursing college and finally working as a nurse.

In this study, mixed methods were employed in order to answer the research questions. Additional information on the rationale for using the mixed method was covered in section

3.3. In this study, mixed methods were utilised sequentially with more weight placed on the qualitative methods, which were employed in Phases 1 and 3 of the study. The reason for this was that more weight was placed on obtaining information on specific experiences of individuals and demanded the individuals, living the experience, to explain the life pattern they experienced. Stakeholders in the education of the student male nurses also gave their perspectives and views on the phenomenon at hand. In this study, qualitative approaches were employed in Phases 1 and 3 of the study. During Phase 1, in-depth interviews and focus group discussions (FGD) were conducted with the participants and documentary reviews of policies used in the education of the student nurses were conducted. In Phase 3, qualitative information was collected when validating the professional socialisation materials, which were developed using the findings from Phase 1; these materials comprised a booklet and a brochure designed after analysing data collected in Phase 1. This resulted in the qualitative approach dominating the study. During Phase 3 of the study, a quantitative approach was used to seek the views of study participants regarding the extent to which they agreed with issues presented in the designed professional socialisation materials. The approaches used are called the 'Modified Delphi Technique' and the 'Nominal Group Technique' and were used in validating the booklet and brochure respectively. This resulted in computing descriptive statistics of the scores indicated on each item, which helped to validate the materials complementing the qualitative comments made by the participants.

TABLE 3.1: A flow diagram of the phases undertaken in the study.

Phase 1(A) • Six purposively selected nursing educational institutions (two universities, four colleges and four central hospitals in Malawi) were selected. • The selection of the institutions depended upon affiliation i.e. government, faith-based and type of courses being offered. • Participants: Student male nurses participated in Focus Group Discussions (FGDs). Twelve FGDs were conducted. Each FGD having a minimum of six students. Two FGDs per college; one for junior and one for senior classes. A research assistant was present during FGDs to assist with audio-recording and where necessary probing and general managing of the discussions while the researcher concentrated on facilitating the discussions. • Informants: -Three members of staff from each college participated in in-depth interviews. These were male, female lecturers and Dean of Students from each college who had taught/supervised and counselled male student nurses. Eighteen in-depth interviews were conducted with lecturers and Deans of students. -Qualified male nurse midwives from four central hospitals (two per hospital) and four female matrons were interviewed. Twelve in-depth interviews were conducted.
Phase1B) Documentary Review: Existing policy guidelines, rules and regulations, clinical policies and prospectus were reviewed regarding recruitment and education of student nurses with particular interest on student male nurses. Data Analysis: Data for the in-depth interviews and FGDs was analysed following Braun and Clarke (2006) using Thematic analysis. Data management and handling was aided using MAXQDA version 11 software. Data analysis for content from documentary reviews was conducted using content analysis.
TABLE 3.1 (continued)

Phase 2) Designing of professional socialisation materials. After analysing data collected in Phase 1, a booklet and a brochure were designed. These were developed based on study participants' recommendations during data collection in phase 1 A. This could enhance user ownership.

Phase 3) Validation of the professional socialisation materials

The designed professional socialisation materials were validated using "The Modified Delphi Technique" (Slaughter et al., 1999) and "Nominal Group Technique"(Vagra- Atkins et al., 2011).

Descriptive statistics were computed (percentages and frequencies) using Statistica software version 12.

3.3. Reasons for using both Qualitative and Quantitative Approaches

In any research study a researcher undertakes, one or multiple approaches are utilised for various reasons. Researchers using combined or mixed methods have varied justifications (Brayman, 2006). Use of mixed methods tends to provide a better understanding of the phenomenon under study (Teddlie & Tashakkori, 2009; Creswell, 2012). Furthermore, Brayman (2006:105), in their evaluation research, used an influential scheme that summarised five justifications for combining qualitative and quantitative research methods as outlined:

- **Triangulation.** Here one looks at convergence, corroboration, correspondence or results from **different methods of data collection, types of data and individuals (McMillan & Schumacher 2006; Creswell 2008).**
- **Complementarity.** This seeks elaboration, enhancement and illustration of the results of one method with the results from another (Johnson & Onwuezbuzie, 2004).
- **Development.** This seeks to use the results from one method to help develop or inform another method.
- **Initiation.** This seeks the discovery of paradox and contradiction. New perspectives of frameworks, the recasting of questions or results from one method with questions or results from the other method are sought.
- **Expansion.** This seeks to extend the breadth and range of enquiry by using different methods for different enquiry components.

In this study, mixed methods were used to achieve the following:

- **Expansion**

The mixed methods provided an in-depth understanding of the phenomenon at hand (Blaxter, Hughes & Tight 2010; Creswell, 2009), the socialisation process the student male nurses undergo from the time they decide to become a nurse, register and commence training at a nursing college, until deployment in one of the hospitals in the country. Findings from the qualitative and quantitative studies and integration of the results gave an expanded picture of the phenomenon at hand.

- **Development**

Results of Phase 1 data collection provided data to design instruments to be used for the second phase data collection using a ‘Modified Delphi Technique’ and ‘Nominal Group Technique,’ hence the Sequential Exploratory Descriptive design was utilised in the study.

- **Triangulation**

The researcher utilised multiple data collection methods and sources to study the phenomenon at hand (Patton, 2002). This was achieved through conducting in-depth interviews, focus group discussions, documentary reviews of policy documents and use of simple questionnaires in the “Modified Delphi Technique” and “Nominal Group Technique’ during Phases 1 and 3 of the study. Results of Phase 1 were validated in Phase 3 thereby achieving triangulation (Barnes, 2012).

- **Complementarity**

Use of the mixed methods approach facilitated the incorporation of both quantitative and qualitative methods (Creswell, 2012) and overcame the weaknesses of the approach.

3.4. Philosophical Worldviews

Philosophical worldviews or assumptions and the stance of the researcher influence the methods to be utilised in the study (Greene, 2006; Creswell, 2009). These are also called paradigms (Teddlie & Tashakkori, 2009). For purposes of this study, three worldviews were taken into consideration namely constructivism, positivism and pragmatism.

3.4.1. Constructivism

Constructivists hold the view that individuals seek understanding of the world in which a person lives and works. Individuals tend to develop subjective meanings of what they experience in their environment. As such, the researcher tends to rely on the views and opinions of individuals involved in the phenomenon. It is therefore noted that participants are believed to construct knowledge through their interaction with their life worlds (Creswell, 2009). This reveals that meaningful reality is socially constructed (Patton 2002). In this study, the student nurses' professional world is assumed to consist of what experiences are perceived during their socialisation process, thus meaning of their social reality emerged during the interactions with socialisation agents, which in this instance were lecturers, clinical nurse midwives and student peers. Constructivists view the world from internal mediated reality (Green, 2006). Therefore, the appropriate worldview to guide the conduct of the study was constructivism. During Phase 1 of the study, qualitative methods were employed to enable the "knower," in this case the researcher, to interpret the professional socialisation process of the "known," in this case the student male nurses, as lived by them as well as the contextual influences (such as policies and socialisation documents) and the socialisation agents with whom they interacted and who in turn, influenced and were influenced by the male students.

3.4.2. Positivism

Positivists hold the view that objective reality exists ‘out there’ in the world (Creswell, 2009) and they maintain that social science enquiries should be objective (Johnson & Onwuegbuzie, 2004). As such, they tend to develop numeric measures of observations, which are analysed using statistical software. In this study, quantitative methods were employed and analysed during Phase 3 in “a Modified Delphi Technique” by computing descriptive statistics; in the Nominal Group Technique, scores were computed. However, in this study qualitative methods were given priority and more weight.

3.4.3. Pragmatism

The third world view comes from the pragmatists. Pragmatism derives from the work of Charles Peirce, William James and John Dewey (Johnson & Onwuegbuzie, 2004). These individuals advocated the use of both quantitative and qualitative approaches in one study. According to Pansiri (2006), other researchers advocating for mixed methods research are Teddlie, Tashakkori and Creswell. Pragmatism therefore does not subscribe to one philosophy and reality. One uses all available approaches, procedures and resources to study the phenomenon (Patton, 2002) thereby enabling a researcher to have freedom of choice on methods, techniques and procedures that best meet a researcher’s needs (Creswell, 2009) by answering important research questions (Johnson & Onwuegbuzie, 2004). In this study, both qualitative and quantitative methods were employed as they are useful and important (Johnson and Onwuegbuzie, 2004) to obtain both objective and subjective information regarding the socialisation process of student male nurses and in validating the designed professional socialisation materials.

3.5. Research Methods

Research method is the third major element in the framework for any research design (Creswell, 2009), as illustrated in **Figure 3.1** above. It involves forms of data collection, analysis and interpretation of findings (Teddlie & Tashakkori, 2009; Creswell, 2009). In

addition, Patton (2002) views research methods as encompassing strategies or techniques that help the researcher accomplish the aim of the study. These include the study population, setting, the sampling techniques, sample size and selection, piloting, data collection and analysis, trustworthiness and ethical considerations. In order to achieve the aim of the study, data collection and analysis was conducted in phases as follows:

1. **Phase 1:** Qualitative data collection through focus group discussions, in-depth interviews and document reviews.
2. **Phase 2:** Formulation of a booklet and brochure.
3. **Phase 3:** Validation of the booklet and brochure through Modified Delphi Technique and Nominal Group Technique respectively.

The phases outlined above are discussed in separate sub-sections of the chapter below. However, Phases 2 and 3 will be covered in one section, namely section 3B.

3.5.1. Section 3a: methodology for phase 1(qualitative)

The subsequent information explains the methodology for Phase 1, which was based on qualitative methods.

3.5.1.1. Study Setting

The settings were six (n=6) purposively selected nursing colleges and the four (n=4) central hospitals in Malawi. In total there are 13 (N=13) nursing colleges that educate both male and female nurses and of these, some train nurses at professional and technician levels. Three are university colleges, one is a public college and the remainder are faith-based nursing colleges. The selection of the nursing colleges was purposively done to ensure representation of the three categories. Therefore, two university colleges, one public college and three faith-based nursing colleges were selected.

3.5.1.2. Target Population

A target population is a subset of individuals meeting the specifications for the study (Polit & Beck, 2006). The groups selected were student male nurses undertaking a course in nursing and midwifery, lecturers and Deans of Students. Each college has one Dean of Students at a given time. The lecturers and Deans of Students play a pivotal role in moulding student nurses. Qualified male nurses and female nurse managers working in government central hospitals were also selected. The qualified staff, namely the lecturers, Deans and male and female (managers) qualified nurses, acted as informants having undergone training in various nursing colleges, thereby benefitting from their previous experiences.

3.5.1.3. Sampling

A sample is a subset of the population with similar characteristics that can represent the rest of the group (Polit & Beck, 2006). A purposive sampling method was used to select participants in order to obtain rich information on the phenomenon from individuals who were articulate (Burns & Groove, 2006). This helped the researcher to understand the phenomenon at hand by undertaking a homogenous sampling (Creswell, 2008) of groups of nurses because they possessed similar characteristics. The groups were The Deans of Students, nurse educators and qualified male and female nurses (managers), who were purposively selected and participated in in-depth interviews. Student male nurses participated in focus group discussions (FGDs). Use of group processes help study participants explore and clarify their perceptions or views on an issues (Webb & Kevern, 2001). Although purposeful sampling may have strengths, such as sourcing rich information, it may result in subject and or researcher bias (McMillan & Schumacher, 2006).

The total population of student male nurses in the six nursing colleges was 572 students (N=572). The sample comprised 70 student male nurses (n=70) and a maximum of 12 focus group discussions (FGDs) were conducted, which managed to provide saturated data on the phenomenon (Guest, Bunce & Johnson, 2006). Focus group discussions were one of the methods used in collecting data as group processes help people explore and clarify their

views, unlike in a one-on-one basis (Webb & Kevern, 2000). At each college, two FGDs were conducted, one with a junior class and another with a senior class. This helped gather information on socialisation during early and later years of education. In-depth interviews were conducted with Deans of Students (N=6) and six (n=6) in-depth interviews were conducted.

Twelve in-depth interviews were also conducted with lecturers, two lecturers per college participated in the study (n=12). There were 144 (N=144) lecturers in the six colleges. Conversely, in four central hospitals eight in-depth interviews were conducted with eight qualified male nurse midwives and four female nurse managers, totalling 12 altogether. There were 936 nurse midwives in the four central hospitals (N=936). Data were collected until no new information produced. During both FGDs and in-depth interviews, semi-structured interview guides were utilised (**Appendixes D5, E5, G5 and H5**)

Documentary reviews were also conducted. The documents included institutional guidelines/procedures in line with training of student nurses, job descriptions of Deans of Students, clinical policies, college prospectus and academic handbooks.

3.5.1.4. Inclusion and Exclusion Criteria

Student male nurses in the purposively selected nursing colleges were invited to participate in the study. Seventy (n=70) male students nurses, 18 years and above, volunteered to participate by giving written consent. Lecturers and Deans teaching or providing psycho-social counselling to student male nurses in the purposively selected nursing colleges were also invited to participate in the study. The lecturers and Deans of Students had worked in the selected colleges for at least three months and were involved in teaching and supervising or counselling of student nurses. Qualified male nurses were those working in the four central hospitals. Two male nurses and one female nurse manager per hospital, who had worked in the respective central hospitals for over three months, were interviewed (n=12). Nurse managers with long service (30 years and above) were excluded as these may not have had the chance to work with male nurses.

3.5.1.5. Data Collection, Management and Analysis

Data collection and analysis were conducted concurrently (Creswell, 2009). At each college, there were two focus group discussions conducted in English, which normally lasted for approximately 90 minutes to 2 hours maximum. Interview guides were utilised during the focus group discussions and the interviews were tape-recorded. Twelve focus group discussions were conducted in all six selected nursing colleges. Short notes were taken during these discussions. A research assistant was employed and oriented appropriately and their main role was to assist with the taping of the interviews. The assistant also helped in probing and general managing of the discussions where necessary. In general, the research assistant was:

- a) Advised on what to do during the interviews at the beginning, middle and end of the interview.
- b) Taught how the digital recorder worked and how to ensure the interview was being recorded while the researcher concentrated on interviewing the study participants.
- c) To be alert during the proceedings of the interview to handle any emergencies that may occur to prevent disruption of the interview.
- d) The assistant also helped in probing and general managing of the discussions where necessary.

The researcher facilitated the discussions throughout and made notes.

Data were also collected from eight (n=8) qualified male nurses and four (n=4) female nurse managers. Two male nurses and one female nurse manager were interviewed at each of the central hospitals in Malawi respectively. In-depth interviews were conducted using a semi-structured interview guide.

Data were collected from lecturers who provided classroom teaching in the lower and upper classes, clinical supervision and tutorials. Two in-depth interviews were conducted at each college with the lecturers, resulting in 12 altogether. As the data were collected from lecturers who were involved in different aspects of the students' education, this elicited varied and rich information.

Data were also collected from six (n=6) Deans of Students from the purposively selected colleges. The Deans are charged with providing the necessary support, advice and care that

student male nurses, as well as other students, may require when necessary. From all participants, data were collected using semi-structured interview guides with open-ended questions. Probing was done to elicit more information based on the responses of the participants.

3.5.1.6. Pre-testing

A pre-test of the interview guides was conducted at one nursing college and hospital with participants who were not included in the study. Two focus group discussions with student male nurses and six in-depth interviews with lecturers and clinical nurses were held. The pre-test was conducted to assess clarity of the questions, sequence and duration in completion. The collected data did not form part of the main study. The pre-test provided the researcher with additional experience and expertise in qualitative data collection and information on sequencing of some questions prior to data collection.

3.5.1.7. Data collection from documents

Data were also collected by reviewing existing policies, institutional procedures/guidelines dealing with recruitment and orientation of student nurses in each of the respective nursing colleges. Job descriptions for the Deans of Students were reviewed as they outlined the duties of the Dean. The Dean of Students plays a pivotal role in student counselling as one of their duties. This helped crosscheck information sourced through focus group discussions with student male nurses. College principals provided the required documents, which potentially affect male nurses' recruitment and education in Malawi. A checklist was used to record documents reviewed at each college (**Appendix I**).

3.5.1.8. Approaches to Qualitative data Collection and Analysis

While data were being collected, the researcher established a trust relationship with the study participants by employing communication and interview skills. The researcher had to employ these skills to help maintain the connection, which in turn helped to establish a

working relationship and aided in the collection of more nuanced information from the participants. The following communication skills were used:

- Openness of posture.
- Maintaining eye contact with the interviewee.
- Listening attentively.
- Clarifying.
- Notetaking where required.
- Probing.
- Reflecting content.
- Summarising.

3.5.1.9. Handling of Focus Group Discussions

Before commencement of the FGDs, welcoming and introductory remarks were done by the researcher and the research assistant. The researcher thanked the participants for volunteering to participate in the FGDs. The aim of the study was explained and the participants were given the study information sheet (**See AppendixD1**) to read again. The researcher asked the participants if they had any questions or needed any clarification. A consent form and consent for digital recording (**See Appendixes D2 & D4**) were handed to the participants to sign to show they agreed to participate in the study and that they had no objection to a digital recording being conducted.

The role of the research assistant was to ensure the proceedings were recorded, help clarify points where necessary and oversee the process in general (e.g. attend to eventualities), while the researcher concentrated on facilitating the discussions and note taking. (**This was covered in section 3.5.1.5**).

3.5.1.10. Handling of In-depth Interviews

At the beginning of the interviews, welcoming and introductory remarks were made. The researcher thanked the volunteers for agreeing to participate in the interviews. The aim of the study was explained and the participants were given the study information sheet (**See**

Appendix E1, F1, G1 & H1) to read again. The researcher asked the participants if they had any questions or needed any clarification. A consent form and consent for digital recording (**see Appendix E2, E3, F2, F3, G2, G3, H2 & H4**) were handed to the participants to sign to indicate they consented to the interview and digital recording. (NB: in-depth interviews were conducted with nurse lecturers, qualified male nurses, Deans of Students and female nurse managers.)

3.5.1.11. Handling of qualitative data analysis

Data collection and analysis occurred concurrently. After the interviews, digital data were transcribed verbatim by the researcher; this helped edit the typed content by means of inserting the researcher's field notes.

- Member Checking

The researcher kept an open dialogue, through the use of a cell phone and email, with the interviewees of in-depth interviews for confirmation and requesting of comments and feedback (member checking). Member checking enhanced transparency and conformability (Graneheim & Lundman, 2004; Teddlie & Tashakkori, 2009). All in-depth interview transcriptions (without the inserted field notes) were emailed to interviewees to confirm that the transcriptions were a reflection of what they had said and they made amendments where applicable. Of the 30 transcriptions from the in-depth interviews, 25 interviewees gave feedback, most of which merely endorsed the fact that the information captured was a true reflection of what they had said during the interviews. Three participants indicated they were too busy to give feedback, while two reported having no access to the internet. The researcher listened to the digital recordings several times to ensure all recorded information was captured in print. During the transcription phase, the researcher identified important issues from the participants' verbal and non-verbal information. It should be noted that no member checking was conducted with focus group participants as the researcher relied on field notes only and listening for several times to the digital recordings during transcription.

3.5.1.12. Qualitative data analysis conducted

When all the data had been transcribed, analysis continued inductively. This means the process of coding the data did not try to conform to any pre-existing coding frame or any analytic pre-conceptions (Braun & Clarke, 2006). The analysis was data-driven, with the researcher being the principal data analyst instrument (Sandelowski, 2000). The general approach to the data analysis was based on Braun and Clarke's six phases (2006) of Thematic Data Analysis, which are:

- a. Familiarising oneself with the data.
- b. Generating initial codes.
- c. Searching for themes.
- d. Reviewing themes.
- e. Defining and naming themes.
- f. Producing the report.

MAXQDA software version 11 was utilised during the process of initial coding. As this software enhanced data sorting, organisation and handling (Thorne, 2000) going back and forth in the transcripts was made easier. This is in line with the thinking of Teddlie and Tashakori (2009) that qualitative data analysis tends to be iterative. The approaches improved depth in the data analysis, in that patterns and commonalities within and amongst the participants were identified by going back and forth through the transcripts and the coded segments as the analysis took place (Shosha, 2012; Thorne, 2000). Accounts of different students in various nursing colleges undertaking a similar course and different courses were compared by studying the commonalities and differences. This was achieved by comparing each new interview/account until all the interviews had been compared with each other.

The aim of the data analysis in Phase 1 was to help the researcher to understand the socialisation process of the male nurses as experienced by them and learning from the perspectives/opinions of the lecturers, Deans of Students and the qualified nurse midwives (male nurses, female nurse managers). This helped to enhance triangulation of data

collected through focus group discussions, in-depth interviews and finally documentary reviews (Barnes, 2012).

Prolonged engagement with the participants during the study was achieved through interviewing the informants, namely the lecturers, qualified male nurses, nurse managers and conducting focus group discussions with students from different colleges and from one hospital to another and finally, by liaising with the participants during ‘member checking. The process helped develop patterns and relationship of meanings.

Analysis of documents utilised the process of thematic content analysis. This was achieved by identifying similar issues/concepts pertaining to gender inclusiveness in the respective colleges. General information pertaining to recruitment and socialisation of student male nurses in particular was also scrutinised.

3.5.1.13. Summary

This section provided comprehensive information on the methodology carried out in Phase 1 data collection and analysis exercises. The next section explains the methodology carried out in the validation exercise of a booklet.

3.5.2. Section 3B: The Modified Delphi Technique: Sampling & data collection method utilised (Phases 2& 3)

In this sub-section of Chapter 3, a brief explanation on how the ‘Modified Delphi Technique’ is given and how it was applied in the validation process of the booklet. Firstly, a description on the formulation of the booklet is provided.

3.5.2.1. Designing of the booklet

The booklet was designed following the findings in Phase 1 in respect of qualitative data collection and analysis. The qualitative study findings revealed that the majority of male

nurses felt they had faced many challenges in the nursing profession, through college life and beyond. As a result, some could leave the profession at any stage, while some may continue with their education since they considered the course to be a stepping-stone towards greener pastures. Conversely, those who joined nursing with a passion for helping the sick continue to study or work as nurses in government hospitals. The challenges being faced prompted the study participants to make proposals that they felt, if implemented by nurse educators, nurses/nurse midwife clinicians and female student nurses, could contribute to the strengthening of male nurse education in Malawi. The booklet therefore addresses the challenges by providing proposed solutions made by the study participants. The booklet targets change agents, namely lecturers and registered nurse midwives, as they have a role to teach student nurse midwives during clinical placements. Upon analysing and interpreting the qualitative data, the researcher used some of the findings judiciously to formulate the booklet.

The book covers sections on what motivated the study participants to join nursing and the positive and negative experiences the male nurses face during the professional socialisation process in the female dominated profession. Finally, their recommendations were envisaged to address the challenges faced.

The booklet is titled, *“Booklet for Nurse Educators & Nurse Midwife clinicians on how to improve teaching-learning & working environment for Male Nurse Midwives.”*

3.5.2.2. Process to validation of the booklet

During Phase 3 of the study, a modified ‘Delphi Technique’ was conducted to validate the booklet, which was developed in Phase 2, for nurse midwives. The Delphi Technique is an iterative exercise that enables stakeholders to arrive at a consensus on an issue (Hasson & Keeney, 2000; Bhattacharya, Maier, Bhugra, Warner & Bhatt 2010). The extent of consensus reached depends upon the importance of the issue at hand (Keeney, Hasson, & Mckenna, 2006). The technique is also seen as a survey method designed to obtain opinions of a group of ‘experts’ (Broomfield & Humphris, 2001), or members of a panel (Lofmark & Thorell-Ekstrand, 2004). The technique has been used by many professionals

in numerous studies to arrive at consensus on various issues (Robotin, Jones, & Biankin 2010; Slaughter et al., 1999; Lofmark & Thorell-Ekstrand, 2004; Broomfield & Humphris, 2001; Elwyn, O'Connor, Stacy, & Volk, 2006). In nursing, the technique can be used to evaluate the applicability of issues in nursing (Vasudevan, 2004). The Delphi Technique was first developed in the 1950s by the Rand Corporation in California in an attempt to eradicate interpersonal interactions when arriving at an objective decision (Goodman, 1987; Slaughter et al., 1999). The technique is seen to be fundamentally reductionist in its nature (Stewart, 2001). In this study, the aim was to source opinions of panel members from a wide range of nurse professionals and students in order to validate an information booklet on nursing and midwifery. A maximum of two rounds were conducted in sourcing the opinions. This prevented 'member or expert exhaustion' in participating in the study (Keeney et al., 2006; Wakefield & Watson, 2013).

3.5.2.3. Sampling for the Delphi Technique

Sampling in the Delphi technique normally uses non-probability samples (Lofmark & Thorell-Ekstrand, 2004; Hasson & Keeney, 2000). The technique relies on anonymity of the participants (Lofmark & Thorell-Ekstrand, 2004; Hsu & Sandford, 2007) and there are no guidelines regarding the number of participants (Keeney et al., 2006; Hsu & Sandford, 2007). Since a representative number for statistical purposes is not called for, representativeness is established on the panellists' experience and not on their number (Powell, 2003). In the current study, a purposive sample of 'professional panel members' was 35 ($n=35$) from a population of 161 ($N=1691$). The participants were recruited based on their expert knowledge on the phenomenon, experience in teaching male nurses and willingness to participate (Powell, 2003; Lofmark & Thorell-Ekstrand, 2004; Hsu & Sandford, 2007). The 'panel members' were drawn from four nursing colleges, three central hospitals and a Nurse regulatory body as follows: Kamuzu College of Nursing Blantyre campus, Nguludi nursing college Malamulo, Malawi College of Health Sciences Zomba campus, the Nurses and Midwives' Council of Malawi as policy makers and three central hospitals, namely the Queen Elizabeth, Zomba and Kamuzu Central hospitals. During Round 1 of the data collection, the researcher met each participant physically, unlike in Round 2 where participants in distant locations were contacted via email.

Participants were provided with adequate verbal information regarding the exercise and by reading an information sheet (**AppendixJ1**). Consent to participate was sourced upon signing a consent form (**AppendixJ2**). Confidentiality was maintained by ensuring that participants did not know each other.

3.5.2.4. Data Collection and Analysis for Delphi Technique conducted during Rounds 1 and 2

Initially a pilot study was conducted using five participants drawn from a nursing college and a hospital not included in the main study. The aim of the pilot study was to assess the extent to which the set questions could provide the information required to validate the booklet. The findings did not form part of the data for the main study.

Data were collected using both qualitative and quantitative methods, using a questionnaire (**see Appendix J 4**). The questionnaire was formulated in a Likert scale of measurement to define responses. The process was based on some elements according to Slaughter et al., (1999) and literature on the Delphi Technique. The scale was designed after the booklet was in place. The Likert scale comprised five statements, each corresponding to sections in the booklet. Written informed consent was sourced from the participants. The study participants were requested to read the booklet first and then provide responses to the questionnaire. Each participant had to read statements provided in the questionnaire and indicate whether they ‘agreed,’ ‘did not know’ or ‘disagreed’ with the statement. Participants were also encouraged to provide comments and additions where applicable (Lofmark & Thorell-Ekstrand, 2004).The qualitative data were analysed using content analysis, while the quantitative data were analysed using Statistica software (version 12) to generate descriptive statistics (Slaughter et al., 1999).

Study participants who had agreed with all statements provided in Round1were considered to have completed the exercise and were not presented with questions for validation in Round 2. Despite reaching consensus (percentage greater than 75%) during Round 1on all

questions, Round 2 was conducted only with participants who in Round1 had answered either 'do not agree' or 'do not know' to any of the statements. These participants were requested to attempt the questions for a second time, which was similar to the approach conducted by Slaughter et al., (1999). Participants were requested to either change or maintain their response without being intimidated in any manner after reading the amended booklet. The participants were also given results (percentages) on how other participants had answered the questions. There were 12 participants in round two.

3.5.2.5. Summary

In summary, the above section explained the background to the formulation of the booklet, which was validated by using a Modified Delphi Technique. The subsequent section explains the methodology followed in validating a brochure designed in Phase 2 of the study.

3.5.3. Section 3 C:Methodology utilised in designing and validating a brochure using Nominal Group Technique (NGT) (Phases 2 & 3)

This section explains the Nominal Group Technique (NGT) and its application in this study. Firstly, an explanation leading to the designing of the brochure is given followed by what NGT is, its advantages, disadvantages and its application in validating the brochure. The aim of the Nominal Group Technique (NGT) in this study was to evaluate the outlook and content contained in career guidance material in the form of a brochure titled, 'A career in nursing and midwifery in Malawi' (see final brochure **Appendix L 6**).

3.5.3.1. Designing of the Brochure

The brochure was designed following the findings of Phase 1 data collection and analysis. During this phase, the study emphasised qualitative approaches. The qualitative study findings revealed the majority of the qualified male nurses and student male nurses believed they lacked information regarding nursing prior to joining the profession. As a

result, students could not make an informed decision when joining the profession. The participants recommended that career guidance be made available to provide a clear understanding of what constitutes being a nurse. Though both male and female students may benefit from such information, the study participants emphasised that the prospective student male nurse midwife would particularly benefit, considering most of the duties performed by nurse midwives tended to be associated with female nurse midwives.

Study participants further revealed that, having been exposed to the realities of nursing and midwifery, some potential candidates may tend to reconsider their decision to be educated as nurse midwives. Hence, a brochure titled '*A career in nursing and midwifery in Malawi*' (**Appendix L6**) was designed to provide information to prospective student nurse midwives regarding nursing and midwifery. It is envisaged the brochure will enable prospective student nursesto make informed decisions regarding joining the nursing profession.

3.5.3.2. Summary description of the designing and information contained in the brochure

The draft brochure was designed to address the following areas, and had the following sections, some of which have been maintained upon being validated:

- **The Introduction.** This section briefly explained the background to the production of the brochure. It explained the approach to the study that was conducted, which led to the designing of the brochure.
- **Nursing and Midwifery defined.** A definition of nursing and midwifery was given. The brochure explained that in order to undertake the career, an individual had to undergo comprehensive education ranging from three to four years. It emphasised that both men and women can become nurse midwives provided appropriate education was undertaken.
- **Why are men becoming nurse midwives?** This section outlined some of the study participants' reasons for joining the profession.
- **What do nurses do?** This section explained steps taken by nurses when treating patients using the five stages of the Nursing Process (Potter & Perry, 2005).

- **Are there career opportunities in nursing?** This section covered various opportunities in terms of specialisation that may be undertaken once qualified as a nurse midwife.
- **Benefits in belonging to the profession.** This section outlined some of the benefits that can be achieved as a nurse midwife.
- **Places where nurse midwives can work.** This section covered places where nurses can work depending on which specialisation they undertook during training.
- **Challenges a nurse may face.** This section outlined some of the common challenges within nursing. These are challenges affecting both male and female nurses.
- **Entry Requirements.** This section covered information on the entry requirements for each cadre of nurses.
- **Where can I be trained?** This section listed all nursing colleges available in Malawi and the type of courses being offered, whether at registered or technical level.

The brochure was designed carefully to attract and enable readers to easily understand the information (Kool, Ruiter, Kok & van de Weil, 2007). The brochure was printed in colour to attract the reader's attention.

3.5.3.3. Description of the Nominal Group Technique

This section describes the nominal group technique. Advantages and disadvantages of using the technique are elaborated on. The five stages carried out in the technique are explained as well as the process carried out in this study to validate the brochure.

There are a number of "group-based" research techniques researchers can use to determine peoples' views on services and other specific issues (Williams, White, Klem, Wilson, & Barthlomew, 2006), including the Nominal Group Technique (NGT), Focus Group Discussions (FGD), brainstorming and the Delphi Technique. When these data collection techniques are compared to the NGT, it is found the NGT has more advantages than the rest (Potter, Gordon, & Hamer, 2004). The NGT is a structured face-to-face group session

with the purpose of achieving group consensus and action planning on a chosen topic (Varga-Atkins et al., 2011). According to Potter et al (2004), the NGT was first developed by Delbecq, Van de Ven and Gustafson in 1975 to facilitate effective group decision-making in social psychological research. Since then, the NGT has been applied by many researchers in a number of fields as a research method or evaluation method (Varga-Atkins et al., 2011). However, researchers have introduced a number of modifications from the original technique to suit their context (Varga-Atkins et al., 2011). For example, the technique has been applied in studies regarding radiography (Williams et al., 2006), physiotherapy (Potter et al., 2004), education (Dobbie, Rhodes, Tysinger, & Freeman, 2004) and social service, industry and government organisations (Potter et al., 2004). In the NGT, “individual input is paramount” and group interaction is not encouraged (Varga-Atkins et al., 2011).

Participants in the Nominal Group Technique take part in a highly structured face-to-face meeting of five to nine participants, however the size may vary, with some researchers using larger group sizes (Potter et al., 2004; Varga-Atkins et al., 2011; Steward, 2001; Dobbie et al., 2004).

3.5.3.4. Advantages of the Nominal Group Technique

The Nominal Group Technique has many advantages (Williams et al., 2006) and these include:

A participants input is limited to a single meeting, which may last between one and two hours.

Researcher bias is minimised because participants are directly involved during both data collection and analysis.

The task set is completed and results known to group members immediately.

Each group participant is given an equal voice since the process encourages individual input in a non-judgemental environment (Dobbie et al., 2004), thus there is no group member dominance.

It provides a level ground on which group members operate. In cases where seniors and juniors belong to a group everyone operates on the same level ground without power struggles among the group members.

The technique is cost-effective since there are no data transcriptions or analysis (Varga-Atkins et al., 2011). However, other researchers have reported audiotaping and transcribing of data (Potter et al., 2003).

It uses both qualitative and quantitative methods hence it is a mixed methods approach.

The technique provides a constructive problem-solving approach (Dobbie et al., 2004). In addition it helps groups generate ideas and reach consensus through a five-stage process (Lancaster, Hart & Gardner, 2002).

The technique gives meaningful feedback and offers suggestions where possible on a module, curriculum or health message (Dobbie et al., 2004).

3.5.3.5. Disadvantages of the Nominal Group Technique

The Nominal Group Technique has a number of disadvantages a researcher needs to consider, according to Potter (2004). The following are the disadvantages:

The question to be addressed needs to be clear and stimulating.

Participants should know the issue/s to be addressed in order to contribute effectively and be representative of their profession.

The facilitator should have explicit knowledge of the issue/s to be addressed.

The facilitator should have skills in implementing the Group Technique.

3.5.3.6. Stages of the Nominal Group Technique according to Varga-Atkins et al., (2011)

There are five stages to the NGT:

i. **Introduction and Explanation**

During this stage, participants are welcomed. The purpose and procedure of the meeting is explained. This stage normally lasts for approximately five minutes.

ii. **Silent generation of ideas.**

Each participant is provided with a sheet of paper with the questions to be addressed and is asked to write down all ideas that may come to mind when considering the question/issue. Participants are asked not to consult/discuss their ideas. This stage lasts for approximately 10 minutes.

iii. **Sharing Ideas.**

Participants are invited to share ideas they have generated. The facilitator should record each idea on a flip chart using the participant's own spoken words. The "round robin" process continues until all ideas have been presented. There is no debate about the items at this stage and participants are encouraged to write down any new ideas that may arise from what others share. This process ensures all participants have an opportunity to make an equal contribution and provides a written record of all ideas generated by the group. This stage may take 15 to 30 minutes.

iv. **Group discussion.**

Participants are invited to seek a verbal explanation or further details about any of the ideas their colleagues have mentioned that may not be clear to them. The facilitator's task is to ensure that each person is allowed to contribute and that discussion of all ideas is thorough without spending too long on a single idea. It is important to ensure the process is as neutral as possible, avoiding judgment and criticism. The group may suggest new items for discussion and combine items into categories, but no ideas should be eliminated. This stage lasts for 30 to 54 minutes.

v. **Voting and ranking.**

This stage involves prioritising the recorded ideas in relation to the original question. The participants are requested to identify their top five items on the list by ranking them. Following the voting and ranking process, immediate results in

response to the question are available to participants so the meeting concludes having reached a specific outcome.

3.5.3.7. The Application of the Nominal Group Technique invalidating the brochure.

- **Purpose**

The aim of the Nominal Group Technique in this study was to evaluate the outlook and content contained in the brochure.

- **Methodology**

The sample

The sample comprised student nurses (n=37) in four purposively selected nursing colleges from a population of 849 (N=849). The colleges were KCN, College of Nursing Blantyre campus, Malawi College of Health Science Zomba campus, Nguludi Nursing College and Malamulo College of Health Sciences. The colleges represented the university, government and Christian nursing colleges respectively. The students volunteered upon reading the information regarding the study and participation was based on meeting the inclusion criteria outlined below. The volunteers met the researcher in an agreed designated place on the college premises. There were 6 to 8 student participants per group, with gender balance being a priority.

Inclusion criteria

- **Gender:** Both female and male student nurses.
- **Age:** Minimum 18 years of age.
- **Character:** Willing to participate in a nominal group technique for approximately 1½to 2 hours
- **Areas assessed on the brochure by the participants.**
 - a) General appearance/presentability of the brochure.
 - b) Content. This refers to the information contained in the brochure in the sections outlined above.
 - c) Study participants were also required to indicate areas for improvements.

- **Pilot Study**

A pilot study of the Nominal Group Technique was undertaken, at one of the nursing colleges in Blantyre, with eight student nurses with an equal gender distribution.

The aim of the pilot was firstly to assess the extent to which the set questions (**Appendix K3**) could provide the information required to validate the brochure. Secondly, the facilitator familiarised herself with the process of undertaking a Nominal Group Technique with students prior to undertaking the main data collection exercise. The researcher acquired skills in managing the technique during the pilot study. Firstly, the pilot study provided a chance to acquaint the researcher with the process of conducting a Nominal Group Technique and secondly, it provided feedback on the set questions as they provided the required information in the validation of the brochure. The findings from the pilot study did not form part of the main study.

- **The following questions were addressed during the brochure validation exercise:**

1. What are the strong areas of the brochure?
2. What are the weak areas of the brochure?
3. In your opinion, what improvements should be made to the brochure?

3.5.3.8. A Modified Nominal Group Technique applied.

The following stages were carried out both during the pilot and the main study.

a. Introduction and Explanations

Student volunteers were welcomed and thanked for taking the initiative to avail themselves. An information sheet regarding the study was once again issued to each study participant (**AppendixK1**). Expectations of what was required from the participants were explained regarding the nominal group exercise. It was emphasised that the exercise was voluntary and that each participant was at liberty to participate or not without being discriminated against in any manner. Member's agreement to participate was sourced through the signing of a consent form (**AppendixK2**). The first stage lasted for approximately 15 minutes.

The exercise took place in one of the classrooms at each college. The venue provided a conducive environment where participants sat in a semi-circle to encourage participation. Each participant was encouraged to contribute equally in a non-judgemental manner.

b. Silent generation of ideas.

Each participant was provided with a draft copy of the brochure and a sheet of paper, which had three questions to be addressed, as explained above, after studying the brochure. Participants were asked to write down their responses without consulting or discussing their opinions with anyone. Each participant was requested to write a maximum of three responses to each question

c. Sharing ideas.

Participants were invited to share the ideas they had generated. The facilitator recorded each idea on a flip chart using the participant's spoken words. The round robin process continued until all ideas were presented. At this stage, there was no debate about the items. Participants were encouraged to write down any new ideas that might have arisen from what others shared. This process ensured that all participants had the opportunity to make an equal contribution and provided a written record of all ideas generated by the group. All duplicated responses were merged. This stage took approximately 30 minutes.

d. Group discussion

Participants were given the opportunity to request an explanation or clarification on any idea presented. The facilitator's task was to ensure each person was allowed to contribute and that discussion of all ideas was thorough, without spending too long on a single idea. It was important to ensure the process was as neutral as possible and to avoid being judgmental and critical about or to anyone. This stage lasted for approximately five minutes, as there were no issues for clarification.

e. Voting and ranking.

During this stage, the participants were requested to prioritise five items under strengths, weaknesses and areas for improvement on the brochure. From the prioritised list, each participant was requested to independently identify their top five items on their list by ranking them and awarding five points to the highest item and one point to the least (i.e. 5

to 1 points).The participants were advised to write down the prioritised list and rank the items accordingly.

Participants were requested to share their ranking and scoring. Scores were added up for each section and divided based on strengths, weaknesses and areas for improvement. The facilitator indicated the points against each response on the flip chart and the final order of responses' ranking for the questions was calculated together. Immediate results in response to the questions were known by each participant as the exercise was conducted in a transparent manner. Participants were thanked for their contributions and time. The process was duplicated in all four nursing colleges.

3.5.3.9. Summary

In summary, the above section explained the background for the formulation of the booklet, which was validated through use of a Nominal Group Technique. The subsequent section explains the theoretical framework utilised in the study.

Section 3 D: Professional Socialisation Process and Social Role Theoretical Framework.

3.5.3.10. Social Role Theory

Use of theories in research studies are varied (Creswell, 2009). A social role theory was used in this study to provide insight into the study of the experiences of men as they undergo the professional socialisation processes in a female-dominated profession. The theory originated in an attempt to understand causes of sex differences and similarities in social behaviour (Eagly, Wood, & Diekman, 2000; Eagly and Wood, 1999). The theory defines gender roles as activities carried out by individuals of each sex (Diekman & Goodfriend, 2006). The theory tends to recognise the traditional division in labour that exists between women and men. Through the socialisation process, each gender tends to learn different skills and acquire qualities based on specific norms. The theory places emphasis on the preparation of students to face certain job expectations or roles during socialisation (Lai & Lim, 2012). During the process, authority figures act as socialisation agents, who can be parents, teachers and in some cases peers and this occurs during primary and secondary socialisation (Kenny, Pontin, & Moore, 2004). Primary socialisation takes place in the family while secondary socialisation takes place in institutions, such as school and university, where an individual is exposed to authority figures or socialisation agents. In this study, the authority figures were presumed to be senior students, lecturers and both male and female clinical nurses.

3.5.3.11. A social role perspective and male nursing education

The social role theory implied that gender differences were not rigid as they depended on an individual's immediate social role irrespective of sex. The roles are believed to be dynamic and change over time (Diekman & Eagly, 2000). The changes depend on developmental patterns undertaken by both sexes (Diekman & Goodfriend, 2006), therefore one can either assume masculine or feminine gender roles depending on one's position at any given time. Hence, participation of men in female-dominated roles would lead to the perception that men would experience a role-adaptation towards the female-dominated profession. This is also evident in the research conducted on the changing

image of nursing as a woman's career, which indicates the stereotypical changes about caring as well. Consequently, more men are entering the profession.

However, it was not known whether men joining nursing in Malawi experienced role change and whether, during the process, they encountered barriers. If so, how best these barriers could be addressed since traditionally, Malawian women are expected to assume more 'feminine' roles and men a more 'masculine' role. The researcher, utilised the social role theory according to Eagly and Wood (1999) in answering the research questions thereby achieving the research objectives

3.6. Rigour and Trustworthiness

Throughout the study, methods to enhance rigour and trustworthiness were employed through creditability, conformability and triangulation (Lincoln & Guba, 1985; Graneheim & Lundman, 2004). Trustworthiness is the extent to which results are credible and are worthy of attention (Bailey, 2007). According to Lincoln and Guba (De Wet & Erasmus, 2005), trustworthiness is also used to assess rigour in qualitative studies. Conversely, methodological rigour refers to a researcher's responsibility to ensure that procedures have been adhered to in order to produce dependable results (Hasson & Keeney, 2011:1). In this study, during all the phases carried out, the researcher followed the methodologies as explained.

During data collection, participants gave their subjective accounts of the experiences they undergo in line with the phenomenon at hand. This was achieved through in-depth interviews with informants and focus group discussions with the student male nurses. The information was tape-recorded and notes were written. Furthermore, during the Modified Delphi Technique and Nominal Group Technique, participants provided qualitative information independently. Credibility was brought about by keeping first-hand information and this avoided losing any data. The recorded data during FGDs and in-depth interviews was then transcribed verbatim. Verification measures were instituted and included member checking, editing by re-reading the transcripts while listening to the

recorded information, triangulation, the academic supervisor's close monitoring of the qualitative data analysis process and verifying themes that emerged.

An independent academic lecturer also verified the themes generated by analysing them and later comparing them with the sub-themes and meanings the researcher derived. Following this, the researcher and independent coder met and discussed their independent findings. As the process ensued, some sub-themes were compressed giving a final version (Thematic Map refer Table 4.1 in Chapter 4).

Data triangulation was also instituted. This approach employs multiple data sources, or modes of collecting data, to improve an understanding of a phenomenon (Creswell, 2012). According to Creswell (2012), the three points of the triangle represent the sources of the data and the phenomenon at hand (Refer Figure 3.2 below). Data triangulation was achieved by sourcing data from student male nurses, lecturers and clinical male nurses and female nurse managers. Documentary reviews of available policy documents from each institution were also conducted. The documents were reviewed for themes relating to students' recruitment and retention. Methodological triangulation was achieved through use of more than one method by employing qualitative and quantitative methods to address the same phenomenon in depth (Morse, 2009). When one method is inadequate to address the issue, or is essential in planning the next method, another method is employed (Morse, 2009). This is called sequential triangulation. In this study, a sequential descriptive exploratory design was employed.

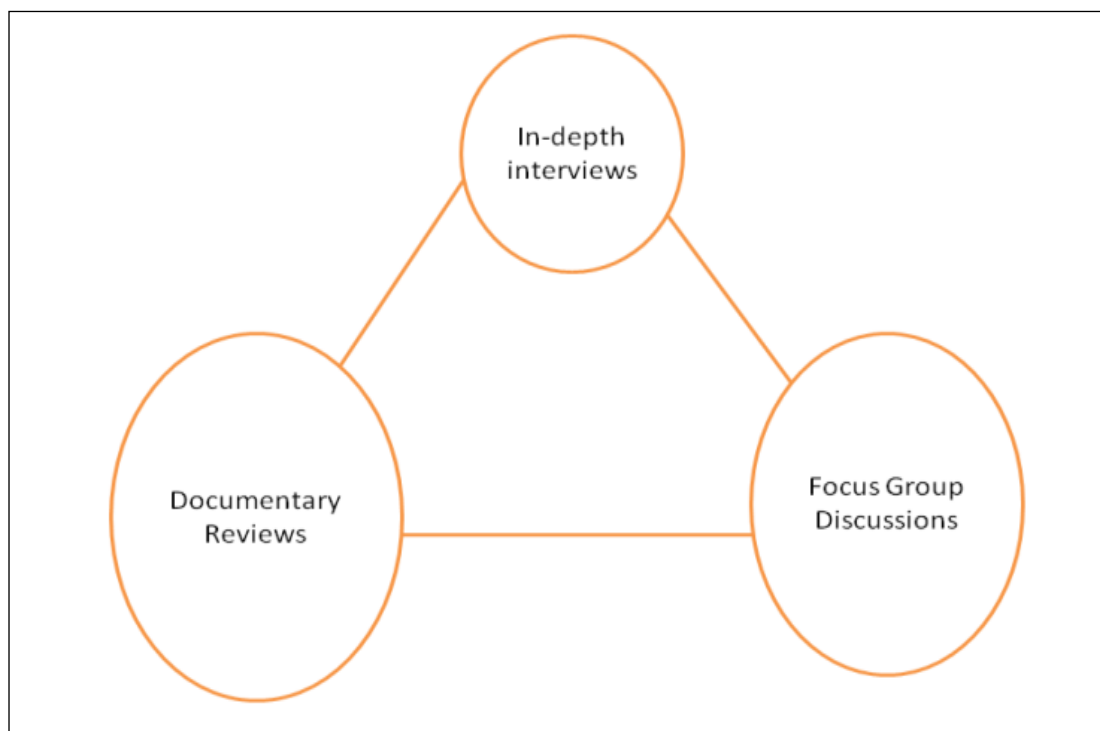


Figure 3. 2: Schematic representation of Data Triangulation of Collection Methods as Utilised in Phase 1 of the study.

3.7. Ethical considerations and research approval

Appropriate ethical principles were followed, which ensured safeguarding of study participants' rights. Prior to conducting the study, approval was sought from appropriate authorities. These included the Postgraduate Committee for the Faculty of Health Sciences and Human Research Ethics Committee at the University of the Witwatersrand, certificate number M130805, and The Ministry of Health Ethics Committee in Malawi, certificate number NHSR 1235. Ethical clearance was granted from all the ethics committees **(Appendixes B1 & B2)**. Ethical approval in any research ensures safeguarding participants' privacy and or psychological well-being (Polit & Beck, 2006).

Permission to access institutions where data were collected was sourced from the Ministry of Health and college Principals in Malawi **(Appendixes C1 to C9)**.

Study participants in the purposively selected nursing colleges and hospitals were provided with adequate information regarding the study and given time to ask questions and/or seek clarification before signing written informed consent forms. This provided participants with the opportunity to make an informed decision to participate or decline participation, without being coerced (Polit & Beck, 2012). Participants were informed of the freedom to withdraw at any time and that they were not compelled to answer all the questions. The ethical principle of beneficence was instituted by reassuring the study participants that by participating in the study, there were no risks or any harm associated. The importance of the study was explained in that the findings would help strengthen male nurse education in the country. Participants were informed there were no monetary benefits attached to the study. Any study dealing with humans is expected to observe confidentiality. Ensuring the participants' anonymity is one of the ways to achieve this. Polit and Beck (2006) note that all studies involving humans have a certain degree of intrusion into personal territory. It is the researcher's responsibility to maintain confidentiality and anonymity of data and subjects respectively (Burns & Grove, 2006). In this study, participants' anonymity and confidentiality were ensured by not allocating identifiers to any data, such as names or personal details, instead only numbers were used in line with these authors' recommendations. Study participants were assured that nobody other than the researcher and the research supervisor had access to the data. Privacy was enhanced by ensuring there were no interruptions by non-study participants to the interview room.

Pictures have been used after consolidating all suggestions and recommendations offered by participants when contributing to the validation exercise as a means of adding interest to the brochure and booklet. Participants offered to have their photographs taken for use in either the brochure or booklet; written consent was sourced with the understanding that anonymity would not be possible.

3.8. Conclusion

This chapter provided a discussion on the research design that guided the conduct of the study. Mixed method sequential exploratory descriptive design helped the researcher explain the professional socialisation processes undertaken by student male nurses prior to, upon joining and graduating from college and working as male nurses. This was achieved by utilising the methods in the three phases of the study, as was explained in each sub section.

The next chapter describes qualitative and quantitative research findings for Phases1 and 3of the study.

CHAPTER 4

RESULTS AND DISCUSSION OF RESULTS FOR PHASES 1 AND 3

4.1. Introduction

Chapter 3 presented the methodology used in the study. It outlined the study design, the population, sampling, the study phases, data collection procedures and approach to analysis. Chapter 4 is divided into three sub-sections. The sections will present and discuss findings for Phases 1 and 3.

During Phase 1, the following three objectives were achieved:

1. To identify existing professional socialisation processes for student male nurses during undergraduate education in Malawi by means of interviewing student male nurses, informants (lecturers, Deans of students and qualified clinical nurse midwives).
2. To describe factors that can enhance or hinder socialisation of student male nurses in nursing by means of conducting focus group discussions with student male nurses and interviewing the informants (lecturers, Deans of students and qualified nurse midwives).
3. To conduct a documentary review of policies and procedures regarding recruitment and socialisation of student male nurses.

The objectives were achieved through the qualitative inquiry made through Focus Group Discussions (FGDs), in-depth interviews and documentary reviews. Data analysis of FGDs and in-depth interviews were analysed together since the majority of the questions were similar. The findings are presented in Section 4A of Chapter 4.

The following two objectives were achieved during Phases 2 and 3 of the study.

Phase 2

4. To design and validate facilitative professional socialisation material for student male nurses for use during the recruitment process of students. The design was based on

findings of Phase 1; validation was based on Nominal Group Technique as expounded by Vagra-Atkins et al., (2011).

5. To design and validate facilitative professional socialisation material that would help in the retention of men in nursing. The material was designed using the findings in Phase 1; the material was validated using some elements of the Modified Delphi Technique (Slaughter et al., 1999).

The results are covered in sections 4B and 4C of Chapter 4.

4.2. Section 4A: Results and Discussion for Results of Phase 1

4.2.1. Demographic Profile

During Phase 1, data were collected through in-depth interviews, focus group discussions and documentary review of policy documents. The following was the demographic profile of the participants.

Thirty (n=30) in-depth interviews were conducted with informants, who comprised 18 lecturers (females n=12, males n=6) and 12 qualified nurses (four female nurse managers (n=4) and eight male nurses (n=8)). Of the 18 lecturers, six (n=6) were Deans of Students, amongst which one was a male. One lecturer had a PhD in nursing, 10 lecturers had Masters Degrees and the rest had Bachelor of Science degrees. Their average age was 36 years, while the minimum and maximum ages were 24 and 50 respectively.

Twelve focus group discussions were conducted with 70 (n= 70) student male nurses. The participants' mean age was 23.8, while 18 and 35 was the minimum and maximum age. Of all the student male nurses, 24 were from junior classes while 46 came from senior classes.

On motivation, the majority of student male nurses (60%) (n=42) had joined nursing because they had a passion to care for the sick, seconded by 10 students (14.3%) (n=10) who had joined nursing because a family relation had been a nurse. Seven percent (n=5) of the students were motivated to join nursing because they wanted to satisfy a wish of a family member, for example their mother, while 17.1% (n=12) had other reasons, which

included joining nursing as a coincidence, limited choice for tertiary education, to pursue a university education and job security; one person (1.4%) had no motivation.

The findings on motivation for joining nursing revealed that the majority, or 60% of student male nurses, had joined because they had a passion to care for the sick. The motivation for being a nurse is different to those found by researchers in other countries, such as Taiwan, Egypt and America (El-Halem et al., 2011; Yang et al., 2004; LaRocco, 2007; Zysberg & Berry, 2005), where it was found the highest percentage of male participants had joined nursing because it offered job security, an attractive salary and opportunities to work locally and internationally.

In the current study, although the majority of the participants (n=42) had joined nursing because they had a passion for caring for the sick, others joined because their parents were a role model or to please their family. According to the findings, senior students opted to work in other institutions as opposed to working for the government. Most Malawian nurses are co-sponsored by government despite preferring to migrate to better paying institutions within the country rather than working as civil servants. This finding suggests that if suitable working conditions are provided, nurses could be retained for the benefit of Malawians who may not be able to afford health services.

4.2.2. Positive Experiences

When both qualified male nurses and student male nurses were asked to explain their experiences in the nursing profession, results revealed there were both positive and negative experiences. All the male participants (the informants and the student male nurses) explained that although there were both positive and negative experiences in the profession, the negative experiences far surpassed the positive.

The positive experiences included the fact that relatively more men are being recruited in all nursing colleges, unlike in the past. Some lecturers and qualified nurses were perceived to be willing to teach, support and encourage male nurses. Some of the participants were perceived to apply theory to practice. Personal satisfaction was also experienced by some male nurses once a patient recovered from sickness. They felt that, apart from job security, the profession was perceived to be dynamic in that there were many speciality areas to

pursue. Conversely, others progressed to be critical thinkers, feeling a sense of being courageous and responsible when providing care to patients. The positive experiences were seen to be factors that encouraged some of the male nurses to remain in the female-dominated profession.

Following the thematic analysis, three major themes were uncovered, mainly from challenges both students and qualified male nurses face in the profession. These challenges, which are discussed in the themes, hindered the education of student male nurses.

Table 4.1 is a Thematic Map illustrating the three major themes, sub-themes, and examples of significant statements.

A ‘thick’ description of each theme and sub-theme is provided and discussed.

TABLE 4. 1: Thematic Map

Themes	Sub-themes	Examples of Formulated meanings
Nursing is a feminine Job	Men are different from females.	Learning to provide basic patient care was tough; the activities were seen to be feminine.
	Feeling Inferior.	Nursing tends to be underrated by many people so one felt inferior.
	Basic care provision.	Care provision depends on individuals
	Changing or not changing Career.	One's motivation of being a nurse decreases.
Discrimination	Sense of not being accepted.	Female nurse managers favoured female nurses only.
	Sense of belonging or not belonging.	Male nurses need to be supported. Being underrated by female nurses and students.
	Isolation.	Feeling lonely amidst many female students. Lack of male role models.
Professional Socialisation	Ideal professional socialisation.	Career guidance helps an individual make informed choices. Most of the male nurses made uninformed choices when joining nursing.
	Failed professional socialisation.	Some male nurses qualified without being able to exhibit the expected behaviour of professional nurse midwives. Some may report for duty drunk or may be absent from duty without excusing themselves.

N.B: In the subsequent paragraphs, excerpts from participants are identified by numbers. Abbreviations are also used as follows. FGD means focus group discussion. YR= year, RN= registered nurse midwife, Res= respondent, NMT= nurse midwife technician, FL= female lecturer, MN= male nurse, SDT= student.

4.2.3. Theme 1: Nursing is a feminine job

The study findings from focus group discussions with student male nurses and the in-depth interviews conducted with qualified nurses and lecturers revealed that most aspects of nursing activities are considered feminine in nature. These mainly constitute activities associated with the daily living for the patient and are termed basic patient care. Basic patient care deals with helping patients meet activities of daily living, such as feeding, providing a bed bath and changing soiled, linen among others.

The majority of participants in eight of the 12 groups of focus group discussions with the students and three (n=3) qualified nurses explained that most of these activities in Malawian society are performed by women. Despite this, it was revealed the men joined the nursing profession ignorant of what they were expected to undertake. However, in this study, 60% of the participants indicated they joined because they had a passion to care for the sick.

In one FGD, the student participants indicated that although nursing was a caring job, anybody, irrespective of an individuals' sex, could provide care provided they learned the required skill/s. However, in the same FGD, participants were quick to mention that those who had a passion for the profession did not find it hard performing activities that were considered feminine in nature. Contrary to this, the results revealed that those who joined the profession due to other reasons and did not make an informed choice when joining nursing faced many challenges. The other reasons stated for joining the profession were job security, limited choice for tertiary education and being influenced by friends or relatives to join the profession.

Some participants said:

“But that’s how it has been, ever since it has been like that; nursing is for females. Yaah, for the males it’s like a trial they are not really trusted that they can do nursing...”**Female Lecturer, 8, Line 15.**

“... But to me I would say there are challenges. There are some procedures, which you feel you being a man maybe you are not supposed to do that, things like bed bathing. Culturally its women who always do that, even at home....”**Student male nurse, FGD2, year1, Line95.**

‘Here in Malawi culturally those duties (bed making, dump dusting, assisting in bathing, feeding patients) are performed by women so it was really tough for us....’**Male Nurse Midwife, RN, hospital10.Line 45-46.**

The perception that nursing is a feminine profession is similar to findings in other studies (Wang et al., 2011; McLaughlin et al., 2010; Zamanzadeh et al., 2013a). A qualitative study in China by Wang, et al. (2011), which aimed at exploring perceptions of the nursing profession and understanding the experiences of student male nurses, found nursing was perceived to be a feminine profession. The Chinese male students had joined nursing involuntarily due to limited space for entry into other university courses. The majority of Chinese students reported facing challenges due to higher levels of attrition. In a quantitative study by McLaughlin et al., (2010) in the United Kingdom using a sample of 350 student nurses, of whom 318 were female and 32 male, it was found that nursing and midwifery were amongst career options labelled to be appropriate for women and not men. Furthermore, the attrition rate at the end of the nursing programme was 12% for males and 28.1% of males were more likely to withdraw from the nursing course. A UK study showed there was a significant difference between those who had and had not completed the course.

Those who completed believed that nursing was more appropriate for women than those who did not complete. Similarly, in a quantitative study by Mulholland, Anionwu, Atkins, Tappern and Franks, (2008), men were more likely to withdraw than females. The study findings revealed the ‘male sex’ was a statistically significant variable for attrition from a nursing programme, which was as a result of the fact they found nursing to be more associated with females. In a further study carried out in Iran, it was found most of the activities involved in being a nurse were perceived to be associated with females

(Zamanzadeh et al., 2013a), however, some student male nurses felt men could also render care just as effectively as females (Zamanzadeh et al., 2013 a) thereby fulfilling their religious needs. The participants felt that because of religion in Islamic and Iranian cultures, female nurses could not meet some of the male patients' needs. They believed male nurses were needed to fill the gap of ensuring there was always male and female nurses so that patients could be served appropriately. In this case, the Muslim male nurses tended to provide care for men, despite nursing being assumed feminine in these studies (Zamanzadeh et al., 2013 a).

The findings that nursing is believed to be a feminine profession are traced from the profession's history through literature, where Nightingale emphasised nursing as a respectable career for women (Anthony, 2006; Anthony, 2004). Since then it has been regarded as a female-dominated profession (McLaughlin et al., 2010) and this tends to distort the public's view of nursing and affects the quality and number of people who may enter and remain in the profession (McLaughlin et al., 2010). Interestingly, in ancient history men also existed as care providers but their contribution to nursing has not been recognised. For example, in recorded biblical accounts and through the Middle Ages men were caregivers (McLaughlin et al., 2010; Anthony, 2004; Anthony, 2006). Furthermore, history holds that men have been care providers in the South African mines (Burns, 1998; Mackintosh, 1997) and in the military in America (Stimson, 1936; Anthony, 2006). From early history, men have been seen as care providers but the fact that "modern nursing" was founded by Nightingale, who was a female, resulted in the fact there are now classical differences between the two genders: humility and nurturing in women as opposed to aggression and dominance in men. These characters consequently ceased to be seen as having a legitimate role in nursing (Anthony, 2006:46).

In the current study, participants in one FGD and two qualified female nurses explained that despite nursing being seen as a caring profession, anybody could provide care irrespective of gender. With this in mind, men join the profession even though more than half of the study participants claimed they had made an uninformed career choice. Not only do they join because they think they can render the care, they join due to other reasons

as explained above, such as limited career choice and job security. This has been documented in literature (Lerardi et al., 2010; LaRocco, 2007; O'Lynn, 2013). According to O'Lynn (2013), nursing for men has never been better; however, some men join due to good salaries, professional opportunities and job security. O'Lynn (2013) sees that graduating student nurse midwives find employment in a short time because of the high demand for nurses. Similarly, LaRocco (2007), in her study on male nurses in America, noted that the majority had resigned from other professions to join nursing having seen the many opportunities available. Lerardi et al., (2010), in their study aimed at exploring men's perceptions of their educational experiences in an associate nursing degree programme, found almost all participants (n=7) had resigned from other jobs to join nursing because it offered stable employment with reasonable wages. In Malawi, according to NCA Malawi (2009), the vacancy rate for nurse midwives was 76%, a figure that has not changed much over time. The majority of nurse midwives in the country tend to be employed by government soon after completing college training and even before graduating. In addition, in the current study a few study participants acknowledged that the nursing profession offered a relatively good package for nurses, unlike other professions within the civil service.

Not all nursing activities tend to be feminine and there are activities some men would prefer. These activities are in Urology, Emergency, Theatre and Orthopaedic nursing (Roth, 2008). Depending on an individual's preference, meeting personal goals such as religious goals as is the case in Muslim culture, male nurses could be recruited, educated and deployed in preferred departments. This could help retain more male nurses and consequently reduce demand for nurses for the country. The following sub-themes emerged under Nursing is a feminine job: men are different to females, feeling inferior, basic care provision and changing or not changing career.

4.2.3.1. Sub-theme 1.1: Men are different to females

This sub-theme emerged when male participants were asked to explain their experiences in the female-dominated profession. All focus group discussions and male participants stated that helping patients meet activities of daily living was seen as a barrier to some of them in undertaking the nursing career because they saw themselves to be different to female

nurses. They felt men, naturally, were born different from women and culturally, the majority of male children in Malawi are not exposed to feminine duties in their homes. One participant had the following to say and this seemed to be the general sentiment shared by the majority of males:

“The male nurses are not exposed to caring for the sick at a tender age and because this is a caring profession it requires that exposure. The female and male students are starting nursing at different wavelength. The female is already exposed...”**Male Lecturer2, Line 56.**

The majority of student male nurses in junior classes experienced sexual barriers more than the older students, or qualified male nurses. This finding reveals a possibility that as the students moved to senior classes, they developed appropriate skills required to meet patients’ daily activities of daily living or they no longer did the work. One focus group discussions ‘participants shared sentiments that indicated, in the early years, they do activities to get marks during clinical assessment. One participant said this and all group members shared the same sentiment:

“ You just do the bed bath on a patient for the sake of getting marks during an assessment not that doing it willingly ...”**Student male nurse, FGD 2, Line 97.**

When asked how they had experienced working with male nurses, all four managers (n=4) and eight of the 12 female lecturers explained that some of the male nurses, although they were hard-working when on duty, faced problems when it came to performing basic patient care duties. The results revealed that according to the nurse managers and female lecturers, the male nurses would rather do other duties leaving the feminine duties to the female nurses or other healthcare workers, such as patient attendants. Some had this to say:

“I can say in Malawi we are brought up as people whereby females are more accustomed to patient care as opposed to males, for example if we can talk of bed bath, usually male nurses they do not prefer doing the bed bath they do not like carrying bed pans if somebody says I need a bed pan ...”**Female Lecturer5, Line 46.**

The fact student male nurses were in the minority, both in class and in the clinical area, and the fact they felt themselves to be different from females affected them in various ways ranging from feeling defeated, failing to learn properly and feeling discouraged. Some had this to say:

“Initially in first semester during... group discussions we could not have the courage to speak the way we can speak simply because majority rules...”**Student male nurse,FGD4,RN, YR1,Res2, Lines 28-29.**

“At our school (secondary school), there were 80 people in class and there were two girls only in Form 4 so we were like really dominating the girls. But when we came here, I felt like defeated (all laughs) and to be in a group of girls I was feeling very uncomfortable. I would not even speak most of the times ooh but at least now there is an improvement.’ **Student male nurseFGD4, RN, YR1, Res5, Line40.**

“Only that maybe during some clinical allocation, such as in maternal health, talking to women it is a challenge being your first time to chat with women. So for you to start teaching women on family planning sometimes it’s difficult and at the same time the instructor needs to assess you. ...Yaah it becomes difficult...”**Male nurse, NMT Line78-79.**

The results also revealed that in some instances, sexual differences were perpetuated to some extent by how female nurses and/or lecturers treated the student male nurses. Depending on how they were treated, affected their learning. Some said:

“Just to add to what he is saying. This happened when I was working at the Outpatient Department (OPD) there was a patient who was to get an injection intramuscularly (IM). She had a Sexually Transmitted Disease

(STD). So I was there with a fellow female student nurse because we were working in twos, so the in-charge came and then she was like, “eeh what are you doing there? It’s a female (patient) there, let a female nurse midwife come in and help”. To me I felt it wasn’t good because I understand I was supposed to learn also. So the in-charge told me to go out and wait for a male patient to come in. I did not feel good. I felt I was denied my chance of learning....” **Student male nurse, FGD2, Res2, NMT, Yr 1, Line26-27.**

Differences between males and females have been reported in literature (Wang et al., 2011) which states that male nurses in China assert and see themselves differently from females in the profession. This is due to the fact that in China, registered male nurses account for less than 1% of the total number of nurses due to gender differences (Wang et al., 2011). In Wang et al. (2011), some male students felt out of place amongst many female students. In the current study, some student male nurses could face problems in a class where they were in the minority and where there were more females present. These experiences would range from feeling scared to feeling defeated as a man. The results revealed the students who were in junior classes were the ones who expressed uneasiness being amongst many females, especially in class, unlike senior male students who did not seem to experience the same unease. During one of the focus group discussions, study participants expressed feelings of defeat, as did the student male nurses in the Wang et al. (2011) study, where the majority did not like attending classes since they were in the minority. Hence, class absenteeism also affected academic performance (Wanget al., 2011). In addition, in China female lecturers failed to meet student male nurses’ learning needs. According to Wang et al. (2011), the male students were sometimes left to practice basic nursing skills alone or were told to leave the class (Wang et al., 2011). Likewise, in the current study in Malawi, one study participant reported he was requested to leave the cubicle by a female nurse manager during a nursing procedure. Similarly, in Malawi, Kangachepe and Chingaipe (2011) investigated why there was a high failure rate at one nursing college and found that the majority of student male nurses were the ones who failed and one contributing factor was that they felt nursing was publicly taken to be a career for females.

Sexual differences are also reported to have an effect on how an individual renders care to patients, especially of the opposite sex. In a qualitative study by Evans (2002), male nurses found themselves to be different from their female nurse counterparts and it affected their rendering of care to patients of the opposite sex.

These results indicate there could be a reasonable amount of work that needs to be done by both nurse educators and nurse clinicians in helping student male nurses socialise in the female-dominated profession. A student male nurse may be bold in join nursing, but if the environment continues to be ‘female friendly’(O’Lynn, 2013) retention may be a problem.

The results revealed that some of the contributing factors to the differences faced between males and female nurses were due to cultural norms. Some African countries have a strong patriarchal culture, including Malawi. Culture tends to accord different gender roles to individuals (Eagly & Wood, 1999) and this culture is passed from the family to other institutions, such as the church, educational institutions and the community at large, through the process of socialisation (Kambarami, 2006). For example, in the Shona culture in Zimbabwe, patriarchal practices shape and perpetuate gender inequality where men are expected to be decision-makers and control women. In addition, from a young age the socialisation process differentiates the girl child from a boy, where the girl is taught household chores unlike the male child (Kambarami, 2006). Household chores held by women are seen to be consistent with nursing values and roles (Yam, 2004). These household chores suggest qualities of nurturing and humility as opposed to traditional masculine qualities characterised by decisiveness, risk taking and aggressiveness. This notion in men was also found in a qualitative ethnographic study with male nurses in Canada (Dyck, Oliffe, Phinney, & Garrett, 2009), which revealed that student male nurses tended to differ in characteristics from female student nurses. The study in Malawi revealed that being a man is a sign of power regardless of whether one was a qualified nurse or a student nurse. The “egocentric” attitude tended to be fostered in male children early in their upbringing. As such, some of the male students may face difficulties when required to carry out certain tasks in the nursing profession. They see female nurses as having an advantage over them as they already perform such duties in the homes.

Interestingly, all female nurse managers (n=4) and eight female lecturers felt that nursing may not be appropriate for the 'male child.' This perception aligns with Evans (2004), who asserts that men who associate themselves with nursing in a patriarchal culture are seen as compromising their prestige and status. One female lecturer explained, when asked why some men would choose the nursing profession:

“But also because this work of caring it’s actually something that women should do. Apart from seeking for greener pastures it’s also the nature of the job itself. Culturally in our society, caring is supposed to be done by females like bathing, feeding a patient...”**Female Lecturer 8, Line 4.**

Another female lecturer explained:

“The way the society brings up a male child it’s the girl who most of the time cares for the family or for the community. It’s not the responsibility of the boy. So even if they join the profession they have problems in providing that care” **Female Lecturer 1, Line 49.**

A male student nurse observed:

“As you know that in other cultures they value men more than women... so you see that for example in a ward most of the ward in-charges are females you see, so you might see that you are a male student there so you would say to yourself that in my culture they respect men more than women so why should I bow down before her (female in-charge) despite that in the hospital or in any profession you respect anybody who is your senior. So you see that somebody can say that should I tell the in-charge that I am temporarily leaving the ward. No being a man “‘ádziwa kuti ndachokapo” (being a man she will know that I have temporarily gone away) despite knowing you needed to have excused yourself but you feel that you are more superior than the in-charge at that time....”**Student male nurse, Yr 2, FGD1, NMT, Line 118, Res 5.**

The concern with gender issues in nursing remains prevalent and are widely acknowledged by many researchers (Stott, 2004; Evans, 2002; Keogh & O’Lynn, 2007; O’Brien et al., 2008). However, considering nursing is a profession, culture and gender should not be a deterrent to those choosing this profession. With informed choice, an individual would be ready to face those challenges. As discussed in Section 3.5.4.1, the Social Role theory tends to have defined gender roles for each individual gender however, the fact the roles need not be rigid but rather dynamic to suit assumed roles (Diekmann & Eagly, 2000), provides a challenge to some of the participants in the current study due to culture.

Similarly in Iran, a patriarchal culture exists where the female nurses have to address social tasks of bringing up children and taking care of the entire family (Zamanzadeh et al., 2013a). However, in Iranian culture, they mainly practice gendered nursing since the female nurse may not meet all male patients' needs due to religious reasons (Zamanzadeh et al., 2013a). In Iran, males studying nursing see this as an advantage for them since they have better prospects to pursue career development unlike female nurses who tend to meet social roles as well.

Both nurse educators and nurse clinicians have a role to play to encourage positive aspects of culture in nursing, as well as emphasising the fact that all genders are present in nursing and that this is one of the factors that accepts nursing to be recognised by other professions as a non-gender based profession (Adams & Miller, 2001).

4.2.3.2. Sub Theme 2: Feeling Inferior

The second sub-theme to "Nursing is a Feminine job" was a "Feeling of being inferior." The study revealed that participants in nine of the focus group discussions, three of the four managers, five of the eight male nurses and one lecturer stated male nurses feel inferior to other men who are health workers. These men could be working in or studying in male-dominated professions, such as clinical officers, medical assistants or doctors. Similarly, in colleges that offer a variety of courses other than nursing, some student male nurses may be questioned by male students undertaking non-nursing courses. Some participants stated:

"Like for me when I came here...I had the passion for the sick. But little by little I find that I was demotivated, due to others saying... "aah! So you are a male student nurse midwife. My friend all these programmes here at X university you decided to choose nursing why?" **Student male nurse, Yr 2, FGD7, Res5, Line 14.**

"Some Medical doctors' mind set is that a nurse midwife is just there to do what one is told to do." **Male Nurse midwife, Hospital 6, Line 62, NMT.**

The findings also revealed that wearing a uniform with purple epaulettes made the individual feel inferior. These purple epaulettes are worn by student nurse technicians, while registered nurses wear green ones, as a result, male nurse technicians in particular did not want to wear their epaulettes. They preferred all nurses to have one colour so that there was equality. One said:

“By putting purple epaulettes we are regarded as inferior.” **NMT hospital 6, lines 72-73.**

Due to feelings of inferiority, almost all male participants and senior students stated they experienced a role conflict, which was perceived as a defence mechanism. It included performing duties outside the nurses’ scope of practice (for example, the male nurses prescribed patient drugs that are supposed to be ordered by medical doctors only). Those who experienced role conflict stated varying reasons for their actions. The male nurse in trying not to look inferior to medical clinicians, or due to the condition of the patient, tended to perform duties of medical clinicians such as prescribing drugs that were outside the nurses’ scope of practice. Some of the participants explained:

“Yaah! those experiences are there most of the times you are tempted to prescribe drugs when maybe the clinical officer is far away and may be you have admitted a patient who may need urgent medical attention, so you may prescribe some drugs though it’s out of your scope of practice, but you just have that feeling that if I wait so long and yet the patient is in this critical state what should I do? So you don’t know what to do but you just jump into the other role...”**MN hospital 9, RN, Line50.**

“Sometimes we are tempted to cross the scope of practice depending on the condition of patient.”
Student male nurse, FGD8, Res6, Line125-126.

“Yah I think for example in the wards it has been observed that many male nurse midwives they tend to do the work that is supposed to be done by some medical clinicians. You just tell yourself...aah I can just do this, if clinicians do it, I can just do this while female nurse midwives they try to wait for the medical clinician.” **Student male nurse, FGD7, Res5, Lines 72-73.**

In this study, a feeling of being inferior was experienced by both the qualified male nurses and student male nurses. This tends to have a negative effect on how the male nurses render their duties and it may compromise patients' care. Despite having a passion for patients, the results revealed the male nurses' experience of role conflict was attributed to the fact that they perceived the nurses' scope of practice to limit them in some instances. Therefore considering Malawi is a patriarchal society, it makes them perceive nursing as a low status profession associated with women (Kabwila, 2013). This was apparent when they compared nursing to other jobs over-represented by men, such as medical doctors, clinical officers and medical assistants and was evidenced by not wanting to be identified as nurses but preferably as clinical officers or medical assistants.

The dual challenges of feeling inferior and the cultural expectations of a man resulted in a 'denial of professional identity' in this study. The student male nurses tended to identify with the medical profession by not wearing the required nurses uniform when on duty and being absent from work without reason. Both male, female lecturers and nurse managers confirmed this.

Some male nurses said:

"The problem is they (male nurses) haven't taken it really to be proud of what they are, that I am a nurse, I have this and that, so within oneself has not accepted the profession." **Male nurse, NMT hospital 9, Line 58.**

One male lecturer observed:

"No there are no differences. All nurses are supposed to be in uniform but as we have lightly said there are still some pockets of students who cannot go to the ward with complete uniform it just shows the level of understanding in that student. There are indeed some cases especially some male students who have just qualified when I have gone into the districts (hospitals), I could see some not wearing uniform it just shows that the nurse midwife has not accepted the profession completely." **Male lecturer 4, Line 30.**

A female lecturer explained:

"..they would like to work as medical clinicians and as any health worker, so if they join nursing they would rather be the in-charge of that particular ward other than

doing bedside nursing with no leadership responsibility...” **Female Lecturer 5, Line17.**

According to the social role theory, as explained in **Section 3.5.3.11** male nurses are expected to undergo role change if they are to be fully socialised (Diekman & Schneider, 2010; Eagly, 1999). Although the theory implies gender differences are not rigid as they depend on one’s immediate social role irrespective of an individual’s gender, over half of the qualified male nurses in this study revealed that role adaptation towards the female-dominated profession may not have taken place. This is evident in their behaviour, such as acting outside their scope of practice and identifying with traditionally male-dominated professions, such as medicine. This can compromise patient care. As an adaptive strategy, some male nurses elsewhere have tended to work in speciality areas which may not be associated with females, such as emergency department, theatre and Urology (Anthony, 2006). Furthermore, some students do not disclose the course being studied (Zamanzadeh et al., 2013a). Some devised affirmative strategies, such as viewing the nursing career positively and focusing on the benefits the profession afforded them (Yang, et al., 2004: 646).

Conversely, in the current study in Malawi, some of the male nurses tended to be defensive by not wanting to be identified as nurses so one could work as a civilian without wearing the required uniform, identifying oneself with the medical profession and not recognising female leadership. This is not healthy for either the individual or the profession as it can result in portraying the profession’s image as questionable by its stakeholders and patients. Consequently, the male nurse may fail to recognise and utilise opportunities that may be available in the profession, such as job satisfaction and career progression. Interestingly, these opportunities are appreciated by men who join nursing after having previously worked elsewhere. This finding is consistent with the literature. Lerardiet al., (2010) found that all participants in the study had joined nursing having left other jobs due to opportunities in nursing, such as career advancement (Lerardi et al., 2010). Similarly in the United States, the majority of male nurses tended to join nursing having worked elsewhere (O’Lynn, 2013; LaRocco, 2007). In a literature review study, Rothand Coleman, (2008)

found that men joined nursing after attempting and not being successful in other jobs. Unlike in Malawi, the majority of the student nurses tend to be recruited from secondary education, as seen in the current study where the mean age was 23.8 years and the minimum was 18 years with a maximum of 35 years of age.

In Malawi, from personal experience observing nurses' dress code it was seen as one of the expectations of the profession. The fact some of the students and qualified male nurses in the current study in Malawi may not have liked to wear a uniform professionally is considered as non-compliant behaviour although it may not be recorded anywhere. According to the Code of Nursing Ethics for Malawi, the Nurses' Dress Code informs nurses of the type of uniform to be worn when on duty (Nurses Council, 2012). This enhances adherence to stipulated professional standards (Adams & Miller, 2001). The adherence to the standards carries many benefits, the uniform acts as protective attire and makes one appear professional to both patients and colleagues, thereby ensuring professional identity and unity. However, in the current study it was seen that three of the four nurse managers did not reinforce this standard when contravened. This tendency can result in 'normalisation' of the non-compliant behaviour and impacts negatively on the professional image (Banja, 2010). Historically, according to Stimson (1936), the nurses uniform has evolved through reinforcement. During different eras, it was seen that the nurses' uniform was used to depict the values of the care providers. Despite changes in the care provider as history unfolded, those providing care to the sick or the poor and the uniform they wore had meanings and values which ranged from motives of self-sacrifice, humility, cleanliness, protection, politeness and identity. Today, despite modernisation, which has brought changes in fashions, the nurses' uniform is still used in many parts of the world. The researcher believes that other than being protective wear, a uniform is a means of identity and equality and enforces a sense of professionalism. Since professional socialisation processes of student nurses also take place through observation and imitation, student nurses once they qualify may behave likewise. Therefore, as change agents both lecturers and clinical nurses have a role to reinforce positive professional behaviours as espoused in the nurses' Code of Ethics.

4.2.3.3. Sub-theme 3: Basic Care Provision

The third sub-theme, “basic care provision,” emerged when study participants were asked if there were any differences in terms of care provision towards patients. The differences sought were those based on care rendered by either a female or a male nurse. There were varying responses, but the results revealed that both male and female nurses were able to provide care to patients. However, two nurse managers and male participants in three focus group discussions explained that some female patients refused to be cared for by male nurses while other female patients were said to prefer male nurses.

The study participants in one focus group discussion and one lecturer indicated that some community members, especially some patients’ husbands, would not like their wives to be attended to by a male nurse midwife. Both male and female nurse midwives interviewed stated that some male nurse midwives had positive attitudes towards patients. The male nurse midwives said they do not talk much or shout at patients, unlike some female nurse midwives; female nurse midwives are perceived to be talkative when helping women deliver. Furthermore, two of the nurse managers and at least 50% of the lecturers felt that generally, female nurse midwives were better care providers than male nurse midwives. As in one FGD, this was a shared sentiment:

“In the community, the husbands said no; our wives shouldn’t be delivered by a man. While the wives said the male nurse midwife was perfect compared to the female nurse midwives...” **Student male nurse, YR3, FGD, Line 145Res4.**

Some of the participants added:

“From my observation, female nurses are much better when it comes to that (caring). Though males are not talkative and this is derailing our profession. May be thus why the public prefer male nurse midwives than the females because male nurse midwives talk less unlike the females.” **Female nurse manager, Hospital 9, Line49.**

Provision of patient care is fundamental in nursing (McKinlay et al., 2010), however the notion of care provision tends to have differing assumptions between male and female nurses. This is evidenced in literature (Evans, 2002) where it was found that in Canada,

male nurses supported the perception that men and women nurses had different caring styles although the participants could not explain the differences. Some of the study participants conveyed a feeling of apprehension with expressing caring when it came to use of touch. One reason for this could be the risk of being accused of sexual molestation or inappropriate behaviour. To prevent this, the study participants came up with the following six strategies in care provision (Evans, 2002: 441):

1. Working in teams with female nurse colleagues when working in unsafe environments, such as dealing with female patients in secluded places.
2. Taking time to build trust/rapport before touching a patient.
3. Maintaining a degree of formality by shaking the hand of a patient.
4. Projecting traditional image of a nurse such as by wearing a nurses 'uniform.
5. Delegating tasks that required intimate touching of women patients. The male nurses traded off some tasks with women nurses for patient's comfort sake.
6. Modifying procedural techniques to minimise a patient's exposure and the need for intimate touch. For example, one would give an intramuscular injection through the thigh rather than the buttocks.

These six strategies seem to be useful in cases where the male nurse may be at risk of being misjudged by patients. In the current study, participants (these were from lower classes) in two focus group discussions made an effort to look for a female nurse midwife to help a female patient, not due to reasons of being questioned but for cultural and self-upbringing reasons. In such cases, the new nurse requires time to undergo a process of desensitising oneself to be able to render care without self-reproach. In a study by Yang, et al. (2004), male nurses upon qualifying lacked confidence to provide care to patients because of a lack of support from fellow nurses. The female nurses questioned the legitimacy of the care the male nurse would render especially when dealing with gynaecological and obstetric cases. In addition to this, some patients would not want to be cared for by the male nurses. In the current study, both nurse managers and students also reported patients refusing to be cared for by male nurses.

Although more than 50% of the male participants in the current study indicated there were no differences in nursing care rendered by a man to care rendered by a female nurse midwife, they said it depended on the individuals. They realised some female nurses had shortcomings when rendering care. They felt female nurses were good at excusing themselves from work to attend to family issues unlike the male nurses. All the female managers (n=4) affirmed that some male nurse midwives were reliable when it came to taking emergency shifts, unlike female nurses. Despite being available for duty during critical staff shortages, the nurse managers expressed concern over male nurses' unprofessional behaviour, which included reporting for duty while smelling of beer and being absent from work. This type of conduct is not consistent with the Malawian Nurses' Code of Ethics.

Upon probing the reasons for such behaviour, three of the nurse managers explained that some male nurses once they qualify and are employed think they were at liberty, since they were no longer in college and no lecturer could control their behaviour. Regrettably, the findings revealed that qualified male nurse midwifery participants perceived that some nurse managers did not apply punitive measures that could support the male nurse midwives in entrenching positive professional behaviours. Unlike in the current study, studies by Yang et al. (2004) and Evans (2002) indicate the male nurses devised strategies that helped them deal with gender and social barriers hindering them from contributing positively to the profession. Nurse midwives, educators and nurse clinicians all have a role to help devise strategies that would be ideal in Malawi to help strengthen gender mainstreaming in nursing.

4.2.3.4. Sub-theme 4: Changing or not changing career

Another sub-theme that emerged under nursing as a “feminine job” was that of changing or not changing the career. The male nurses were asked what they would do if they were given a chance to pursue another career, having been exposed to the feminine job of nursing. Upon probing, they were asked why they might decide to change. Responses were varied depending on the course being undertaken, whether Registered Nurse (RN) or

Nursing Midwifery Technician (NMT). The level/year at which an individual was in the course of training also contributed to whether they would or would not change career, and finally, if the individual was a private student or government sponsored. The majority of NMTs in five of the 12 FGDs were likely to move or change career, unlike the Registered Nurses. The majority of male student nurses in three focus group discussions who were ready to change career were those in senior classes, unlike the junior classes. Those in senior classes indicated their motivation to pursue nursing had reduced due to what they had experienced in the profession, both at college level with lecturers and in the clinical area with patients and clinicians. Submissiveness of nurses to medical clinicians, routine work in the clinical area, favouritism towards female nurses by nurse managers and a lack of recognition by some female nurses and lecturers were examples of the reasons that would make an individual change career.

Some male nurse midwives explained that:

“Motivation is not all that good now because if you start asking somebody who did nursing from year 1 to 4 how many are still motivated? In first year you find us very motivated, but in 4th year, by and by student nurses start losing that motivation so it’s not because they have seen greener pastures somewhere, in most cases it’s the negative interaction with leaders in the field...” **Student male nurse, FGd7, RN, Year 4, Res4, Lines 41-42.**

“If I will be given chance to change the career I will grab it with both hands but I may consider maintaining the health field maybe going to community health not in the wards no but out there with people. The reason is that medical clinicians take us as their maids, secretaries or messengers something like that. So I feel like we tend to be looked down upon so given that chance, I might choose maintaining the Health field maybe going for Public Health as a specialty. “**Student male nurse, FGD7, RN, Yr 4, Res4, Lines 31-32.**

“Let me add I think the problem is maybe the profession is just full of women, men are not recognized. That could be the reason why maybe the highest number of people who quit the field are men. I don’t see myself in this profession for the next 2 years coming...” **Student male nurse, FGD5, Res1, NMT, Year 3, Line 88.**

A long career path was one of the reasons that would make nurse midwifery technicians move out of the profession. Upgrading to a professional level was a prerequisite to undertaking any specialty course. Subsequently, it proved to be a long process. As explained:

“We have problems with upgrading I think if upgrading was easy more people would have joined and remained in nursing”. **Student male nurse, FGD5, YR1 NMT, Res2, Lines 31-32.**

“So in our case as Nurse Midwife Technicians this is difficult because after doing generic diploma for 3 years you have to go for bridging for two years. The fact that we are many, we cannot go at once it takes time up to 10 years....” **Male nurse, NMT hospital 3, Lines 20-21.**

Conversely, other male nurse participants perceived they would not easily change career or leave for better opportunities because they fostered a passion to care for patients and that there were other benefits offered by the profession. Nursing was seen to be very dynamic, because an individual could specialise in an area of interest and there was job security, while others perceived the profession to offer a relatively good salary. Furthermore, the results revealed that student male nurses who were relatively older and had worked previously, although they were in junior classes, were not ready to change in case an opportunity arose to pursue another course.

Some of the participants observed:

“As for my part I think now am used to nursing because I have experienced a lot of things in the hospital (having worked as a plumber for the hospital) so I don’t think I be in a position to change to another career because I am used to nursing, to seeing patients and helping people at the hospital so it will be very difficult to change. “**Student male nurse, FGD7, YR1, NMT, Res6, Lines 22-23.**

“May be I would say that when a person is doing something it depends on the values that one attaches to it. So those values will affect someone when there is an external force but for me my internal value is that I value my patients.” **Male nurse, RN9, Line 15.**

Interestingly, students pursuing a professional course would not shift before attaining a Bachelors' degree. All registered student male nurses (RNs) would rather qualify and later specialise in another speciality which may not specifically be a nursing course. The areas of speciality would include undertaking a course in management offered at the College of Medicine in Blantyre or Public Health offered at Luanar University in Lilongwe, while others may choose to work in non-governmental organisations. One male nurse explained:

“But now I would focus much on Masters in Public Health. I would pursue a health related course”.

Male nurse, RN hospital 10, Line18.

Deciding on a career is something that should be undertaken with caution. This is because the career may tend to be a lifelong adventure. In this study, some male nurses indicated they could change from the nursing profession while some would not due to various reasons. Some of the given reasons were consistent with reasons provided by other student male nurses in previous studies (Zamanzadeh et al., 2013a; Lerardi et al., 2010; Yang et al., 2004). In these studies, the participants indicated a passion for working with patients, a lack of other choices for tertiary education, career opportunities and potential for leadership positions, which would retain them in the feminine profession of nursing. Similarly, in the current study, some participants saw that relatively good salary, job security, availability of career progression for professional nurses with diverse speciality areas and the fact that nursing was highly marketable were some of the reasons that prevented them from leaving the profession.

The fact those in the current study senior students were likely to change soon after completion of their studies defeats the purpose of educating such individuals who may tend to use nursing as a stepping-stone to other professions. These tend to have lost time and resources since the education of nurses tends to be costly (Mulholland et al., 2008). Although it appears that many Malawian nurses tend to give up nursing for better opportunities, both locally and internationally, resulting in shortage of healthcare workers and consequently affecting health service delivery and working conditions for the

remaining staff (Grigulis, 2010), the Malawian government commits itself to educate nurses though some may leave bedside nursing to work elsewhere. Between 2000 and 2005, Malawi lost a significant number of its most experienced nurses to the United Kingdom and this number included males (Grigulis, 2010). In Malawi at present, unlike in the years 2000 to 2005, the majority of the nurses tend to work within the country in non-governmental organisations because the government tightened its policies for individuals to work abroad, especially for nurses. Previously career progression for Malawian nurses was mainly sought outside the country and minimal numbers were considered for further studies. Currently Malawian professional nurses have various opportunities available to them to specialise in other areas of interest. This is a positive development, since the majority are making use of the available varied speciality options in nursing being offered within the country at Kamuzu College of Nursing in the University of Malawi.

4.2.4. Theme 2: Discrimination

Discrimination emerged as one of the major themes, being one of the negative experiences affecting some of the male students and qualified nurses. These negative experiences arose mainly because nursing is perceived to be a feminine profession. Data revealed the majority of male students and the qualified male nurses experienced discrimination at some level. Participants in five of the 12 focus group discussions shared sentiments of being discriminated against by fellow female student nurse counterparts, lecturers, clinical nurses and sometimes by patients. Sub-themes that emerged under this theme were ‘a sense of not being accepted,’ ‘a sense of belonging or not belonging’ and ‘being isolated.

4.2.4.1. Sub-theme 2.1a: Sense of not being accepted

Study participants in eight of 12 focus group discussions shared sentiments experiencing a “sense of not being accepted” as being nurses from various viewpoints, namely classroom, clinical area and college community. In the classroom, during the focus group discussions, male student nurses explained some female lecturers voiced negative statements that showed the ‘male students were intruding in a ‘woman’s’ profession.

Furthermore, the students and qualified male nurses perceived some female lecturers to have preconceived ideas that student and qualified male nurses were difficult and ‘spoiling’ the profession. The perception that some female lecturers expressed signs of not accepting the ‘male student’ was also believed to be true, with some female students tending to despise or underrate the student male nurses for having joined the feminine profession. Student male nurse participants in six of the 12 focus group discussions felt female students believe male nurses are not masculine enough, unlike those who may be pursuing other health related courses. One student had this to say:

“Sometimes some lecturers’ maybe it’s a matter of personality they would threaten us boys as if maybe we have ventured into their profession. You may hear them say “you men, you are spoiling our profession “, “*mukutiwonongera polofeshon.*”(all laugh),“yaah” you hear them time and again saying this...”
Student male nurse, Yr 4, FGD4, Res1, Line20.

One female Lecturer observed:

“Because I know of some lecturers also who say “I don’t like these male nurse midwives” I have problems with these particular males. Even when you go to the clinical area they would have the mentality that, “I do not like these males, these males they do not perform well. These males they are not for this particular profession”. So it’s like it’s also us lecturers that if we have that particular mentality that I think I do not like males in this particular profession, maybe we may not know it but in one way or the other we can be doing something that would help to demotivate those male students...”**Female Lecturer 4, Line 34.**

Furthermore, student male nurses who were pursuing nursing and midwifery education in colleges offering other male-dominated courses experienced negative remarks from male students from those other courses. The student male nurses were asked why they chose nursing rather than the male-dominated courses. This transpired in some of the FGDs:

“But then you would hear comments to say “you are not man enough why are you studying nursing? Your fellow men are not studying nursing”, so you would think to say what message is she trying to say’,
Student male nurse, FGD8, NMT, YR2, Lines 151-152 Res5.

“I remember when we came here we were all first year students and we were asking each other what course each one was undertaking. To us student nurse midwives it was like a mock,” why do nursing? doing nursing at an institution like this one where we have a lot of courses”; and when you look at a male who is doing nursing is always considered as inferior or somebody who is doing a female course which gives me questions to say, “Is helping a sick person a female job or is for anybody?” **“Student male nurse, FGD2, NMT, YR1, Res1, Line 41.**

Conversely, in the clinical area, the student male nurse study participants felt qualified female nurses tended to underrate student male nurses for having joined nursing. They also felt some clinicians, such as clinical officers and medical assistants, were among those underrating the student male nurses at the clinical area. Student male nurses, who may not be assertive enough to handle such sentiments, could be affected psychologically and others expressed it could affect them academically. This finding was shared by study participants in three of the 12 FGDs. In addition, some of the student male nurses felt this was reason enough to think of switching from nursing to other male-dominated health-related courses at the campus, or changing course completely.

Some of the participants explained:

“To start with mostly the experiences which I personally have experienced especially the time we have been doing the fundamentals in nursing once we came to the clinical area, I once came across one of the staff who said to me “a young man like you why join this female-dominated profession what is your future? Do you think you are going to survive up to the end of the road?” “Yaah!” to me it was a kind of setback because I expected to be motivated by a qualified nurse,” **Student male nurse, FGD2, NMT, YR3, Res2, Lines 9-10.**

The findings show that clients also discriminate against male nurses. Some have problems with being cared for by male nurses because of how some present themselves when on duty, or due to culture or religion. It was said:

“They will say I do not want a male nurse but a female nurse at the look of the presentation of that particular male nurse. There was this lady (a patient) who was to be catheterised, she said “no I can’t be

handled by a boy. Look at the way he is, he looks stylish and what have you. I don't like such type of boys to touch me." **Female Lecturer 8, Line 33.**

"Yaah ... Sometimes you can see that the patient may say I don't want a male nurse I want the female nurse to assist me. like I can just give an example of Indians, you will not deliver an Indian woman if you are a male nurse midwife, but if there is a female nurse midwife is the one to deliver her..."**Male nurse, RN, Hospital 10, Lines 72-73.**

4.2.4.2. Sub-theme 2.1b: Sense of belonging or not belonging

The study findings also revealed that although some student male nurses felt they belonged to the profession, data revealed that more than half of the FGDs male students had a sense of not belonging because of lecturers sentiments and how other male students were treated. The data illustrated female students are preferred most of the time, although some lecturers may not say it but their actions would confirm it. They explained:

"Yaah one of the things which I have said is this 'female face' of nursing. We had some lecturers who may be they have been used to teaching female student nurses and they were more to female nurses than to male nurses. So as such they did not like male student nurses be present in their classes, they would not perhaps say that they did not like it, but you would see it in actions..."**Male Nurse hospital 10, RN, Lines 73-74.**

"My experiences have been good since I did not think of joining Nursing. When I came here...I found that it was really indeed different maybe from the way I perceived it on what nursing was all about. And another thing is what made my time tough was to do with the attitude that my friend has talked about. Because, during the first general assembly we had, we were intimidated by a certain lecturer because of what she said, and since that day, I don't feel secure. Upon addressing the assembly, she exclaimed on how large our class was being the first largest group of male students at the college. So she asked the Principal in a certain manner that "are you sure you are going to handle all these boys? We have been having problems with four boys and now you are having these (xxx number) are you sure?" So it gave me some impression to say we will face trouble ...so later we asked senior male student nurses how they lived at the college. So they said you need just to be quiet here because you are "endangered species" (unwanted group)..."**Student male nurse, FGD4, RNYear3, Res2, Line27.**

In contrast, when some of the lecturers and nurse managers were asked what could be done to improve the socialisation process of the student male nurses, since some lacked a sense of belonging and felt unsupported, all lecturers and nurse managers felt if student male nurses were to be retained in nursing they needed to feel they belonged to the profession and that nurses in the wards and lecturers needed to support and recognise the student nurses appropriately. This was a result of men being a minority in nursing and that most of the work was perceived as being feminine.

Some students complained they were not given compliments and said:

“Sometimes you are in the clinical area, you happen to get out from there without a single compliment from my lecturer to say that you have done well. But contrary to this if they can just get one patient and interview him or her to check on what we have done, it would be a different story. The patients appreciate, but the lecturer does not appreciate. So we need appreciation. **“Student male nurse, FGD2, Yr3, Res5, Lines 142-143.**

Some of the lecturers and managers added:

“The male nurses should not be segregated. There is need for us to work with them as a team, for example, counselling should be provided where necessary. We should also give them responsibilities for example as ward in-charges. Even the Nurse Midwife technicians we need to involve them to feel part of us. There can be times when they can be team leaders in some gatherings or committees...”**Female nurse manager, hospital 9, Line51.**

“I think since the male nurses have been accepted though not fully accepted, I think they need more support from lecturers and more recognition, to recognize them that they are in the profession. **“Female lecturer College 7, Line 45.**

Contrary to the recommendations made by most of the lecturers to ensure the provision of a conducive learning environment to student male nurses, results revealed that student nurses in seven FGDs failed to express their grievances or personal issues to the appropriate officers, e.g. personal tutors or Deans of Students. Some of the students perceived that since most of the lecturers were female, they could not handle their personal

issues objectively, some of the lecturers and Deans of Students were perceived to be unapproachable and the channel of communication compromised direct access to the Deans of Students. This resulted in the students' concerns not being reported or addressed. Regrettably, participants in two FGDs did not know the roles of the Deans of Students; these were mainly students from lower classes.

Some students explained:

“Yaah I feel the Dean of Students ...could be handling the problems we face. Maybe because of the way we are treated it's hard for us to go there and narrate our stories. But if the Dean of Students can open up she can hear a lot. But we now feel you cannot go there but once you go there, definitely you are labelled. Yaah we have that fear”. **Student male nurse, FGD 4, Res 2, Line 195.**

“Yaah, I just want to add to say that office (Deans' office) is feared very much at this college.” **Student male nurse, FGD2, NMT Yr1, Res5, Line 129.**

The results revealed that male nurses face numerous negative experiences in the female-dominated profession, including discrimination in the form of not being accepted by some qualified female nurses, lecturers, female student nurses and some female patients, not belonging, working and studying in fear. These findings have been reported in many studies focusing on men in nursing (LaRocco, 2007; O'Lynn, 2013; Yang et al., 2004; O'Brien et al., 2008; Kirk et al., 2013; Wang et al., 2011; O'Lynn, 2004). Discrimination can deter other men from joining the profession and pressurising those already in to change career thereby increasing attrition rates. However, with informed consent upon joining, this could make a huge difference coupled with creation of a positive learning and working environment for male nurses, both in the college and at the work area, which according to O'Lynn (2004), can be seen and labelled a “male friendliness” environment.

4.2.4.3. Sub-theme 2.2: Isolation

The third sub-theme on discrimination was “isolation.” When the study participants were asked how they viewed implementation of the gender policy in their institutions, they explained the gender policy was good since men were being educated alongside women to become nurse midwives. However, more than 50% of male participants perceived that the gender policy was not being fully implemented because the rate at which male students were being recruited did not balance up with the number of female students. Consequently, it could be seen that in many nursing colleges there were fewer student male nurses compared to females and during group discussions and clinical allocations, the male students tended to be victims of isolation. During the focus group discussions, a few student male nurses complained that in a group there might be more than 10 females compared to one student male nurse. This they said lead to feelings of being lonely and isolated.

The fact there were more females relative to male student nurses in most of the nursing colleges, meant the student male nurses tended to feel isolated and lonely. They felt female students would not experience feelings of isolation as they had fellow female nurse midwives with whom they could interact. The interactions ranged from academic to social issues in the clinical and classroom settings. The imbalance was expressed by male nurse participants during the focus group discussions and they perceived it as a barrier to their learning. Some students explained:

“The other issue is that I can give an example the time we were doing clinical allocation I found myself being the only man amongst 10 girls (all laughs)” **Student male nurse, FGD2, NMT, Year2, Res2Line28.**

“So you can see, that time, it was in X district hospital even myself, due to that (being in minority) to perform it was difficult. Whenever there was a procedure, I could not perform you just had to follow the way they (female student nurses) talked. So I ended up not doing much. So this thing really affects. I felt isolated. You find in a college bus there are just five males against 20 something girls, you have no say. During group discussions there are a lot of girls, so you have no say. “**Student male nurse, FGD2, NMT, Year 2, Res 2, Line29.**

“Of course but sometimes you are demotivated like in the ward where I am working there is just one male nurse the rest are females. So interaction sometimes becomes a problem. Because if I go there the girls tend to be discussing their issues which sometimes, maybe things which are very sensitive to me. So I just go out or go and chat with patients. I find problems to interact with the girls.’ **Student male nurse, FGD7, RN, Yr2, Res5, Lines 14-15.**

Lack of male role models also contributed to feelings of isolation in male nurses. Some of the participants during focus group discussions expressed that some lecturers and qualified nurses were assisting them to socialise in the profession by teaching them appropriately. However, for other student male participants, they experienced the imbalance as a barrier, as well as the fact that both in the nursing colleges and clinical areas there were very few or no male nurse role models to whom they could aspire to. This resulted in feelings of isolation and not belonging. Some of the male participants in three of the eight FGDs explained it was problematic to associate with nurse midwives of the opposite sex and for some junior students, they found it very challenging to care for female patients. As such, this affected their learning. Some of the male student nurses explained:

“I think as said earlier in the wards there are so many female nurses even students, so to me it becomes a problem to interact fully as I don’t have anybody I can look up to of my sex. So the numbers of men should balance even if they can be 50:50.”**Student male Nurse, FGD7, RN, Year2, Res5, Lines 121-122.**

“And another thing is most of the times we don’t get the motivation even from Lecturers they dwell much on the female side. Maybe it’s because of lack of male lecturers to whom you can also look up to...”**Student male nurse, FGD2, NMT, Res2, Lines 9-10.**

“I think it could be better if they could consider adding more male lecturers since they could know better the needs of us student male nurses...”**Student male nurse, FGD5, NMT, Year 2, Res5, Line84.**

One female and one male lecturer observed, when talking about the importance of using male nurses as role models to motivate the ‘minority’ male students:

“I think the best way of helping these male nurses is to bring in role models those who are male nurses; they can talk on how they progress in nursing and hear their experiences from training and work area on how they are coping. It can be an inspiration to student male nurses. **“Female Lecturer 8, Lines 31-32.**

“I think the most important thing is the lack of role models. I think most of the male nurses what they face is that, after qualifying even those from other colleges they do not want to work in the public hospitals, they would rather work for NGOs. So it’s most important that the male nurses, when they go into the clinical areas they should have male role models which are not present...”**Female lecturer, Line 57.**

Student male nurses, when asked what could be done to prevent some of the negative experiences they faced both at college level and in the clinical area, for example lack of male role models, all explained that if colleges were to implement the gender policy fully, there could be a balanced ratio of female to male nurses, consequently making male lecturers available.

“Okay for the barrier that I see is that because as far as nursing is concerned by the meantime about 70% of lecturers and about 70% of student nurses are females. I think this issue it’s better it should be improved. Recruitment of students should be 50:50 and also employment of lecturers should be 50:50 ie. Male to females...”**Student male nurse FGD1Senior, NMT, Year3, Res5, Lines 170-170.**

From these findings, it is clear male nurses face a number of challenges in the nursing profession. For a student or qualified male nurse, addressing feelings of isolation and lack of role models is critical if they are to be retained in a learning environment or work place respectively. Other researchers have also reported isolation in student male nurses during college life (Anthony, 2004; Stott, 2007).

Wang et al. (2011) found student male nurses felt isolated when they were the minority in a class of many females. This resulted in absenteeism and consequently some failed examinations. This ought to enlighten all nurse educators and nurse clinicians on how male nurses should be treated, both in the colleges and at the work place. Wang et al. (2011) recommend the need for gender sensitive policies in order to provide supportive systems that can strengthen recruitment and retention of the student male nurses.

4.2.5. Theme 3: Professional Socialisation Process

The third major theme was professional socialisation process. According to Dinmohammadi, Peyrovi and Mehrdad, (2013:32), “professional socialisation is a dynamic, interactive process through which attitudes, knowledge, skills, values, norms and behaviours of the nursing profession are internalised and a professional identity is developed.”

The study revealed the student nurses transited through three stages of the professional socialisation process. According to Shuval (1980), the stages are Anticipatory socialisation, Formal and Post training. It should be noted that the students did not stipulate names of the stages *per se*, but the discussion and coding revealed there were three stages.

A. Anticipatory socialisation

In the current study, the anticipatory stage is the period that occurred before enrolling for formal training at a nursing college. During this stage, recruitment processes took place. The study participants applied for enrolment at one of the nursing colleges during the recruitment phase in the respective nursing colleges. The results revealed the students had different exposures regarding nursing prior to joining, with the majority not really knowing what they were going into. Recruitment process differed from college to college, however faith-based nursing colleges under the (CHAM) had some activities in common. Applicants were expected to write entrance examinations, while in other colleges oral interviews were conducted. If successful, they were then invited to report for training and registration commenced thereafter.

B. Formal socialisation

Once registration had taken place, in four of the six nursing colleges students underwent formal orientation process during the first to second week of reporting, while two colleges

did not hold formal orientations. Thereafter, the students underwent formal training in nursing either at a professional or technical level, depending on the institution with which they were registered. During this phase, the participants were exposed to various nursing activities in the classroom and clinical area. The findings revealed that the participants interacted with various socialisation agents, namely the lecturers, clinical nurse midwives, student peers and other members of the health team. However, the participants had varied experiences in the respective nursing colleges as they were exposed to the college's formal and informal activities. In all the sampled nursing colleges, services of Deans of Students, personal tutors and the student union were utilised to help meet students' social welfare needs to varying degrees. During extracurricular activities, participation in various student clubs on campus, offered in the respective colleges, was also discussed during the focus group discussions. However, at one nursing college the students complained that the available sporting facilities were mainly geared towards female students; the participants attributed this to the fact the college was initially intended for only female students.

During in-depth interviews, the lecturers and qualified nurse midwives, when questioned as to what role/s they played in facilitating the socialisation process of the student male nurses, the participants mentioned supervisory, mentor, teacher, counsellor and role model. However, the students' professional outcomes depended on how an individual engaged himself during the educational and professional socialisation processes.

C. Post training Stage

The study revealed that upon completion of training, the graduates (the qualified male nurse midwives) were offered employment either in the government, or in Christian hospitals. Experiences differed from hospital to hospital depending on where an individual worked.

The study participants were asked whether before or upon joining nursing, if there were any supportive structures or programmes in place, which were targeted at student male nurses to assist them during the professional socialisation process in a female-dominated

profession. The study findings revealed that in almost all the sampled colleges in Malawi there were no special programmes targeted towards male students. The majority of the students in eight of the 12 FGDs shared the sentiments that they never received any formal information regarding nursing prior to joining or even during recruitment. The findings revealed that only one college had a formal programme on career guidance and visited some secondary schools in the surrounding communities to market the college. Sometimes the college organised open days where secondary school students from surrounding communities could participate. Under the main theme of professional socialisation process, two sub-themes emerged, ideal and failed socialisation processes.

4.2.5.1. Sub-theme 3.1 Ideal Professional Socialisation

Ideal professional socialisation is seen to take place when a student, having undergone the training process, acquires and exhibits the expected characteristics of a nurse. According to this study, during the process of being socialised into nursing, the nurse is expected to acquire attributes such as competency, compassion, critical thinking skills, empathy, good communication skills and patience.

For an individual to acquire the expected professional characteristics there are some contributing factors. These factors include characteristics of a learner (Quinn & Hughes, 2007) such as motivation, learning styles, expectations from the course, the learning environment both clinical and in the classroom, teaching and learning resources available and the nurse educator's competency, attitude and approach (Bruce et al., 2013).

The findings revealed that those who made an informed choice to join nursing and had a passion for their chosen career did not face problems during training. In this sub-theme, two processes were identified, informed and uninformed decision-making.

A. Informed Decision-Making

Participants of all focus group discussions, as well as qualified nurses, explained that informed decision-making was seen as a suitable way to assist an individual in receiving adequate information regarding nursing prior to joining. At least some students in four of the 12 FGDs had information regarding nursing, which they had sourced from relatives/friends who were either working or had worked as nurses, and some were doing other hospital-based jobs. However, the information sourced was mainly to assist them during selection interviews or entry examinations. Some of the male students had been exposed to what nurses do in the hospital because they either had relatives working as nurses or doing other types of hospital-based jobs, or had once worked in a hospital context as a tradesman. For example, one student had worked as a Health Surveillance Assistant (HSA), while another as a plumber at one of the hospitals. The HSAs are community-based health-care providers who provide lifesaving services and are a link between communities and the healthcare system. They are mainly trained on the job and tend to be carefully monitored by village health committees (Chinyama, 2012; Kok & Muula, 2013). The results revealed that those who had adequate information about the career, such as the HSAs, made informed decisions when joining nursing. They were psychologically prepared to be trained and work in the female-dominated profession and take on the challenges faced by male nurses in the profession.

The results revealed that four of the six nursing colleges sampled provided general orientation to students upon being recruited. During the orientations, some students were equipped to deal with various issues that might affect students in institutions of higher learning and had the ability to overcome peer pressure. The results further revealed that students who made an informed decision were inclined to undergo the professional socialisation process in nursing with minimal challenges. Some study participants had this to say:

“On my part I really knew what I would meet here and I was prepared for it because I am married to a nurse...”**Student male nurse, FGD4 Year1, RN, Res1. Line....**

A former (Health Surveillance Assistant) HSA explained:

“Okay just to add when I enrolled here I was psychologically prepared because the people I used to work with in the hospital the nurses, medical clinicians, these gave me a picture of what nursing was. So I was prepared; my studies in 1st year were okay....” **Student male nurse, FGD5, Lower, RN, Year2, Res6, Line55.**

The analysis showed that some male nurses tend to undergo an ideal professional socialisation process. These nurses were more likely to have an idea of what nursing was, as information is sourced from parents/relatives working as nurses or from friends. Other students, upon joining, are given comprehensive orientation. In some colleges, during the first two weeks after registration, students undergo an orientation programme. During this time, information regarding college expectation on how students are to behave at a tertiary institution is provided in the form of a workshop. Some of the issues covered include topics on professional assertiveness, drug and alcohol abuse.

The positive impact of the information sourced prior to registering shows that an individual tends to be psychologically prepared to be trained and/or work in a female-dominated profession. Similarly, a study by LaRocco (2007) in the United States, aimed at exploring the process that influenced male nurses in deciding to pursue a nursing career and remain in nursing, found that during the stage of choosing nursing, the prospective male nurses sourced information about the profession before making this decision. Although the researcher does not indicate from where the information was sourced, the information is said to have made them more knowledgeable of opportunities and possible challenges to be faced in nursing. They were well informed of what they would expect and why they joined nursing. Prior to thinking of becoming a nurse, the men never knew what nursing was or what nurses do. One of the reasons for this was because during their high school years, counsellors never suggested nursing as a career option. When the time came for them to consider nursing, they had personally sourced the information and did not face problems during the training. Similarly, a comparative study by Cavanagh, Dewberry and Jones (2000), conducted with student medical doctors and law students in America and the United Kingdom on becoming a professional, found that when it came to a career choice, three-quarters of medical students compared to one-third of law students had made their choice of profession at least two years before entering a college of medicine. The results indicated

that the medical students were more committed, focused and satisfied with their career choice than the law students. In addition, a literature review by Price (2009) found that early professional socialisation activities, such as career choice interactions, strongly influenced the decision reached by individuals when deciding to enter the nursing profession. This shows that informed decision-making to undertake a career prepares an individual psychologically and tends to make people like the career. Therefore, informed decisions help prepare students psychologically and this enables them to acquire the expected professional attributes.

B. Uninformed Decision Making

The study findings revealed that the majority of the focus group nursing student participants in the studied colleges did not make informed decisions when joining nursing. Only a few in four FGDs had a glimpse of what nursing was. This knowledge was based on information received from relatives and/or a spouse being a nurse, while one student was once a Health Surveillance Assistant. All the participants stated there was no career guidance offered in secondary schools or by the nursing colleges, except for one college. Despite not having information regarding the profession, more students joined nursing due to a range of reasons, other than compassion for the sick. They indicated lack of adequate chances for an individual to undertake tertiary education in their preferred career choice in the country. Others joined since nursing was highly marketable. In nursing, there is job security and an individual would be assured of employment upon graduating, unlike other professions. Others thought nursing was an easy course to undertake with no examinations required, while some joined because they wanted to acquire a first degree having failed to go to a university due to the quota system, or failed to gain access to a medical college. Conversely, others joined because of pressure from parents and/or relatives.

The participants indicated that if an individual, especially men, did not make informed career choices and had no passion for the sick it was a challenge to undergo the professional socialisation process. Upon hearing of being selected to a nursing college, an individual would be excited but the excitement would not last the three or four years of

training once they faced the realities of being a nurse. The realities ranged from professional, cultural and academic shock. This was explained as:

“Yaah I like that point something should be done prior to joining. I think especially for men, they should be told the truth of what really nursing is all about, because if these people were civic educated about nursing in advance. Perhaps that’s when they can make the right choice.”. **Student Male nurse.FGD8, Year3, Line73.**

“Yaah it’s very necessary because I have my colleagues with whom we started nursing together. They stopped nursing and joined other careers. They thought that nursing was not a good career for them. So career guidance for those who have not joined would be very important because they can make informed decisions on what they really want to do because like in our case and most of the people who are joining nursing now it’s just by chance that they go to college though without motivation because colleges are scarce in Malawi so really career guidance will be very important to those people who have not yet joined. “**Male nurse, NMT hospital 6, Lines 37-38.**

“For a female she has that motherly care because she always cares for children, for example, changing soiled nappies, its normal for her to do that; but for a man, it’s really hard. So during career talk, if one is fully aware of what nursing is, it would help him. In addition, if one is aware that in midwifery you will be assisting women during delivery, its good for him to make an informed choice..“**Student male nurse, FGD5Lower,Respondent4.**

“Maybe if I can add on the importance of informed consent, it can help reduce the number of people who leave nursing despite government sponsoring their education. “**Student male nurse, FGD5, NMT Res3, Line83.**

“People should be decided when join nursing because otherwise they would be weeded at some point in time... Let me tell you my own experience we were 15 male students who were recruited (to do NMT). Forty-five of us were females and 15 were male students. Out of the 15 male students, 8 left they joined either Radiography, Clinical Medicine and only 7 of us remained. Later, 2 joined Bachelor Science of nursing. So you can see that in the end they only graduated 5 male nurses of the 15. So it’s all because people did not have a very good picture of what they were going into. “**Male Lecturer 2, Line34.**

The study findings showed that despite perceiving to be passionate about assisting the sick, the majority of the male students did not make informed choices; they did not really know what nursing was all about. Furthermore, with lack of passion to care for the sick, an individual would fail to overcome challenges faced during training and beyond. There may

be lack of commitment, focus and satisfaction, as was the case with Law students, unlike the medical students in a study by Cavanagh et al., (2000), who had made their informed career choice at least two years prior to joining and experienced satisfaction, were committed and focused. Lack of commitment, focus and satisfaction may result in compromised patient care and burnout syndrome on the part of the professional.

4.2.5.2. Sub-theme 3.2 Failed Professional Socialisation Process

The study findings revealed that when the student male nurses joined the profession without making informed decisions the result was various problems, which was not good for the profession, the individual nurse himself and the recipient of nursing care- the patient. The participants said some would start to lose interest, thereby affecting their academic performance, which could result in failure, while some would withdraw and pursue another career. Conversely, some male nurses would start portraying unprofessional behaviour in an effort to cope and would graduate prematurely without having attained the appropriate professional attributes.

When participants were asked if the student male nurses acquired the expected professional identity upon graduation, they indicated that did while others did not. At the work place, once they were employed, some may improve on behaviour while others would deteriorate by displaying unprofessional behaviour. Some participants said:

“Some they show that they have attained the required professional characters for nurses but some not. Some I think they grow within the profession...”**Female Lecturer 5, Line30.**

“So far I have been here at this college for 3 years, some they do some they don’t show to have attained the Professional Identity of nursing. The way they conduct themselves on the wards, the care they render to patients and also professional conduct, the way they dress themselves ...”**Female Lecturer 8, Line51.**

Some of the study participants explained that the student would be to blame ,while in certain cases, lecturers may have failed to assist the student male nurses to socialise

appropriately during the transformation period. Reasons on the part of the lecturer could range from a prejudiced attitude and inability to handle the ‘minority’ student male nurses both in class and at the clinical area. Some of the male lecturers observed:

“But on the other side...the process of socialisation into the profession has been a challenge and they have been unaided at some other times. So thus their (male student nurses’) transition has been a problem and sometimes along the way they meet several challenges, either they mature or they just graduate prematurely. And when they are graduating prematurely, they are the staff members who are said to be difficult. Then you hear that male nurses are difficult, they are not in uniform, and they are drunk when they report on duty. “Why?” because they have undergone this process unaided or they failed to socialize into the profession...” **Male Lecturer 2, Line3.**

“But I should admit we still have a long way to go definitely in terms of improving professional etiquette, not only just the uniform, but again the behaviour. ... There have been cases when, whereby men came on duty while drunk. So we need to improve on that.....we need to discharge our duties by sending that person back and then reprimand him accordingly because we cannot allow that....” **Male Lecturer 4, Line38.**

Some female lecturers observed:

“Because I know of some lecturers also who say, “I don’t like these male nurses” I have problems with these males . . .” **Female Lecturer, 4, Line 32.**

“To some extent some will drop out of college while they have already started the course. In some cases we qualify nurses who are not mature, meaning those people who are not able to practice in the way we desire, maybe because either they have been running away from the practice area or they were not very attentive in the classroom because they do not enjoy the profession. So in those particular areas we produce half-baked nurses because in teaching, a student has to contribute as well.” **Female Lecturer5, Line5.**

The transcription excerpts show that some of the male nurses tend to graduate without acquiring the expected attributes of a nurse. Some may not have had the passion to be nurses, they joined because they wanted to secure a job or because of other reasons. The challenges they faced may have reduced the initial motivation they had for joining nursing. As has been revealed in this study, some male nurses experienced feelings of inferiority, isolation, lack of information regarding the profession upon joining, lack of male role

models, denial of professional identity and discrimination. All these may affect their commitment and focus.

Socialisation is defined as a reciprocal learning process that occurs through interaction with other people to learn the norms, attitudes, behaviours, skills, roles and values of a profession (Farrell, Payne, & Heye, 2015). Nursing values are one of the profession's foundations and includes advocating for patients and members of the health team (Apker, Propp, Ford, & Hofmeister, 2007). The values, attitudes and beliefs are learned through professional socialisation and then commitment to a professional career is developed. Furthermore, according to Cavanagh et al. (2000), professional socialisation tends to result in professional identity of the profession and sees that the process may start even before commencement of training. This is mainly seen to take place in students who make an informed decision to join a particular profession/career. However, becoming a professional is an iterative process of reworking one's identity and goes beyond earning the legal title of being a nurse and demands self-responsibility (MacIntosh, 2003). The fact that nursing is a practise-based profession (Chow & Suen, 2001) means that socialisation agents, lecturers and nurse clinicians have a role to mould the male student into acquiring appropriate nursing skills, values and norms.

In this study, some of the male nurses tended not to have undergone the socialisation process fully, as expected of the profession. Thus, internalisation of the expected values may not have taken place accordingly.

The role of education is to help shape or prepare the individual for future professional roles. This can be achieved through professional socialisation processes and evidenced through changes that happen in the learner. However, the extent to which changes happen tend to be unique depending on an individuals' past experiences, the type and form of educational provision and ability to reflect on the practice, beliefs and values promoted on the course. Conversely, lecturers contribute to the training of a learner. Bruce et al. (2013:107) state that the nurse educator is a major role-player in the personal, professional

and academic development of nursing students. Therefore, they argue, that depending on the educator's competency, attitude and approach, it can result in promoting learning to take place or not. However, one can argue that both the learner and the lecturer have a role to play in any education context.

4.2.6. Documentary Review Findings

In all six nursing colleges, reviews of policy documents were conducted. The documents reviewed included college prospectus, clinical policy, nurses' dress code policy, job description for Deans of Students, college rules and regulations or handbook and staffing level documents. Staffing levels for nurses in the four sampled hospitals were also reviewed.

Table 4.2 is a schematic representation of the review findings made in the respective nursing colleges and **Table 4.3** gives staffing levels for the four central hospitals.

TABLE 4. 2: Schematic presentation of documentary review findings

College Number	College Rules & Regulations/ Handbook	Prospectus	Gender Policy for students' recruitment	Nurses' Dressing Code	Clinical Policy	Job description for Dean of Students	Staffing Levels M=Males F=Females	Any other
No. 1	Present	Present	Not on paper	Present	Present	Present	M=2 F=14 3 nursing programmes	
No. 2	Present	College Calendar 2014	Not on paper	Present	Present	-	M=3 F=10 1 nursing programme	
No. 8	Present	-	Not on paper	Present	Present	-	M=5 F=13 1 programme	
No. 4	Present	Present	Not on paper	Present	Present	Present	Campus A M=2 F=22 Campus B M=14 F= 34 17 nursing programmes	Career Guidance Reports in place
No. 5	Present	-	Not on paper	Present	Present	-	M=1 F=10 2 nursing programmes	
No. 7	Present	-	Not on paper	Present	Present	Present	M=5 F=9 1 nursing programme	Nursing Department Information Booklet

Findings based on content analysis of the Documentary Review Assessment undertaken.

- i. **Clinical Policy:** All nursing colleges tend to have clinical policy, which guides nursing students during clinical practice. The policy contains issues on professionalism for the clinical area. It includes guidance on how to relate with patients, fellow students, staff and other members of the health team and clinical assessments. Nurses' dress code in some of the clinical policies is embedded or is a separate document. Copies of clinical policies could be spotted in some hospital wards where students undertake clinical placements.
- ii. **College Handbook:** All colleges had rules and regulations or a College Handbook. In some colleges, students were given an elaborate explanation regarding the rules and regulations when they arrived at the respective colleges during the orientation week, while in two colleges, students were expected to read the book independently. The college handbooks also covered information regarding the process of recruiting students to some extent.
- iii. **Prospectus:** One college had a college prospectus. The booklet looked old and not in use and had no date. Two colleges had calendars, which provided outlines of courses offered to market the colleges.
- iv. **Gender Policy:** In all the sampled colleges, gender policy was not issued for review. Some college managers or departmental heads explained that gender policy was being implemented by ensuring that both female and male students were recruited. Colleges had their own ratios on number of females versus male students recruited per each academic year. In all the six colleges, the number of female/male students varied based on other factors such as accommodation and/or classroom space availability. To enhance more student intake, four of the six colleges visited used off-campus accommodation for some of the students.
- v. **Career guidance.** Out of the six colleges, only one college provided career guidance to secondary school pupils. This college had an active committee in place, with members from academic and administration and chaired by a male lecturer.

Student nurses were co-opted when they had secondary school pupils visiting the institution. The committee used college funds and resources during career guidance outreaches. Activities were part of the college annual budget. However, there were no clear guidelines utilised during the visits. One of the focus group discussion participants agreed that the college offered career guidance in secondary schools, but it was observed that the activity was mainly aimed at marketing the college rather than explaining what nursing was so that pupils could have a clear picture of the role of nurses. He explained:

“I should say the information that they gave me was not enough, the career talk we had was conducted by X nursing college and was more or less advertising their college not necessarily selling the profession because what they were telling us was.. we have x campuses once you join us you will be at this campus. So it was like us having been brought up in our villages the likes of X district so one would imagine going to the city and learning in a very good environment (all laughs) so you were like,” yaah” I should go there. So to my side I can say it was selling their college and not the profession.” **Student male nurse, FGD7, senior student, RN, Res5, Line55.**

- vi. **Job descriptions for the Deans of Students (DOS).** Of all six colleges, only three had job descriptions for their Dean of Students. Lack of job description made two officers ignorant of their mandate when discharging duties. Students’ welfare could be compromised due to lack of awareness by the Dean of Students, or there could be role conflict. One Dean of Students explained during the in-depth interview:

“I do face problems you know sometimes the students would come to me and I consult the Principal, she would say No, that is not your job it’s for the administration. Apparently maybe I took it for granted to say I am the acting Dean of Student’s maybe thus the end of it all. I didn’t take it that there is need for a job description, because even the Head of Departments around here I don’t remember hearing that anyone was given a job description of what they are supposed to do...”**Dean of Students 5, Line99.**

TABLE 4. 3: Number of nurse midwives in the four central hospitals as of 2014.

Hospital 3	Hospital 10	Hospital 6	Hospital 9	Totals
Males = 28	Male = 22	Male= 32	Male = 17	M=99
Females= 223	Female = 165	Female=285	Female =164	F=837
				Grand Total= 936

Note the hospital numbers were used arbitrarily.

The figures in **Table 4.3** reveal that male nurses were in the minority compared to females in the four central hospitals. Based on the negative experiences as revealed in this study, when the study participants, lecturers, nurse managers and qualified and student male nurses were asked to explain what could help improve the socialisation process of male nurses in the female-dominated profession, some proposals were made. They believed these recommendations would help strengthen male nurse education if implemented by the authorities.

4.2.7. Recommendations made by student male nurses, nurse educators and qualified nurses

- **Provision of Career Guidance.**

The study findings revealed that the majority of the student male nurses did not make an informed career choice when electing to join the nursing profession. This was discussed in **Section 4.2.5.1 under “Uninformed decision-making.** “The students recommended provision of career guidance to prospective student nurses in the surrounding communities. They perceived this forum could be utilised to educate them on what nursing was and how it differed from other health professions such as medicine. Use of male role models was emphasised. In all the focus group discussions, the students recommended the use of varied means to educate the public on nursing and midwifery, such as use of brochures, the radio and magazines. As one said:

“They can also produce magazines and radio talks on information about nursing so that the public can read and listen to respectively...” **Student male nurse FGD 8, Res4, Line 50.**

Similarly, three lecturers and two nurse managers suggested there was a need for prospective nursing students to be properly informed on what constituted nursing and midwifery. This could help them make an informed career choice. One female lecturer proposed that career guidance should be offered starting at primary school level.

Provision of a conducive learning and working environment

In order for students to attain learning goals, they need to be provided with a conducive learning environment. This includes students’ support, positive relationships with lecturers and clinical nurses and instructors’ immediate feedback.

The students in this study proposed that supportive supervision could assist all student nurses, particularly males, during clinical allocations. The students observed that nursing was perceived as a predominantly feminine profession and suggested the male students needed encouragement rather than being marginalised, both in the classroom and in the clinical area. The students further observed that if gender bias was removed and a team

spirit existed among the students, nurse midwives, lecturers and medical doctors, student learning could be facilitated.

Similarly, lecturers and nurse managers proposed an apparent need for teamwork among lecturers and nurse midwives in providing supportive supervision for student nurses. They explained the male students needed to be encouraged to be assertive, having joined a female-dominated profession. One female lecturer proposed that students be encouraged to see each other as nurses and not female or male. She perceived that in this way, the students would see themselves as professionals and not as a man or a woman, thereby mitigating gender-based barriers. Some had this to say:

“And also there must be good relationships between lecturers and the qualified nurses, because sometimes you find that a lecturer comes into the ward doesn’t talk to the qualified nurses just call the students, talks 2 or 3 things to the students and off they go. So you find that the qualified nurses do not attend to us they also leave us because there is no good relationship between our lecturers and the clinical nurses”. **Student male nurse, FGD 2, Res 4, Lines 147-148.**

“Yaah I will start with what I said about bias it’s my observation that female nursing students are given a lot of attention unlike males so if there can be equality in treating the students”. **Student male nurse, FGD 2, Res6, Lines 120-121.**

The students encouraged lecturers not to have preconceived ideas that all male students were difficult to manage. This was perceived to be counter-productive because students’ individual behaviour was perceived to be different. Lack of adequate male role models, both at faculty and clinical levels, was perceived to be a contributing factor to a learning environment not conducive for the student male nurse. This was covered in **Chapter 4 under Section 4.2.4.3sub theme 2.2 on “Isolation.”** The participants blamed the inadequate number of male role models on a failure to implement the gender policy adequately. They proposed that college management should recruit equal numbers of male and female students.

Furthermore, the language used in nursing was perceived by the students to be feminine. They proposed that titles such as “midwife,” “sister” and “sister in-charge” should be replaced by gender-neutral titles. In addressing gender bias, nurse managers and lecturers advocated for gender equality encouraging equal treatment based on merit and not gender.

Some of the qualified male nurses proposed that conditions of service be improved, citing an example of considering a hardship allowance for nurses working in remote locations, suggesting that this could help mitigate the high attrition rates, especially for male nurses.

Counselling was another proposed intervention. This would be provided to male nurses whose behaviour was considered unprofessional. As one manager explained:

“Counselling should be provided to male nurses to encourage them. Lecturers and us hospital managers should try to treat all nurses equally and not favour any sex. We should know that everybody can do better. Equal treatment should also be based on merit. They should all compete equally to be recruited.”
Nurse manager 9, Line 58.

The participants advocated for portrayal of professionalism amongst all nurses, for example, during faculty and departmental meetings they suggested issues such as the nurses’ dress code and ideal professional behaviour could be discussed. The use of mentors was also proposed to strengthen clinical teaching.

When asked whether it was necessary for nursing educators to ensure proper coverage of gender issues and management of the “minority in the classroom” or students of the opposite sex, seven of the 12 lecturers stated it was necessary, while the Deans of Students proposed undertaking training in counselling, since five of the six Deans verbalised they encountered challenges in holding the Dean’s office due to a lack of job description, inadequate experience and limited skill in teaching. Only one Dean out of the six felt confident in discharging her duties. One person said:

“Even though in my general nursing training, I have done counselling and psychology, but it is different when you are there dealing with these youngsters in this era of Human Rights and everything you find it very challenging and hard sometimes to handle students’ issues...”. **Female Lecturer 5, line 70.**

Other comments from the Deans included:

“So it is essential and very important that Deans of Students to go for training”. **Dean of Students 2, Line 68.**

“Well it is necessary to be trained because sometimes I do face situations where I am even not sure of what to do’ ’Dean of Students, 5, Line 105.

- **Upgrading Programme from Nurse Technician to Registered Nurse level need for Policy Change**

During the focus group discussions in three nursing colleges, students expressed concern that upgrading from nurse midwife technician to registered nurse status was problematic and resulted in a long career path. This was covered under Sub-Theme 1.4 “**Changing or not changing career**” in Chapter 4 under Section 4.2.3.4. The students proposed that the nurse technician programme be abolished or the duration of education be revisited.

Similarly, three male lecturers and one nurse manager proposed a need to change policy on the upgrading of NMT to RN. They proposed that colleges running upgrading programmes be increased or suggested that the NMT programme be abolished and only the RN programme be offered at both Diploma and Bachelor level, as having the two programmes engendered discrimination. Another participant felt this would help attract and retain more men in the profession, as the upgrading path was unnecessarily protracted. The nurse manager shared this view, stating that there was a long career ladder for NMTs and only two colleges offered upgrading courses in the country, so for one to develop professionally there was a lot of competition. When reminded of the different entry qualifications for RN and NMT, one participant explained it would be up to an individual to work hard if he or she wanted to become a nurse. Some commented:

“I would propose if ...they could train one cadre of nurses which should be RNs either at Diploma or Bsc level...” **Male nurse 10, Lines 60-61.**

“I would recommend if all colleges were offering upgrading programme. This would help the NMT to grow professionally because if one college is doing it then it will take long for them to be upgraded. The other point is stop training of nurse technicians rather train only registered nurses from Diploma level. This would ensure all nurses to progress easily since they will have appropriate entry qualifications in the profession because if one does not meet the entry requirements, it becomes a problem.” **Nurse manager, hospital 9, Line 53.**

In contrast, one female lecturer believed nursing was not just practised at the bedside, but suggested that nursing colleges could consider offering specialised courses on a direct entry basis. This was perceived to ensure availability of both male and female nurses at the bedside because with direct entry, some students could make an informed choice to work at the bedside, and be retained in the profession.

The study participants, both students and the qualified members, recommended the provision of career guidance to prospective nursing students. This they believed could help in making an informed career choice. Similarly, EL-Halem et al., (2011) found that receiving information about nursing prior to joining the profession played an important role to help influence career choice and student’s image of the profession. They recommended regular visits to secondary schools to offer career guidance, but in the current study, it was considered that lecturer’s visits would be costly and time-consuming. Emphasis should be placed on all nursing colleges country wide to provide career guidance or conduct open days so that pupils in surrounding communities can patronise them. Use of mass media was also one of the proposed approaches.

Another recommendation in the current study was the establishment of a favourable learning environment. This included a positive relationship among teachers and nurse clinicians. A conducive learning environment is vital in any teaching/learning situation, as this, in conjunction with interaction with faculty members and supervisors, could influence student learning positively (El-Halem et al., 2011b).

Provision of counselling to male nurses who portrayed unprofessional behaviour was recommended in this study. Similarly, counselling was suggested as one way to address gender-based problems experienced by male students (Kouta & Kaite, 2011). However, in the current study, it was expected that counselling would be provided by all lecturers in varying degrees with Deans of Students being officers entrusted with the psychosocial and social welfare of the students. Finding that five Deans of Students recommended that they be equipped to counsel students suggests that the criteria for appointing or recruiting Deans of Students need to be reviewed in nursing colleges. In addition, other researchers recommend that male faculty are considered ideal to counsel student male nurses (Brady & Sherrod, 2003).

4.2.8. Summary of Qualitative Findings

From the qualitative analysis with reference to the themes generated and findings on the documentary review, it can be concluded that gender mainstreaming is being implemented in all the nursing colleges sampled. This is evident in that the male nurse study participants are either alumni or students who had been or were currently enrolled in the various nursing colleges in the country. However, from the results, the majority of the participants felt that although there are improvements in mainstreaming gender in nursing, men are still a minority and they face many challenges. There is extensive action required if the male counterparts are to experience an appropriate socialisation process in the female-dominated profession with minimal challenges.

Additionally, the results revealed lack of informed career choice on the part of the students. Informed career choice is necessary in that an individual acquires a mental picture of the future career and starts preparation for this. Lack of such vital information resulted in the majority of student male nurses making uninformed career choices. This affects the socialisation process in that others experienced difficulties to accommodate role change as expected in the social role change theory in providing patient care, since most of the nursing activities were perceived as feminine. Career guidance provided by nurses could send out appropriate messages regarding nursing; use of the prospectus in the absence of

career guidance could also assist. However, from the study the majority of nursing colleges do not have career guidance materials available. To address this finding, the researcher designed and validated career guidance material in the form of a brochure (Appendix L6). It is envisaged that this brochure will equip nurses and other stakeholders who may want to market the profession. The brochure can also be utilised by prospective students independently.

Passion for the sick is seen to be an integral part of nursing. The study revealed that when an individual lacks passion they are more likely to face challenges. It follows that career guidance would help in establishing their status as regards passion prior to joining the nursing profession.

Every institution of higher learning is governed by various policies. In the 21st Century, one of the policies under implementation by some governments worldwide is gender policy. Amongst the colleges sampled however, there were no copies of this gender policy, yet contrary to this finding, institutions claimed to be implementing the gender policy. This means staff and students have no basis for authority or reference in discharging duties or conducting themselves accordingly. Consequently, gender-based challenges may be difficult to handle and it can be deduced from the findings so far that student male nurses need to be informed of what nursing is prior to joining so they can make an informed career choice. Once they join, there is the need to help them internalise the knowledge, attitudes and skills appropriately. Furthermore, provision of a gender balanced environment during training and beyond could help address some of the gender-based challenges that are encountered.

The need for student support cannot be over-emphasised. The study revealed that students require close supportive supervision, both at college and clinical levels. Availability of educational management tools results in job efficiency and effectiveness; these tools comprise clinical policies and job descriptions for Heads of Departments and Deans of

Students and guide staff in discharging duties appropriately thereby enhancing the students' socialisation process.

Finally, study participants made recommendations, which they envisaged, if implemented, would improve the education of male student nurses. These included provision of career guidance prior to joining the profession, provision of a conducive teaching-learning environment and addressing negative effects emanating from the current effects of upgrading from the Nurse Midwifery Technician to the Registered Nurse. The recommendations made by the study participants were incorporated in a booklet, which in turn was validated by students and nurse educators, nurse midwives and policy makers utilising a Modified Delphi Technique, as discussed in the next section.

It is envisaged that if the content of the booklet is implemented by nurse clinicians, lecturers and stakeholders in the education of student nurses, men in particular, gender mainstreaming could be strengthened.

4.3. Section 4 B: Results and Discussion for the Modified Delphi Technique

This section provides results following the Modified Delphi Technique, which was conducted in the validation exercise of a booklet. The booklet is a product of Phase 1 data analysis and addresses challenges faced by both qualified and student male nurses. The booklet was designed based on recommendations made by the study participants in order to strengthen the education of male nurses in Malawi.

The formulation and validation of the booklet addressed research question 4, objective 4 and achieved during Phase 2 of the study. Content on the formulation of the booklet was covered in Chapter 3, 3.5.2 Section 3B.

Research Question 4: What are the recommendations of student male nurses and qualified professional nurses (lecturers, Deans of Students, male and female nurse midwives and

policy makers) regarding the formulation of facilitative professional materials for use in the recruitment and retention of men in nursing?

Research Objective 5: To design and validate facilitative professional socialisation material that will help in the retention of men in nursing. The material will be designed using the findings in Phase 1; the material was validated using some elements of the Delphi Technique according to Slaughter et al., (1999).

Initially a pilot study was conducted, the aim of which was to assess the extent to which the set questions could provide the information required to validate the booklet. The findings from the pilot revealed the questions were clear since participants gave appropriate answers. This proved the questions were not ambiguous. The findings did not form part of the data for the main study.

Data were collected using both qualitative and quantitative methods through use of a questionnaire. The questionnaire was formulated in a Rensis Likert scale of measurement to define responses. The scale was designed after the booklet was in place. The Likert scale comprised five statements each corresponding to sections of the booklet. The study participants were expected to read the statements and indicate whether they “agreed” “did not know” or “disagreed.” Participants were also encouraged to provide comments and additions where applicable (Lofmark& Thorell-Ekstrand, 2004).The qualitative data were analysed using content analysis and the quantitative data were analysed using Statistica software version 12 to generate descriptive statistics.

Two rounds of data collection were undertaken. Below are the results of Round 1 based on descriptive analysis using Statistica software version 12.

4.3.1. Demographic Profile

Analysis of Round 1 results revealed that a total of (n=35) nurse midwives participated in the Modified Delphi Technique. Males were 17 (n=17), while females were 18 (n=18). These participated in validating the booklet. The participants constituted 12 (n= 12) academic staff from four nursing colleges; nine (n=9) were student male nurses, two (n=2) were policy makers and 12 (n=12) comprised both male and female nurse midwives from three central hospitals. Results revealed that the working class participants had an average working experience of 8.4 years, with 1 and 26 years as minimum and maximum respectively.

The Delphi study was designed to use two Rounds. Results revealed consensus was reached during Round 1 of the exercise as follows:

TABLE 4. 4: Results of Round 1 of the Modified Delphi Technique

RESULTS BASED ON DESCRIPTIVE STATISTICS				
Number	STATEMENT & CONSENSUS REACHED BY THE PANEL	Agree	Disagree	Don't Know
1	The Preface to the booklet gives a clear background to the formulation of the booklet’.	(n=34) 97.14%	(n=1) 2.85%	(n=0) 0%
2	The section on the Motive to become a nurse midwife from pages5 to 6 gives a picture on why some male nurses join the nursing career.	(n=32) 91.84%	(n=2) 5.7%	(n=1) 2.85%
3	The section on positive experiences in nursing on page 7 of the booklet indicates what some male nurses’ experience as positive experiences in the nursing career.	(n=34) 97.14%	(n=0) 0	(n=1) 2.85%
4	The section on challenges faced by male nurses on page 8 of the booklet indicates what some male nurses’ experience as challenges in the nursing profession.	(n=31) 88.57%	(n=2) 5.7%	(n=2) 5.7%
5	Sections D and E on recommendations/ proposals to strengthen training of male nurses on pages 10 to13, when implemented by all stakeholders, would help strengthen the education of student nurse midwives. Note: CONSENSUS RANGED FROM 85.71% to 97.14%	(n=30) 85.71%	(n=1) 2.85%	(n=4) 11.43%

The results in Table 4.4 reveal that study participants during Round 1 reached a consensus rate ranging from 85.71% to 97.14%. This illustrates the majority of the participants were in agreement with the contents of the booklet.

4.3.2. General outcome on questionnaire distribution

During Round 1 data collection for the Modified Delphi Technique, participants showed a high level of interest in the booklet, as evidenced by 100% (n=35) response rate unlike in Round 2. The possible explanation could be that during Round 1, the researcher physically met all participants whereas in Round 2, the participants in remote locations were contacted through emails.

4.3.3. Results of the Modified Delphi Technique for Round 1 and discussion based on Qualitative data analysis

The following are qualitative results for Round 1 data collection and a discussion on comments on each statement. The results are based on the content analysis conducted on comments made by the participants. The participants were given a questionnaire (**see Appendix J4**). There were five statements on the questionnaire and every participant was expected to read the booklet and tick one of the three, “Agree,” “Do not know” or “Disagree” to the statements given in the questionnaire. Furthermore, each participant was expected to provide a comment for the answer given.

1. Statement 1: The Preface to the booklet gives a clear background to the formulation of the booklet. The statement had 97.14% (n=34) consensus rate as indicated in **Table 4.4**. Of the 34 (n=34) participants who agreed with the statement, 19 (n=19) commented that the preface gave a clear and rich background to the booklet, while 15 (n=15) made no comments. The fact that the booklet targets all stakeholders who contribute towards the education of student male nurses was commendable. The stakeholders comprise nurse educators, nurse midwives, student nurses and policy makers. One participant disagreed with the statement but her claims were out of context since she observed that the Preface did not tackle improvement of work environment. On the contrary, the preface introduced the booklet while content was covered in the booklet. Content covered in the booklet comprised information on working conditions, thus dealing with issues related to the work environment.

2.Statement 2:The section on the Motive to become a nurse midwife from pages 5 to 6 give a picture on why some male nurses join the nursing career. The statement covered content on ‘Motive for joining nursing.’ Of all the participants, 32 agreed with the statement made and of these, 10 participants did not provide comments. One participant indicated they ‘didn’t know’ what answer to give, while two ‘disagreed’ with the statement.

During the validation exercise, eight participants’ comments on “Motive for joining nursing” showed they shared similar reasons for joining the profession. For example, one participant stated he joined following his uncle’s footsteps in nursing. Similarly, three participants observed that some of the reasons indicated by students might apply to female aspirants too. However, others noted some students join without realising what nursing involves and as a result, may fail to socialise appropriately once recruited. One participant noted that although many nurse midwives may have joined with a caring heart, their attitude towards patients’ changes upon facing professional challenges. Conversely, one participant felt that male nurses join nursing for job security and that once they enlisted they tend to lack support or encouragement from fellow nurses, especially the females.

Those who did not agree with the statement believed the majority of male nurses did not understand what nursing was and perhaps thought they would end up being a medical doctor. On the contrary, two participants perceived that the information given was general and not specific to males.

From the comments on the “Motive for joining nursing,” it can be deduced that career guidance could help provide light on what constitutes nursing. This will enable prospective nursing students make an informed career choice and be retained within the profession.

3. Statement 3: The section on positive experiences in nursing, on page 7 of the booklet, indicates what some male nurses ‘experiences are as positive experiences in the nursing

career.’ Thirty-four (n=34) participants agreed to the statement given and of these, 15 made no comments. The majority of the participants (n=10) who commented indicated that the section represented positive experiences for male nurses. One participant perceived that, although critical thinking was indicated as a positive experience on bullet number 2 in the booklet, some nurses working in general nursing fail to be critical thinkers as they may rely on implementing doctors’ orders, unlike in midwifery practice. One participant who indicated, “I don’t know,” commented that bullet number 2, on page 7 of the booklet, under ‘Positive experiences’ (relatively more men are being recruited in nursing) could be seen as a slight positive development in the nursing profession.

The rest of the participants’ comments were inclusive based on the issue at hand (positive experiences of men in nursing). The fact there were positive experiences in the profession being experienced by male nurses is a positive sign towards gender mainstreaming in the female-dominated profession.

4. Statement 4: The section on challenges faced by male nurses, on page 8 of the booklet, indicates what some male nurses’ experience as challenges in the nursing profession.

Thirty-one participants “agreed” with the statement, two “disagreed” and two indicated they “did not know.” The majority of the participants (n=17) commented that the section covered most of the challenges faced by male nurses and student male nurses. One participant felt most of the challenges resulted from culture. However, three participants felt that when patients have preferences regarding the sex of a caretaker it might affect the student male nurse’s own learning and professional development; one participant believed patients have the right to choose a care provider. One participant noted that in health facilities where there may be no option for female nurses, nursing and midwifery service delivery could be negatively affected. Similarly, three participants felt the use of feminine language such as ‘Matron’ and ‘Sister’ might have negative effects on their professional development.

Another participant commented that favouring female nurses and students discouraged male counterparts. Those who disagreed felt there was no cause for worry because all they

needed was positive self-esteem and to acknowledge that patients have the right to choose a care provider. As such, one has to accept the situation.

Challenges in the female-dominated profession have been reported in literature (Yang et al., 2004; Wang et al., 2011b; O'Lynn, 2013). However, nurse educators and nurse clinicians have to be cognizant of the possible challenges men face in nursing and devise appropriate strategies to address them, thereby facilitating retention of men in nursing.

5. Statement 5: Sections D and E, on recommendations/proposals to strengthen training of male nurses on pages 10 to 13, when implemented by all stakeholders would help strengthen the education of student nurse midwives.

In response to the statement above, 30 (n=30) participants “agreed,” one “disagreed” while four indicated, “I don’t know.” This means the majority of the participants agreed with the proposals made as was explained in the booklet on the given section. However, some made additional proposals they felt could be ideal, such as the need for unity amongst all stakeholders contributing toward the education of student nurses, that students need to be responsible for their own learning and observe professional conduct at all times and the need for policies to be put in place to address the use of feminine language in nursing. One participant who disagreed needed clarification on when students can be corrected when mistakes are made during clinical allocation.

The recommendations made in the booklet mainly encourage provision of a gender-inclusive learning and working environment. This environment is perceived to facilitate retention of men in the female-dominated profession (O'Lynn, 2013).

4.3.4. Summary of Results for Round 1 exercise

Results in Round 1 illustrated there was a 100% response rate as all participants 35 (n=35) returned their questionnaires. This was very commendable because it helped the researcher analyse the responses and proceed to Round 2. The results revealed the participants had reached a consensus rate of above 75% overall. This was evident in that the percentage agreement ranged from a minimum of 85.71 % (on Statement 5) to a maximum of 97.14 % (on Statement 1). As such, it can be deduced that the participants were in agreement with the content contained in the booklet, which aims to help strengthen male nurse education in the country.

4.3.5. Results for Round 2 of the Delphi Process

Study participants who had agreed with statements provided in Round 1 were considered to have completed the exercise and were not presented with questions for validation in Round 2. Despite reaching consensus (percentage greater than 75%) during Round 1 on all questions, Round 2 was conducted only with participants who, in Round 1, had answered either “Do not agree” or “Do not know” on any question. These were requested to attempt the questions for the second time to check if there could be changes in the responses or not. This is similar to the approach by Slaughter et al., (1999). Participants were requested to either change or maintain their response without any intimidation after reading the amended booklet. Appropriate amendments to the booklet were made based on participants’ comments in all rounds. This helped ensure ownership of the information for example in Round 1:

- The booklet title was amended by inserting the word ‘*male*’ to read:
‘BOOKLET FOR NURSE MIDWIFE EDUCATORS & NURSE MIDWIFE CLINICIANS ON HOW TO IMPROVE TEACHING-LEARNING & WORKING ENVIRONMENT FOR MALE NURSE MIDWIVES’
- On page 11 bullet number 4, the change was made by inserting the phrase in italics ‘Avoid correcting students’ mistakes in front of patients *‘unless in life-threatening situations.’*

During Round 2 of the Modified Delphi Technique, 12 participants (n=100%) were expected to re-attempt the questions by either completing one or two statements which in Round 1 they had indicated as either “Do not know” or “Disagree.” During Round 2, participants who lived far away received the Round 2 questionnaires via email (n=5). Of the participants who received emails, only one returned feedback. Participants in Round 2 were informed of how other participants in Round 1 had responded by giving them the response percentage for each question. They were then requested to attempt the statements again upon re-reading the booklets.

Of the 12 (n=12: 100%) participants who were requested to attempt the exercise for a second time, eight (n=8: 66.7%) participants returned feedback. Four (33.3%) of the participants were declared lost to follow-up after four weeks had elapsed having received the documents and being given at least four reminders. The majority of these were those who received the questionnaires via email.

The following are comprehensive results for Round 2.

1. **For Statement 1:** The Preface to the booklet gives a clear background to the formulation of the Booklet. The result for this statement was based on a response from one participant. The participant agreed with the statement.
2. **For Statement 2:** The section on the Motive to become a nurse midwife, from pages 5 to 6, gives a picture on why some male nurses join the nursing career. All three participants who returned their questionnaires changed their responses by agreeing with the statement on motives for joining nursing. Two participants echoed that the motives were clear since people tend to join careers for a number of reasons. One participant stated she was impressed with the male nurses’ reasons for joining nursing; one expected to see positive changes in the behaviour of male nurses in general.
3. **For Statement 3:** The section on Positive experiences in nursing, on page 7, indicates what some male nurses experience as positive experiences in the nursing career.

One participant provided a response. This participant is one of the four lost to follow-up.

4. For Statement 4: The section on Challenges faced by male nurses, on page 8, indicates what some male nurses' experience as challenges in nursing.

Two participants returned feedback on this statement, while responses from another two were lost to follow-up. One of the participants, who had agreed with the statement that some male nurses faced challenges, indicated he was also a victim of similar challenges. The other participant, a female nurse, maintained her stand by disagreeing with the statement. She indicated that having worked with male nurse midwives she considered they were hard workers and good role models. Her response did not shed more light on the outlined challenges faced by some male nurses.

5. For statement 5: Sections D and E, on recommendations/proposals to strengthen training of male nurses, on pages 10 to13, when implemented by all stakeholders would help strengthen the education of student nurse midwives.

Five participants were expected to respond to this statement. Four participants returned responses to this statement, while one participant was counted as lost to follow-up. All four participants agreed with the statement on the given recommendations by study participants in Phase1. The four participants commented on the fact that all stakeholders were called upon to work together in helping groom student nurses. However, participants challenged students to take responsibility for their own learning.

Another participant emphasised that the recommendations made in section D of the booklet by student male nurse participants, if implemented, could strengthen training of student male nurses, unlike recommendations in section E made by qualified nurses.

4.3.6. Summary

In summary, the results have revealed that both students and qualified nurse midwives, who participated in the validation exercise of the booklet, agreed that the booklet could help strengthen training of student nurses, in particular male nurses. During Round 2, there

was a 66.7% response rate. Only one participant maintained a negative response, while the rest agreed with the statements. Furthermore, responses from four participants who did not return their questionnaires could have added some input.

4.4. Section 4 C: - Results and Discussion for Nominal Group Technique

4.4.1. Introduction

This section provides results following Nominal Group Technique (NGT) conducted in the validation of the brochure in four nursing colleges. The brochure is a product of phase 1 data analysis. The analysis based on qualitative data from focus group discussions with students, in-depth interviews with qualified male nurse midwives, nurse managers, nurse educators and documentary reviews. Some of the major findings in Phase 1 revealed there was a lack of career guidance on nursing and this resulted in lack of information among prospective student nurses. The brochure was designed to meet the need for information from prospective student nurse midwives.

The brochure gives information on nursing and midwifery as a profession. It is envisaged that the brochure can enlighten a prospective student nurse midwife regarding the profession. It is titled ‘A career in nursing and midwifery in Malawi’

(Appendix L6).

The draft brochure was presented to student nurses to evaluate in five Nominal Group Technique discussions in the four nursing colleges. The methodology utilised was covered in **Section 3C in Chapter 3.**

Initially one Nominal Group Technique was conducted as a pilot using six participants. These were drawn from a nursing college not included in the main study. The aim of the pilot was to assess the extent to which the set questions could provide the information required to validate the brochure and accord the researcher an opportunity to undertake a nominal group technique. The findings from the pilot did not form part of data for the main study. The findings from the pilot revealed that participants understood the set questions, thereby meeting the set goals.

Five Nominal Group Technique (NGT) discussions took place in four nursing colleges. One NGT was conducted per nursing college, however, at one college, two NGT discussions took place since it was extremely difficult to bring students of two classes together to form one group technique. This resulted in one class been sent to occupy a newly built campus far from the old premises.

4.4.2. Demographic profile

Of the total sample $n=37$), 18 ($n=18$: 48.65%) were males and 19 ($n=19$: 51.4%) were females. Ages ranged from 18 to 40 years.

Below are results of the Nominal Group Technique presented in table format. The students, upon analysing the brochure, gave their inputs on strengths and weaknesses of the brochure and areas requiring improvements.

TABLE 4. 5: Results on Strengths of the Brochure

Nursing College 1. n=8	PARTICIPANTS' INPUT	POINTS
	Gives clear explanations	34
	Gives more information about nursing	29
	The design and layout is good	22
	Relevant to the reader	19
	Well summarised	16
Nursing College 2 n=7	Gives full & brief explanations about nursing	35
	Explains challenges especially for male nurses	18
	Motivates the reader	18
	Gives clear career progression	18
	Is gender sensitive	16
Nursing College 3. n=9	Gives clear entry points	37
	Provides an explanation what nursing is about	33
	Gives clear opportunities and benefits	29
	Provides an explanation on what nurses do	21
	Provides what challenges are in nursing	17
Nursing College 4 A. n=6	Explains more about the profession e.g. caring profession	28
	Motivates one to know that nursing is a profession	21
	Is gender sensitive	15
	Challenges are explained	13
	Has good layout and provides guideline	13
Nursing College 4 B. n=7	Gives clear information about nursing	31
	The information is relevant	24
	Is gender-sensitive	20
	Is portable	19
	Is attractive to the reader	14

Table 4.5 illustrates that the brochure had relevant and clear information pertaining to nursing and midwifery as a profession.

TABLE 4. 6 Results on Weaknesses of The Brochure

Nursing College 1. n=8	PARTICIPANTS' INPUT	POINTS
	Font size very small	35
	Cadres & responsibilities not included	26
	There is no career attractor	23
	Stages of the Nursing Process not important	19
	Few male pictures	17
Nursing College 2. n=7	Gives no challenges for females	31
	Picture not gender sensitive	23
	Some reasons for joining nursing not important	20
	Contradiction between Introduction & Content	17
	Regulatory body not mentioned i.e. The Nurses & Midwives Council	14
Nursing College 3.n=9	No indication of career progression from Technician to Professional Level	34
	No indication that nurses can contract diseases as a challenge	29
	No indication that nursing is both Practical & Theory	28
	No indication of basic care rendered by nurses, e.g. bathing, elimination	25
	No number of males & females currently working	19
Nursing College 4 a. n=6	Lacks history of Nursing	23
	Challenges did not consider both sexes	21
	Lacks motivational statement for male nurses	18
	No possible solutions to the challenges	16
	Lacks elaboration on the dynamic character of nursing	12
Nursing College 4 b.n=7	No explanation that nurses are not doctors' servants	24
	Some words are jargon	23
	Lacks brief history of nursing	21
	Font size in some areas difficult to read	21
	Challenges not gender sensitive	20

Table 4.6 indicates the brochure had some areas of weaknesses identified by the student nurses.

TABLE 4. 7: Results on Improvements to be Made on The Brochure

NursingCollege 1.n=8	PARTICIPANTS' INPUT	POINTS
	Indicate that Fees are high for student nurses	30
	Add dressing code & need for good behaviour	27
	Add information on Mental Health & Psychiatric Nursing	24
	Add work places e.g. Non-governmental organisations	21
	Add contact information on colleges	19
Nursing College 2. n=7	Provide clear process on upgrading & difference between Registered & Technician nurse	23
	Add challenges with upgrading to RN	18
	Add a risk to contract diseases when nursing patients	15
	Add more points on reason for joining nursing	10
Nursing College 3. n=9	Add work area for nurses, e.g. Rural Health areas	35
	On challenges add that both males & females may not be comfortable dealing with patients private parts	33
	Indicate that nursing does not give market related salary	26
	Add more points on why people join nursing & midwifery	22
	Indicate representative body (mouth piece) for nurses, i.e. National Organisation for Nurses & Midwives in Malawi	21
Nursing College 4 A. n=6	Clarify roles of nurses & specialities in nursing	20
	Include challenges for females e.g. caring for patients' private parts is a problem	21
	Feature male role models & what they have achieved	21
	Challenges should have possible solutions e.g. need for hardworking	17
	Pictures should be gender sensitive	12
Nursing College 4 B. n=7	Add section on importance of nursing & midwifery, remove part on The Nursing Process	29
	Add pictures which are gender sensitive	26
	Add statements to attract males	22
	Show differences between professional & technical nursing levels & doctors	20
	Increase font size	13

Table 4.7 outlines areas for improvement in the brochure as proposed by the students and include the brochure to be gender sensitive among others.

The following gives combined results common in more than one NGT.

TABLE 4. 8: Common Strong areas of The Brochure

Number of nursing colleges that provided similar inputs	Participants' Input
3	Gives clear information about nursing
2	Design and layout good
4	Relevant and motivates an individual
3	Is gender sensitive
3	Challenges are explained

TABLE 4. 9: Common Weak Areas

Number of nursing colleges that provided similar inputs	Participants' Input
2	Font size very small
2	Picture not gender sensitive
3	Challenges not gender sensitive
2	Lacks brief history of nursing
2	Does not mention professional bodies

TABLE 4. 10: Common Areas for Improvement

Number of nursing colleges that provided similar inputs	Participants' Input
2	Add on work area in the rural and non-governmental organisation
2	Pictures be gender-sensitive
2	Add points on why people join nursing

Tables 4.8, 4.9 and 4.10 outline issues that were commonly rated by the students under strengths, weaknesses and areas for improvements.

4.4.3. Discussion of Results of the Nominal Group Technique

The aim of this study was to validate the brochure by evaluating the content contained in the brochure as career guidance material. Specifically, participants were required to assess the general appearance and content and provide objective feedback based on strengths and weaknesses requiring improvements. Therefore, based on the evaluation and findings presented above the following can be concluded: the design was generally well conceived with a layout that managed to give clear information about nursing and midwifery.

The information included challenges that could be faced upon joining nursing, as evidenced by consensus rated by the majority (three of the five) of groups. Although some participants in three of the five groups indicated the brochure was gender-sensitive, participants in two of the groups suggested that pictures needed to be improved upon by adding some more pictures of males, thereby improving gender sensitivity.

The participants advised that challenges affecting female nurses to be added and the font size increased in some sections. However, the majority of the groups (four of the five) found the brochure to be relevant and motivating to prospective nurse midwives. As the brochure will now be used as a career guidance material, it will help prospective nurse midwives make informed career choices. Career choice is vital in an individuals' life (Shahhossein, Kobra, Jannati, & Khaki, 2013). This is in line with a quantitative study conducted in Hong Kong, which focused on studying factors influencing school students in their choice of a career in nursing (Law & Arthur, 2003). The study found that career activities and mass media were considered significant in conveying information about nursing and influencing student nurses' career choices. This is because more than half of the participants had indicated that these had a positive influence on their career choices. Furthermore, upon statistical analysis, career activities had a statistical significant result since the p value was ($p < 0.0005$). Similarly, Mooney, Glacken and O'Brien, (2008), in Ireland, found use of the media playing a role in career choice in nursing. Mooney et al., (2008) report that when some student nurses join the profession without making an informed choice, they tend to select wrong careers resulting in high attrition rates. A study

conducted in the United Kingdom, at Glamorgan University on student nurses' attrition rates, found that wrong career choice was one of the most frequently reported reasons contributing to high attrition at the university (Glossop, 2002). Therefore, in this study the brochure was commended by the majority of participants as being relevant in giving information about nursing as a career choice and containing clear and relevant information about nursing. It is hoped the brochure will be a useful career guidance tool in Malawi.

4.4.4. Conclusion

Chapter 4 presented findings and discussions from in-depth interviews with Lecturers, Deans of Students, qualified male nurse midwives and female nurse managers, focus group discussions with student male nurses, documentary reviews and validation exercises of the brochure and booklet utilising the Nominal Group Technique and the Modified Delphi Technique respectively.

Firstly, findings from the in-depth interviews, focus group discussions and documentary reviews mainly revealed that student and qualified male nurses experienced both positive and negative experiences during their socialisation processes in the female-dominated profession. However, the negative experiences were on the increase. Secondly, the majority of the male student nurses do not make an informed career choice upon joining the nursing profession. Thirdly, three major themes emerged from challenges the male nurses faced in the female-dominated profession during their education and beyond. Based on the challenges faced, the participants provided recommendations they perceived, if implemented, could help strengthen the recruitment and retention of men in the female-dominated profession.

A booklet and a brochure were designed and validated following data analysis in Phase 1. The Modified Delphi Technique and Nominal Group Technique were undertaken during the validation exercises of the booklet and brochure respectively. Findings revealed the majority of the participants were in agreement with the issues raised in the booklet.

Conversely, the brochure was commended by the majority of participants as being relevant in giving information about nursing as a career choice and containing clear and relevant information about nursing. It is hoped the brochure and the booklet will be useful in the recruitment and retention of male nurses in Malawi.

The next chapter presents an integrated discussion of the study findings and results.

CHAPTER 5

INTEGRATION OF THE STUDY

5.1. Introduction

This chapter synthesises discussions of research findings presented in Chapter 4 through integration of qualitative findings and quantitative results. Data integration will be based on the study findings focusing on the research questions and study objectives as outlined in **Chapter 1 sections 1.14 and 1.16.**

Research Questions

1. Are there any formal existing educational and professional socialisation processes for male nurses undertaking undergraduate education in Malawi?
2. What is the lived experience of male nurses regarding professional socialisation during training in Malawi?
3. What are the opinions of students and qualified professional nurses (lecturers, Deans of Students, male and female nurse midwives and policy makers) regarding the factors that influence males joining and remaining in the profession?
4. Do the existing policy documents of the Malawian nursing colleges have guidelines pertaining to training of male nurses?
5. What are the recommendations of student male nurses and qualified professional nurses (lecturers, Deans of Students, male and female nurse midwives and policy makers) regarding the formulation of facilitative professional materials for use in the recruitment and retention of men in nursing?

Study Objectives

Phase 1

1. To identify existing professional socialisation processes for student male nurses during undergraduate education in Malawi by means of interviewing student male nurses and nurse informants (lecturers, Deans of Students and qualified nurse midwives).

2.To describe factors that can enhance or hinder the socialisation of student male nurses in nursing by means of conducting focus group discussions with student male nurses and interviewing other informants (lecturers, Deans of Students and qualified nurse midwives).

3.To conduct a documentary review of policies and procedures regarding recruitment and socialisation of student male nurses.

Phase 2 and 3

4. To design and validate facilitative professional socialisation material for student male nurses for use during the recruitment process of students. The design was based on findings of Phase 1; validation was based on Nominal Group Technique, as expounded by Vagra-Atikins et al., (2011).

5. To design and validate facilitative professional socialisation material that will help in the retention of men in nursing. The material was designed using the findings in Phase 1; the material was validated using some elements of the Modified Delphi Technique (Slaughter et al., 1999).

Other aspects to be covered in this chapter are the gender policy and gender mainstreaming being implemented in nursing colleges and the professional socialisation processes student nurses, in particular male nurses, undergo as they pursue the study of nursing and its impact upon male nurse education in Malawi. Firstly, the philosophical worldviews utilised in the study will be reviewed, followed by a short discussion on the significance of using a mixed method approach.

5.2. Philosophical World Views

The study was guided by three philosophical worldviews, namely constructivism, positivism and pragmatism as explained in **Section 3.4**. The constructivists hold the view

that individuals seek the understanding of the world in which they live and work. They tend to develop subjective meanings of their everyday experiences. As such, during Phase 1 of the study, qualitative methods were employed to enable the researcher to interpret the challenges experienced by the student male nurses and the professional socialisation processes undertaken. The data were collected in the natural settings where the participants experienced their lives (Creswell, 2014). In Phase 3 of the study, the methods were employed during part of the study phase when sourcing the participants' comments during the Modified Delphi Technique. Positivists hold the view that objective reality exists 'out there' in the world (Creswell, 2009) and maintain that social science enquiry should be objective (Johnson & Onwuegbuzie, 2004).

Positivists therefore attempt to develop numeric measures of observations. In this study, numeric measures were employed during data analysis of part of the findings in Phase 3 of the study. During this phase, descriptive statistics were computed following the Modified Delphi Technique and Nominal Group Technique. Finally, the third worldview comes from the pragmatists. Pragmatism is an enquiry, which advocates the use of both quantitative and qualitative approaches in one study thereby answering important research questions (Johnson & Onwuegbuzie, 2004). In this study, both qualitative and quantitative methods were employed as they were useful (Johnson & Onwuegbuzie, 2004) in obtaining both objective and subjective information regarding the socialisation process of student male nurses and in validating the designed career guidance and professional socialisation materials in the form of a brochure and a booklet. By using the mixed methods approach, a better understanding of the phenomenon at hand was obtained (Johnson, Onwuegbuzie & Turner, 2007; Creswell, 2009). In this study, qualitative methods were assigned greater priority.

The fact that qualitative approach to data gathering was a priority meant the researcher managed to undertake an in-depth study of the phenomenon (Hyde, 2000). As such, inductive process was achieved through data analysis and interpretation. The process involved iteration by working back and forth between the transcripts trying to establish themes (Creswell, 2014).

5.3. Basis for Integration of study findings

Integration of results in a mixed methods study is perceived to be an important aspect since it helps to enhance knowledge gained through use of the Methods (O'Cathain, Murphy & Nicholl, 2010). In this study, the integration of the findings looked at the results comprehensively. Integration is when a researcher makes meaningful conclusions on the basis of consistent or inconsistent results after using the mixed methods approach (Teddlie & Tashakkori, 2009). Further integration is seen to incorporate linking, elaboration, completeness, contrast and comparison of the results (Teddlie & Tashakkori, 2009). In this chapter, the integration was achieved by use of the compare-contrast principle and attempting to link issues, where appropriate, through interpretive agreement. The discussion is substantiated with relevant literature. Before presentation of the integrated findings and discussion, reference is made to **Section 3.3 under “Reasons for using both Qualitative and Quantitative Approaches** “where the rationale for using the mixed methods approach was discussed and benefits achieved using the methods are discussed.

Integration of the mixed methods utilised in the study was commenced in the first phase of the study. During proposal writing, the study was envisaged to use the mixed methods approach, which was seen to be appropriate based on the phenomenon at hand (Teddlie & Tashkkori, 2003).As such, the sequential exploratory descriptive design informed the study (Creswell, 2009). The study was carried out in three phases and the phases informed each other sequentially (Creswell & Clark, 2011). In this study, qualitative methods carried more weight. Through use of the mixed methods approach, the following was achieved:

- **Triangulation**

The researcher utilised multiple data collection sources and methods to answer the research questions (Teddlie & Tashakkori, 2009; Creswell, 2009). This was achieved through conducting focus group discussions with student male nurses, in-depth interviews with lecturers, qualified nurse managers and male nurse midwives, documentary reviews of policy documents and use of questionnaires during the ‘Modified Delphi Technique and Nominal Group Technique’ in Phases 1 and 3 of the study.

- **Development**

Results of Phase 1 data collection provided data to enable the researcher to design an information brochure, a booklet aimed at helping lecturers and nurse midwives provide a conducive learning environment for student male nurses and instruments to be used for the second phase data collection in the validation of the brochure and booklet. The validation exercise utilised a ‘Modified Delphi Technique’ and a ‘Nominal Group Technique,’ thereby sequentially achieving operationalisation of a sequential exploratory descriptive design in the study.

- **Complementarity**

The qualitative approach to data collection helped in understanding the professional socialisation processes, which the student male nurses undertake during the journey to become nurses. Both qualitative and quantitative measures were used during the validation exercise of the brochure and the booklet. Descriptive statistics were computed and possible reasons for the given answers were sourced. The two methods helped to incorporate strengths of both quantitative and qualitative methods (Creswell, 2012) and overcame weaknesses of each other (Creswell & Clark, 2011) thereby complementing each other.

- **Expansion**

This is the means whereby the results from the various approaches are compared, contrasted and linked where necessary. It is hoped this will provide an expanded picture in understanding the phenomenon at hand and provide appropriate recommendations that can help strengthen student male nurse education in Malawi. Consequently, this will result in achieving meta-inferences obtained by using the mixed method approach. Meta-inference is a conclusion generated by integrating the inferences obtained by using the mixed methods approaches in a study (Teddlie & Tashakkori, 2009).

5.4. Gender Policy and Gender mainstreaming in nursing education in Malawi

The literature review revealed that recruitment of male nurses in Malawi started in 1985, at the Kamuzu College of Nursing (Simukonda & Rapsilber, 1989), while at the majority of the nursing colleges, men began to be recruited mainly after Malawi had ratified the declaration and conventions on gender. Residential accommodation for male student nurses was a challenge, but this was facilitated when the Norwegian government built additional hostels to cater for both male and female student nurses, since initial buildings were designed for females only (**Section 1.8**). During in-depth interviews with most of the lecturers, it transpired that although the gender policy was being implemented by recruiting men into nursing, there were no copies of gender policies in existence in the colleges. This was confirmed during the process of documentary reviews, when college management in all the institutions were unable to produce gender policies along with other documents for review, as described in **Chapter 4.2.6 in ‘Documentary Review Findings.’** The researcher assumed that during recruitment, management ensured male students were recruited along with females, thereby fulfilling government gender policy. During the focus group discussions with student male nurses it was revealed that colleges do recruit men however, the participants perceived that bias existed since more female students were recruited than males (**Chapter 4, Section 4.2.4 under Theme 2 on “Discrimination”**).

The participants concluded that the tendency would perpetuate a few men being recruited resulting in continued imbalance of figures for male and female students and they envisaged men being in the minority perpetually. The participants blamed the unbalanced figures for the feelings of isolation experienced by a few male student nurses, as was discussed during the focus group discussions. It was revealed that, during group discussions in class and clinical allocations, female students consistently outnumbered male students (**Chapter 4, Section 4.2.4.3 under Sub-theme 2.2 on “Isolation”**). The imbalance in figures was evident in faculty enrolments as well, where in almost all the nursing colleges sampled, there was, on average, two male lecturers against a minimum of 10 female lecturers (refer to **Chapter 4, Section 4.2.6 and Table 4.2 under staffing levels**).

One college, which is a constituent college of a university, had slightly higher numbers of male faculty. At this college there were numerous nursing courses/programmes offered unlike in other colleges, which offered one to two nursing courses/programmes. According to the students, this reduced the number of male faculty and resulted in a lack of male role models. This further negatively affected the student male nurses' socialisation process since they lacked role models to whom they could look up to. The findings of isolation and a lack of role models were also evident during Phase 3 of the study upon analysing data following the validation exercises of the booklet and brochure. All male participants (n=17) who participated in the validation of the booklet during the Modified Delphi Technique agreed that recommendations made by participants during Phase 1 of data collection and stipulated in the booklet should be implemented, thereby reducing barriers which they felt were perpetuated by females and which they, as male nurses, experienced. The recommendations in general encouraged promotion of a gender-sensitive environment during classroom and clinical teaching.

Similarly, all male participants (48.65%) in the Nominal Group Technique were of the view the brochure should be more gender balanced and recommended adding pictures of male nurses. The male students also blamed gender insensitivity on some lecturers because of their continued stereotyping of the profession, revealed by saying nursing was meant for 'females only.' This was covered in **Chapter 4, Section 4.2.4.2, under the Sub Theme 2.1B "Sense of Belonging or not Belonging"** where more than half of the male students in the FGDs said they experienced feelings of not belonging to the profession following negative remarks from some female lecturers and students.

The focus group discussions with the students and in-depth interviews with male nurses and female lecturers further revealed that, although student male nurses are being recruited, some female lecturers are perceived to have a negative opinion about men being nurses. The participants explained some female lecturers continue to promote the 'female face' of nursing, preferring that females should train as nurses. The negative attitudes were also perceived because of the use of gender insensitive language. It was believed these attitudes were expressed consciously or unconsciously by the female lecturers and female students

and were thought to discourage the recruitment of student male nurses. In addition to the negative attitudes, occasionally female patients refused to be cared for by some of the student male nurses, which was highlighted in thematic analysis during Phase 1, where “Discrimination” emerged as one of the themes in **Chapter 4 Section 4.2.4**. Feelings of being discriminated against by female lecturers or students were further confirmed during validation of the booklet whereby all male participants (n=17) agreed with the recommendations made by fellow study participants to the focus group discussions in Phase 1 on the need to support both students and qualified male nurses by not discriminating against them.

During in-depth interviews when lecturers were asked whether it was important to cover content on gender and nursing education during training of nurse educators, seven of the 12 lecturers agreed it was important. It was believed the content could be aimed at equipping prospective nurse educators with knowledge and skills in handling ‘minority students,’ both in the classroom and clinical settings, irrespective of students’ gender.

The finding compares with students’ concerns elicited during focus group discussions where male students from two focus group discussions perceived not being properly instructed by some female faculty, during a demonstration of physical assessment when it came to the genitalia of a female patient, which they considered was due to their being male students. This could be seen as embarrassment on the part of the lecturer. Students in two focus group discussions perceived some female nurse clinicians to be neither welcoming nor teaching them as they held negative attitudes towards the male students. Others recounted the experience of being shouted at and felt female students didn’t experience this humiliation.

The integrated findings presented above mainly concern the lack of guidelines pertaining to incorporating men in the nursing profession. All findings from the focus group discussions, in-depth interviews and documentary reviews revealed there were no specific formal educational and professional socialisation processes targeting either male or female

student nurses. The researcher considered that the lack of appropriate gender policy guidelines in place to facilitate gender mainstreaming, contributed to some of the negative consequences. This resulted in barriers or challenges being faced by male nurses as students and qualified nurses in the female-dominated profession in Malawi.

Barriers and challenges experienced by male nurses in the nursing profession have been reported in literature worldwide (Bell-Scriber, 2008; Inoue et al 2006; Miller, 2004; Keogh & O'Lynn, 2007; Patterson et al., 2002; Romen & Anson, 2005; Reinecke, 2014). The authors report on barriers and challenges male nurses face in many countries and this negatively affects the profession in many areas, such as recruitment and retention of men in nursing. The challenges men continue to face in nursing are seen as a form of discrimination. These are evident in the history of nursing and the language used, for example patients referred to the nurses as “sisters or girls” despite male nurses being present (Inoue et al., 2006) and textbook images and descriptions referring to nurses and interactions with patients were almost exclusively female. This impedes gender diversity both in nursing education settings and in the clinical area (Sullivan, 2000; Inoue et al., 2006).

A perceived lack of male role models was also one of the problems affecting the male students in the current study. Lack of role models in nursing has been reported in literature for some time even though the presence of role models is seen to facilitate entry of some men into the profession (Romen & Anson, 2005) and once they join, help reduce feelings of isolation. A role model is someone a student can look up to (Stott, 2004). In other settings, the role model may play the role of a mentor and, in the clinical area, these can help improve quality of clinical learning. Role models may not be qualified male nurse educators or nurse clinicians but peers, in this case student male nurses, and they are able to influence student nurses' career decisions (Price, 2009). However, with the low numbers of males in nursing, students will continue to experience a lack of adequate role models from whom they can learn and who are able to bring unique talents and traits to the profession (Bell-Scriber, 2008). This challenge can be addressed when gender-inclusive policies are formulated and implemented appropriately. The gender-inclusive policies

could address and mitigate barriers men face in nursing through gender stereotypes in the form of language, images in books and the media when representing nurses, recruitment ratios between males and females and equipping lecturers with skills on how to teach students of the opposite gender.

From the studies reporting on barriers men face in nursing, it appears that despite the profession having embarked on recruiting men, the ground may have not been 'levelled' to minimise barriers being experienced by both students and qualified male nurses and the lecturers. This is contrary to what the Ministry of Education in Malawi may have envisaged and continues to advocate with the aim of ensuring gender equality in mainstream education. The Ministry of Education is implementing the gender policy in primary schools by utilising a gender-sensitive curriculum (Maluwa-Banda, 2004). However, prior to incorporating the gender policy, it was found that Malawi was one of the countries which empowered the boy child more than the girl child. As such, many initiatives were introduced to improve the education of both girls and boys, including on-going revision of the curriculum, the establishment of a Gender Appropriate Curriculum Unit that offers training on gender sensitivity to primary and secondary school teachers. Authors, editors and some teachers have been trained to make their work more gender sensitive in areas such as the revision of all textbooks (Maluwa-Banda, 2004).

The nursing colleges in Malawi did not have a specific gender policy in place. Lack of such a crucial guideline is tantamount to college management being seen to be implementing the national gender policy blindly. Close to three decades have elapsed since men started to be incorporated into nursing in Malawi and yet it appears not much has been seen to be done at institutional level. Some interventions which might be implemented to enhance a gender neutral environment could include revisiting gender stereotyping in most of the nursing textbooks and eliminating the use of feminine terms such as 'sister', 'matron' 'sister in-charge.' However, some hospitals do seem to have started making changes by using gender neutral terms such as 'ward in-charge' and 'nursing officer' when referring to the registered nurses, which is in line with established positions at the (MOH) for nurse midwives working for the government.

The Ministry of Health established neutral positions for example: The Director of Nursing and Midwifery Services, The Chief Nursing officer, The Principal Nursing Officer and The Nursing Officer, however the findings in the current study, suggest that some of the nurse midwives and lecturers use gender insensitive words. The in-depth interviews with lecturers revealed that five lecturers admitted lacking skill and knowledge on how to handle the ‘minority’ students, both in the classroom and clinical areas, despite having undergone specialty courses in nursing education. Two of the 12 female lecturers were of the opinion that men were not really meant to be nurses, while one female lecturer stated she knew of many female lecturers who did not approve of male nurses. These findings do not compare with four of the nurse managers, who said that despite agreeing that some male nurses lacked professional ethics by being drunk while on duty or not wearing the required uniform, male nurses were hardworking and available to cover emergency shifts, unlike female nurses. The findings of lecturers failing to adequately handle male students are not unique to female nurse educators in Malawi (Lou, Yu, Hsu & Dai, 2007; Bell-Scriber, 2008). This could reveal that a need exists for additional gender-inclusive skills in teaching and supervision of student male nurses.

5.5. Professional Socialisation Processes

Professional socialisation was defined by Stacy and Hardy (in Harwood, 2011: 11) as “the moulding of newcomers to conform to the systems in place and learning the rules, written and unwritten in order to act in accordance with expectations of the profession” (**Chapter 1 section 1**). This is regarded as a vital process where attitudes, skills and behaviours required by a profession are learned in order to fulfil the expected roles (MacIntosh, 2003).

The thematic analysis revealed the nursing students undergo three stages during the socialisation process: the anticipatory, the formal and post-formal stages of socialisation, as was discussed in **Chapter 4 Section 4.2.5** under “**Professional Socialisation Process**”. However, experiences during the three stages differ due to a number of factors (Price, 2009). In this study, these included the motive for joining nursing, whether or not an

informed choice was made and the cadre or category of nursing selected to join or been assigned to (whether professional or technician levels). The findings of the focus group discussions and in-depth interviews revealed that, during the socialisation processes of student male nurses, there can either be an ideal or failed professional socialisation process.

5.5.1. Ideal Professional Socialisation Process

An ideal professional socialisation process, as was explained in **Chapter 4 Section 4.2.5.1**, is where students made an informed choice to join nursing. Once the decision was made, they would then be psychologically prepared to undertake a course in nursing. In the course of being trained, both in the classroom and clinical area, students would learn the norms, attitudes, skills and knowledge required from the socialisation agents. During the transition period, challenges are encountered regarding the realities of nursing. However, if the person had been informed of likely challenges prior to the commencement of the course, he or she would be more able to manage the challenges or barriers, unlike students who did not make an informed choice prior to joining. Both focus group discussions with the students and in-depth interviews with lecturers and male nurses revealed that having prior information about nursing could help prospective students make an informed career choice when joining nursing. This was considered ideal by the study participants and was covered in **Chapter 4 Section 4.2.5.1** under the **sub-theme “Ideal Professional Socialisation Process.”**

During any socialisation process, the interactions and guidance of socialisation agents is seen to be vital as it can support students internalise the reality of the profession. For a smooth socialisation process to take place, it is important to have a good relationship between the learner and the socialisation persons who act as agents (Vallant & Neville, 2006). This could reduce the challenges the students encounter.

5.5.2. Failed Professional Socialisation Process

A student may experience a failed socialisation process. This was revealed through focus group discussions with the male student nurses, in-depth interviews with lecturers, nurse managers, and the documentary review conducted and the validation exercise for the booklet all pointed towards contributing factors of a failed professional socialisation process. The prospective nurse may not make an informed choice to join nursing and, once registered to undertake the course, may face ‘reality shock’ in the process of becoming a nurse. These herald a myriad of challenges and the learner may either contemplate leaving if failing to handle the ‘shock,’ or apply defence mechanisms that may be detrimental to the individual’s professional profile and patient care. This is because nursing may not have been the learner’s first career choice. The student could leave the profession or graduate without attaining the expected characteristics of a nurse. The challenges or barriers have been presented in **Chapter 4** across all the **three Themes**, namely “**Nursing is a Feminine Job**,” “**Discrimination**” and “**Professional Socialisation Process**.” The challenges included experiencing feelings of inferiority, having a sense of not belonging, believing some lecturers and female nurse clinicians are prejudiced towards male nurses, encountering a lack of male nurse role models and being isolated. The results further revealed, as a consequence of these challenges, students may become demotivated and be negatively affected in their academic performance. The majority of the male students sampled felt their socialisation lingered between the ideal and failed processes. The few male nurses who had information about nursing and nurses prior to joining obtained this from a family member who was working as a nurse, another health professional, or they had worked in a hospital as a tradesman or in the field of Health Surveillance.

Not making an informed choice about joining the nursing profession and its negative impact has been reported in literature (Wang et al., 2011). This supports the assertion that some student male nurses do experience problems that may negatively affect them psychologically and calls for appropriate preventive measures, such as an adequate awareness to what constitutes nursing prior to joining.

5.6. Factors that can enhance or hinder professional socialisation process

The results revealed that to educate a nurse, many players are involved during the socialisation process. The socialisation agents considered in this study were: the nurse educators, nurse managers, nurse midwives and other members of the health team as well as the student peers. The institutional organisational policies being implemented in colleges where nursing and midwifery education was undertaken and the student male nurses themselves contributed to their socialisation process. Various roles played or not played by the socialisation agents therefore had an impact on the moulding of the student male nurses.

5.6.1. Nurse educators, nurse midwives and managers' influence on the socialisation process of students and qualified male nurses

Findings of focus group discussions and in-depth interviews with the students and lecturers revealed that some female nurse educators or nurse clinicians may lack skills in demonstrating the various roles, i.e. Supervisor, mentor, teacher, counsellor and role model, expected of them when moulding students of the opposite sex. This contributed negatively to the learning process of the student male nurses. Student male nurses in two focus group discussions shared similar barriers. In addition, focus group discussions with student male nurses revealed that they believed some nurse educators tended to be prejudiced. The comments from two nurse educators in the in-depth interviews reinforced the student's beliefs.

Good supervision, counselling and role modelling are central to successful student learning. However, these require appropriate skills and attributes in the supervisor or mentor (Elcigil & Sari, 2006), which include clinical expertise, interpersonal skills, nursing competence and good personal traits in the mentors such as being understanding and patient (Elcigil & Sari, 2006). Kaphagawani and Useh, (2013:182) note that good interpersonal relationships and supervision provide a conducive learning environment during clinical placements and help reduce anxiety while fostering socialisation process. In addition, teachers' comprehensive knowledge in matters of implementing the curriculum

and dealing with learners tend to be vital in promoting sound teacher–student relationships (Kelly, 2006). Lack of such knowledge may hinder student’s socialisation processes.

Lack of skills on the part of the socialisation agents, especially the nurse clinicians and faculty, have been reported in literature (Wang et al., 2011). In this study, Deans of Students in the Malawian nursing colleges are strategically positioned to support students by ensuring their welfare and psychosocial needs are met. Two of the Deans reported being unable to meet some of their expected roles due to a number of reasons which included a lack of experience, lack of training in dealing with student matters and no job description being available. This could have compromised the provision of psychosocial support a student required. This deficit was confirmed during focus group discussions when students complained that sometimes Deans of Students did not meet their needs appropriately and the documentary review revealed the non-existence of job descriptions in three colleges. However, students in six focus group discussions recalled that some of the barriers they faced with the Deans of Students were attitudinal, in that they found them unapproachable and unsupportive. This could agree with Meadus and Twomey’s (2011) suggestion that nurse educators need to develop strategies that can help provide a positive educational experience for student male nurses. Other researchers recommended that psychological counselling and guidance be provided for male nurses where appropriate to enhance retention in the profession (Lou et al., 2007; Yang et al., 2004).

Reinforcement of appropriate disciplinary measures by nurse managers could help in moulding staff who misbehaved. The study revealed that two of the four nurse managers admitted to be reluctant to discipline the qualified male nurses who portrayed unprofessional behaviour, such as being absent from work without consent. For example, during the in-depth interviews, two nurse managers stated it became difficult to reprimand male nurses when they displayed negative behaviour because, despite attempting to do so on several occasions, this proved to be in vain. This finding was confirmed during the validation exercise of the booklet. All the male participants (n=17) agreed to the recommendations in the booklet. Two of the recommendations out of six called on nurse

managers to instil professional discipline on nurse midwives who misbehaved when on duty.

5.6.2. Institutional Policies and how they impact on male student nurses'socialisation process

Institutions of higher learning have a role to play in the socialisation process of students. The study findings suggest that most of the institutions which train the male student nurses do not provide 'a friendly environment' for learning. The documentary reviews revealed a lack of gender policy in place in all the institutions in this study and a lack of career guidance for prospective student nurses. Further, the various challenges/barriers being experienced and, in two instances, Deans of Students described challenges in discharging the duties of the Dean due to not being given job descriptions and training. As a result, recruitment and handling of the 'male student' was performed haphazardly, without proper guidelines in place, consequently affecting the socialisation process.

Not only did all six nursing colleges lack documented gender policy, as was discussed in **Chapter 5Section 5.4** under "**Gender Policy and Gender mainstreaming in Nursing education in Malawi,**" only three colleges had job descriptions for Deans of Students. Supporting this finding was the fact that, during in-depth interviews, two Deans of Students stated that sometimes they faced problems handling student matters since they lacked job descriptions and were not skilled in the area of deanship (**Chapter 5, Section 5.6.1**). Development of appropriate guidelines is one of the strategies that can assist educators to meet existing needs of student male nurses (Stott, 2004). The guidelines could cover issues of gender policy, job descriptions, support, and management of student male nurses both in the classroom and clinical areas. Proper implementation of such guidelines could help in successful retention of student nurses, in particular male nurses.

The majority of the nursing colleges sampled appeared not to undertake or provide career guidance services. According to Watts and Sultana (2004: 107), "Career guidance is a term

that refers to services and activities intended to assist individuals of any age and at any point throughout their lives to make educational, training and occupational choices and to manage their career.” The services can be provided to the public in various ways depending on country needs, expertise and resources (Watts & Sultana, 2004). Benefits of career guidance include helping individuals make independent career choices (Price, 2009). In this study, career guidance was seen as information regarding the nursing and midwifery profession that should be accessible to prospective nursing students, for example, school leavers.

Focus group discussions with students and in-depth interviews with qualified male nurses revealed that almost all the student male nurses joined nursing without prior relevant information about the profession. The few who made an informed choice to join nursing had a relative or family member who was working as a nurse or as a member of the hospital staff. The lack of informed choice was a common finding shared by almost all of the student male nurses in the focus group discussions. This finding was confirmed during documentary reviews and in-depth interviews with informants. Findings from focus group discussions, in-depth interviews and documentary reviews revealed only one college conducts career guidance in the community. This college had a career guidance committee overseeing the career guidance activities chaired by a male lecturer. The presence of committee minutes and a career guidance calendar was evidence that the committee was active in carrying out the committees’ mandate. The committee members either visited schools or held open career days at the college. This finding was covered in **Chapter 4** in **Sections 4.2.5.1 and 4.2.6** under the **sub-theme ‘Uninformed Decision Making’** and **‘Documentary Review Findings’** respectively.

In the in-depth interviews with three lecturers, it was revealed their colleges do not conduct career guidance programmes due to the common problems of time and financial constraints. At one college, one informant said they did not perceive a need for career guidance since every year they tended to have many applicants. The focus group discussions revealed that, although one college was committed to conducting career guidance, the majority of the students were uninformed since there were many secondary

schools in the area that might not have been covered by one nursing college with career guidance information. One focus group, who attended a career guidance session offered by the college in question, observed the information provided was aimed at marketing the college rather than educating prospective students on what nursing was. The documentary review revealed there were no guidelines in place on pertinent information regarding nursing to be covered by officers during the career guidance sessions. This implies that any lecturer participating in the career guidance sessions, if given the chance to speak, could be giving an informative talk based on their knowledge of what nursing, is even if biased or misinformed. In the validation exercise of the brochure, the study participants concurred that the brochure was relevant and recommended its use as career guidance material to complement career guidance trips or open day sessions (**Chapter 4 section 4** under **“Results and Discussion of the Nominal Group Technique”**). The participants identified an unmet need for career guidance and recommended this be offered to secondary school leavers.

The unmet need for career guidance was evident in that, during the validation exercise of the brochure, all participants in four of the five Nominal Groups found the brochure to be relevant and motivating for prospective students. The fact the brochure is intended to be used as career guidance material was deemed to be of assistance in helping prospective students make well-informed career choices. This is in line with a study by Law (2003) in Hong Kong, which found that career activities and mass media were considered a significant help in conveying information about nursing; more than half of the participants indicated these had a positive influence on their career choices. Similarly, Mooney et al., (2008), in Ireland, found the use of media played a role in career choice in nursing. However, in some developed countries where career counsellors are used to provide career information to students, appropriate information was not provided as they themselves had not considered nursing as a career (LaRocco, 2007) and as such, did not actively promote nursing as a potential career (King, Hardie & Conway, 2007). It can be argued that these counsellors may have lacked the appropriate information about nursing, hence their failure to consider nursing.

It is hoped the brochure will be a useful career guidance tool in Malawi, assisting prospective students in their choice of nursing as a career, based on useful and pertinent information. Orientation of new students to a new environment is crucial in accomplishing their educational goals. During focus group discussions with the students and in-depth interviews with the lecturers, it transpired that in a few of the nursing colleges sampled, orientation was offered to newly recruited students while in others, this was not the norm. Students would be referred to college handbooks with an emphasis on abiding by the rules. This finding was covered in **Chapter 4 Section 4.2.6** under “**Documentary Review Findings**” under bullet number 2, college handbooks. A lack of proper orientation might affect the socialisation process since some students may be labelled difficult despite not being oriented to the new environment and its expected rules, norms and values.

5.6.3. Factors that influence the professional socialisation process in an individual.

In any socialisation process there could be factors that influence the process. The focus group discussions with students and in-depth interviews with male qualified nurses revealed the following factors could have influenced their professional socialisation process: a lack of or quality of information regarding nursing, the motivation for joining nursing, the presence or lack of male role models and the persons’ personal coping mechanisms used in managing challenges faced. These findings are covered in **Chapter 4** across all the three themes.

The focus group discussions with the students revealed a majority of the students lacked information regarding nursing. Lack of information prior to joining nursing was seen to contribute to male students ‘failing to make informed choices.’ This was covered in **Section 5.5.2** under “**Failed Professional Socialisation Process.**” This finding was confirmed during validation of the brochure when the majority of the participants in four of the five nominal groups’ rated the brochure as relevant for giving information about nursing to prospective nursing students. This is consistent with literature, in that students who had prior information regarding nursing tended not to face as many barriers during training (LaRocco, 2007, Romen & Anson, 2005). Research participants who had some

nursing experience had insight into nursing and this enabled them to confidently choose nursing (Mooney et al., 2008).

Individual coping strategies tend to have an impact on the socialisation process. The focus group discussions and in-depth interviews revealed that male nurses who knew their career goal were more likely to endure the barriers faced. Literature supports the finding, stating that male nurses who are assertive and have made a decision to become nurses perceived support from faculty and family and had the courage to continue studying nursing (Meadus & Twomey, 2011). Similarly, those who recognised greater opportunities in nursing, such as career advancement for men, managed to cope with challenges faced during training and beyond (Zamanzadeh et al., 2013a). In Yang et al's (2004) study, participants employed coping mechanisms despite having faced challenges during training and beyond. These participants developed a positive attitude towards nursing and focused on paying attention to their career development. Positive coping mechanisms, if shared with other student male nurses, could work to their advantage and obviate the possibility of becoming depressed, as was the case with male nurse study participants in China (Wang et al., 2011).

5.7. Deductive Reasoning and Theoretical Perspective

According to Knauff, Mulack, Kassubek, Salh and Greenland (2002: 203), reasoning is defined as "A cognitive process that yields conclusions from given premises." This is seen to occur when implicit information is made explicit (Knauff et al., 2002), while deductive reasoning is defined as "A theory testing process which commences with an established theory or generalisation, and seeks to see if the theory applies to certain instances" (Hyde, 2000: 83). Furthermore, Teddlie and Tashakkori (2009: 42) define deductive reasoning as "The process of drawing a conclusion that is necessarily true if the premises are true." Although deductive reasoning is mostly associated with quantitative studies, in both qualitative and quantitative studies, there is an element of deductive process (Hyde, 2000). In this study, theory testing was not one of the objectives, however, the social role theory was utilised to provide a viewpoint in the study (Creswell, 2014). As discussed in Chapter 3 Section D, the theory originated in an effort to understand causes of gender differences

and similarities in social behaviour (Eagly et al., 2000). It also, asserts that, although there can be gender differences in the roles, the roles are not rigid as they depend on an individual's immediate social role irrespective of sex. Roles are believed to be dynamic and change over time (Diekmann & Eagly, 2000) as men's and women's roles increasingly become more similar due to gender equality (Eagly et al., 2000). Therefore one can either assume masculine or feminine gender roles depending on one's position at a given time.

The theory emphasises the preparation of students to face certain job expectations or roles during socialisation (Lai & Lim, 2012). During the process, authority figures act as socialisation agents who could be parents, teachers and in some cases peers. Therefore, it can be deduced from the integrated study findings that authority figures were presumed to be lecturers, nurse midwives and students.

By joining the nursing profession, considered to be a feminine career as discussed under **Theme 1 "Nursing is a feminine job,"** it is presumed the men would change their gender roles, learning nursing duties during the socialisation process. However, the results revealed there were other factors that could facilitate successful inclusion of men into the female-dominated profession. For example, in this study, those who made an informed career choice for joining nursing were seen to adopt and expand the usual gender role unlike those who did not make an informed choice. These students tended to face numerous barriers during the socialisation process and beyond. Other factors were their motivation for joining nursing, possible career opportunities, the availability of dynamic speciality areas in nursing, the availability of male role models, institutional policies on gender mainstreaming and personal coping mechanisms. Therefore, if the nursing profession is to effectively recruit and retain men in nursing, there are many factors to be addressed.

5.8. Conclusion

This chapter has discussed findings using an integrated approach.

Findings from in-depth interviews, focus group discussions, the documentary review, the Modified Delphi Technique and Nominal Group Technique were synthesised to give a clear picture of the phenomenon of gender mainstreaming in nursing education in Malawi. The use of a mixed methods approach and three philosophical world views, constructivism, positivism and pragmatism, enabled the researcher to examine the various socialisation processes the male nurses undergo as they socialise into the profession.

In general, the study revealed that through gender mainstreaming, male nurses are being incorporated into the female-dominated profession. Once the men join the profession, socialisation ensues. The study revealed professional socialisation processes take place amongst the student male nurses prior to and upon joining training and beyond; the process is seen to actually start when initially contemplating nursing as a career. The decision taken depends on the circumstances prevailing at the time. Some potential students may base their choice on their motivation, other factors, such as a lack of a tertiary career plan, or having a family member or other role model portray nursing in a positive manner, may influence the choice as well as the need to acquire a secure job.

The findings revealed that the majority of the student nurses do not make an informed choice but may base their choice on the assurance of pursuing a professional career. Upon registering, they learn the realities of nursing. This can be seen as ‘Reality shock’ and heralds a myriad of challenges or barriers. Adjusting to the challenges faced during the transition depends on many factors. These factors could be influenced by the socialisation agents, the institutional policies and the individual student male nurse’s coping mechanisms.

During the process, authority figures were seen to be an integral part along the socialisation process journey. Some were perceived to be supportive, while others were felt to exhibit a non-supportive attitude. A lack of teaching and managerial skills affected the outcome of the professional socialisation process of both student and qualified male nurses. Male role models, although considered important during the transition period,

proved to be inadequate or unavailable. Most of the nursing colleges sampled in the study were perceived to be deficient in conforming to the gender balanced nursing education system. This was evidenced in the professional language used, images and words used to refer to nurses and lack of appropriate guidelines that could facilitate the recruitment and retention of male nurses.

Social role theory helped to understand the phenomenon at hand, although it failed to explicitly expound prevailing factors that may facilitate the assumption of “feminine” gender roles in the male counterpart. However, if the challenges experienced by the students and qualified male nurses could be addressed, the professional socialisation process of student male nurses could be strengthened.

CHAPTER 6

MAIN FINDINGS, LIMITATIONS, RECOMMENDATIONS AND CONCLUSIONS

6.1. Introduction

In this chapter, the qualitative study findings are summarised, as well as quantitative results and recommendations made on how the professional socialisation process of student male nurses may be improved in the female-dominated profession. It is envisaged that the findings and results of the mixed methods study could help strengthen recruitment and retention of student male nurse midwife education in the country. The focus of the chapter is on the overall aim and objectives of the study, the research questions and major themes, as generated from the qualitative findings and quantitative results. The focus of the recommendations will be on addressing challenges faced by the student male nurses, thereby contributing towards gender mainstreaming in nursing education in the country.

6.2. Summary of Main Findings

The purpose of the study, as described in **Section 1.15** under **Aims of the study**, was to design and validate professional socialisation materials, which could be utilised in the recruitment and education of student nurses and male student nurses in particular.

The overall aim was therefore to better understand and address challenges experienced by student male nurses hindering their education during undergraduate training in Malawi and to add to the knowledge base of nursing education regarding recruitment and retention of men in the female-dominated profession.

The following study objectives were implemented in the two Phases of the data collection:

Phase 1

1. To identify existing professional socialisation processes for student male nurses during undergraduate education in Malawi by means of interviewing student male nurses, nurse informants (lecturers, Deans of Students and qualified clinical nurse midwives).
2. To describe factors that can enhance or hinder the socialisation of student male nurses in nursing by means of conducting focus group discussions with student male nurses and interviewing other informants (lecturers, Deans of Students and qualified nurse midwives).
3. To conduct a documentary review of policies, and procedures regarding recruitment and socialisation of student male nurses.

Phase 2 and 3

4. To design and validate facilitative professional socialisation material for student male nurses for use during the recruitment process of students. The design was based on findings of Phase 1; validation was based on Nominal Group Technique as expounded by Vagra-Atkins et al., (2011).
5. To design and validate facilitative professional socialisation material that will help in the retention of men in nursing. The material was designed using the findings in Phase 1; the material was validated using some elements of the modified Delphi Technique according to Slaughter et al., (1999).

The objectives of the study were achieved in that the researcher managed to explore and describe challenges faced by student male nurses as experienced during their socialisation processes in the female-dominated profession. This was achieved by describing results from focus group discussions conducted with the student male nurses, in-depth interviews conducted with informants (lecturers and qualified clinical nurse midwives) and

documentary reviews. The researcher described and discussed the positive and negative experiences faced by student male nurses during training (refer **Section 4.2.2.” Positive Experiences”** and Major Themes generated under **Table 4.1: “Thematic Map”**). Description and discussion of the themes provided comprehensive coverage of the challenges student male nurses face in the female-dominated profession. These negatively affected their socialisation process during their education. Thereafter, professional socialisation materials in the form of a brochure and booklet were designed and validated.

The following sections explain major findings on each study objective.

Objective 1 To identify existing professional socialisation processes for student male nurses during undergraduate education in Malawi by means of interviewing student male nurses, informants (lecturers, Deans of Students and qualified clinical nurse midwives).

The findings revealed there were no formal educational and professional socialisation processes in place targeting student male nurses. The colleges had varied processes that targeted all students irrespective of gender. This was covered **in Chapter 4 under theme number 3” Professional socialisation”** on formal socialisation process as follows:

- **Recruitment processes:** each college had its own approach to recruiting student nurse midwives. However, colleges under (CHAM) had similar recruiting processes in place. This could be due to the fact they were under one umbrella - Christian body CHAM. In all the colleges, the recruitment process commenced with prospective students applying based on advertisements, which were mainly placed in the media.
- **Orientation:** upon registering with respective colleges, students underwent one to two weeks’ orientation. However, two colleges did not conduct a formal orientation exercise for the students.

- **Career guidance:** it was revealed that only one college offered career guidance services to the surrounding communities by visiting surrounding secondary schools and conducting open days.
- **Classroom and clinical teaching:** students in all colleges participated in classroom and clinical teaching. In some instances, students considered they were used as a pair of hands by some nurse midwives during their clinical placements rather than focusing on achieving their clinical learning objectives.
- **Use of Deans of Students:** Use of Deans of Students in meeting students' social welfare was common in all the nursing colleges. However, student access to the Deans' office differed from college to college.
- **Extra-Curricular Activities:** Providing facilities for extra-curricular activities, for example sporting and religious activities was common in the colleges. However, at one college, the students complained that available sporting facilities were mainly provided only for female students. This could be because the colleges were initially geared for female students only.

Objective 2 To describe factors that can enhance or hinder the socialisation of student male nurses in nursing by means of conducting focus group discussions with student male nurses and interviewing other informants (lecturers, Deans of Students and qualified nurse midwives).

This objective was in line with research question Number 2, which focused on the experiences of the student male nurses during the professional socialisation process. Through focus group discussions with student male nurses, in-depth interviews with lecturers and clinical nurse midwives both male and female nurses, the researcher managed to describe experiences of the student male nurses in nursing. There were positive and negative experiences. The positive experiences included perceptions that:

1. The nursing profession offered job security to its practitioners.

2. The profession was perceived to be dynamic because opportunities existed for specialisation and diversification into different areas.
3. The nursing profession offered them satisfaction upon recovery of patients.

Negative experiences were considered to be greater in number than the positive experiences. This was mainly due to the perception that nursing was a feminine profession. Based on the thematic analysis of the transcriptions from focus group discussions, in-depth interviews and the content analysis of the documentary interviews, three major themes were described and discussed in **Chapter 4 Section 4A**. The three major themes were, **“nursing is a feminine job,” “discrimination”** and **“Professional socialisation.”** Sub-themes included, **“feeling inferior,” “men are different from females,” “isolation,” “sense of belonging or not belonging,”** and **“changing or not changing career.”** Through the focus groups discussions and in-depth interviews, challenges experienced by the student male nurses became explicit. Major challenges are covered within the themes. The challenges were addressed by designing a booklet and a brochure to be utilised during recruitment and education of student male nurses in particular. Below is a synopsis of major findings from the focus group discussions and in-depth interviews in line with the study objectives.

The majority of the men who joined nursing did not make an informed choice. Realising that nursing was perceived to be a feminine profession in the course of the training, some of the participants, especially those pursuing a Bachelors programme, felt it was proper to complete the course and consider it as a basis to joining other health-related jobs other than working in a hospital setting. Other student nurses were reassured by the fact nursing offered diverse job opportunities in different settings. Conversely, those pursuing the technician programme felt that upgrading their qualification was an option to be considered, or specialising in areas that were not considered exclusively feminine such as theatre nursing and Intensive Care nursing. However, those who would not overcome the challenges felt they could consider leaving the profession.

Lack of male role models in the profession was another major finding. Male role models are considered to be important in influencing other men to choose nursing and remain in the profession (Romen & Anson, 2005). The study revealed the nursing colleges initially were educating female nurses and, since inception of men as nurses, the intake of males had been gradual to date. Currently, although the nursing colleges continue to recruit and educate male nurses, the participants perceived the ratio of female to male students was not equal as more females were being recruited, in most of the colleges, than males. This caused the male study participants to complain, as they perceived the greater number of female students registered in education programmes contributed to the lack of male role models, both as lecturers and nurses working in the nursing colleges and hospitals respectively. This engendered feelings of being discriminated against and isolation on the part of the male student nurses, as was covered under **Theme 2 on “Discrimination.”**

Provision of psychosocial counselling to student nurses is one of the vital elements in enhancing student learning. Social support can help reduce or prevent some of the challenges and stresses which student nurses may face during the transient period in the profession. The study revealed that Deans of Students were strategically positioned to assist students in meeting social welfare and counselling needs. However, the majority of Deans (five of the six Deans) felt they were not properly prepared to handle such vital function.

The results revealed that although nurse managers appeared to understand and acknowledge the presence of unprofessional behaviour in some male nurses in the work place, the managers' interests tended to focus on positive contributions or benefits of having male nurses in nursing; these included their availability when requested to work on an emergency shift. Failure to address unprofessional behaviour would result in 'normalisation' of such behaviour and this could be detrimental to the officer in question, the profession and consequently compromising quality of care rendered to patients.

Chapter 4 Section 4.A discussed the positive and negative experiences the male students faced in the female-dominated profession, thereby covering factors that can enhance or hinder male nurse education in the profession.

Objective 3 To conduct a documentary review of policies and procedures regarding the recruitment and socialisation of student male nurses.

The researcher achieved this objective by reviewing policy guidelines that were utilised during the recruitment and socialisation of the students in the respective nursing colleges. The reviewed documents revealed that both male and female students were being recruited, evidenced by phrases in some of the documents dealing with both male and female students such as “she and he.” However, gender policy aiming at explicitly guiding the lecturers and other members of staff in managing the “male” student or lecturer in a female-dominated profession were non-existent in all the nursing colleges’ policy documents. This could explain the gender-based challenges experienced by male students. The review revealed only one college was involved in offering career guidance for prospective students. This could explain the lack of informed career choice by majority of the students in the study and the consequent challenges faced.

Objective 4 To design and validate facilitative professional socialisation material for student male nurses for use during the recruitment process of students. The design was based on findings of Phase 1; validation was based on Nominal Group Technique as expounded by Vagra-Atkins., et al (2011).

Objective 5 To design and validate facilitative professional socialisation material that will help in the retention of men in nursing. The material was designed using the findings in Phase 1; the material was validated using some elements of the Modified Delphi Technique (Slaughter et al., 1999). The objectives were achieved by designing and validating a brochure and a booklet for use during recruitment of potential students and in

their education, respectively. The qualitative part of the mixed methods study in Phase 1 revealed the majority of the male nurses felt they faced numerous challenges in the nursing profession. Thus, the booklet was designed to address the challenges the male nurses faced during training and beyond. The booklet outlines recommendations targeted at nurse educators and clinical nurses on aspects that would aid in socialising the student male nurses during the theoretical and clinical courses of the training. The content in the booklet was based mainly on proposals made by the study participants. They had envisaged that if the socialisation agents, namely lecturers and nurse midwife clinicians, could implement the proposed recommendations, then gender mainstreaming in nursing would be strengthened in the country. The booklet was validated using the Modified Delphi Technique, as covered in **Chapter 4 Section 4B under Results and Discussion for the Modified Delphi Technique.**

The qualitative approach, investigating the professional socialisation of student male nurses in Malawi, by means of focus group discussions, found that most students did not make an informed choice regarding their selected career. This resulted in their facing many challenges, compromising their academic performance and, in some cases, contributing to plans to leave the profession. An ‘unmet need’ for career guidance was identified and recommended for prospective student nurses. This was because the study participants felt nursing was a career, which required making an informed choice especially for male students.

A brochure was designed, and validated, using a Nominal Group Technique. The brochure was commended by the majority of participants as being relevant and motivational in giving information about nursing as a career choice and containing clear and relevant information about nursing. (This was covered in **Chapter 4 under Section 4C on Results and Discussion for Nominal Group Technique.**) It is hoped the brochure will be a useful career guidance tool in Malawi.

Use of theory in research is varied (Creswell, 2009). The social role theory used in this study managed to assist in understanding the phenomenon at hand. In addition, it provided

the focus to see that during the socialisation process of students, male nurses' use of socialising authority figures, study lecturers, clinical nurses and student peers was indispensable. However, the theory failed to expound on the importance of other factors in the socialisation process, as the male students were expected to acquire and implement roles as they advanced in the female-dominated profession.

6.3. Conclusion

The study added to the literature that men in nursing face both positive and negative experiences. The negative experiences were on the higher side. Thus, through use of the mixed methods approach, a comprehensive understanding of the challenges experienced by student male nurses in the female-dominated profession in Malawi was achieved. The booklet was designed and validated to address most of the challenges as recommended by the study participants. There were no formal existing educational and professional socialisation processes targeting male nurses during undergraduate nursing education in Malawi.

The majority of the student nurses in the study lacked information regarding nursing prior to joining the profession. Thus, career guidance needs to be intensified utilising various means of gender-inclusive communication such as the brochure, which was designed and validated during the study. This would help prospective student nurses make an informed career choice. The study findings suggest that informed career choice in nursing, especially for men, should not be taken for granted if retention is to be achieved.

Although nursing colleges in Malawi continue to recruit men, gender policies are non-existent. This could compromise the recruitment and retention of men in the female-dominated profession. Furthermore, the study suggests that some nurse educators and managers faced challenges in educating and managing the male student and qualified nurses respectively. Recommendations made could help address the issues identified during this study, thereby strengthening nursing education in Malawi.

6.4. Limitations

The student study participants were from two nursing levels, the RN and the technician NMT levels. Studying participants from two levels simultaneously was a challenge. Entry requirements for RN and NMT are different, meaning students may tend to have different perceptions, issues of concern and aspirations. Although all students may use the same clinical area, teaching/learning environments in the respective nursing colleges tended to differ because the RNs were from universities, unlike those from colleges under the CHAM institutions, the nurse technicians. This may have exposed the students to different socialisation environments.

Although multiple approaches to data collection were utilised, thereby achieving triangulation, sampling was purposefully conducted. In addition to lack of random sampling, the study was conducted in one country only – Malawi. This renders generalisation of the results impossible. However transferability of findings is possible to nursing institutions within the country because data was collected in six of the 13 nursing colleges in Malawi, across all three geographical regions and in the four central hospitals in the country, thereby reducing bias (Whittock & Leonard, 2003).

The results revealed there are several factors that contribute to people's socialisation processes in a setting. Using a longitudinal qualitative study (Gray and Smith, 2000) focusing on specific cohort/s of student nurses and variables, such as cultural background and age, could have yielded more input on the socialisation processes of the students as they progress through the course of their training. In this study, following a specific cohort, longitudinal study was not conducted due to time and financial constraints.

Finally, the researcher being female and conducting focus group discussions with male student nurses could have contributed to participants failing to be articulate when giving their experiences. Use of male research assistants helped to address this. However, due to some logistical challenges, such as availability of students and the research assistants, only

one male research assistant was available for two sessions of the focus group discussions while the rest had female research assistants from other institutions.

6.5. Recommendations for Nursing Midwifery Education, Practice and Research

From the study findings and literature, understanding the professional socialisation process of students, student male nurses in particular, by nurse educators is vital in the promotion of quality nursing professionals. Gender mainstreaming in nursing cannot be achieved without male involvement. Recommendations are made for nursing and midwifery education, nursing practice, policy makers and areas for future research.

6.5.1. Recommendations for Nursing, Midwifery Education&Practice:

- **Formulation of Gender Policy Guidelines**

In any profession, formulation and implementation of policies and policy guidelines are vital. The Malawian government formulated the gender policy, which institutions are supposed to adapt and adopt, by ensuring that institutional specific gender policies and or guidelines are in place. In Malawi, The MOH, NMCM, CHAM, NONMM and respective college management, are the main policymakers for nursing midwifery education. It could be important to formulate partnerships aimed at designing gender-inclusive policies that can help in the education of men in nursing in the country. The gender-inclusive policies could focus on student and staff recruitment and retention in nursing education.

The policies would aim to guide college and hospital management and all stakeholders in the education of nurse midwifery students and graduates, men in particular, in upholding professional ideals that would not put the profession in disrepute through unprofessional behaviour.

The gender-inclusive policy guidelines would aim to guide the recruitment and retention of staff in order to enhance equality in the provision of available professional and academic opportunities. The presence of male faculty and nurses in the respective nursing colleges and hospitals would mitigate the lack of male role models for prospective student male nurses.

Providing a supportive system that would include gender-neutral policies, student affair programmes and psychosocial counselling (Wang et al., 2011) would ensure a conducive learning environment for all students. Some of the male nurses could be used to counsel their student male nurse counterparts. Deliberate efforts to replace or abolish the use of stereotypical words such as “matron” and “sister in charge,” could help address some of the gender-based barriers revealed in the current study thereby preventing feelings of isolation and discrimination on the male nurses.

- **Monitoring and Evaluation**

Gender policy inclusive guidelines should be incorporated by the regulatory body (NMCM) when conducting monitoring and evaluation in nursing colleges and hospitals on the extent to which the institutions are “gender-friendly.” This will help provide gender-equitable teaching, learning and working environments.

- **Curricular Implementation**

Nurse educators should consider use of peer evaluation or feedback of teaching, incorporating principles of gender inclusiveness. Constructive feedback can be given by peers periodically through use of a checklist. This could mitigate the use of gender non-inclusive verbal and non-verbal language.

Nurse educators should be encouraged to be sensitive to and minimise possible gender-inhibitive factors in the classroom and clinical areas. This can be achieved by designing

and utilising gender-neutral teaching and learning strategies where applicable, choosing textbooks and using language that is gender inclusive. For example, a nurse's picture in the textbooks should depict both male and female nurses.

In addition, test items administered when conducting assessments should be gender-neutral (Brady & Sherrod, 2003) with exceptions in parturition.

Reviewing the current curriculum for nurse educators in the country, to establish the extent of coverage of gender-specific issues, could help address some of the deficits identified by some nurse educators during the in-depth interviews. Use of role-play by student teachers depicting gender non-inclusive verbal and non-verbal cues during teaching should be incorporated.

College management are urged to review criteria for appointing or recruiting Deans of Students. The in-depth interviews revealed some of the Deans lacked confidence or experienced challenges in handling student matters. Some Deans suggested undertaking training in counselling. The results suggested that specialising in nursing education and years of teaching or experience in teaching matters would play a role in achieving the mandate of the office of the Dean of Students.

Nursing colleges should expand efforts to ensuring that prospective learners make an informed career choice. This will help recruit students likely to be retained in the profession.

- **Nurse clinicians and Managers**

Nurse Managers should acknowledge the unique skills and traits brought into the profession by both male and female nurse midwife staff.

Nurse Managers need to review the conflict resolution skills required to manage unprofessional behaviour by staff members.

Male nurses should be encouraged to advocate for or be an ambassador for the profession at all times. This role modelling would help to instil professional discipline in future male nurses.

6.5.2. Recommendations for Nursing Research

Research on nursing education and gender mainstreaming in particular is an area that has not been adequately researched in Malawi. Research should be conducted on:

- Gender-inclusive aspects of nurse educators in the Nurse Education programme. Some of the narratives from the focus group discussions and in-depth interviews revealed there was lack of confidence amongst some nurse educators and nurse clinicians when teaching the “minority students” or students of the opposite sex. There is a need to incorporate gender expertise in nurse midwifery education.
- Nurses, especially Registered Nurses, are required to teach and mentor students in the clinical areas. Research should be conducted to establish the extent to which Registered Nurses are prepared for the teaching role focusing on students.
- Research should be conducted on what constitutes gender inclusive or male-friendly environments in nursing colleges and clinical settings in Malawi.
- Challenges experienced by specialist and on-the-job trained nurse educators, in the socialisation of student nurses, needs to be researched to help mitigate the challenges faced, as was the case with some lecturers in the current study.

6.6. Conclusion

Chapter 6 has provided the major study findings, explained the conclusions and provided recommendations that can help strengthen the professional socialisation process of male students in Malawian nursing colleges.

The findings provided rich data on the experiences of men in nursing in Malawi, and this enabled the researcher to make recommendations as to how nurse educators, nurse clinicians and policymakers can help improve the profession by ensuring that gender mainstreaming in nursing is properly implemented in the country.

The validated brochure should equip prospective student nurses, men in particular, in making informed career choices upon joining the female-dominated profession. While the booklet should equip lecturers, nurse clinicians and other stakeholders with knowledge to address challenges faced by men during training and beyond.

In Malawi, there is dearth of literature on nursing education, mainly on socialisation of student nurses and male nurses in particular. This study will contribute towards addressing that gap. It is envisaged that if further research is carried out in the proposed areas, there will be adequate information on gender mainstreaming in nursing to guide practice.

REFERENCES

- Adams, D. & Miller, B. 2001. Professionalism in Nursing Behaviours of Nurse Practitioners. *Journal of Professional Nursing*, 17, (4), 203-210.
- Anthony, A. S. 2004. Gender Bias and Discrimination in Nursing Education: Can we change it? *Nurse Educator*, 29, (3), 121-125.
- Anthony, A. S. 2006. Tear down the barriers of gender bias. *Men in nursing*, 1, (4), 43-49.
- Apker, J., Propp, K. M, Ford, W. & Hofmeister, N. 2007. Collaboration, Credibility, Compassion, and Coordination: Professional Nurse Communication Skill Sets in Health Care team Interactions. *Journal of Professional Nursing*, 22, (3), 180-189.
- Bailey, C. A. 2007. *A guide to qualitative field research*, Pine Forge Press, Thousand Oaks.
- Banja, J. 2010. The normalization of deviance in healthcare delivery. *Business Horizon* .53 (2), 139-148. [Online] Available: www.ncbi.nlm.gov/pmc/articles/pmc2821100.pdf/nihms15760 [Accessed 31-10-2015]
- Barnes, B. R. 2012. Using mixed methods in South African psychological research. *South African Journal of Psychology*, 42, (4) , 463-475.
- Bartfay, W.J., Bartfay, E. Clow, K, A. & Wu, T. 2010. Attitudes and perceptions towards men in nursing education. *Journal of Allied Health professional practice and education*, 8, (2), 1-7.
- Bell-Scriber, M. J. 2008. Warming the Nursing Education Climate for Traditional-age learners who are male. *Nursing Education Research*, 29, (3), 143-150.
- Bhattacharya, R., Maier, M. Bhugra, D. & Warner, J. 2010. Curriculum for workplace-based assessments: a Delphi study. *The Psychiatrist*, 34, 204-207. doi:10.1192/pb.bp.109.028209 [Online]. Available: <http://pb.rcpsych.org/content/pbrpsych/34/5/204.full.pdf> [Accessed 21-11-2015].
- Blaxter, L., Hughes, C. & Tight, M. 2010. *How to Research. Open Up Study Skills*, Berkshire, McGraw.

- Brady, M., S & Sherrod, D. R 2003. Retaining men in nursing programs designed for women. *Journal of Nursing Education*, 42, (4), 159-162.
- Braun, V., & Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3,(2), 77-101.
- Brayman, A. 2006. Integrating quantitative and qualitative research:how is it done? *Qualitative Research*, 6,(1), 97-113.
- Broomfield, D., & Humphris, G. M 2001. Using the Delphi technique to identify the cancer education requirements of general practitioners. *Journal of Medical Education*, 35, (10), 928-937.
- Bruce, J. C., Klopper, H. C & Mellish, J. M 2013. *Teaching and Learning the Practice of Nursing*, Cape Town, Heinemann.
- Burns, C. 1998. 'A man is a clumsy thing who does not know how to handle a sick person: aspects of the history of masculinity and race in the shaping of male nursing in South Africa 1900-1950'. *Journal of Southern African Studies* ,24, (4), 695-717.
- Burns, N., & Grove, S. K. 2006. *Understanding Nursing Research: Building evidence based practice*, St Louis, Saunders.
- Cavenagh, P., Dewberry, C. & Jones, P. 2000. Becoming professional: when and how does it start? A comparative study of first-year medical and law students in the UK. *Medical Education*, 34, (11), 897-902.
- Chilemba, E. B. 2013. *Learning for Practice: An analysis of the Education Process of Graduate Nurses in Malawi*. Thesis for Doctor of Philosophy, Witswatersrand University.
- Chinkhata, M. 1999. Experiences of Male Nurses qualified from Kamuzu college of nursing in the nursing field. *Unpublished dissertation for Bachelor of Science degree in Nursing Education*. Lilongwe: University of Malawi.
- Chinyama, V. 2012. In Malawi, Health Surveillance Assistants provide a life- saving link between communities and the health care system. *UNICEF Malawi* [Online].

Available: www.unicef.org/childsurvival/malawi-626.html [Accessed 16-10-2014].

Chow, F., & Suen, K. P. 2001. Clinical staff as mentors in pre-registration undergraduate education: students' roles and responsibilities. *Nurse Education Today*, 21, (5), 350-358.

Collin's Student's Dictionary. 2011. Harper Collins Publishers Glasgow. Great Britain.

Council Of Europe. 2004. *Promoting Gender Mainstreaming in Schools*. Strasbourg: Directorate General of Human Rights. [Online]. Available: <http://www.coe.int/tldghl/standardsetting/equality/03themes/gender-mains> [Accessed 31/1/2013].

Craven, R., F., & Hirnle 2007. *Fundamentals of nursing. Human Health & Function*, Philadelphia, Lippincott Williams & Wilkins.

Creswell, J., & Plano Clark, V. 2011. *Designing and Conducting Mixed Methods Research*, Los Angeles, SAGE Publications, Inc.

Creswell, J.W. 2008. *Educational Research Planning, Conducting and Evaluating Quantitative and Qualitative Research*, New Jersey, Pearson Merrill Prentice.

Creswell, J.W. 2009. *Research Design Qualitative, Quantitative and Mixed Methods Approaches*, California, SAGE Publications, Inc.

Creswell, J. W. 2012. *Educational Research Planning, Conducting and Evaluating Quantitative and Qualitative Research*, Boston, Pearson.

Creswell, J. W. 2014. *Research Design*, Los Angeles, SAGE Publications, Inc.

Cronin, P., Ryan, F. & Coughlan, M. 2008. Undertaking a literature review: a step-by-step approach. *British Journal of Nursing*, 17, (1), 38-43.

Dawn, G., Abell, C. & Cornell, A. 2008. Role-modelling and Professional Socialization to Develop Future Leaders in Nursing Education. *Kentucky Nurse*, 13.

De Wet, J., & Erasmus, Z. 2005. Rigor in qualitative research; tracing the debate. *Qualitative Research*, 5, 23-40.

- Delaune, C., S & Ladner, K. P. 2006. *Fundamentals of Nursing Standards & Practice*, New York, Delmar.
- Diekman, A., B & Eagly, H. A. 2000. Stereotypes as dynamic constructs: Women and men of the past, present, and future. *Personality & Social Psychology Bulletin*, 26, (10), 1171-1188.
- Diekman, A., B & Goodfriend, C. M. 2006. Rolling with the changes: A role congruity perspective on gender norms. *Psychology for Women Quarterly*, 30, 369-383.
- Diekman, A. B., & Schneider, M. 2010. A Social Role Theory Perspective on Gender Gaps in Political Attitudes. *Psychology for Women Quarterly*, 34, 486-496.
- Dinmohammadi, M., Peyrovi, H & Mehrdad, N. 2013. Concept Analysis of Professional Socialization in Nursing. *Nursing Forum*, 48,(1), 26-34
- Dobbie, A., Rhodes, M. Tysinger, J. W & Freeman, J. 2004. Using a Modified Nominal Group Technique as a Curriculum Evaluation Tool. *Family Medicine*, 36, (6), 402-406.
- Duchscher, J.B. 2008. A Process of Becoming: The Stages of New Nursing Graduate Professional Role Transition. *The Journal of Continuing Education in Nursing*, 39, (10), 441-450.
- Dyck, J. M., Oliffe, J. Phinney, A. & Garrett, B. 2009. Nursing instructors' and male nursing students' perceptions of undergraduate, classroom nursing education. *Nurse Education Today*, 29, 649-653.
- Eagly, H., A & Wood, W. 1999. The Origins of Sex Differences in Human Behaviour. Evolved Dispositions Versus Social Roles. *American Psychologist*, 54, (6), 408-423.
- Eagly, H., A, Wood, W. & Diekman, A. B. 2000. Social role theory of sex differences and similarities: A current appraisal. In T. Eckes & H.M Taunter (Eds.). In:
- Thomas, E. (ed.) *The developmental social psychology of gender* Mahwah- New Jersey 2012: Lawrence Erlbaum Associates, INC Publishers.

- El-Halem, A., Hawashy, G. & El- Dein, G. 2011. Undergraduate Male Nursing students' Perception about the Image of the Nursing Profession. *Journal of American Sciences*, 7,(3), 614-623.
- Elcigil, A., & Sari, H. Y. 2006. Students' Opinions About and Expectations of Effective Nursing Clinical Mentors. *Journal of Nursing Education*, 47, (3), 118-123.
- Elwyn, G., O'connor, A. Stacy, D. & Volk, R. 2006. Developing a quality criteria framework for patient decision aids: online International Delphi consensus process. *BMJ*, doi:10.1136/bmj.38926.629329.AE. 14 August 2006 ed.
- Evans, J. 2002. Cautious caregivers: gender stereotypes and the sexualization of men nurses' touch. *Journal of Advanced Nursing* ,40, (4), 441-448.
- Evans, J. 2004. Men nurses: a historical and feminist perspective. *Journal of Advanced Nursing*, 47, (3), 321-328.
- Farrell, K., Payne, C. & Heye, M. 2015. Integrating Interprofessional Collaboration Skills into the Advanced Practice Registered Nurse Socialization process. *Journal of Professional Nursing*, 31, (1), 5-10.
- Fisher, M. 2009. ' Being a Chameleon' : labour processes of male nurses performing bodywork. *Journal of Advanced Nursing*, 65, (12), 2668-2677.
- Floyd, S. W., & Lane, P. W. 2000. Strategizing throughout the organisation Managing Role Conflict in Strategic Renewal. *The Academy of management Review*, 25, (1), 154-177
- Freshwater, D. 2000. Crosscurrents; against cultural narration in nursing. *journal of Advanced Nursing*. 2 (2), 481-484
- Gerber, M. 2010. *Sociology*, Canada, Canadian Ed. Pearson: Canada Inc.
- Glossop, C. 2002. Student nurse attrition: use of an exit-interview procedure to determine students' leaving reasons. *Nurse Education Today*, 22, (5), 375-386.
- Goodman, C. M. 1987. The Delphi technique: A critique.. *Journal of Advanced Nursing*, 12, 729-734.

- Government, Of Malawi, 2010. Malawi Millennium Development Goals Report. In: COOPERATION, M. O. D. P. A. (ed.).
- Grady, C., WHCNP, CNE, Stewardson, G. A & Hall, J. L. 2008. Faculty Notions Regarding Caring in Male Nursing Students. *Journal of Nursing Education*, 47,(7), 314-323.
- Graneheim, U. H., & Lundman, B. 2004. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurses Education Today*, 24, (2), 105-112.
- Gray, M., A & Smith, L. N. 2000. The qualities of an effective mentor from the student nurse's perspective: findings from a longitudinal qualitative study. *Journal of Advanced Nursing*, 32, (6), 1542-1549.
- Greene, J. C. 2006. Toward a Methodology of Mixed Methods Social Inquiry. *Research in the Schools*, 13, (1), 93-99.
- Grigulis, L . A. 2010. *Lives of Malawian nurses : stories behind the statistics*. Doctoral Thesis, University College London.
- Guest, G., Bunce, A. & Johnson, L. 2006. How Many interviews are enough? : An Experiment with Data Saturation and Variability. *Field Methods*, 18. (1), 59-82.
- Harwood, M. 2011. Transition shock-Hitting the Ground Running. *Nuritinga*, 10, 8-18.
- Hasson, F., & Keeney, S. 2000. Research guidelines for the Delphi survey technique. *Journal of Advanced Nursing*, 32, (4) , 1008-1015.
- Herdman, E. 2008. Gender equality or patriarchal dividend: Structural change in Turkish nursing. *Nursing and Health Science*. 10, (2), 159-163.
- Hofstee, E. 2006. Extract from Constructing a Good Dissertation. A Practical Guide to Finishing a Masters, MBA or PhD on schedule.
- Hsu, C. C., & Sandford, B. A 2007. The Delphi Technique: Making Sense of Consensus. *Practical Assessment Research & Evaluation*, 12, (10), 1-7.
- Hughes, M., & Kroehler, C. J. 2008. *Sociology the core*, Boston, Higher Education.

- Hyde, K. F. 2000. Recognising deductive processes in qualitative research. *Qualitative Market Research*, 3, (2), 82-89.
- Inoue, M., Chapman, R. & Wynaden, D. 2006. Male nurses' experiences of providing intimate care for women clients. *Journal of Advanced Nursing*, 55, (5), 559-567.
- Johnson, R. B., & Onwuezbuzie, A. J. 2004. Mixed Methods Research: A Research Paradigm Whose Times Has Come. *Educational Researcher*, 33, (7), 14-26.
- Johnson, R. B., Onwuezbuzie, A. J. & Turner, L. A. 2007. Toward a Definition of Mixed Methods Research. *Journal of Mixed Methods Research*, 1, (2), 112-133.
- Kabwila, J. 2013. Key Gender Issues in Malawi United Nations Entity for Gender Equality and the Empowerment of Women.
- Kambarami, M. 2006. Femininity, Sexuality and Culture: Patriarchy and Female Subordination in Zimbabwe. *Understanding Human Sexuality Seminar Series*. University of Fort Hare, South Africa[Online]. Available: <http://www.arsrc.org/downloads/uhsss/kmabarami.pdf> [Accessed 26/11/15].
- Kangachepe, D., & Chatambalala, D. 2011. An investigation into factors contributing to high failure rate of examinations by students in colleges of nursing in Malawi. Unpublished research report: Lilongwe: Nkhoma Nursing College.
- Kaphagawani, N., C & Useh, U. 2013. Analysis of Nursing Students Learning Experiences in Clinical Practice: Literature Review. *Ethno Med*, 7,(3), 181-185.
- Keeney, S., Hasson, F. & Mckenna, H. 2006. Consulting the oracle: Ten lessons from using the Delphi technique in nursing research. *Journal of Advanced Nursing*, 53,(2),205-212.
- Kelly, C. 2006. Student's perceptions of effective clinical teaching revisited. *Nurse Education Today*, 27, (8), 885-892.
- Kenny, G., Pontin, D. & Moore, L. 2004. Negotiating socialisation: the journey of novice nurse academics into higher education. *Nurse Education Today*, 24,(8), 629-637.

- Keogh, B., & O'Lynn, C. 2007. Male Nurses' Experiences of Gender Barriers Irish and American Perspectives. *Nurse Educator*, 32 (6), 256-259.
- King, J., Hardie, K. & Conway, J. 2007. The perceptions of high school careeradvisers regarding nursing: An Australian study. *Contemporary Nurse*, 24, 137-146.
- Kirk, R. J., O'Lynn, E. C. & Ponton, K. M. 2013. Perceptions of Gender- Based barriers for Men in an Online Nursing Completion Program compared to traditional On-campus programs. *Journal of Online Learning and Teaching*, 9, (4), 481-488.
- Knauff, M., Mulack, T. Kassubek, J. Salh, H. R & Greenland, M. W 2002. Spatial imagery in deductive reasoning: a functional MRI study. *Cognitive Brain Research*, 13, 203-212.
- Kok, M. C., & Muula, A. S. 2013. Motivation and job satisfaction of Health Surveillance Assistants in Mwanza, Malawi: an explorative study. *Malawi Medical Journal*, 25, (1), 5-11.
- Kool, M., Ruiter, R. A, C, Kok, G. & Van De Wiel W, J. 2007. Testing the usability of access structures in a health education brochure. *British Journal of Health Psychology*, 12, (4), 525-541.
- Kouta, C., & Kaite, C. P 2011. Gender Discrimination and Nursing: A literature review. *Journal of Professional Nursing*, 27,(59), 59-63.
- Kulakac, O., Ozkan, I. A. Sucu, G. & O'Lynn, C. O 2009. Nursing: The lesser two evils. *Nurse Education today*, 29 (6), 676-680.
- Lai, K. P., & Lim, H. P 2012. Concept of professional socialisation in nursing. *LeJSME*, 6, 31-35.
- Lamdin, J. R. 2006. *The Professional Socialisation of Medical Students through the Preclinical to Clinical Transition*. PhD Thesis. The University Of Auckland.[Online]. Available: <http://researchspace.auckland.ac.nz/docs/uoa-docs/rights.htm> [Accessed 21/11/15].

- Lancaster, T., Hart, R. & Gardner, S. 2002. Literature and medicine: evaluating a special study module using the nominal group technique. *Medical Education*, 36, (11), 1071-1076.
- Larocco, S. A 2007. A Grounded Theory of Socializing Men into Nursing. *Journal of Men's studies*, 15, (2), 120-129.
- Law, W., & Arthur, D. 2003. What factors influence Hong Kong school students in their choice of a career in nursing?. *International Journal of Nursing Studies*, 40, (1), 23-32.
- Lerardi, J., Fitzgerald, A. D & Holland, T. D 2010. Exploring Male Students' Educational Experience in an Associate Degree Nursing Program. *Journal of Nursing Education*, 49, (4), 215-218.
- Lincoln, Y.S., & Guba, E.G. 1985. *Naturalistic Inquiry*. California.Sage.
- Lofmark, A., & Thorell-Ekstrand, I. 2004. An assessment form for clinical nursing education: a Delphi study. *Journal of Advanced Nursing*, 48, (3), 291-298.
- Lorentzon, M., & Brown, K. 2003. Florence Nightingale as 'mentor of matrons': correspondence with Rachel Williams at St Mary's Hospital. *Journal of Nursing Management*, 11, (11), 266-274.
- Lou, J., Yu, H. Hsu, H. & Dai, H. 2007. A study of Role stress, Organizational Commitment and Intention to Quit Among Male Nurses in Southern Taiwan. *Journal of Nursing Research*, 15, 43-52.
- Mac Williams, B., Schmidt, B. Bleich, M.R. 2013. Men in nursing *AJN, American Journal of Nursing*, 113, (1) , 38-44.
- Macintosh, J. 2003. Reworking Professional Nursing Identity. *Western Journal of Nursing Research*, 25, (6), 725-741.
- Macknitosh, C. 1997. A historical study of men in nursing. *Journal of Advanced Nursing*, 26, 232-236.

- Macknitosh, C. 2006. Caring: The socialization of pre-registration student nurses: A longitudinal qualitative descriptive study. *International Journal of Nursing Studies*, 43, (8), 953-962.
- Malawi Government. 2005. National Plan of action for the National Gender programme 2005-2008. Ministry of Gender, Child welfare and Community Services
- Malawi Government. 2010. Malawi Millenium Development Goals *Ministry of Development planning and Cooperation*.
- Malawi Government. 2012. Malawi Growth and Development Strategy 11, 2011-2016. Ministry of Finance and Development Planning. Lilongwe
- Maluwa-Banda, D. 2004. Gender sensitive educational policy and practice: The case of Malawi. *Prospects XXXIV*, (1), 71-84.
- Marks, S. 2001. *The gender dilemma in Nursing history: The case of the South African Mine Hospitals* [Online]. Available: <http://www.ukchnm.org/seminars00.html> [Accessed 17/07/15].
- Mckinlay, A., Cowan, S. Mcvittie, C. & Ion, R. 2010. Student nurses' gender-based accounts of men in nursing. *Procedia Social and Behavioral Sciences*, 5, 345-349.
- Mclaughlin, K., Muldoon, T. O. & Moutray, M. 2010. Gender, gender roles and completion of nursing education: A longitudinal study. *Nurse Education Today*, 30,(4), 303-307.
- McMillan,J, H, & Schumacher, S. 2006. *Research in Education evidence-based Inquiry*. Pearson Education Inc. Boston.
- Meadus, R., J & Twomey, J. 2011. Men student Nurses: The Nursing Education Experience. *The Nursing Forum*, 46, (4), 269-279.
- Mgawi, N. C. 2009. Attitudes of male student nurses towards nursing care and the nursing profession at Malawi College of Health Sciences Blantyre campus. *Unpublished practical assingment for Master of Public Health* Blantyre, Malawi.
- Miller, E. S. 2010. A Conceptual Framework for the Professional Socialization of Social Workers. *Journal of Human Behavior in the Social Environment*, 20, (7), 924-934.

- Miller, R., J 2004. Men in Nursing: A grounded theory study. Mosco USA: University of Idaho. PhD Research Report.
- Ministry Of Health- Malawi, 2011. Malawi Health Sector Strategic Plan 2011-2016 moving towards equality and quality. Lilongwe, MOH.
- Mooney, M., Glacken, M. & O'brien, F 2008. Choosing nursing as a career: A qualitative study. *Nurse Education Today*, 28, (3), 385-392.
- Morse, J, M. 2009. Mixing Qualitative Methods. *Qualitative Health Research*, 19, (11),1523-1524.
- Mulholland, J., Anionwu, N. E, Atkins, R. Tappern, M. & Franks, P. J. 2008. Diversity, attrition, and transition into nursing. *Journal of Advanced Nursing*, 64, (1),49-58.
- Muula, A., Nyasulu, Y, Msiska, G. 2004. Gender distribution of teaching staff and students at the Kamuzu College of Nursing, MALAWI 1979-2001, Malawi. *African Journal of Health Sciences*, 11, (1-2), 74-76
- National Statistical Office, 2011. Malawi Demographic and Health Survey 2010. Preliminary Report, Zomba, Malawi
- NCA Malawi, 2009. Improved Health Training in Malawian Nursing Colleges (Phase 2). Royal Norwegian Embassy in Collaboration with CHAM/NCA.
- Nilsson, K., & Larsson, U. S. 2005. Conceptions of gender-a study of female and male head nurses' statements. *Journal of Nursing Management*, 13, (2), 179-186.
- Nurses Council, 2012. Change of Uniform for nurses and midwives .Circular no. NC/RGR/25 VOL.1.
- Nurses And Midwives Council Of Malawi. 2004. Syllabus for Diploma in Nursing programme leading to registered as a Registered Nurse.
- O'brien, F., Mooney, M. & Glacken, M. 2008. Impressions of nursing before exposure to the field. *Journal of Clinical Nursing*,17, (14),1843-1850.
- O'cathain, A., Murphy, E. & Nicholl, J. 2010. Three techniques for integrating data in mixed methods studies. *BMJ*, 341: c4587.

- O'Lynn, C.E. 2004. Gender-Based Barriers for Male Students in Nursing Education Programs: Prevalence and Perceived Importance. *Journal of Nursing Education*, 43, (5), 229-235.
- O'lynn, C. E. 2013. *A Man's guide to a Nursing Career*, New York, Springer Publishing Company.
- Oyedele, E., Gaji, E. Goshit, Louis, J. & Okonkwo, I. 2015. Perception of Undergraduate Nursing students about Nursing Profession: A study of university of Jos, Nigeria. *International Journal of Nursing and Health Science*, 2, (5), 60-63P
- Pansiri, J. 2005. Pragmatism: A methodological approach to researching strategic alliances in tourism. *Tourism and Hospitality Planning and Development*, 2, (3), 191-206.
- Pansiri, J. 2006. Doing Tourism Research using the Pragmatism Paradigm: An Empirical Example. *Tourism and Hospitality Planning and Development*, 3, (3), 223-240.
- Patterson, B. J., & Morin, K, H. 2002. Perceptions of the Maternal-Child Clinical Rotation: The Male Student Nurse Experience. *Journal of Nursing Education*, 41, (6) 266-272
- Patton, M, Q. 2002 . *Qualitative Research & Evaluation Methods*. Sage Publications, Thousand Oaks, London
- Polit, D., F & Beck, T. 2006. *Essentials of Nursing Research Methods, Appraisal & Utilization*, Philadelphia, Lippincott Williams & Wilkins.
- Polit, D., F & Beck, T. 2012. *Nursing Research Generating and Assessing Evidence for Nursing Practice* Philadelphia, Lippincott Williams & Wilkins.
- Potter, M., Gordon, S. & Hamer, P. 2003. The difficult patient in private practice physiotherapy. *Australian Journal of Physiotherapy*, 49, (1) ,53-61.
- Potter, M., Gordon, S. & Hamer, P. 2004. The Nominal Group Technique: A useful consensus methodology in Physiotherapy. *NZ Journal of Physiotherapy*, 32, (1) ,126-130.
- Potter, P., A & Perry, A. G, P. 2005. *Fundamentals of Nursing* St. Louis, Mosby.

- Powell, C. 2003. The Delphi technique: myths and realities. *Journal of Advanced Nursing*, 41,(4), 376-382.
- Price, S., L 2009. Becoming a nurse: a meta-study of early professional socialization and career choice in nursing. *Journal of Advanced Nursing*, 65, (1), 11-19.
- Quinn, M., & Hughes, J. S 2007. *Quinn's principles and practice of Nurse Education*, UK, Nelson Thornes Ltd.
- Rajapaksa, S., & Rothstein, W. 2009. Factors that Influence the Decisions of Men and Women Nurses to leave Nursing. *Journal of Nursing Forum*, 44, (3), 195-206.
- Reinecke, C. J. 2014. The experiences of male professional nurses regarding nursing as a career in a private hospital in Johannesburg: University of Johannesburg. Master's Dissertation Report
- Republic Of Malawi. 2000. National Gender Policy 2000-2005. Ministry of Gender, Youth and Community Services.
- REPUBLIC OF MALAWI. 2008. Revised Gender Policy.
- ROBOTIN, C., M, JONES, C. S, & BIANKIN, V. A, 2010. Defining priorities for pancreatic cancer in Australia: results of a consensus development process. *Journal of Cancer Causes Control*, 21,(5), 729-736.
- Romen, P., & Anson, O. 2005. Israeli men in nursing: social and personal motives. *Journal of Nursing Management*, 13, (2), 173-178.
- Roth, E, J., & Coleman, L, C. 2008. Perceived and Real Barriers for Men entering Nursing: Implications for gender diversity. *Journal of Cultural Diversity*, 15,(3), 148-152.
- Sandelowski, M. 2000. Whatever happened to qualitative description? *Research in Nursing & Health*, 23, 334-340.
- Secrest, J., A, Norwood, B. R & Virginia, M. K. 2003. I was actually a Nurse: The meaning of Professionalism for baccalaureate nursing students. *Journal of Nurisng Education*, 42, (2), 77-82.

- Shahhossein, Z., Kobra, A. Jannati & Khaki, N. 2013. Developing instrument to measure the influential factors on career choice among Iranian nursing students. *Iranian Journal of Nursing and Midwifery Research*, 18, (5), 396-401.
- Shosha, G. A. 2012. Employment of Colaizzi's strategy in descriptive phenomenology: A reflection of a researcher. *European Scientific Journal*, 8, (27), 31-43.
- Shuval, J. T. 1980. *Entering medicine: the dynamics of transition, a seven year study of medical education in Israel*, Pergamon, Oxford.
- Simukonda, S., & Rapsilber, C. 1989. Anxiety in Male Nursing Students. *Nurse Education Today*, 9, (3), 180-186.
- Slaughter, A., Katz, V. R. & Grasso, E. J. 1999. Professional attitudes toward denture adhesives; a Delphi technique survey of academic prosthodontists. *The Journal of Prosthetic Dentistry*, 82, (1), 80-89.
- Smith, J. S. 2006. Exploring the challenges for Non-traditional Male students transitioning into a Nursing program. *Journal of Nursing Education*, 45, (7), 263-269.
- Steward, B. 2001. Using Nominal Group Technique to explore Competence in Occupational Therapy and Physiotherapy Students during First-Year Placements. *British Journal of Occupational Therapy*, 64, (6), 298-304.
- Stewart, J. 2001. Is the Delphi technique a qualitative method?. *Journal of Medical Education*, 35, 922-923.
- Stimson, C. J. 1936. The Nurses' uniform. *The American Journal of Nursing* 36, (4), 367-372.
- Stott, A. 2004. Issues in the socialisation process of the male student nurse: Implications for retention in undergraduate nursing course. *Nurse Education Today*, 24, (2), 91-97.
- Stott, A. 2007. Exploring factors affecting attrition of male students from an undergraduate nursing course : A qualitative study. *Nurse Education Today*, 27, (4), 325-332.
- Sullivan, E. J. 2000. Men in Nursing : The Importance of Gender Diversity. *Journal of Professional Nursing*, 16, 253-254.

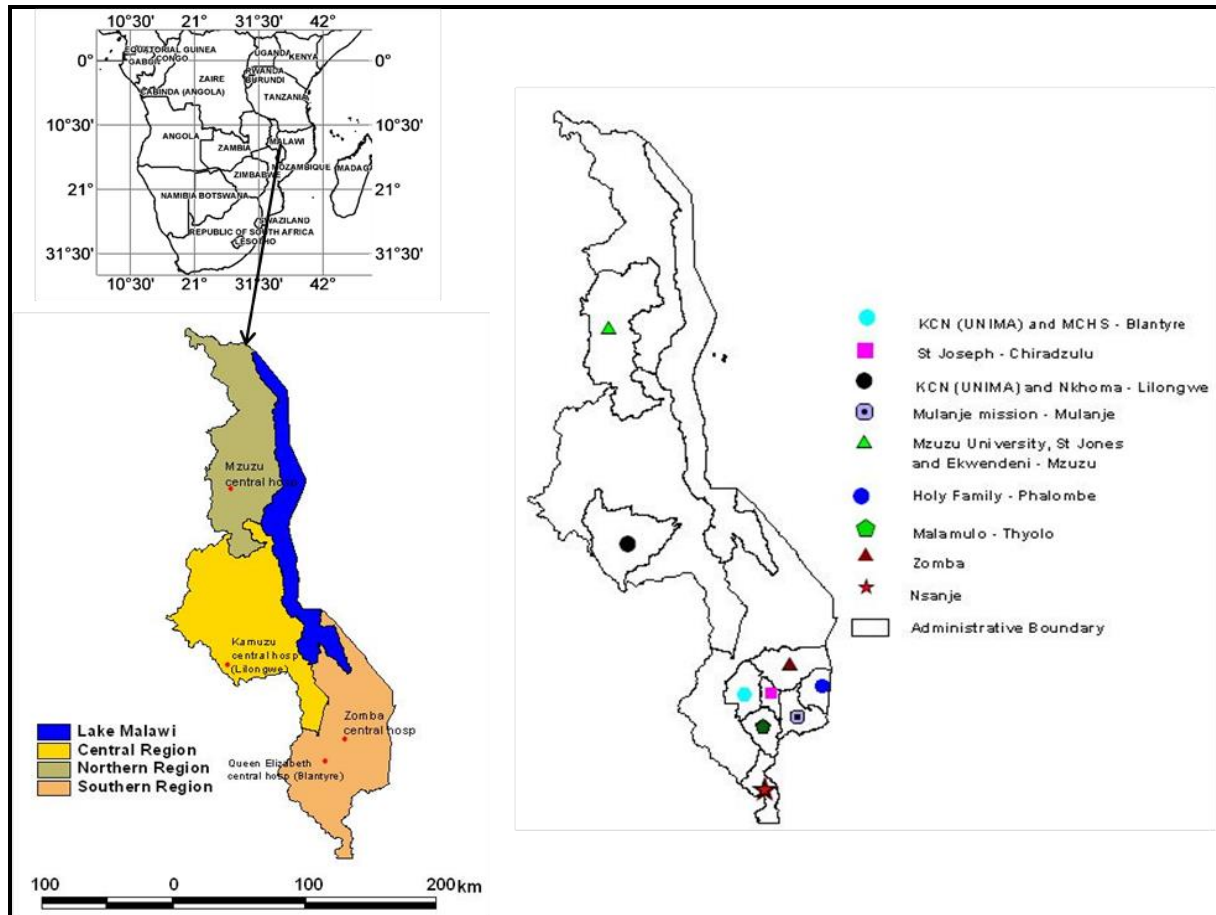
- Tashakkori, A., & Teddlie, C. 2003. ***Handbook of mixed methods in social & behavioural research. California***, SAGE Publications, Inc.
- Teddlie, C., & Tashakkori, A. 2009. *Foundations of Mixed Methods Research Integrating Quantitative and Qualitative Approaches in the Social and Behavioral Sciences*, Los Angeles, SAGE Publications, Inc.
- Terrillon, J. 2011. Gender mainstreaming in value chain Development Practical Guidelines & Tools Corporate Network Agriculture SNV. *Netherlands Development Organisation*.
- Thorne, S. 2000. Data analysis in qualitative research. *Evidence Based Nursing*, 3, 68-70.
- Torkelson, D. J., & Seed, M. 2011. Gender Differences in the Roles and Functions of Inpatient psychiatric Nurses. *Journal of Psychosocial Nursing & Mental Health Services*, 49, (3), 34-41.
- United Nations. 2002. *Gender Mainstreaming an Overview. Office of the Special Adviser on Gender Issues and Advancement of Women* [Online]. Available: <http://www.un.org/womenwatch/osagi/pdf/e65> [Accessed 29/5/13].
- United Nations 2010, Human Rights Council working group on the Universal Periodic Review 9th Session, Geneva 1-12 November 2010. Draft Report [Online]. Available: <https://documents-dds-ny-un.org/doc/un/UNDOC/GEN/G10/170/51/PDF/G1017051.pdf> [Accessed 10/6/16].
- Vaismoradi, M., Salsali, M. & Ahmadi, F. 2011. Perspectives of Iranian male nursing students regarding the role of nursing education in developing a professional identity: A content analysis study. *Japan Journal of Nursing Science*, 8, (2), 174-183.
- Vallant, S., & Neville, S. 2006. The relationship between student nurse and nurse clinician: Impact on student learning. *Nursing Praxis in New Zealand*, 22, (3), 23-33.
- Varga-Atkins, T., Mcisaac, J., Bunyan, N & Fewtrell, J. 2011. The Nominal Group technique: a practical guide for facilitators. *Written for the ELESIG Small Grants Scheme*. University of Liverpool. Liverpool.

- Vasudevan, A. 2004. Using expert opinion and perceptual mapping: To Develop Biodiversity Indicators for Ecosite Classification and Decision Support. *A Thesis submitted in partial fulfilment of Master's degree.*
- Wakefield, R., & Watson, T. 2013. *The Delphi: an underutilized method of scholarly & practical research for public relations. A paper presented at a conference* [Online]. Available: <http://eprints.bournemouth.ac.uk/20832/1/wakefield> [Accessed 24/6/2013].
- Wang, H. 2011a. *Gender Mainstreaming and Nursing (Abstract), Journal of Nursing*, 58(6), 5-10[Online]. Available: <http://search.proquest.com/docview/1009889952?pq-origsite=scholar> [Accessed 1/8/2015].
- Wang, H., Li, X. Hu, X. Chen, H. & Gao, Y. 2011b. Perceptions of nursing profession and learning experiences of male students in baccalaureate nursing program in Changsha, China. *Nurse Education Today*, 31, (1), 36-42.
- Watts, A. G., & Sultana, A. G 2004. Career Guidance Policies in 37 countries: Contrasts and Common Themes. *International Journal of Educational and Vocational Guidance*, 4, 105-122.
- Webb, C., & Kevern, J. 2001. Focus groups as a research method: a critique of some aspects of their use in nursing research. *Journal of Advanced Nursing*, 33, (6), 798-805.
- White, L. 2005. *Foundations of Basic Nursing* . 2nd. Edition .Thomson. Australia. Delmar Learning
- White, S. 2007. Malawi: Country gender profile final report- Jica[Online]. Available http://www.jica.go.jp/english/our_work/thematic_issues/gender/background/pdf/e07mal.pdf [Accessed 7/09/2015].
- Whiteside, J., & Butcher, D. 2015. ' Not a job for a man': factors in the use of touch by male nursing staff. *British Journal of Nursing*, 24, (6), 335-341.

- Whittock, M., & Leonard, L. 2003. Stepping outside the streotype. A pilot of the motivations and experiences of males in the nursing profession. *Journal of Nursing Management*, 11,(4), 242-249.
- Williams, P. L., White, N. Klem, R. Wilson, S. E. & Barthlomew, P. 2006. Clinical education and training: Using the nominal group technique in research with radiographers to identify factors affecting quality and capacity. *Journal of Radiography*, 12, (3), 215-224.
- Wilson, G. 2005. The experience of males entering nursing: a phenomenological analysis of professionally enhancing factors and barriers, *Contemporary Nurse*. 20, (2), 221-233.
- Wu., L.C. Wang, H.H. 2011. *Reflections on fostering a gender friendly environment in nursing education (Abstract).*HuLi zhi *The Journal of Nursing*, 58,(2), 87-92.[Online]. Available: <http://europepmc.org/abstract/med/21455898> [Accessed 29/11/15].
- Wyss, K. 2004. An approach to classifying human resources constraints to attaining health-related Millenium Development Goals. *Human Resources for Health*, 20, (1)11.
- XI WU, V. 2013. A reflection on Nursing education and practice. *Singapore Nursing Journal.*, 40, 42-46.
- Yam, M, C, B. 2004. From vocation to profession: the quest for professionalisation of nursing. *British Journal of Nursing*, 13, (16), 978-982.
- Yang, C., Gau, M. Shiau, S. Hu, W. & Shih, F. 2004. Professional career development for male nurses. *Journal of Advanced Nursing*, 48, (6), 642-650.
- Zamanzadeh, V., Azadim, A. Valizadeh, L. Keogh, B. Monadi, M. & Negarandeh, R. 2013a. Choosing and remaining in nursing: Iranian male nurses' perspectives. *Contemporary Nurse*, 45, (2), 220-227.
- Zamanzadeh, V., Valizadeh, L. Negarandeh, R. Monadi, M. Azadi, A. .2013b. Factors Influencing Men Entering the Nursing Profession, and Understanding the Challenges faced by Them: Iranian and Developed countries's Perspectives . *Nurs Midwifery Stud.*, 2 (4), 49-56
- Zysberg, L.,& Berry, D. M. 2005. Gender and students' vocational choices in entering the field of nursing. *Nursing Outlook*, 53, (4), 193-198.

APPENDICES

8.1. Appendix A: Map of Malawi showing nursing colleges



Source: Kaphagawani, 2013

8.2. Appendix B 1: Ethics clearance certificate from university of Witwatersrand


UNIVERSITY OF THE WITWATERSRAND
JOHANNESBURG

R14/49 Mrs Miriam Mary Chinkhata

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
CLEARANCE CERTIFICATE NO. M130805

NAME: Mrs Miriam Mary Chinkhata
(Principal Investigator)

DEPARTMENT: Department of Nursing Education
Charlotte Maxeke Johannesburg Academic Hospital

PROJECT TITLE: Gender Mainstreaming in Nursing Education: A
Study on the Professional Socialization Processes
of Malawian Student Male Nurses during
Undergraduate Training

DATE CONSIDERED: 30/08/2013

DECISION: Approved unconditionally

CONDITIONS:

SUPERVISOR: Dr Gayle Langley

APPROVED BY: 
Professor PE Cleaton-Jones, Chairperson, HREC (Medical)

DATE OF APPROVAL: 07/10/2013

This clearance certificate is valid for 5 years from date of approval. Extension may be applied for.

DECLARATION OF INVESTIGATORS

To be completed in duplicate and **ONE COPY** returned to the Secretary in Room 10004, 10th floor, Senate House, University.

I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions. Should any departure be contemplated, from the research protocol as approved, I/we undertake to resubmit the application to the Committee. **I agree to submit a yearly progress report.**

 _____
Principal Investigator Signature

Date 21/10/2013

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

8.3. Appendix B 2: Ethics Clearance Certificate from Malawi

Telephone: + 265 789 400
Facsimile: + 265 789 431
e-mail doccentre@malawi.net
**All Communications should be addressed to:
The Secretary for Health and Population**



In reply please quote No. MED/4/36c

MINISTRY OF HEALTH
P.O. BOX 30377
LILONGWE 3
MALAWI

17th January 2014

Miriam Mary Chinkhata
University of Witwatersrand

Dear Sir/Madam,
RE: Protocol # 1235: Gender mainstreaming in nursing education: A study on the professional socialization processes of Malawian student male nurses during undergraduate training
Thank you for the above titled proposal that you submitted to the National Health Sciences Research committee (NHSRC) for review. Please be advised that the NHSRC has **reviewed** and **approved** your application to conduct the above titled study along with the following documents;

APPROVAL NUMBER : NHSRC # 1235

The above details should be used on all correspondence, consent forms and documents as appropriate.

• **APPROVAL DATE** : 17/01/2014

• **EXPIRATION DATE** : This approval expires on 17/01/2015

After this date, this project may only continue upon renewal. For purposes of renewal, a progress report on a standard form obtainable from the NHSRC secretariat should be submitted one month before the expiration date for continuing review.

• **SERIOUS ADVERSE EVENT REPORTING** : All serious problems having to do with subject safety must be reported to the National Health Sciences Research Committee within 10 working days using standard forms obtainable from the NHSRC Secretariat.

• **MODIFICATIONS**: Prior NHSRC approval using standard forms obtainable from the NHSRC Secretariat is required before implementing any changes in the Protocol (including changes in the consent documents). You may not use any other consent documents besides those approved by the NHSRC.

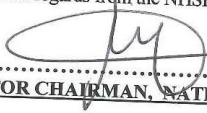
• **TERMINATION OF STUDY**: On termination of a study, a report has to be submitted to the NHSRC using standard forms obtainable from the NHSRC Secretariat.

• **QUESTIONS**: Please contact the NHSRC on Telephone No. (01) 789314, 0888344443 or by e-mail on mohdoccentre@gmail.com

• **Other:**

Please be reminded to send in copies of your final research results for our records as well as for the Health Research Database.

Kind regards from the NHSRC Secretariat.


.....
FOR CHAIRMAN, NATIONAL HEALTH SCIENCES RESEARCH COMMITTEE



PROMOTING THE ETHICAL CONDUCT OF RESEARCH
Executive Committee: *Dr. C. Mwansambo (Chairman), Prof. E. Molynux (Vice Chairperson)*
Registered with the USA Office for Human Research Protections (OHRP) as an International IRB
(IRB Number IRB00003905 FWA00005976)

8.4. Appendix C 1: Permission Letter from the Ministry of Health to Conduct Research in four Central Hospitals of Malawi

Telephone: + 265 789 400
Facsimile: + 265 789 431

All Communications should be addressed
to: The Secretary for Health



In reply please quote No.

MINISTRY OF HEALTH
P.O. BOX 30377
LILONGWE 3
MALAWI

REF.NO. DNS/14

13th June, 2013.

To: Mrs M.M. Chinkhata,
University of Witswatersrand,
Department of Nursing,
7 York Road, Parktown
Johannesburg 2193.
South Africa

Dear Madam,

RE – REQUEST FOR PERMISSION TO CONDUCT A STUDY IN FOUR CENTRAL HOSPITALS

Reference is made to your letter dated 11th June 2013 which you asked this office to grant you a permission to conduct a study in four central hospitals in Malawi. We have noted that the title of your study is **“Gender mainstreaming in Nursing Education: A study on professional socialization process with to male nurse education in Malawi”**

I write to inform you that Ministry has granted you permission to conduct this Study in the four central hospitals in Malawi. We will be looking forward to the findings of this Study at the end of your academic study.

Yours Sincerely,


I. Chamangwana

For: SECRETARY FOR HEALTH

8.5. Appendix C 2: Permission letter from Adventist University



MALAWI ADVENTIST UNIVERSITY
MALAMULO COLLEGE OF HEALTH SCIENCES
P. O. Box 55, Makwasa, Malawi, Africa.

ACTING PRINCIPAL
Francis . Panulo, MPH, PHC . D.CO

Phone : 265 1 470 117
Mobile : 265 888 300 506
Telefax : 265 1 470 139
E-mail : malamulo.college@yahoo.com

All official correspondence to be addressed to the Principal

4TH March 2014

Mrs. M. Chinkhata
Malamulo College of Health Sciences
P. O. Box 55
MAKWASA

Dear Madam

RE: conducting research at Malamulo

This is to let you know that you are welcome to do your research at Malamulo. The College will need to have a copy of your research proposal and to have feed back of your research upon completion.

Presently some students have gone for holidays . Let us know in advance on how you will conduct your research so that arrangements can be done in advance to facilitate your research

.May the Lord bless you

Yours faithfully

F. Panulo
Acting Principal MCHS
Cc: Head of School
Registrar

A Medical Educational Institution of the Seventh-day Adventists

8.6. Appendix C 3: Permission letter from the University of Malawi-KCN

UNIVERSITY OF MALAWI KAMUZU COLLEGE OF NURSING

PRINCIPAL

A. MALATA, DipNurs, MRM, B.Sc.,
MN, PhD



P/BAG 1, LILONGWE, MALAWI

TELEPHONE: 265 (0) 1 751 622/200

TELEGRAMS: NURSING

FAX: 265 (0) 1 756 424

EMAIL: principal@kcn.unima.mw

Website: www.kcn.unima.mw

11th February, 2014

Mrs Miriam Mary Chikhata
C/O Malawi College of Health Sciences
Private Bag 396
Chichiri
BLANTYRE 3

Dear Sir

PERMISSION TO CONDUCT RESEARCH AT KAMUZU COLLEGE OF NURSING

With reference to your dated 10th January 2014, permission has been granted to conduct a study at Kamuzu College of Nursing on **“Gender Mainstreaming in Nursing Education: A study on the socialization process of Malawian student male nurses during undergraduate training in Malawi”**.

Wishing you all the best in your studies.

Yours Faithfully

Alfred Maluwa, PhD
RESEARCH DIRECTOR

CC: Principal
Registrar

8.7. Appendix C 4: Permission from MCHS –Blantyre Campus to conduct a Pilot study



Malawi College of Health Sciences
Blantyre Campus

Tel: (265) 01 870 566/765/531/361
Fax: (265) 01 871 436
Email: mchsbt@malawi.net

Private Bag 396
Blantyre 3

13th January 2014

Mrs. Miriam Chinkhata
C/O Malawi College of Health Sciences
Private Bag 396
Blantyre 3

Dear Madam

Permission to conduct a pilot study at Malawi College of Health Sciences Blantyre campus

Reference is made to your letter dated 10th January 2014 in which you requested for permission to conduct a pilot study at the Campus. I am glad to inform you that permission has been granted.

You are being advised to start your pilot study as soon as you are ready to do so. Should you need to meet students, feel free to contact their Heads of Programme.

I wish you all the best in your study.

Yours faithfully


Charles S. Mulilima
Acting Campus Director

8.8. Appendix C 5: Permission from Queen Elizabeth Central Hospital

Telephone: (265) 01 874 333 / 677 333
Facsimile: (265) 01 876928
Email: queenshosp@globemw.net

All communications should be addressed to:
The Hospital Director



In reply please quote **No.**

QUEEN ELIZABETH CENTRAL HOSPITAL
P.O. BOX 95
BLANTYRE
MALAWI

Ref No. QE/10

13th June 2013

Miriam Chinkhata (Mrs)
University of Witwatersrand,
Department of Nursing Education,
7 York Road Park town,
Johannesburg 2193,
South Africa.

Dear Madam

**PERMISSION TO CONDUCT A RESEARCH STUDY AT QUEEN
ELIZABETH CENTRAL HOSPITAL**

With reference to your letter dated 11th June 2013 on the above mentioned subject, I write to inform you that Management has no objection for you to conduct your study entitled "**Gender Mainstreaming in Nursing Education: A study on the professional socialization processes with regard to Male Nurse Education in Malawi**".

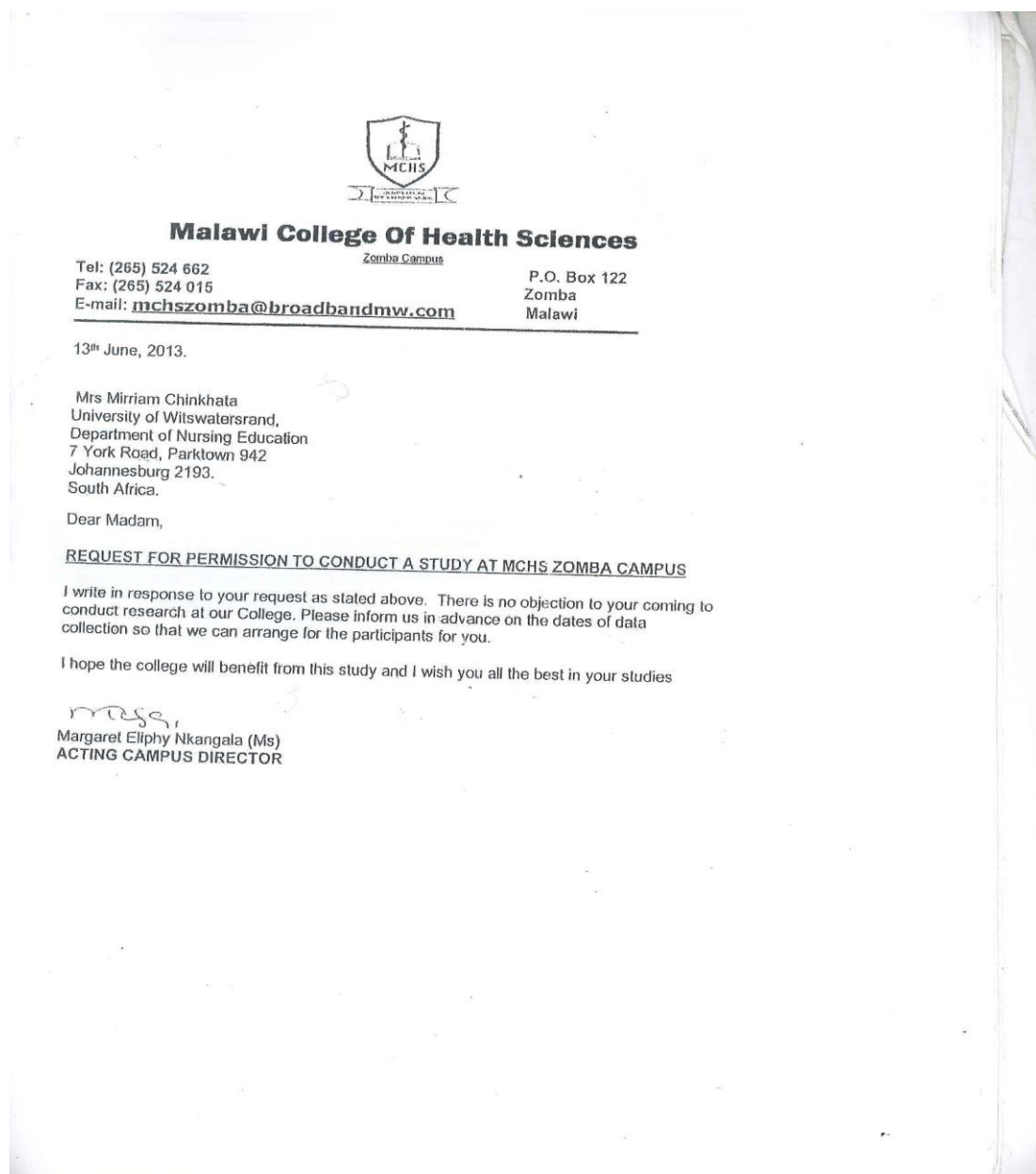
Wishing you all the best in your studies

Yours Sincerely,

A handwritten signature in black ink, appearing to read 'Tulipoka'.

Tulipoka Nellie Soko (Mrs) DHD-Nsg
For: HOSPITAL DIRECTOR

8.9. Appendix C 6: Permission from Malawi College of Health Science- Zomba Campus



8.10. Appendix C 7: Permission from Nurses and Midwives Council of Malawi

NURSES AND MIDWIVES COUNCIL OF MALAWI

All correspondence to be addressed to The Registrar



P.O. BOX 30361

CAPITAL CITY

LILONGWE 3

MALAWI

TEL: 01 772044/772730

FAX: 01 773 932

E-mail: nmcm@nmcm.org.mw

24th October, 2013

Ref. No. NC/A/RGR 76/Vol. II

Mrs M.M Chinkhata
Witwatersrand University,
7 York Road,
Parktown 2193,
Johannesburg.
24th.October 2013
Dear Madam,

PERMISSION TO CONDUCT A STUDY FOR PHD RESEARCH

Reference is made to your request to allow some members of staff to participate in your study titled 'Gender mainstreaming in Nursing Education: A study on the professional socialization processes of Malawian student male nurses during undergraduate training'

I write to inform you that the Council through my office will allow two members of staff to participate in the validation process of the Professional Socialization Package to be designed in Phase 2 of your study.

We look forward to learning more about the study findings and recommendations.

Yours Sincerely

Martha Mondwa (Mrs)
REGISTRAR

8.11. Appendix C8: Permission from Nkhoma College of Nursing



NKHOMA COLLEGE OF NURSING

P. O. Box 48, NKHOMA
Tel: +265 127 9422/424

or

P/Bag 228, LILONGWE
E-mail: nkhomacollege@gmail.com

All communication should be addressed to
The College Principal

In reply please quote:

Our Ref: 002/06/AD/014

21st February, 2014

Mrs. M. M. Chinkhata

Malawi College of Health Sciences

Private Bag 396

Chichiri

Blantyre 3.

Dear Madam,

Permission to conduct a study on 'Gender Main streaming in Nursing Education: A study on the socialization processes of Malawian student Male nurses during undergraduate training in Malawi'

With reference to your letter dated 10th January, 2014, permission has been granted to conduct a study on 'Gender Main streaming in Nursing Education: A study on the socialization processes of Malawian student Male nurses during undergraduate training in Malawi'

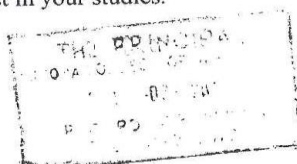
You will let us know when you will be coming for data collection

Wishing you all the best in your studies.

Yours faithfully

F. Ndege

Acting College Principal



8.12. Appendix C 9: Permission from St John's College of Nursing



ST. JOHN'S COLLEGE OF NURSING

P.O. Box 18
Mzuzu
Malawi
Central Africa

Telephone: (265) 311 331
Fax: (265) 311 331
E-mail: sjenm.mw@gmail.com

30/10/13

M.M. Chinkhata,
C/O Department of Nursing,
Witwatersrand University,
7 York Road,
Park Town 2193,
Johannesburg.
Dear Madam,

PERMISSION TO CONDUCT A STUDY

I am writing in response to your letter in which you are requesting to carry out a research at St John's College of Nursing and Midwifery.

I am pleased to inform you that you have been granted permission to do so. However, before you start data collection, you are supposed to present to St John's College Management a clearance letter from Witwatersrand University and ethics committee.

Wishing you good luck as you pursue your PhD in Nursing Education.

Yours faithfully,

Balwani Chingatchifwe Mbakaya

PRINCIPAL TUTOR

8.13. Appendix C10: Permission for Copy Right from SAGE publishers

Dear Miriam Chinkhata,

Thank you for your request. You can consider this email as permission to use the material a detailed below in your upcoming thesis. Please note that this permission does not cover ar 3rd party material that may be found within the work. We do ask that you properly credit t original source, Research Design. Please contact us for any further usage of the material.

Best regards,
Michelle Binur

Rights Coordinator
SAGE Publications, Inc.
2455 Teller Road
Thousand Oaks, CA 91320
USA

www.sagepub.com

Los Angeles | London | New Delhi
Singapore | Washington DC | Boston

8.14. Appendix C11: Permission letter to take photographs

C/O Malawi College Of Health Sciences,
Private Bag 396,
Chichiri,
Blantyre 3,

7th January 2015.

The Acting Campus Director,
Malawi College of Health Sciences,
Private Bag 396,
Chichiri
Blantyre 3.

Dear Sir,

RE: DATA COLLECTION - REQUEST FOR PERMISSION TO TAKE PHOTOGRAPHS

Reference is made to my recent data collection exercise being conducted in relation to the doctoral research study which I am pursuing with the South African University of Witwatersrand.

I write to request for permission to take photographs depicting some few nurse midwife Lecturers and students performing some clinical procedures.

I am currently in the process of producing a pamphlet titled 'A career in Nursing & Midwifery in Malawi'. The pictures will be an insert in the pamphlet. The pamphlet is a product of a recent study that I conducted in 2014 in nursing colleges and central hospitals in the three geographical regions of Malawi. The study found that a majority of students joining the nursing profession do not make an informed career choice. The pamphlet is aimed at addressing this challenge.

I will be very grateful if my request is granted.

Yours faithfully


Mrs M.M Chinkhata

Approved
 As
8/1/15

8.15. Appendix D 1: Information Sheet for Student Male Nurses

Introduction

Dear Participant,

I am a lecturer at Malawi College of Health Sciences Blantyre campus. Currently, I am a student pursuing a PhD in Nursing Education in South Africa, at The University of Witwatersrand. As a requirement for my studies, I am conducting a study titled “**Gender Mainstreaming in Nursing Education: A study on the professional socialisation processes with regard to Male Nurse Education in Malawi.**”

Aim of the study

The aim of the study is to explore the phenomenon of Malawian student male nurses’ professional socialisation process from the perspective of student male nurses, qualified male nurses, Deans of Students and lecturers. The study will help elicit information that will help facilitate male nurse education in Malawi.

Reason for being chosen and Invitation to participate in the study

You have been chosen to participate in the study because you are one of the student male nurses at a nursing college who can share, with me, your experiences in nursing. I therefore invite you to participate in the study.

There are no monetary benefits for participating in this study, however, it is expected that the results of this study will help improve the recruitment and retention of male nurses in Malawi. Your participation in this study is on a voluntary basis. You are free to terminate the interview at any time. Refusal to participate in the study will not affect your career in any way. If you volunteer to participate, you will be requested to sign a consent form and return it to me.

What is involved in the study?

You will be expected to participate in a Focus Group Discussions (FGDs). The group will comprise about six male student nurses. You will be expected to contribute in answering questions to be asked by myself. During the interview, a tape recorder will be used if you are in agreement with this. This will help to capture every detail to be discussed. There will be a Research Assistant from another nursing college who will assist in organising the room for the interviews, help in clarifying points/questions where necessary and ensure the information is being taped. The interviews will be conducted in a private room, with no disturbances, for about 60 minutes. You will participate in one FGD. The information collected will be treated with confidentiality, and will only be used for the purpose of this study. No names will be used only numbers. The information collected will be kept for three years, after which it will be destroyed. There will be no any injuries associated with

this study. The report of this study will be kept in the library at The University of the Witwatersrand. The research findings may also be published or presented at conferences and will not contain any participant's name.

Contact details of the researcher:

In case you may need more information about the study, you can contact the researcher on +265 888 153 00 73, email: mchinkhata@yahoo.co.uk.

I am very thankful you took the time to read the information document. Your participation in this study is very important.

Mary,

Miriam

Chinkhata

Date:.....

PhD Student

Signature of interviewer.....Date.....

8.16. Appendix D2: Informed Consent for Male Student Nurses

STUDY TITLE

“Gender Mainstreaming in Nursing Education: A study on the professional socialisation processes with regard to Male Nurse Education in Malawi.”

I have read and understood the information regarding the study TITLED **“Gender Mainstreaming in Nursing Education: A study on the professional socialisation processes with regard to Male Nurse Education in Malawi.”**

I have been given the opportunity to ask questions, which have been answered satisfactorily. I understand that it is up to me whether or not I would like to participate in the focus group interviews and the study carries no risks. If I decide not to participate in the study, there will be no negative consequences. I understand I can terminate my participation at any time.

I also understand that the researcher will ensure confidentiality and that my name will not be used at all. I have been given contact details of the researcher to use in case of any concerns regarding the study. I voluntarily accept to participate in the study by signing below.

.....

Signature of participant Date

Name of interviewer.....Date.....

8.17. Appendix D 3: Demographic form to be completed by Male Student Nurses

FORM NO.....

Age in years.....

Year of study.....

Ethnic background. Please Tick: Chewa () Tumbuka () Other

.....

Spoken language/s, other than English,

.....

What motivated you to join nursing?

.....

8.18. Appendix D 4: Consent for Audio-Taping Of the Interview for Student Male Nurses

Study Title “Gender Mainstreaming in Nursing Education: A study on the professional socialisation processes with regard to Male Nurse Education in Malawi.”

I, have consented to be a participant in the study to be conducted by Mrs Miriam Mary Chinkhata. I have also been asked to give my consent to be tape-recorded during the focus group interviews, which will last approximately one hour.

I give my consent to be audiotape-recorded during the focus group interviews ☐

I do not give my consent to be audiotape-recorded during the focus group interview ☐

8.19. Appendix D5: Interview Guide used with Student Male Nurses

INTERVIEW GUIDE FOR FOCUS GROUP DISCUSSIONS WITH STUDENT MALE NURSES

“Thank you for volunteering to participate in this study. You have all read and signed the consent forms haven’t you?”

Be assured that I guarantee your anonymity and confidentiality. No names will be attached to any discussions to take place and even in the final report rather numbers will be utilised.

During the group discussions, a tape recorder will be used with your permission. The information will be used for purposes of the study only. You too are requested to keep in confidence the information which will transpire during the focus group discussions.

The purpose of this focus group discussion is to understand how you think about the professional socialization processes you as male student nurses are undergoing before joining, upon joining and now that you are at a nursing college

Before we proceed, do you have any questions?

Will you please tell me a little bit about yourselves and what you do at this college/university?

Tell me your **experiences** in the nursing profession as a man since you joined the college.

Probe: Will you please tell me what **motivated** you to join nursing?

Probe: suppose you had a chance today to **pursue another career**, how would you handle that?

What has been your memorable about your time here at a nursing college?

Suppose you had a chance today to **pursue another career** how would you handle that?

It is common (and actually a policy) now to recruit male students into nursing; would you please tell me how you have experienced the recruitment of male students in this institution?

Probe: Do you think the **information** you were given during recruitment would help a man who wants to register in the nursing programme to have a picture of what nursing is all about?

Prior to any choice one tends to gather as much information as possible about it, tell me what type of information did you gather about nursing prior to joining?

Probe: How **easy /difficult** was it to get that information?

Let’s look at the professional socialisation of the students. Are there any supportive structures programmes or activities which are offered to male students to help their socialisation into nursing either prior or after they have been recruited?

Probe: If there are any, how helpful are they to male students in attaining proper professional socialization during training?

Probe: How else could the experience (professional socialization) be improved for the better?

Since you joined the profession have you at any point experienced role change?

In any profession there are **dos and don'ts (values/beliefs/ethics & norms/ customs)** which contribute to how people view the profession; do you think that male student nurses are able to pick on these expectations and roles?

Probe: what attributes/characteristics of the nursing profession do you think male student nurses should ensure to acquire which would make one to be professionally socialized?

What differences (if any) are there between male and female student nurses in upholding the professional image of nursing?

*Do you think that student male nurses can **demonstrate caring** in the same way female students do?*

What barriers/ challenges have you encountered during the course of your study that female students may not have encountered?

Probe: can you think of possible solutions to these barriers?

Probe: What role do (clinical mentors, nurse educators or senior students) play in helping student male nurses socialize in nursing?

*What **benefits are there** for male nurses in nursing as a career?*

Now let us focus at the work done by the Deans of students at this college. Will you please tell me how they facilitate in the professional socialisation of male nursing students?

*Probe: To what extent do deans of students **discharge their duties** professionally when dealing with male student nurses?*

Probe: Could you please suggest areas that may require to be improved by the Deans of students

What message/s would you give men in secondary schools prior to joining nursing?

Can you please suggest any other information you may think would help in the professional socialisation processes of male nurses especially during training that has not been covered during the interview?

THANK YOU VERY MUCH FOR YOUR TIME AND THE INFORMATION YOU HAVE SHARED WITH ME

8.20. Appendix E 1: Information Sheet for Lecturers

Introduction

Dear Participant,

I am a lecturer at Malawi College of Health Sciences Blantyre campus. Currently, I am a student pursuing a PhD in Nursing Education in South Africa, at The University of Witwatersrand. As a requirement for my studies, I am conducting a study titled “**Gender Mainstreaming in Nursing Education: A study on the professional socialisation processes with regard to Male Nurse Education in Malawi.**”

Aim of the study

The aim of the study is to explore the phenomenon of Malawian student male nurses’ professional socialisation process from the perspective of student male nurses, qualified male nurses, Deans of Students and lecturers. The study will help elicit information that will help facilitate male nurse education in Malawi.

Reason for being chosen and Invitation to participate in the study

You have been chosen to participate in the study because you are one of the lecturers teaching student male nurses and have experience in providing appropriate guidance that is required for a student male nurse.

I therefore invite you to participate in the study.

There are no monetary benefits for participating in this study, however, it is expected that the results of this study will help improve the recruitment and retention of male nurses in

Malawi. Your participation in this study is on a voluntary basis. You are free to terminate the interview at any time. Refusal to participate in the study will not affect your career in any way. If you volunteer to participate, you will be requested to sign a consent form and return it to me.

What is involved in the study?

You will be expected to participate in an in-depth interview as an informant. You will be expected to contribute in answering questions to be asked by myself. During the interview, a tape recorder will be used if you are in agreement with this. This will help capture every detail to be discussed. The interview will be conducted in a private room, with no disturbances, for about 60 minutes. The interview will be conducted only once. The information collected will be treated with confidentiality and will only be used for the purpose of this study. Your name will not be used, rather a number. The information collected will be kept for three years, after which it will be destroyed. There will be no injuries associated with this study. There are 30 people participating in the in-depth interviews.

The report of this study shall be kept in the library at The University of the Witwatersrand. The research findings may also be published or presented at conferences and will not contain any informant's name.

Contact details of the researcher:

In case you require more information about the study, you contact the researcher on

+265 888 153 00 73, email: mchinkhata@yahoo.co.uk.

I am very thankful that you took the time to read the information document. Your participation in this study is very important.

Mary,

Miriam

Chinkhata

Date:.....

PhD Student

Signature of

Interviewee.....Date.....

8.21. Appendix E2: Informed Consent Form for Lecturers.

STUDY TITLE “Gender Mainstreaming in Nursing Education: A study on the professional socialisation processes with regard to Male Nurse Education in Malawi.”

I have read and understood the information regarding the study TITLED “**Gender Mainstreaming in Nursing Education: A study on the professional socialisation processes with regard to Male Nurse Education in Malawi.**”

I have been given the opportunity to ask questions, which have been answered satisfactorily. I understand it is up to me whether I would like to participate in the in-depth interviews and the study carries no risks. If I decide not to participate in the study, there will be no negative consequences. I understand I can terminate my participation at any time.

I also understand that the researcher will ensure confidentiality and that my name will not be used at all. I have been given contact details of the researcher to use in case of any concerns regarding the study. I voluntarily accept to participate in the study by signing below.

.....

Signature of participant Date

Name of interviewer.Date.....

8.22. Appendix E 3: Consent for Audio-Taping Interviews With Lecturers

Study Title “**Gender Mainstreaming in Nursing Education: A study on the professional socialisation processes with regard to Male Nurse Education in Malawi.**”

Iconsent to be an informant in the study to be conducted by Mrs Miriam Mary Chinkhata. I have also been asked to give my consent to be tape-recorded during the in-depth interviews, which will last approximately one hour.

I give my consent to be audiotape-recorded during the in-depth interviews

☐

I do not give my consent to be audiotape-recorded during the in-depth interviews

☐

8.23. Appendix E 4: Demographic Form to Be Completed By the Lecturers

FORM NO.....

Age in years.....

Sex :Please tick: Male [☐] Female [☐]

Ethnic Background Please tick: Chewa (☐) Tumbuka (☐) other - specify

Highest educational qualification.....

Any specialisation done in nursing & midwifery.....

List courses you teach at this college:

1.....

2.....

3.....

4.....

5.....

How long have you been lecturing to nursing
students?

8.24. Appendix E 5: In-Depth Interview Guide for Lecturers

Thank you for volunteering to participate in this study. You have read and signed the consent form haven't you?

*Be assured that I guarantee you anonymity and confidentiality. Your name will **not** be attached to any interview and in the final report, **only** numbers will be utilised.*

During the interview, a tape recorder will be used. The information will be used for purposes of the study only .You are also requested to keep in confidence the information that will transpire during the interview.

Before we proceed, do you have any questions?

QUESTIONS AND PROBES

Will you please tell me a little bit about yourself and what you do at this college/university?

It is common (and actually a policy) now to recruit male students into nursing; would you please tell me how you have experienced the recruitment of male students in this institution?

Probe: How do you think the information given to students during recruitment/ registration would help a man who wants to register in the nursing programme to have a picture of what nursing is all about?

Probe: In your opinion, how might we attract more men into the profession?

Let's look at the socialisation of the male students. Are there any programmes or activities which are offered to male students to help their socialisation into nursing (a female dominated profession) - either prior to joining or after they have been recruited?

Probe: Do you think that a programme aimed at socialising men into the profession would be welcomed?

Probe: What should constitute such type of programme?

Probe: How would the programme help students/the staff?

In any profession, there are dos and don'ts which contribute to how people view the profession; how do you think that male student nurses are able to pick up on these expectations and roles?

Probe: How do male students uphold the professional image of nursing compared to the manner female students do?

How do you think men are able to demonstrate patient care easily?

Probe: Do you think they demonstrate patient caring differently from female students?

Probe: What differences, if any, are exhibited by student male nurses from female student nurses regarding patient care?

Upon graduation, do student male nurses tend to have attained "The professional Identity" expected of a nurse?

Please tell me, what barriers might male students encounter during the course of their training that female students may not face?

Probe: Can you think of possible solutions to these barriers?

Probe: What role do authority figures (clinical mentors, nurse educators or senior students) play in the socialisation processes of student male nurses?

What activities aimed at helping student male nurses adopt certain nursing social roles be put in place?

Do you think there is a need for a course, module or programme in the nurse educators' course, which would cover content on how to help male student nurses in the class or clinical area?

When you trained as a nurse educator, were you prepared in any way on how you could manage student male nurses in the classroom or in the clinical area considering that they are in the minority in the profession?

Probe: What recommendations would you propose that might help in the socialisation of student male nurses at this college and nursing education in general?

What information would you recommend to be provided to young men in secondary education to help them make an informed choice when choosing nursing as a career?

Probe: How should the information be relayed to secondary school pupils?

Just before we end, have you anything more to add?

THANK YOU VERY MUCH FOR THE INFORMATION YOU HAVE PROVIDED

8.25. Appendix F 1: Information Sheet for Deans Of Students

Introduction

Dear Participant,

I am a lecturer at Malawi College of Health Sciences Blantyre campus. Currently, I am a student pursuing a PhD in Nursing Education in South Africa, at The University of Witwatersrand. As a requirement for my studies, I am conducting a study titled “**Gender Mainstreaming in Nursing Education: A study on the professional socialisation processes with regard to Male Nurse Education in Malawi.**”

Aim of the study

The aim of the study is to explore the phenomenon of Malawian student male nurses’ professional socialisation process from the perspective of student male nurses, qualified male nurses, Deans of Students and lecturers. The study will help elicit information that will help facilitate male nurse education in Malawi.

Reason for being chosen and Invitation to participate in the study

You have been chosen to participate in the study because you are one of the lecturers teaching student male nurses and you are a Dean of Students, having experience in providing appropriate guidance that is required for a student male nurse.

I therefore invite you to participate in the study.

There are no monetary benefits for participating in this study, however, it is expected that the results of this study will help improve the recruitment and retention of male nurses in Malawi. Your participation in this study is on a voluntary basis. You are free to terminate the interview at any time. Refusal to participate in the study will not affect your career in any way. If you volunteer to participate, you will be requested to sign a consent form and return it to me.

What is involved in the study?

You will be invited to participate in one in-depth interview as an informant. You will be invited to contribute in answering questions to be asked by myself. During the interview, a tape recorder will be used if you are in agreement with this. This will help to capture every detail to be discussed. The interviews will be conducted in a private room, with no disturbances, and last for about 60 minutes. The interview will be conducted only once. The information collected will be treated with confidentiality and will only be used for the purpose of this study. Your name will not be used, rather a number. The information collected will be kept for three years, after which it will be destroyed. There will be no injuries associated with this study. There are 30 people participating in the in-depth interviews.

The report to this study shall be kept in the library at The University of the Witwatersrand. The research findings may also be published or presented at conferences and will not contain any informant's name.

Contact details of the researcher:

In case you require more information about the study, you can contact the researcher on:

+265 888 153 00 73, email: mchinkhata@yahoo.co.uk.

I am very thankful you took the time to read the information document. Your participation in this study is very important.

Mary, Miriam Chinkhata

Date:.....

PhD Student

8.26. Appendix F 2: Informed Consent for Deans of Students.

STUDY TITLE“Gender Mainstreaming in Nursing Education: A study on the professional socialisation processes with regard to Male Nurse Education in Malawi.”

I have read and understood the information regarding the study TITLED “**Gender Mainstreaming in Nursing Education: A study on the professional socialisation processes with regard to Male Nurse Education in Malawi.**”

I have been given the opportunity to ask questions, which have been answered satisfactorily. I understand it is up to me whether I would like to participate in the in-depth interviews and the study carries no risks. If I decide not to participate in the study, there will be no negative consequences. I understand I can terminate my participation at any time.

I also understand that the researcher will ensure confidentiality and that my name will not be used at all. I have been given contact details of the researcher to use in case of any concerns regarding the study. I voluntarily accept to participate in the study by signing below.

.....

Signature of participant Date

Name of Interviewer.....Date.....

8.27. Appendix F 3: Consent Form for Audio-Taping of the Interview with Deans of Students

Study Title **“Gender Mainstreaming in Nursing Education: A study on the professional socialisation processes with regard to Male Nurse Education in Malawi.”**

Iconsent to be an informant in the study to be conducted by Mrs Miriam Mary Chinkhata. I have also been asked to give my consent to be tape recorded during the in-depth interviews, which will last approximately one hour.

I give my consent to be audio-tape recorded during the in-depth interviews ☐

I do not give my consent to be audio-tape recorded during the in-depth interviews ☐

8.28. Appendix F 4: Demographic Form to Be Completed By the Dean of Students

FORM NO.....

Age in years.....

Sex. Please Tick Male [] Female []

Ethnic background Please Tick Chewa () Tumbuka () Other
specify.....

Spoken language/s other than
English.....

Highest educational
qualification.....

What motivated you to join
nursing?.....

Any specialisation done in nursing & midwifery.....

Please indicate special course/s undertaken to qualify you for the post of Dean of
Students.....

How long have you served as a Dean of Students at this
college?.....

8.29. Appendix F 5: In-Depth Interview Guide to Be Used With Deans of Students

Thank you for volunteering to participate in this study. You have read and signed the consent form haven't you?

Be assured that I guarantee you anonymity and confidentiality. Your name will not be attached to any interview and in the final report, only numbers will be utilised.

During the interview, a tape recorder will be used. The information will be used for purposes of the study only. You are also requested to keep in confidence the information, which will transpire during the interview.

Before we proceed, do you have any questions?

Questions and Probes

Will you please tell me a little bit about yourself and what you do at this college/university?

It is common (and actually a policy) now to recruit male students into nursing; would you please tell me how you have experienced the recruitment of male students in this institution?

Probe: How would the information given during recruitment help a man who wants to register in the nursing programme to have a picture of what nursing is all about?

Probe: In your opinion, how might we attract more men into the profession?

Let's look at the Professional socialisation processes of the male student nurses. Are there any programmes or activities which are offered to male students to help their socialisation into nursing- either prior to joining or after they have been recruited?

Probe: What activities aimed at socialising men into the profession should be put in place?

Probe: How would the activities help students/the staff in the socialisation of student male nurses?

In any profession, there are ‘dos and don’ts which contribute to how people view the profession. How do you think that male student nurses are able to pick on these expectations and roles?

Probe: What do you think could be the difference between male and female students in upholding the professional image of nursing?

What could be the difference/s between male female student nurses in demonstrating patient care?

Please tell me, what barriers have you found that male students might encounter during the course of their study that female students may not face?

Probe: Can you think of possible solutions to these barriers?

Probe: What role do authority figures (clinical mentors, nurse educators or senior students) play in facilitating in the socialisation processes of student males?

What activities, aimed at helping student male nurses in the socialisation processes, can be put in place?

Do you think there is a need for a course, module or programme in the nurse educators’ course, which would cover content on how to help male student nurses in the class or clinical area?

What issues should be covered in that module?

When you trained as a nurse educator, how were you prepared to manage student male nurses in the classroom or in the clinical area considering they are in a minority in the profession?

Now let’s focus on your work as the Dean of Students at this college. Will you please tell me what the work involves?

Probe: What guidelines/management/counselling tools do you utilise in discharging your duties when dealing with male student nurses?

Probe: What type of formal training did you undertake to make you qualify for the job?

Probe: In what way would you think special training would qualify one for the job?

Probe: What issues do you handle especially those affecting student male nurses?

Probe: What challenges do you face in your job regarding handling of students' issues for male nurse?

Probe: Are there any possible solutions that you may propose to the challenges?

Probe: What recommendations would you propose that might help in the socialisation of student male nurses at this college and nursing education in general?

Probe: What information would you recommend to be provided to young men in secondary education to help them make an informed choice to choose nursing as a career?

Probe: How could this information be relayed to the students in secondary schools?

Just before we end, have you anything more to add?

THANK YOU VERY MUCH FOR THE INFORMATION YOU HAVE PROVIDED

8.30. Appendix G 1: Information Sheet for Qualified Male Nurses

Introduction

Dear Participant,

I am a lecturer at Malawi College of Health Sciences Blantyre campus. Currently, I am a student pursuing for a PhD in Nursing Education in South Africa, at The University of Witwatersrand. As a requirement for my studies, I am conducting a study titled “**Gender**

Mainstreaming in Nursing Education: A study on the professional socialisation processes with regard to Male Nurse Education in Malawi.”

Aim of the study

The aim of the study is to explore the phenomenon of Malawian student male nurses’ professional socialisation process from the perspective of student male nurses, qualified male nurses, Deans of Students and lecturers. The study will help elicit information that will help facilitate male nurse education in Malawi.

Reason for being chosen and Invitation to participate in the study

You have been chosen to participate in the study because you are one of the qualified male nurses who have gone through college life as a student male nurse and are ready to share your experiences in nursing with me.

I therefore invite you to participate in the study.

There are no monetary benefits for participating in this study, however, it is expected that the results of this study will help improve the recruitment and retention of male nurses in Malawi. Your participation in this study is on a voluntary basis. You are free to terminate the interview at any time. Refusal to participate in the study will not affect your career in any way. If you volunteer to participate, you will be requested to sign a consent form and return it to me.

What is involved in the study?

You will be expected to participate in an in-depth interview as an informant. You will be expected to contribute in answering questions to be asked by myself. During the interview, a tape recorder will be used if you are in agreement with this. This will help to capture every detail to be discussed. The interview will be conducted in a private room, with no disturbances, and last for about 60 minutes. The information collected will be treated with confidentiality and will only be used for the purpose of this study. Your name will not be used, rather a number. The information collected will be kept for three years, after which it will be destroyed. There will be no any injuries associated with this study. There are 8 qualified male nurses taking part in this study.

The report of this study shall be kept in the library at The University of the Witwatersrand. The research findings may also be published or presented at conferences and will not contain any participant's name.

Contact details of the researcher:

In case you will need more information about the study, you contact the researcher on

+265 888 153 00 73, email: mchinkhata@yahoo.co.uk.

I am very thankful that you took the time to read the information document. Your participation in this study is very important.

Mary,

Miriam

Chinkhata

Date:.....

PhD Student

Signature of interviewee.....Date.....

8.31. Appendix G 2: Informed Consent Form for Qualified Male Nurses

STUDY TITLE“Gender Mainstreaming in Nursing Education: A study on the professional socialisation processes with regard to Male Nurse Education in Malawi.”

I have read and understood the information regarding the study TITLED “**Gender Mainstreaming in Nursing Education: A study on the professional socialisation processes with regard to Male Nurse Education in Malawi**”

I have been given the opportunity to ask questions, which have been answered satisfactorily. I understand it is up to me as to whether or not I would like to participate in the in-depth interviews and the study carries no risks. If I decide not to participate in the study, there will be no negative consequences. I understand I can terminate my participation at any time.

I also understand that the researcher will ensure confidentiality and that my name will not be used at all. I have been given contact details of the researcher to use in case of any concerns regarding the study. I voluntarily accept to participate in the study by signing below.

.....

Signature of participant Date

Name of interviewer.....Date.....

8.32 Appendix G 3: Consent Form for Audio-Taping Of the Interview for Qualified Male Nurses

Study Title “**Gender Mainstreaming in Nursing Education: A study on the professional socialisation processes with regard to Male Nurse Education in Malawi.**”

I, consent to be an informant in the study to be conducted by Mrs Miriam Mary Chinkhata. I have also been asked to give my consent to be tape recorded during the in-depth interviews, which will last approximately one hour.

I give my consent to be audio-tape recorded during the focus group interviews

☐

I do not give my consent to be audio-tape recorded during the focus group interviews

☐

8.33 Appendix G 4: Demographic Form to Be Completed By the Qualified Male Nurses

FORM NO.....

Age in years.....

Ethnic background Please Tick Chewa () Tumbuka () Other specify.....

Spoken language/s other than

English.....

Highest educational qualification.....

What motivated you to join nursing?

.....
.....

Any specialisation done in nursing & midwifery?

.....

How long have you worked as a bed side nurse?

.....

In which nursing department are you working now?.....

8.34 Appendix G 5: Interview Guide to for qualified Male Nurses

INTERVIEW GUIDE TO BE USED DURING IN-DEPTH INTERVIEWS WITH QUALIFIED MALE NURSES

Thank you for volunteering to participate in this study. You have read and signed the consent form haven't you?

Be assured that your name will not be attached to any discussion that will take place and even in the final report rather numbers will be utilised.

During the interview, a tape recorder will be used with your permission. The information will be used for purposes of the study only. You too are requested to keep in confidence the information discussed during the in-depth interviews.

The purpose of this interview is to gather information regarding your experience on the professional socialization processes that you may have undergone through; upon joining a nursing college, graduating and now that you are working.

Before we proceed, do you have any questions?

QUESTIONS AND PROBES (NB: the probes are only likely to be used if the issues are not introduced/discussed by the interviewee).

Will you please tell me a little bit about yourself and what you do at this institution?

Tell me your experiences in the nursing profession as a man since your college to work life.

Probe: Will you please tell me what motivated you to join nursing?

Probe: suppose you had a chance today to pursue another career, how would you handle that?

What was memorable about your time during college life regarding nursing?

It is common (and actually a policy) now to recruit male students into nursing; when you first registered as a nursing student, would you please tell me how you experienced the recruitment of male students at your nursing college?

Prior to any choice one tends to gather as much information as possible about it, tell me what type of information did you gather about nursing prior to joining?

Probe: Do you think the information you were given during recruitment then would help a man who wants to register in the nursing programme to have a picture of what nursing is all about?

Probe: Tell me the information you had about the nursing profession before joining, How useful was it?

Probe: How useful was the information to what you are doing now?

Probe: How easy /difficult was it to get that information?

Let's look at the professional socialization of the male students during your time. Were there any supportive structures in place /programmes or activities which were offered to male students to help their professional socialization into nursing either prior or after they had been recruited?

INTERVIEW GUIDE TO BE USED DURING IN-DEPTH INTERVIEWS WITH QUALIFIED MALE NURSES

Probe: If they were available, how helpful were they to male students in attaining proper professional socialization during training?

Probe: How else could the experiences (professional socialization processes) be improved for the better?

Probe: If you were to describe a professionally socialized male nurse what would you say?

Please share with me, during training which areas did you experience role change as a man in a female dominated profession ?

In any profession there are dos and don'ts (values/beliefs/ethics & norms/ customs) which contribute to how people view the profession; do you think that male student nurses are able to pick on these expectations and roles during their education?

Probe: What differences (if any) are there between male & female student nurses in upholding the professional image of nursing?

Probe: What do you think should be put in place to enhance internalization of professional values/ ethics & norms among male nursing students?

Please tell me, do you believe that there are any barriers/challenges to professional socialization that you might have encountered during the course of your study that female students may not have encountered?

Probe: can you think of possible solutions to these barriers?

Probe: What role do you think (clinical mentors, nurse educators or senior students) play in the socialization of student male nurses?

What opportunities are there for male nurses in nursing as a career?

What message/s would you give men in secondary schools prior to joining nursing?

Probe: How best should the information be delivered to male students in secondary schools?

Can you please suggest any other information you may think would help in the professional socialization process of male nurses especially during training that has not been covered during the interview?

THANK YOU VERY MUCH FOR YOUR TIME AND THE INFORMATION YOU HAVE SHARED WITH ME

8.35 Appendix H 1: Information Sheet for Qualified Female Nurses (Matrons)

Introduction

Dear Participant,

I am a lecturer at Malawi College of Health Sciences Blantyre campus. Currently, I am a student pursuing for a PhD in Nursing Education in South Africa, at The University of Witwatersrand. As a requirement for my studies, I am conducting a study titled “**Gender Mainstreaming in Nursing Education: A study on the professional socialisation processes with regard to Male Nurse Education in Malawi.**”

Aim of the study

The aim of the study is to explore the phenomenon of Malawian student male nurses’ professional socialisation process from the perspective of student male nurses, qualified nurses, Deans of Students and lecturers. The study will help elicit information that will help facilitate male nurse education in Malawi.

Reason for being chosen and invitation to participate in the study

You have been chosen to participate in the study because you are one of the qualified female nurses who have gone through college life as a student nurse and are now working. I would like you to share with me your experiences in dealing with male nurses regarding their socialisation processes in nursing.

I therefore invite you to participate in the study. There are no monetary benefits for participating in this study, however, it is expected that the results of this study will help improve the recruitment and retention of male nurses in Malawi. Your participation in this study is on a voluntary basis. You are free to terminate the interview at any time. Refusal to participate in the study will not affect your career in any way. If you volunteer to participate, you will be requested to sign a consent form and return it to me.

What is involved in the study?

You will be invited to participate in one in-depth interview as an informant. You will be invited to contribute in answering questions to be asked by myself. During the interview, a tape recorder will be used if you are in agreement with this. This will help to capture every detail to be discussed. The interview will be conducted in a private room, with no disturbances, and last for about 60 minutes. The information collected will be treated with confidentiality and will only be used for the purpose of this study. Your name will not be used, rather a number. The information collected will be kept for three years, after which it will be destroyed. There will be no any injuries associated with this study. There are 12 qualified nurse midwives taking part in this study.

The report to this study shall be kept in the library at The University of the Witwatersrand. The research findings may also be published or presented at conferences and will not contain any participant's name.

Contact details of the researcher:

In case you require more information about the study, you can contact the researcher on:

+265 888 153 00 73, email: mchinkhata@yahoo.co.uk.

I am thankful you took the time to read the information document. Your participation in this study is very important.

Mary, Miriam Chinkhata

Date:.....

PhD Student

Signature of Interviewer.....

8.36 Appendix H 2: Informed Consent for Qualified Female Nurse Managers (Matrons)

STUDY TITLE“Gender Mainstreaming in Nursing Education: A study on the professional socialisation processes with regard to Male Nurse Education in Malawi.”

I have read and understood the information regarding the study TITLED “**Gender Mainstreaming in Nursing Education: A study on the professional socialisation processes with regard to Male Nurse Education in Malawi.**”

I have been given the opportunity to ask questions, which have been answered satisfactorily. I understand that it is up to me as to whether or not I would like to participate in the in-depth interviews and the study carries no risks. If I decide not to participate in the study, there will be no negative consequences. I understand that I can terminate my participation at any time.

I also understand that the researcher will ensure confidentiality and that my name will not be used at all. I have been given contact details of the researcher to use in case of any concerns regarding the study. I voluntarily accept to participate in the study by signing below.

.....

Signature of participant Date

Name of Interviewer.....Date.....

8.37Appendix H 3: Demographic Form to Be Completed By the Qualified Female Nurses

FORM NO.....

Age in years.....

Ethnic background Please Tick Chewa () Tumbuka () Other specify.....

Spoken language/s other than

English.....

Highest educational qualification.....

What motivated you to join nursing?

.....

Any specialisation done in nursing and midwifery
.....

How long have you worked as a bed side nurse?.....

In which nursing department are you working now?.....

8.38 Appendix H 4: Consent Form for Audio-Taping Of the Interview for Qualified Female Nurses

Study Title “Gender Mainstreaming in Nursing Education: A study on the professional socialisation processes with regard to Male Nurse Education in Malawi.”

I,consent to be an informant in the study to be conducted by Mrs Miriam Mary Chinkhata. I have also been asked to give my consent to be tape recorded during the in-depth interviews, which will last approximately one hour.

I give my consent to be audio-tape recorded during the focus group interviews ☐

I do not give my consent to be audio-tape recorded during the focus group interviews ☐

8.39 Appendix H 5: Interview Guide to Be Used During In-Depth Interviews with Qualified Female Nurses (Matrons)

“Thank you for volunteering to participate in this study. You have read and signed the consent form haven’t you?”

Be assured that I guarantee your anonymity and confidentiality. Your name will not be attached to any discussion that will take place and even in the final report, numbers will be utilised.

During the interview, a tape recorder will be used. The information will be used for purposes of the study only. You are also requested to keep in confidence the information, which will transpire during the in-depth interviews.

The purpose of this interview is to gather in-depth information regarding your experience on the professional socialisation processes of student male nurses that you may have witnessed during your college life and now that you are working.

Before we proceed, do you have any questions?

Will you please tell me a little bit about yourself and **what you do** at this institution?

Probe: Will you please tell me what **motivated** you to join nursing?

Tell me your **experiences** working with male nurses in the nursing profession regarding their professional socialisation processes since your college to work life.

What has been your **memorable** about your time during college life regarding nursing in relation to male nurse socialisation process?

It is common (and actually a policy) now to recruit male students into nursing; would you please tell me how you experienced the recruitment of male students at your former nursing college?

Probe: Do you think the **information** given to male nurses during recruitment then could have helped a man who wanted to register in the nursing programme to have a picture of what nursing was all about?

Prior to any choice one tends to gather as much information as possible about it, tell me what type of information did you gather about nursing prior to joining.

Probe: How **useful** was the information to what you are doing now?

Let's look at the professional socialisation of the male students during your time. Were there any programmes or activities offered to male students to help their professional socialisation into nursing either prior or after they had been recruited?

Probe: How do you think **it would help** the student male nurses attain proper professional socialisation processes during training?

Probe: Could you please share with me, upon graduating as a nurse did you perceive to have attained appropriate professional socialisation expected of a nurse.

Probe: Do you think any form of orientation at the workplace could make a difference for both male and female graduates? How?

Probe: How else could the experiences of student male nurses (professional socialisation processes) been improved for the better?

*In any profession there **dos and don'ts** (values/beliefs/ethics & norms/customs) which contribute to how people view the profession; do you think that male student nurses are able to pick on these expectations and roles during their education?*

Probe: Do you think student male nurses **uphold the professional image** of nursing in the same manner as female students do or are there differences?

Probe: What do you think should be put **in place to enhance internalisation of professional values/** ethics and norms among male nursing students?

What differences, if any, are exhibited by male and female students in the provision of patient care?

Please tell me, what barriers/challenges to professional socialisation of student male nurses you might have witnessed, during the course of your study, which female students may not have encountered?

Probe: Can you think of **possible solutions** to these barriers?

Probe: What role do you think clinical mentors, nurse educators or senior students play in the socialisation of student male nurses?

Probe: What benefits are there for male nurses in nursing as a career?

What message/s would you give men in secondary schools prior to joining nursing?

Probe: How best should the information be delivered to male students in secondary schools?

Can you please suggest any other information you may think would help in the professional socialisation process of male nurses, especially during training, which has not been covered during the interview?

**THANK YOU VERY MUCH FOR YOUR TIME AND THE INFORMATION YOU
HAVE SHARED WITH ME**

8.40 Appendix I: Checklist of Documents Given For Review

(Tick Accordingly)

College Number	College Rules /Handbook	Gender Policy for students' recruitment	Clinical Policy	Nurses' Dressing Code	Career Guidance Reports in place	Job description for Dean of Students	Staffing Levels M=Males F=Females versus No of programmes	Any other
No 1								
No2								
No4								
No5								
No7								
No8								

Note Numbers used arbitrarily

8.41 Appendix J 1: Information Sheet Forthe Modified Delphi Technique In Validating The Booklet

Introduction

Dear Participant,

I am a Lecturer at Malawi College of Health Sciences Blantyre campus. Currently, I am a student pursuing a PhD in Nursing Education in South Africa, at The University of Witwatersrand. As a requirement for my studies, I am conducting a study titled “**Gender Mainstreaming in Nursing Education: A study on the professional socialisation processes with regard to Male Nurse Education in Malawi.**”

Aim of the study

The aim of the study is to explore the phenomenon of Malawian nurses’ professional socialisation processes from the perspective of student male nurses, qualified male nurses, Deans of Students and lecturers. The study will help obtain information that will help facilitate male nurse education in Malawi. Following data collection and analysis, a booklet was formulated based on recommendations from study participants. The booklet targets nurse educators and clinicians on aspects that would aid in the socialisation of student male nurses in Malawi.

Reason for being chosen and Invitation to participate in the study

You have been chosen to participate in Phase 3 of the study because of your expertise in dealing with student male nurses/a policy maker in nursing education, or you are either a

qualified or student male nurse midwife with some expertise on the issue being addressed. I therefore invite you to participate in the study. Phase 3 of study will last for 3weeks.

What is involved in the study?

You will be expected to participate in validating the booklet that has been designed covering two rounds. The approach is called “the Modified Delphi Technique.” You will be expected to give your in-put upon reading the booklet and completing the questionnaire in reference to the booklet provided. The questionnaire has questions in a 5 point Likert Scale format. You are required to undertake the exercise independently. You are free to add comments justifying your response and any other information that has not been captured in the booklet.

There are 35 (n= 35) participants involved in the exercise, whose names will not be disclosed to anyone for confidentiality sake. Once you have completed the questionnaire, I will collect it for analysis. You will be requested to keep the booklet for reference during the second round of the exercise. All scores will be summarised using descriptive statistics. Another questionnaire will be designed, taking into consideration responses and comments of all ‘panel members’ of the first round. You will be expected to complete the questionnaire for the second time. A consensus rate of 75% is expected upon analysing the responses. A final PSP will be designed based on analysis of the second round.

There are no monetary benefits for participating in this study, however, it is expected that the results of this study will help improve the recruitment and retention of male nurses in Malawi. The booklet will be utilised by nurse educators and clinicians in the professional

socialisation of students. Your participation in this study is on a voluntary basis. You are free to terminate the interview at any time. Refusal to participate in the study will not affect your career in any way. If you volunteer to participate, you will be requested to sign a consent form attached and return it to the researcher.

There will be no any injuries associated with this study.

The report of this study shall be kept in the library at The University of the Witwatersrand. The research findings may also be published or presented at conferences and will not contain any participant's name.

Contact details of the researcher:

In case you need more information about the study, you can contact the researcher on:

+265 888 153 00 73, email: mchinkhata@yahoo.co.uk.

I am very thankful that you took the time to read the information document. Your participation in this study is very important.

Mary, Miriam Chinkhata

Date:.....

PhD Student

8.42 Appendix J 2: Informed Consent for Participation in the Modified Delphi Technique.

STUDY TITLE“Gender Mainstreaming in Nursing Education: A study on the professional socialisation processes with regard to Male Nurse Education in Malawi.”

I have read and understood the information regarding the study TITLED “**Gender Mainstreaming in Nursing Education: A study on the socialisation processes with regard to Male Nurse Education in Malawi**” and the booklet, which I am requested to **validate.**

I have been given the opportunity to ask questions, which have been answered satisfactorily. I understand it is up to me as to whether or not I would like to participate in completing a questionnaire covering two rounds and that the study carries no risks. If I decide not to participate in the study, there will be no monetary benefits and negative consequences. I understand that I can terminate my participation at any time.

I also understand that the researcher will ensure confidentiality and that my name will not be used at all. I have been given contact details of the researcher to use in case of any concerns regarding the study. I voluntarily accept to participate in the study by signing below.

.....

Signature of participant **Date**

Name _____ and signature _____ of _____
Interviewer.....Date.....

8.43Appendix J 3: Demographic Form to be completed by participants during validation of the booklet

FORM NO.....

Age in years.....

Sex. Please Tick Male [☐] Female [☐]

Highest educational

qualification.....

What motivated you to join

nursing?.....

Any specialisation done in nursing and

midwifery?.....

For how long have you worked as a bedside nurse since

graduation?.....

What is your current job? Please Tick Academician (☐) Policy maker (☐) Nurse

Manager (☐)

Other please specify.....

8.44 Appendix J 4: Questionnaire to be used during Modified Delphi Technique in validating the Booklet.

Questionnaire Number.....

Dear Participant,

Instructions:

This questionnaire has five **questions, which you are requested to answer upon reading the booklet provided to you.** Your response will represent **to what extent you agree or disagree** with the statement in line with the booklet you have read. You are **requested to tick one response under each statement where applicable and you can** explain your response or an addition to the item being covered in spaces provided on the dotted lines.

1.0 The Preface to the **booklet** gives a clear background to the formulation of the Booklet;

a) Agree

b) Do not know

c) Disagree

Comments.....

.....

.....
.....

2.0 The section on **The Motive to become a nurse midwife from pages 5 to 6** give a picture on why some male nurses join the nursing career.

- a) Agree
- b) Do not know
- c) Disagree

Comments.....
.....
.....
.....

3.0 The section on **Positive experiences in Nursing, on page 7**, indicates what some male nurses' experience as positive experiences in the nursing career.

- a) Agree
- b) Do not know
- c) Disagree

Comments.....
.....
.....
.....
.....

4.0 The section on **Challenges faced by male nurses, on page 8**, indicates what some male nurses experience as challenges in the nursing

- a) Agree

b) Do not know

c) Disagree

Comments.....
.....
.....
.....
.....

5.0 Sections **D & E on recommendations/proposals to strengthen training of male nurses**, on **pages 10 to 13**, when implemented by all stakeholders would help strengthen the education of male student nurse midwives.

a) Agree

b) Do not know

c) Disagree

Comments.....
.....
.....
.....

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS
QUESTIONNAIRE**

8.45 Appendix K 1: Information Sheet for Validation of the Brochure

(NOMINAL GROUP TECHNIQUE)

Introduction

Dear Participant,

I am a lecturer at Malawi College of Health Sciences Blantyre campus. Currently, I am a student pursuing a PhD in Nursing Education in South Africa, at The University of Witwatersrand. As a requirement for my studies, I am conducting a study titled

“Gender Mainstreaming in Nursing Education: A study on the professional socialisation processes with regard to Male Nurse Education in Malawi.”

Results for Phase 1 of the study revealed that the majority of students joining the nursing profession did not make an informed career choice. The study participants recommended that career guidance be provided to prospective student nurse midwives. A brochure was then designed to help provide information on nursing and midwifery. You are now requested to study the brochure provided to you and evaluate it based on the questions provided. The researcher will act as a facilitator during the exercise.

Aim of the study

The aim of the study is to validate the brochure. The study will help elicit information that will help formulate a final brochure that compliments information provided to prospective student nurse midwives thereby making an informed consent upon joining the profession.

Reason for being chosen and invitation to participate in the study

You have been chosen to participate in the study because you are one of the student nurse midwives at this nursing college who can participate in evaluating the brochure and provide suggestions for improvement. The approach being utilised is called the Nominal Group Technique (NGT).

There are no monetary benefits for participating in this study, however, it is expected that the results will help improve the recruitment and retention of male nurses in Malawi. Your participation in this study is on a voluntary basis. You are free to terminate the exercise at any time. Refusal to participate in the study will not affect your career in any way. If you volunteer to participate, you will be requested to sign a consent form and return it to me.

The exercise will be conducted in a private room, with no disturbances, and last for approximately 1 to 2 hours. You will be expected to participate in an NGT exercise to be facilitated by the researcher. In the room, you will be part of group of other students, six to nine in total. The information collected will be used for the purpose of this study. No names will be used only numbers. The information collected will be kept for three years, after which it will be destroyed. There will be no any injuries associated with this study.

The report to this study shall be kept in the library at The University of the Witwatersrand. The research findings may also be published or presented at conferences and will not contain any participant's name.

Contact details of the researcher: In case you require more information about the study, you can contact the researcher on: +265 888 153 00 73, email: mchinkhata@yahoo.co.uk.

I am very thankful that you took the time to read the information document. Your participation in this study is very important.

Mary, Miriam Chinkhata

Date:.....

PhD Student

Signature of

Interviewer.....Date

8.46 Appendix K 2: Informed Consent Form for Participation in the Validation of a Brochure (Nominal Group Technique).

STUDY TITLE“Gender Mainstreaming in Nursing Education: A study on the professional socialisation processes with regard to Male Nurse Education in Malawi.”

I have read and understood the information regarding the study titled “**Gender Mainstreaming in Nursing Education: A study on the socialisation processes with regard to Male Nurse Education in Malawi**” and the brochure which I am requested to validate.

I have been given the opportunity to ask questions, which have been answered satisfactorily. I understand it is up to me as to whether or not I would like to participate in completing a questionnaire covering two rounds, the study carries no risks and there will be no monetary benefits. If I decide not to participate in the study there will be no negative consequences. I understand that I can terminate my participation at any time.

I also understand that the researcher will ensure confidentiality and that my name will not be used at all. I have been given contact details of the researcher to use in case of any concerns regarding the study. I voluntarily accept to participate in the study by signing below.

.....

Signature of participant Date

Name and signature of interviewer.....Date.....

8.47 Appendix K 3: Questionnaire for Validation Of A Brochure

Questionnaire No.....

Instructions:

SECTION A

Read the Brochure provided on “A career in Nursing & Midwifery in Malawi’ and answer the following questions. Pay close attention to the guidance offered by the facilitator. On each question, provide a maximum of three responses.

1. What are the strong areas on the brochure regarding the outlook, relevancy of the content, and ability to understand the content?

.....

.....

.....

.....

.....

.....

2. What are the weak areas of the brochure regarding the outlook, relevancy of the content and ability to understand the content?

.....

.....

.....

.....

.....

3. What improvements should be made to the brochure?

SECTION B

Rate the responses on each question by giving three points to the most important response and one point to the least important. Use the blank page provided for ratings.

**THANK YOU FOR TAKING THE TIME TO PARTICIPATE IN THE
VALIDATION EXERCISE OF THE BROCHURE**

8.48 Appendix L 1: Information Sheet For Taking Photographs For Use In Producing A Final Brochure

Introduction

Dear Participant,

I am a lecturer at Malawi College of Health Sciences Blantyre campus. Currently, I am a student pursuing PhD in Nursing Education in South Africa, at The University of Witwatersrand. As a requirement for my studies, I am conducting a study titled “**Gender Mainstreaming in Nursing Education: A study on the professional socialisation processes with regard to Male Nurse Education in Malawi.**” Results for Phase 1 of the study revealed that the majority of students joining the nursing profession did not make an informed choice. The study participants recommended that career guidance be provided to prospective student nurse midwives. A draft brochure was then designed to help provide information on nursing and midwifery. Permission is requested for you to be photographed and the picture utilised in the final version of the brochure.

Aim of the study

The aim of this exercise was to obtain gender inclusive photographs to be used in producing a final version of the brochure. The brochure will complement the information provided to prospective student nurse midwives thereby making an informed consent upon joining the profession.

Reason for being chosen and invitation to participate in the study

You have been chosen to participate in the exercise because you are one of the following:

-student nurse midwives undertaking a course in nursing,

- a nurse midwife educator teaching student nurse midwives,
- a nurse midwife rendering nursing care to patients.

There are no monetary benefits for participating in this study, however, it is expected that the results of this study will help improve the recruitment and retention of male nurses in Malawi. Your participation in this study is on voluntary basis. You are free to terminate the exercise at any time. Refusal to participate in the study will not affect your career in any way. If you volunteer to participate, you will be requested to sign a consent form and return it to me.

- The photography will be conducted by an expert photographer in a skills laboratory during a mock teaching session by a male lecturer in the presence of other students. Four to six students nurse midwives, with gender balance, will participate during the mock class session.

Or the photograph will be taken while rendering patient care at your work place. The photographs to be collected will be used for the purpose of this study. No names will be used, although your pictures will be on the brochure. There will be no any injuries associated with the photographic session. The report of this study will be kept in the library at The University of the Witwatersrand. The research findings may also be published or presented at conferences and will not contain any participant's name.

Contact details of the researcher: In case you require more information about the study, you can contact the researcher on: +265 888 153 00 73, email: mchinkhata@yahoo.co.uk.

I am very thankful that you took the time to read the information document. Your participation in this study is very important.

Mary, Miriam Chinkhata

Date:.....

PhD Student

Signature of Interviewer.....

Date.....

8.49 Appendix L 2: Information Sheet for Taking Photographs for Use in Producing a Booklet

Introduction

Dear Participant,

I am a lecturer at Malawi College of Health Sciences Blantyre campus. Currently, I am a student pursuing a PhD in Nursing Education in South Africa, at The University of Witwatersrand. As a requirement for my studies, I am conducting a study titled “**Gender Mainstreaming in Nursing Education: A study on the professional socialisation processes with regard to Male Nurse Education in Malawi.**” Results for Phase 1 of the study revealed that male student nurses faced challenges during training and beyond. To some, this negatively influenced their academic performance and compromised patient care. The study participants made recommendations for nurse educators and clinicians. A booklet was formulated based on the recommendations and has since been validated. A final booklet is produced based on the results of the validation exercise. A picture of a male nurse rendering care is required to provide a cover for the booklet. You are being asked to be photographed so that the picture can be utilised in the final version of the booklet.

Aim of the study

The aim of this exercise was to get photographs to be used in producing a final version of the booklet. The booklet will help nurse educators and clinicians in providing conducive learning and working environments for both students and qualified nurse midwives, men in particular.

Reason for being chosen and Invitation to participate in the study

You have been chosen to participate in the exercise because you are a male nurse midwife, rendering nursing care to patients.

There are no monetary benefits for participating in this study, however, it is expected that the results of this study will help improve the recruitment and retention of male nurses in Malawi. Your participation in this study is on voluntary basis. You are free to terminate the exercise at any time. Refusal to participate in the study will not affect your career in any way. If you volunteer to participate, you will be requested to sign a consent form and return it to me. The photography will be conducted by an expert photographer, while you are rendering patient care at your work place. The photographs to be collected will be used for the purpose of this study. Your name will not be used, although your picture will be on the booklet cover. There will be no any injuries associated with the photographic session.

The report to this study shall be kept in the library at The University of the Witwatersrand. The research findings may also be published or presented at conferences and will not contain any participant's name. The booklet will be utilised by nurse educators and clinicians appropriately where applicable

Contact details of the researcher: In case you require more information about the study, you can contact the researcher on: +265 888 153 00 73, email: mchinkhata@yahoo.co.uk.

I am very thankful that you took the time to read the information document. Your participation in this study is very important.

Mary, Miriam Chinkhata

Date:.....

PhD Student

Signature of Interviewer.....

Date.....

8.50 Appendix L 3: Consent Form For Photographing

I have been well informed regarding the need for me to be photographed as part of the ongoing research study. I have been given the opportunity to ask questions. In case of any need for further information, I have been given contact details as follows:

Contact details of the researcher: In case you require more information about the study, you can contact the researcher on: +265 888 153 00 73, email: mchinkhata@yahoo.co.uk.

I am very thankful that you took the time to read the information document. Your participation in this study is very important.

Mary Miriam Chinkhata

I voluntarily accept to participate in being photographed.

Signature _____ of
participant.....Date.....

Researcher.....Date.....

8.51 Appendix L 4: Information Sheet explaining more regarding being photographed, in vernacular language (Chichewa)

Wokondeka, mukupephedwa kutengapo gawo mu kafukufuku yomwe akuchitika. Mugawo loyamba tidawafunsa womphunzira azaunamwino (achimuna), zinthu zokhuzana ndisukulu yawo. Zosatila zidasonyeza kuti ambiri mwaophunzirawo analowa sukuluyi asakuzindikira zomwe zimatanthauza kugwira ntchitoyo. Komanso kuti anamwino achimuna akukumanazo ndi zophinja zosiyanasiyana pathawi yamaphunziro awo. Pachifukwa ichi Ine Miriam Chinkhata monga amene ndikupanga kafukufuyu ndinapanga bulocha yomwe yikukamba zambiri zokhuzana ndi ntchito ya unamwino ndiuzamba. Izi zizathandiza wofuna kuphunzira ntchitoyi kuti akhale wozindikira asanapange chitsankho cholowa kumakoleji wophunzitsa anamwino. Komanso ndalemba kabuku kunena mmene anamwino maka achinyama angathandizidwire nthawi yamaphunziro awo kuti zowapsyinja zichepe.

Chomwecho inu kapena mwana wanu mukupephedwa kujambulidwa chipikicha choti tiyike mubulocha komanso mukabuku kamene kazathandiza anamwino ndiazamba kupitisa patsogolo maphunziro anamwino ndi azamba muno m'malawi. Zinalanu siliyikidwa pachinthunzicho

Zikomo

8.52 Appendix L 5: Informed Consent Form for photographing in vernacular language (CHICHEWA)

Ndikupeleka chilolezo kuti ndijambulidwe chinthunzi mokhuzana ndi kafukufuku yomwe akupanga a Miriam Chinkhata omwe akumphunzira mamphunziro aukanchenjelele wa PhD ku yunivesite ya Witwatersrand. Ine ndamvetsa zonse zokhuzana kuti andijambule.

Kujambulidwako sikubweretsa chovuta chirichonse pamoyo wanga/ pamoyo wamwana wanga.

Patafunika kupeza zambiri zokhuzana ndikafukufuku ameneyu nditha kugwiritsa ntchito nambala yalamya yam'manja ya Miriam Chinkhata iy: +265 888 153073

Siginecha yanga..... Date.....

8.53 Appendix L 6: The Brochure

ENTRY REQUIREMENTS

A) PROFESSIONAL LEVEL

Malawi School Certificate of Education (MSCE) or its equivalent with six credit passes including English, Mathematics, Physical Science and Biology.

One should pass University Entrance Examinations for entry at Kamuzu College of Nursing (KCN), Daeyang nursing college & Mazuu University.

One should pass Malawi College of Health Sciences (MCHS) Entrance Examinations for entry at MCHS.

Oral Interviews are conducted for entry to Mazuu & Daeyang Universities.

Age: the minimum age for entry is 16 to 40 & or 45 years old.

B) TECHNICAL LEVEL

Malawi School Certificate of Education (MSCE) or its equivalent with a pass in English and credit passes in Mathematics, Physical Science or General Science and Biology.

One should pass Malawi College of Health Sciences (MCHS) Entrance Examinations for entry at MCHS.

written examination and oral interviews are required for entry to all CHAM nursing colleges.



WHERE CAN YOU BE TRAINED?

A) PROFESSIONAL LEVEL

- Kamuzu College of Nursing
Private Bag 1 Lilongwe
- Mazuu University
P.O Box 201 Mazuu
- Daeyang Nursing College
P.O.Box 30330 Kanengo Lilongwe
- Malawi College of health Sciences
Private Bag 396 Blantyre

B) TECHNICIAN LEVEL

- St. John's Nursing College
P.O. Box 18 Mazuu
- Malamulo College of Health Sciences
P.O. Box 55 Makwasa
- Ekwendeni College of Health Sciences
P. O Box 19 Ekwendeni
- Trinity College of Health Sciences
P.O Box 51937 Limbe
- Malawi College of Health Sciences
P.O. Box 122 Zomba
- Nguludi Nursing College
P.O. Box 5305 Limbe
- Holy Family Nursing College
P.O. Box 144 Phalombe
- Mulanje Nursing College
P.O. Box 45 Mulanje
- Nkhoma Nursing College
P.O Box 48 Nkhoma
- St Lukes Nursing College

Acknowledgements



ICAP
Global Health Action
COLUMBIA UNIVERSITY
Malawi School of Public Health

Compiled by
M.Chinkanda & Dr G. Langley
2015



A CAREER IN NURSING & MIDWIFERY IN MALAWI




ONCE A NURSE MIDWIFE, ALWAYS ONE
THE CHOICE IS YOURS

EVER THOUGHT OF BECOMING A NURSE MIDWIFE?

INTRODUCTION

This brochure contains brief information that gives a picture of what nursing & midwifery is all about. It has been designed in response to a request from some qualified and male student nurses in Malawi who had joined the profession without much information. So the brochure is a product of a study conducted countrywide in 2014 in nursing colleges and hospitals in the three geographical regions of Malawi. The information will help you make an informed decision when joining the profession. As one male study participant said;

'I really did not know what nursing was. A good number of students, we really did not know what nursing was and we didn't know whether we were in the in the right profession or not.' Male Lecturer, Number 2

So be informed before experiencing the same.

WHAT IS NURSING & MIDWIFERY?

Modern nursing was founded by Florence Nightingale. It is a noble & caring profession that aims at promoting and restoring human life. When working in a hospital, nurses help sick patients meet their daily needs. They also deal with non patients where necessary and these are called clients. On the other hand, midwifery is the care rendered by a person who attends to pregnant women during the course of pregnancy until and after the birth of a baby. In each country, nursing & midwifery has a regulatory body to guide its practice.

In order to provide appropriate care, nurse midwives undertake comprehensive education ranging from 3 to 4 years acquiring the appropriate knowledge, attitudes and skills. This is due to the fact that nursing is both an art and a science. Both men and women can become nurse midwives provided they have a passion to promote health and care for the sick upon undertaking nurse midwifery education.



HAVE YOU EVER IMAGINED WHAT NURSES & MIDWIVES DO?

Nursing is a rewarding profession to both the provider and care recipient. Nurse Midwives work as front line health care providers and form the core of the health care team in a hospital setting. The team comprise doctors, pharmacists, physiotherapists just to mention a few others. Nurse Midwives ensure 24 hour coverage in rendering patient care. Care provision is aided by use of basic and advanced technological equipment as is the case in intensive care unit. Preventive care is also rendered, in promoting and restoring human life, nurses broadly utilize five stages of the nursing process (Potter & Perry 2005) to identify patient's or client's problems and provide appropriate care.



The level of care provided to patients depends on the severity of patients' condition. Thus a patient can either totally depend on nurses or participate in the care to a certain extent. Nurses are there to ensure the provision of care by meeting patients' physical, psychological and social needs within the nurse patient relationship based on scientific reasoning. Physical needs include: helping patients meet basic activities of daily living such as feeding, toileting & ambulating. They also render advanced care for example in the intensive care unit.

Nursing & midwifery is not just providing bedside care, it also involves leadership, research, community social work & educating future nurse midwives & the public. Thus nurses & midwives can work in Hospitals, Communities, Schools/Universities, Companies, & Non Governmental Organizations.

WHAT CAREER OPPORTUNITIES ARE THERE IN NURSING?

The profession is a very dynamic profession giving you various specialties at BSc, Master's & PhD levels such as:

- Midwifery
- Nurse Clinician
- Nurse Education
- Theatre Nursing
- Nursing Research
- Paediatric Nursing
- Community Health Nursing
- Health Services Management
- Surgical & Intensive Care Nursing



IN NURSING WHAT BENEFITS ARE THERE FOR YOU?

Job Security
Personal Satisfaction
Market related Salary
Diverse Career Opportunities
Scholarship & Professional Opportunities

SOME CHALLENGES YOU MAY FACE HOWEVER

SUPPORT IS AVAILABLE INFORM OF COUNSELLING

- The course demands hard work.
- Some student nurses may have difficulties adjusting to some procedures when performed on patients of opposite sex.
- Inadequate male role models
- High competition to upgrade to professional level

8.54 Appendix M: Permission from sponsors to use ICAP Logo on the final brochure

Jan 12

Dear Mrs. Chinkhata,

Attached is the ICAP logo for your use. Please put the wording at the back of your booklet. All the best for your studies,

Regards,

Gertrude Chipungu

COUNTRY DIRECTOR

ICAP at Columbia University, Centres for International Programs,

P.O. Box 31604,

LILONGWE 3, MALAWI

Tel: +265 (0)1 772 614/615/616/622

Cell: +265 (0)8 885 50047

Skype: *gertrude.chipungu*

Alt e-mails: gc2510@columbia.edu

gchipungu@icap.org.mw

gertrudechipungu@yahoo.com

8.55 Appendix N: Language & Editing work Certificate

Gill Smithies

Proofreading & Language Editing Services

59, Lewis Drive, Amanzimtoti, 4126, Kwazulu Natal

Cell: 071 352 5410 E-mail: moramist@vodamail.co.za

Work Certificate

To	Prof L. Maree, RN DCUR (Pret)
Address	Wits Dept of Nursing Education
Date	04/07/2016
Subject	Thesis: Gender mainstreaming in Nursing Education: A study on the professional socialisation processes of Malawian student male nurses during undergraduate training, by Miriam Mary Chinkata
Ref	LM/GS/047

I, Gill Smithies, certify that I have edited the following for language and style,

Thesis: Gender mainstreaming in Nursing Education: A study on the professional socialisation processes of Malawian student male nurses during undergraduate training, by Miriam Mary Chinkata,

to the standard as required by Wits Dept. of Nursing Education.

Gill Smithies

04/07/2016

8.56 Appendix O. Letter of permission to take photographs at QECH

Telephone: (265) 01 874 333 / 677 333
Facsimile: (265) 01 876928
Email: queenshosp@globemw.net

All communications should be addressed to:
The Hospital Director



In reply please quote No.

QUEEN ELIZABETH CENTRAL HOSPITAL
P.O. BOX 95
BLANTYRE
MALAWI

Ref No. QE/10

9th January, 2015

Mrs M.M. Chinkhata
Malawi College of Health Sciences
Private Bag 396
Chichiri
BLANTYRE3

Dear Madam,

PERMISSION TO TAKE PHOTOGRAPHS

This is to inform you that permission has been granted to take photographs depicting some few midwives performing some clinical procedures at Peads and Obs & Gynae.

We will appreciate if a copy of your pamphlet is shared with the hospital.

All the best in your studies.

Yours faithfully,


T.N. Soko

DEPUTY HOSPITAL DIRECTOR — NSG



CC : Peads Ward
Obs & Gynae

