

**RETENTION OF MALE NURSES IN DIRECT SERVICE DELIVERY IN
LILONGWE CITY**

MASTER OF ARTS (SOCIOLOGY) THESIS

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LILONGWE CITY**

MA (SOCIOLOGY) THESIS

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DECLARATION

I, the undersigned, hereby declare that this is my original work that has not been submitted to any other institution for similar purposes. Where other people's work has been used, acknowledgements have been duly given. I am solely responsible for all the errors contained herein.

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CERTIFICATE OF APPROVAL

The undersigned certify that this thesis represents the student's own work and effort and has been submitted with our approval.

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DEDICATION

I dedicate this thesis to my parents Mr. F.S and Mrs. M. Muyaso, and my brother Edgar Muyaso for their encouragement and belief that propelled me to read and study hard.

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I give thanks and praise to the Almighty God for paving the way where there was no way. His constant grace, mercy and love lifted me and enabled me to experience His wonders to achieve my academic career.

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May God bless you all.

ABSTRACT

Retention of professional nurses in public healthcare facilities is essential for maintaining quality nursing care. Effective retention strategies enhance nurses' job satisfaction, promote professionalism, decrease organisational costs and improve patients' care. Florence Nightingale's perception and feminisation of nursing into a female-only profession has resulted in fewer men pursuing nursing as a career, with men in contemporary society making up only 2% of the total nursing professionals. Stereotyping and gender bias against men has helped create a less than inclusive, sometimes isolating and challenging experience for men in nursing, who are frequently treated differently from their female counterparts. The purpose of the study was to assess factors that influence male nurse retention in direct service provision in Lilongwe, Malawi. The assessment was carried out through an investigation of the current state of knowledge in the area of factors influencing men to enter nursing. The study also discovered challenges faced in this female-dominated profession, coping mechanisms used by male nurses, and ways in which the male nurses can be retained in the nursing provision. The study revealed that job satisfaction among male nurses is two-fold, that is, it is influenced by both institutional and external factors. The results have shown that most male nurses are influenced by whether their work environment is responsive not only to the service that the consumer needs but also to the service providers' needs. Not only male nurses but health workers overall are motivated if they have good remuneration, are recognized by their superiors, have a clear career path providing room for self-advancement and ensure that they can ably support their households.

TABLE OF CONTENTS

ABSTRACT.....	vi
TABLE OF CONTENTS.....	vii
LIST OF FIGURES	x
LIST OF TABLES.....	xi
LIST OF APPENDICES.....	xii
LIST OF ABBREVIATIONS AND ACRONYMS	xiii
CHAPTER ONE.....	1
INTRODUCTION AND BACKGROUND	1
1.1 Chapter Introduction.....	1
1.2 Background Information.....	1
1.3 Problem Statement.....	3
1.4 Aim of the Study.....	4
1.5 Specific Objectives	4
CHAPTER TWO	6
LITERATURE REVIEW	6
2.1 Chapter Introduction.....	6
2.2 Historical Perspective	6
2.3 Stereotyping, Gender Bias, and Retention in Nursing.....	7
2.4 The Male Nursing Student Experience.....	10
2.5 Strategies for Recruitment and Retention.....	11
2.6 Gaps and Inconsistencies.....	13
2.7 Theoretical Framework.....	14
CHAPTER THREE	21
RESEARCH DESIGN AND METHODOLOGY	21
3.1 Chapter Introduction.....	21
3.2 Research Design	21
3.3 Research Sites.....	21
3.4 Population.....	24
3.5 Sampling.....	24
3.5.1 Sampling Technique.....	24

3.5.2	Sample Size	25
3.6	Data Collection	26
3.6.1	In-Depth Interviews (IDIS)	26
3.6.2	Data Collection Instrument.....	27
3.6.3	Pre-Testing of the Interview Guide	27
3.7	Data Analysis.....	27
3.8	Study Limitations	28
3.9	Ethical Considerations.....	28
CHAPTER FOUR.....		29
RESEARCH FINDINGS AND DISCUSSION.....		29
4.1	Chapter Introduction.....	29
4.2	Characteristics of Study Participants.....	29
4.3	Departments in Which the Participants Worked	30
4.4	Preferred Department	31
4.4.1	Maternity Department	31
4.4.2	Children’s Department	32
4.4.3	Outpatient Department	33
4.4.4	No Preferred Department	34
4.5	Motivations for Entry into Nursing as a Career	34
4.5.1	Early Exposure to Nurses and Other Health Care Professionals	35
4.5.2	Choosing Nursing as a Profession by Chance.....	36
4.5.3	Choosing Nursing Because of Extrinsic Motivating Factors	36
4.5.4	Choosing Nursing Because of Intrinsic Motivating Factors	37
4.6	Challenges Faced by Male Nurses in Direct Health Service Delivery.....	38
4.6.1	Resource Constraints.....	39
4.6.2	Poor Salaries.....	40
4.6.3	Poor Working Environment	40
4.6.4	Overwhelming Number of Patients.....	41
4.6.5	Other Observed Challenges.....	42
4.7	Coping Mechanisms Employed by Male Nurses as They Work in a Female-Dominated Profession.....	43

4.7.1 Situational Controlling of Conditions	43
4.7.2 Preventive Monitoring of Situation.....	47
4.7.3 Seeking Help	48
4.7.4 Self-Control and Avoidance.....	49
4.7.5 Spiritual Coping	49
4.8 Factors That Can Enhance Male Nurse Retention in Direct Health Service Delivery	50
4.8.1 Improved Working Conditions.....	50
4.8.2 Coordination and Collaboration in Work Tasks	51
4.8.3 Control of Nursing	52
4.8.5 Continuous Professional Development	58
CHAPTER FIVE	63
SUMMARY, CONCLUSION, AND IMPLICATIONS	63
5.1 Chapter Introduction.....	63
5.2 Summary.....	63
5.3 Conclusion.....	64
5.4 Study Implications.....	65
5.5 Areas for Further Research.....	66
APPENDICES	73

LIST OF FIGURES

Figure 1: Force-Field Analysis. Source: Lewin (1952)	17
Figure 2: Lewin's Change Model. Source: Lewin (1952)	20
Figure 3: Proportion by the department of male nurses in direct service provision	31

LIST OF TABLES

Table 1: Rationale for research sites	23
Table 2: Sample Size	26
Table 3: Total Number of Participants.....	30
Table 4: Nursing School Gender-Based Lecturer Percentages.....	55

LIST OF APPENDICES

Appendix 1: Interview Schedule 1.....	73
Appendix 2: Interview Schedule 2.....	74
Appendix 3: In-depth interview guide with Key Informants.....	75
Appendix 4: Information Sheet	75
Appendix 5: Informed Consent	76

LIST OF ABBREVIATIONS AND ACRONYMS

CHAM	Christian Health Associations of Malawi
IDIS	In- Depth Interviews
KCH	Kamuzu Central Hospital
KCN	Kamuzu College of Nursing
KII	Key Informant Interviews
Mzuni	Mzuzu University
ND	Nursing Department
NSO	National Statistical Office
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
USAID	The United States Agency for International Development
UN	United Nations
WHO	World Health Organisation

CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.1 Chapter Introduction

This chapter presents brief background information on the study, a problem statement, the main and specific aims of the study, and a section on the significance of the study.

1.2 Background Information

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 (Government of Malawi, 2000). The policy was aimed at ensuring the mainstreaming of gender with the assistance of the Ministry of Gender, Children, Disability and Social Welfare. The Ministry of Gender was also mandated to spearhead the implementation and coordination of monitoring and evaluation of the Gender Policy, programmes, projects, and activities. The Ministry of Gender, as the national machinery, is the key player in the mainstreaming of gender equality, with the first gender policy put in place (2000-2005) and since revised in 2011 (Government of Malawi, 2008). Following the formulation of the policy, a National Gender Programme (2004-2009) was designed and a National Plan of Action for the programme was put in place (Government of Malawi, 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). All these developments were also augmented by the fact that gender equality is enshrined in the 1995 Malawi Constitution (Government of Malawi, 2008).

Following the inception of the Gender Policy, authorities in educational institutions, and tertiary educational institutions, were mandated to ensure that the recruitment of students

in all courses should be gender-sensitive (Maluwa-Banda, 2004). As an example, the mainstream education sector in Malawi instituted several activities and projects aimed at strengthening the sector on gender issues (Maluwa-Banda, 2004).

It has been argued that Nightingale's era in nursing and her concept of the profession have contributed significantly to the barriers affecting men in nursing. Some of the barriers that male nurses encounter include discrimination, isolation, accusations of inappropriate touching, and questions about their sexuality (Loughrey, 2008). Research has shown that most male nurses are heterosexuals but the stereotype that male nurses are homosexuals persists (Harding, 2007). Men also encounter other stereotypes due to the stigma that nursing is not a profession for men but rather for a woman in a white dress with a cap (Loughery, 2007). The perceived and real barriers associated with men in nursing have implications for gender diversity; however, they continue to be significant factors contributing to the persistent minority status of men in nursing over the recent century (Wolfenden, 2011). It was important to assess how this affects men's retention in direct health care in Malawi.

In Malawi, the quality of the administered nursing practice is inadequate. There are three nurses for every 10,000 patients currently which is below the World Health Organization (WHO) of ten nurses for every 10,000 patients. According to Muula and Maseko (2006), there was a massive movement of male nurses to other non-practising jobs either within the country or outside. Not only did this consequently lead to extensive workloads on female nurses due to the increased nurse to patient ratio, but it also led to low quality of care (Benner et al, 2009, Mueller *et al.*, 2011). Furthermore, such situations translate into vulnerability on the side of the patients' well-being which creates unsafe environments often resulting in worse health outcomes (Hickey, 2009). According to the National Organization for Midwives and Nurses of Malawi (NONMM 2016), statistics indicate that Malawi has slightly more than 12,000 nurse-midwives to cater for the total population of close to 17 million people of which 51% are females and 49% are males (Malawi National Statistical Office, 2018), translating to a low nurse-patient population ratio of three nurses for every 10,000 people.

Based on the shortage of nursing personnel, there is a need for in-depth research on the experiences of men in the nursing profession to identify and address the barriers to retaining more men in the line of work. Gender diversity in nursing could be achieved if more men are recruited, supported, and retained into the profession (Robert Wood Johnson Foundation, 2011). Male nurses would also serve as role models for other men who are considering the nursing profession and helping to change the public image of male nurses in Malawi.

1.3 Problem Statement

The retention of male nurses in direct healthcare provision is crucial for addressing the nurse-patient population ratio issue in Malawi, which stands at 1 nurse per 1000 patients, as highlighted by the National Organisation for Nurses and Midwives Council of Malawi in 2016. While men are actively trained as nurses, their inclination towards administrative positions rather than clinical roles is an emerging trend distinct from their female counterparts, as identified by the Norwegian Church Aid Malawi in 2009.

This current situation necessitates a comprehensive framework to assess the problem and guide the development of appropriate interventions aimed at improving the low retention of male nurses in the country. Such understanding is critical for informing policy and practice in the nursing profession and advancing health workforce research related to gender and health workforce issues in Malawi. The departure of male nurses from the profession exacerbates the crisis of staff shortages and low retention rates, especially considering that very few male nurses trained in government institutions remain in the public sector and serve in government health facilities. This trend is alarming given the United Nations' recommendation of an average of 23 nurses, doctors, and midwives per 10,000 people to achieve health sustainable development goals. Meanwhile, the International Labor Organization estimates a shortage of nearly 13,000 doctors, nurses, and midwives in Malawi. Therefore, the high nurse turnover and low retention rates, particularly among male nurses, will inevitably significantly impact the country's health system objectives and the nation's improved health status. According to the Nurses and Midwives Council of Malawi under the Ministry of Health, the Recruitment and

Retention Policy stipulates that 70% of nurses should be female and 30% male nurses. However, as of 2016, male nurses constituted only 9%, while females made up 91%. Malawi has successfully trained 5,186 male nurse practitioners across various tertiary institutions, including Kamuzu College of Nursing (KCN), Mzuzu University (MZUNI), Christian Health Association of Malawi (CHAM), and Malawi College of Health Sciences (MCHS), as reported by the Government of Malawi in 2017. Out of this total, 2,649 male nurses, representing 51%, have registered with the Nurses and Midwives Council of Malawi, the regulatory body for practicing nurses in the country. However, 2,537 male nurses, accounting for 49% of the trained cohort, remain unregistered, preventing them from engaging in direct service delivery, as nursing practice requires registration with the Nurses and Midwives Council of Malawi.

This study identifies a limited body of literature and research dedicated to the involvement of male nurses in direct healthcare service delivery in Malawi, highlighting a knowledge gap regarding factors influencing the retention of male nurses in direct healthcare service roles. To address this gap, this paper aims to investigate the reasons behind male nurses' preference for non-practicing roles despite their nursing training and contribute to the existing literature by shedding light on factors that encourage the retention of male nurses in direct service delivery positions.

1.4 Aim of the Study

The main objective of this study was to find out why male nurses are not being retained in direct health service delivery in Lilongwe City, Malawi.

1.5 Specific Objectives

The specific objectives of this research were the following:

1. To establish the motivations for men's entry into nursing as a career, which is a female-dominated occupation.
2. To identify challenges male nurses encounter in direct health service delivery.

3. To establish coping mechanisms employed by male nurses as they work in a female-dominated profession.
4. To ascertain factors that can enhance male nurse retention in direct health service delivery in Lilongwe City.

1.6 Significance of the Study

This study aimed to contribute to the existing knowledge and academic literature on nursing in direct health service delivery. Therefore, this study was significant in understanding why the number of male nurses being trained has not translated to those being retained in direct service delivery. The study was also significant in displaying how the use of rigorous research methods can unearth valuable information and be replicated for academic papers and industry.

CHAPTER TWO

LITERATURE REVIEW

2.1 Chapter Introduction

This chapter provides an objective review of literature on the historical trend of the engagement of male nurses in a rather female-dominated profession. The section highlights the factors that influence the entry and retention of male nurses in direct service provision, the effects of gender stereotyping, current strategies on male nurse retention, as well as gaps and inconsistencies in the approaches.

2.2 Historical Perspective

The history of nursing concentrates on the study of a female-dominated profession (Mackintosh, 1997), portraying nursing as a role inherent to females and supporting the stereotypical feminine image of nurturing and caring (Meadus, 2000). While this may be seen as positive, considering the general neglect by historians of women's contributions to society over time, it was not until Nightingale's reformation, that nursing became a predominantly female profession (McMurry, 2011).

Mackintosh (1997) stated that men have worked as nurses since the profession's infancy, performing caring roles in asylums, workhouse infirmaries, military establishments and private associations. However, it would appear that the contribution of men to nursing over the centuries has been overlooked, perpetuating the notion that nursing is a feminine role (Meadus, 2000) and the idea that men in nursing are an anomaly. An examination of the history of nursing confirms the significant contributions men have made to the nursing profession over many centuries (Meadus and Twomey, 2011).

Evans (2004) suggested that men in nursing predated Florence Nightingale. Military orders of male nurses included the Order of St. John of Jerusalem, which was founded in

the eleventh and twelve centuries. In addition to protecting pilgrims, they built hospitals throughout Europe to lodge and care for the sick. Monastic orders of male nurses were represented by groups such as the Brothers of St. Anthony, established in 1605 to care for erysipelas victims. Florence Nightingale feminized nursing and diminished men's role in the profession. Florence Nightingale, the founder of modern-day nursing, established nursing as a women's profession in the middle of the nineteenth century. This brought the participation of men in nursing to an abrupt end. Male nursing from the 19th century to present day shows that men were able to participate in nursing, but many times were restricted in their activities. The Nurses Act of 1919 in England required male nurses to be on a separate register thereby segregating men and women within the profession. Segregation of labour was demonstrated with male nurses assigned to roles in asylums where their physical strength was sought to subdue violent patients.

Even though men have worked in caring roles within the nursing profession from the earliest available records, their contribution has been marginalized due to their tendency to work in areas where limited historical research has taken place, such as asylums and military service (Mackintosh, 1997). It is suggested that men may have been channeled into these areas of specialization because they are more congruent with masculinity (Evans, 2004). Failure to recognize men's contribution to nursing leaves men with little information about their place in the historical background of the profession. Furthermore, the low profiles of men have contributed to the designation of nursing as women's work, leading to the development of female-focused curricula which has perpetuated the feminisation of nursing, further limiting men's full participation in the profession (O'Lynn, 2004).

2.3 Stereotyping, Gender Bias, and Retention in Nursing

Gender bias is founded on stereotypical beliefs about the sexes rather than evaluating an individual's abilities and experiences (Cude and Winfrey, 2007). It is claimed that some deeply rooted stereotypes surrounding the role of nurses present as particular challenges to men who want to pursue nursing careers and, in fact, deter some men from entering and practicing the profession (Tranbarger, 2003). The existence of these stereotypes is

confirmed in recent studies with the majority of participants agreeing that nursing is not perceived as a very masculine career and it is more appropriate for females (Bartfay *et al.*, 2010, Stanley *et al.*, 2014). This public perception that the feminine nature of nursing makes it inappropriate for men has led society to conclude that men who nurse are different from other men and are, therefore, stigmatized accordingly (Meadus and Twomey, 2007).

Male stereotypes place certain limitations on male nurses. The stereotypes have been noted to greatly influence the male nurses' choice of the area of specialization. Evans (2002) conducted a study that detailed the influence of gender stereotypes on male nurses. Evans noted that as a result of the perception of men as sexual aggressors, the male nurses are very cautious while touching and caring for patients. Mathieson (1991) argues that prevailing gender stereotypes of men negatively influence the ability of male nurses to develop comfortable and trusting relationships with their patients. As a result, there is a sub-conscious or conscious inclination by male nurses to opt for nursing specialities that require less intimacy and patient touching (Evans, 2002; Kauppinen-Toropainen and Lammi, 1993; Williams, 1989, 1995).

Men, while not new to the profession, still must overcome barriers to succeed (O'Lynn, 2004). The recruitment of male nurses has proved important to the profession given the nursing shortage. Research suggests that nursing education has failed to provide an appropriate environment for male nurses and nursing program environments are not conducive to attracting and retaining males and do not properly prepare men for the profession. Negative stereotypes of male nurses, such as being less sympathetic and caring to patients, need to end for male nurses to succeed in the nursing profession (O'Lynn, 2004). This may partly explain why some male nurses opt for administrative and teaching roles.

Men also face special challenges in nursing practice. The male nurse may find it difficult to maintain a masculine identity in a female-dominated profession. The male nurse faces assumptions about his sexuality and the purpose of his touch. What is considered

touching professionally by a female can be construed as sexualized or perverse when delivered by a male. The male nurse most likely enters his place of employment daily with the understanding that he is the minority (MacWilliams, Schmidt, and Bleich, 2013). For these reasons, the male nurse is at an increased risk of experiencing role stress. Role stress can be defined as the result of a difference between a person's awareness of behaviours within a specific role and what in actuality is being achieved by the individual currently operating in that role (Riahi, 2011). Role stress influences a person both physically and mentally. Emotionally, role stress can cause the individual to experience feelings of uneasiness, burnout, depression, and fatigue. These problems are more likely when a person has difficulty coping with job demands. It has been identified that male nurses may struggle with coping in practice (MacWilliams *et al.*, 2013). It is, therefore, important to find out how this phenomenon affects the participation and retention of male nurses in the provision of direct health delivery.

The most compelling evidence of bias against men in the nursing profession is related to their dealings with the public (McMurry, 2011), with the most encountered stereotype being the assumption that the male nurse is a doctor (Lerardi *et al.*, 2010; Kleinman, 2004; LaRocco, 2007; Meadus & Twomey, 2011). Male nurses are often mistakenly identified as doctors simply because of their gender. Further evidence of gender bias on the part of the public against men was found by Bartfay *et al.* (2010) who concluded that there is a general perception by society that female nurses are more caring than male nurses. Cheng *et al.* (2004) provide reports of some patients questioning the legitimacy and quality of the nursing care provided by a male nurse. Some degree of gender preference has been observed on religious grounds, particularly when a certain degree of intimacy in a procedure is involved (Chur-Hansen, 2002). For instance, most Muslims are not comfortable with male nurses assisting their female partners or family members, especially during procedures that involve a certain level of intimacy.

Lupton (2006) suggested that there has been a growing acknowledgement that men may experience challenges to their masculinity through working alongside more women and by executing duties that women normally undertake. Various studies conducted on men

in female-dominated occupations revealed different coping mechanisms employed by the men in these roles. Simpson (2004) argues that men in these occupations tend to re-label the jobs and use status enhancement techniques. Re-labelling involves, for example, male librarians referring to themselves using titles such as “information manager” or “researcher.” Most male nurses identify themselves with the area of specialization such as theatre nurse, clinical officer, cardiac care nurse, and pediatric nurse. Status enhancement strategies involve the articulation of the complexities involved in the occupation as well as citing the qualifications and the responsibilities tied to the occupation. This emphasis by the male nurses on the qualities required for their occupation is a strategy to justify their positions as well as enhance the status of their positions.

The traditionally feminine image of nursing, with its associated traits and values (Meadus, 2000), has been reinforced by the mass media which continues to perpetuate nursing as a feminine profession (Meadus and Twomey, 2007). The implications of this are two-fold: presented with this image, it is not surprising that men then fail to see the challenging career nursing has to offer, as the non-gender specific work. Furthermore, the public perception of nursing as women’s work has preserved the cycle of bias leading society to assume that men who nurse are different from other men and are therefore effeminate (Meadus and Twomey, 2007). This stereotyping and gender bias is identified as a major obstacle deterring many men from entering and practicing the nursing profession.

2.4 The Male Nursing Student Experience

As pointed out earlier, most of the literature on men in nursing is concerned with the lack of recruitment and retention efforts and the barriers experienced by men who choose nursing as a career. However, if more men are to be recruited and retained within the nursing profession, a greater understanding is required of why, despite some challenges faced, men still opt to pursue a nursing career and of their subsequent experiences as nursing students. Auberach (2007) explains this further in his concept of “the control of

nursing,” which involves the recruitment, graduation, and retention of male nurses as one complete process.

A key motivating factor behind men’s eventual decision to enter the field of nursing is encouragement, either by family members or friends who are in health professions (Rajacich *et al.*, 2013; Torjesen & Waters, 2010). Okrainec (1994) found that, comparatively, a higher proportion of male than female nursing students were influenced to pursue a nursing career by family and friends who were nurses. This is confirmed in the findings of Romem and Anson (2005) who concluded that early exposure to nursing through familial role models was more important in the decision-making process of the male participants than females. The fact that a high percentage of men in nursing come from such a health care background demonstrates the significance of this factor in their decision-making process to become a nurse (Whittock & Leonard, 2003). Another strong factor influencing career choice is previous encounters with males in nursing, following contact with successful males in nursing or as a result of being the recipient of care from a male nurse (Wilson, 2005).

The barriers and challenges that men experience once they decide to proceed with a career in nursing have changed little during the past few decades (Bell-Scriber, 2008). Much of the literature reflects a sentiment that male nursing students do not enjoy their general nursing school (Ellis *et al.*, 2006). O’Lynn (2013) sums this up by stating that since male students must face barriers common to all nursing students, as well as unique gender-based barriers, the nursing education experience is more difficult for men than it is for women.

2.5 Strategies for Recruitment and Retention

In order to eliminate the barriers that impede men’s entry into nursing, it is suggested that men in nursing should be promoted as positive role models who display care, compassion, and sensitivity without apology (Tranbarger, 2003). The importance of role models is highlighted by Romem and Anson (2005) who found that role models were

important during the decision-making process for the male participants in their study than for the female participants.

Lerardi *et al.*, (2010) suggested that increasing the number of males in nursing academia is proposed as a means of increasing the visibility and contribution to nursing made by men. Adequate male role models should be available in teaching and clinical settings (Stott, 2007) to provide role modelling opportunities and supportive networks. In addition, it is recommended that advertisements should be targeted to activities and publications where they will be viewed by large numbers of men.

Researchers have agreed that one of the fundamental challenges facing organizations in the area of performance is their inability to put in place strategies capable of recruiting competent employees and retaining them to achieve organizational goals (Cascio, 2003; Heneman and Judge, 2003; Gberevbie, 2008). Shimkus 2005 found that employees are more likely to remain and work for the successful achievement of organizational goals when appropriate employee retention strategies are adopted and implemented by organizations. Furthermore, he stated that appropriate employee retention strategies such as job satisfaction arising from appropriate rewards performance pay, employee training and career development are vital retention strategies.

Tinto (1993), through his integration model, suggests that retention is related to the student's actions and ability to become involved in his or her institution's activities. The model also suggests the need for a match between the institutional environment and the student's commitment. If the match is good, it will lead to higher student integration and possible retention.

O'Lynn (2004) states that in order to meet the needs of the nursing shortage, the retention of male nurses is of the utmost importance. O'Lynn found that "that nursing, as a whole,

has failed to provide an environment optimally conducive to attracting and retaining men as students, and thus, preparing men for the nursing profession." Therefore, there is a

need to increase the recruitment of male nurses into healthcare institutions and also devise ways to retain them.

The participation of male nurses in the healthcare sector is essential for the provision of quality nursing care in healthcare institutions (MacKusick and Minick, 2010; Hayward, Bungay, Wolff and MacDonald, 2016). A healthcare institution can ensure that male nurses participate through various strategies such as supportive management systems and constructive leadership by unit managers (Duffield, Roche, Blay and Stasa, 2010). Good retention strategies enhance nurses' job satisfaction, promote professionalism, decrease recruitment costs, and improve the quality of patient care (Armstrong, 2009; Hunt, 2009; Mokoka, Oosthuizen and Ehlers, 2010). On the other hand, poor organisation retention policies can compromise the healthcare service delivery system, bearing in mind that nurses constitute 90% of the healthcare workforce and spend most of their time with patients (Markham and Bounds, 2008; Agrawal, Berlin, Grote and Scheidler, 2012; Cangelosi, Flinkmann, Isopahkla-Bournet and Salanterä, 2013).

2.6 Gaps and Inconsistencies

Several inconsistencies in the findings of the literature emerge. These relate to the focus of strategies to recruit and retain men into the profession. Although there is much support for recruitment campaigns that focus exclusively on men, there are also objections (Walker, 2011). Some studies suggest that high school students are still too young to consider long-term career choices (Meyers, 2003), whilst others support initiating nursing recruitment activities that target high school students or even younger (Roth & Coleman, 2008).

There are also gaps and inconsistencies in the literature concerning how men fare once they decide to become nurses. While some of the literature reflects on a sentiment that male nurses do not enjoy the general nursing experience (Ellis *et al.*, 2006), for others the nursing experience is positive (Kelly, Shoemaker & Steele, 1996; Wilson, 2005). Other issues in the literature revolve around whether patients prefer being cared for by a male nurse, or whether most people would prefer having a largely female workforce (Duffin,

2009). Furthermore, a considerable volume of the research examining the success of men in nursing appears dichotomous, portraying men as either career opportunist, taking high ranking positions from women, or as a downtrodden minority, disregarded in a female-dominated profession.

Evans (2004) also suggested that the involvement of men in nursing has been greatly influenced by social and political dynamics, as well as by prevailing gender concepts that include masculine and feminine ideals. The role played by male nurses over centuries has largely been invisible, even, though, it was (and still is) as important as the role played by female nurses. This historical invisibility has led to the assumed designation of nursing as women's work and contributed to the exclusion of men in the profession. An analysis of the history of nursing showed that it is mostly an account of the involvement and accomplishments of women. This is regardless of the fact that men have also worked as nurses as long as the profession has been in existence (Evans, 2004; Mackintosh, 1997).

Failure to highlight the contributions of male nurses over the years means that there is little information about their professional background and their historical position in the profession as well. Okrainec (1990) argues that this historical invisibility has led to the perpetuation of the assumption that male nurses are an anomaly. The study of the participation of male nurses in Malawi in selected public health care facilities may contribute towards dispelling these assumptions. The information generated by the study will help design policies that would improve male nurses' participation in the field. It may also be employed in endeavours aimed at encouraging more men to venture into nursing and provide direct health services, or possibly, other female-dominated professions as well.

2.7 Theoretical Framework

This study used Lewin's Force-Field Theory. This theory assisted in visually identifying and analysing forces affecting a problem or a situation to plan a positive change. This was done by looking at the interaction between factors that motivate men to enter nursing

and the challenges they encounter while practising nursing which causes them to leave the practice.

The integration of a gender lens into Lewin's Force-Field Theory was done to understand men's involvement in the nursing profession in Malawi is a complex and multifaceted endeavor. This theoretical framework sought to explore the various factors that influence men's decision to enter and remain in the nursing profession in a country where nursing has traditionally been viewed as a female-dominated occupation. By integrating a gender lens into Lewin's Force-Field Theory, deeper understanding of the forces were gained that either promoted or hindered men's participation and retention in nursing in Malawi. This theoretical framework drew on concepts from gender studies, sociology, and nursing literature to provide a comprehensive analysis of the factors at play.

Lewin (1952) developed a management technique which was known as force-field analysis to manage change. With force-field analysis (Figure 1), Lewin suggests that stability among elements in a social system is maintained by balancing opposing forces. Bringing disruption in these forces, by shifting them, can result in changes in the system. Lewin (1951) introduced the force-field analysis technique to examine what he termed “forces” in the workplace. According to this theory, each work setting has forces that influence not only the organisation, but also the people working within the organisation. These forces are divided into two categories: driving forces and restraining forces. Driving forces are said to be positive in nature as they motivate or push towards a desired direction. In this study, driving forces were identified as a good working environment, improved working conditions; coordination and collaboration with female nurses on work tasks; control of nursing; gender-balanced nursing educators; continuous professional development and formulation and implementation of gender-inclusive policies. Through these driving forces, it was observed men joining nursing were driven by a desire to challenge traditional gender norms and stereotypes that associated nursing with femininity, seeing it as an opportunity to break barriers and contribute to a more inclusive society; additionally, it was also observed that men viewed nursing as a profession with ample opportunities for career advancement and specialization, offering competitive

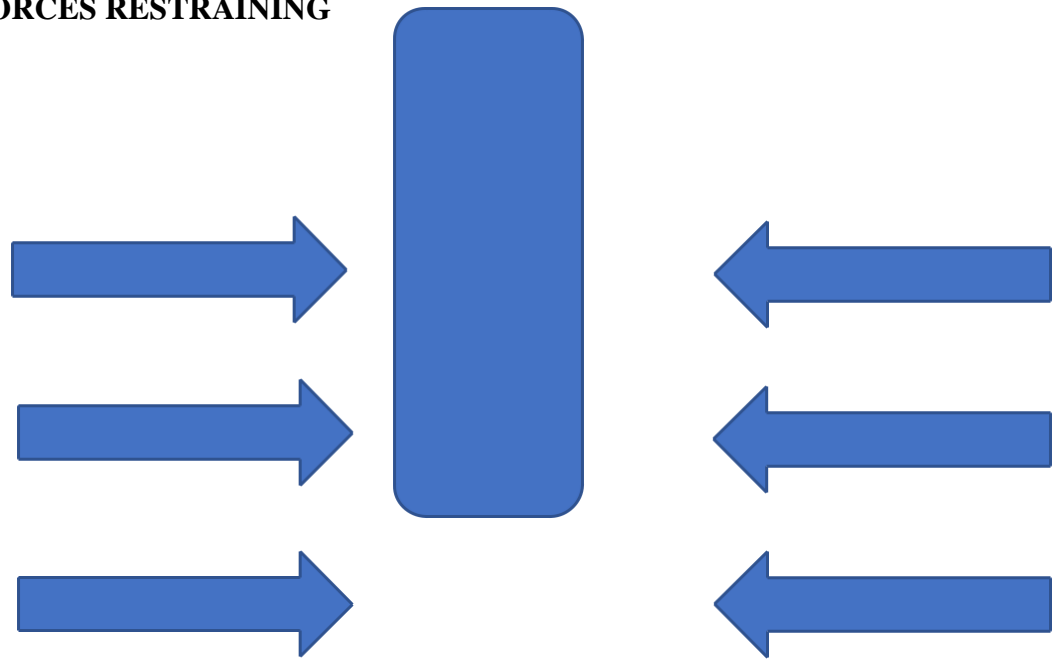
salaries and job security; despite societal stereotypes. The men also possessed nurturing qualities and felt drawn to nursing due to a genuine passion for providing compassionate care to others; and with the growing demand for nurses in Malawi, men have been attracted to nursing as a field where they could make a significant impact and contribute to addressing nursing shortages in the country.

Restraining forces are negative, pushing in the opposite direction and impeding change (Schwering, 2003, Sullivan & Decker 2005). In this study, these were resource constraints, poor salaries, an overwhelming number of patients and poor working environments. Through these restraining forces, it was observed that the challenges faced by men in nursing could be encapsulated as follows: Men in nursing experienced gender bias and discrimination, manifesting in subtle forms such as being overlooked for promotions or facing skepticism about their abilities based on gender, within a predominantly female-dominated work environment that presented challenges in fitting in, experiencing isolation, or facing hostility from colleagues; compounded by societal perceptions of nursing as a feminine profession, leading to stigma and questioning of masculinity; and exacerbated by family and social pressure to pursue more traditionally masculine careers, resulting in feelings of alienation or lack of support in their nursing roles.

GOAL

DRIVING FORCES RESTRAINING

FORCES



DESIRED CHANGE

Figure 1: Force-Field Analysis. Source: Lewin (1952)

Lewin's theory assisted the study in analysing that there should be a combination of forces at a given time. No one force should influence the decision to leave or stay. Effects of various factors in one's environment depend largely on the state in which a person is at a specific time, as both the person's state and that of the environment are interdependent. From this interdependence stems certain behaviour. If a male nurse experiences deprivation or restriction in any one of the needs which cannot be provided in his workplace environment, thoughts of intending to leave might manifest. On the other hand, positive feelings about his environment and experiences of a measure of satisfaction, especially in higher-level needs, might enforce the intention to stay and enhance retention.

Lewin regards human behaviour as a dynamic balance of these forces which work in opposite directions. A field is regarded as a place or space within which these forces are present, for example, an organisation. Organisations are in a state of equilibrium because of these forces, which differ in prominence from one organisation to another. Forces may pertain to persons within the organisation, their attitudes, habits, and values, as well as to the organisation itself. Lewin's technique called on organisations to attempt to identify all these forces or elements, especially those that are controllable. Once identified, controllable forces then need to work, with driving forces being strengthened and restraining forces removed or weakened (Furnham, 1997).

Controllable forces are those that, if implemented, will enhance retention. This will require disruption, where driving forces are further strengthened and restraining forces are further weakened, which implies change. Addressing problems that inhibit male nurse retention requires a measure of change in the workplace, within individuals and even in the profession itself. In order to effect such change, forces must be identified and analysed (Kumar, 1999). Once forces have been analysed, a process must be put in place to bring about planned change, which will enhance the retention of nurses.

The use of Kurt Lewin's Force-Field Analysis Theory was justified in this study for two reasons. Firstly, the theory identifies forces or events in the workplace which can either be positive or negative. Such forces influence the work environment and the people that work in this environment. An ideal working environment exists when driving, positive forces are increased, and restraining forces are either eliminated or minimised. In the case of nurse retention, the restraining forces are those factors that force nurses to leave or strengthen their intention to do so.

Secondly, the theory calls for change. To enhance the retention of professional nurses, it might be essential to bring about some change within the elements affecting nurse retention, namely the nurses, nurse managers, work and working methods, and the organisation itself (Cardin & Ward 1989). Force-field analysis can be useful as a guideline in identifying different forces in the workplace, describing what situation is

desired as an outcome and planning strategies to address the situation and implementing those strategies. This entails increasing the driving forces, which in turn can be attained through bringing about change. In the case of male nurse retention, restraining forces need to be minimised by bringing about change. Such change needs to be planned. Lewin (1952) describes the three steps of planned change as *unfreezing*, *changing*, and *refreezing*.

In the *Unfreezing* stage, there is usually a motivating event that demands a need for motivation of the male nurses to be retained in the nursing profession. For instance, salaries and working conditions could be improved and once this has been done, it is communicated to the nurses and this will encourage the male nurses to remain in direct service delivery. In the *Change* stage, the best practices such as coordination and collaboration as well as capacity development are determined and implemented by management. These practices can be large or small depending on the needs of the individuals (male nurses), the hospital or the institution. Finally, in the *Refreezing* stage (also known as the Freeze stage), the changes made in the second stage, which is the *Change* stage, are normalised in the hospital or institution's day-to-day activities. The process of refreezing can be gradual. For example, capacity professional development in the form of further training and education may last for as long as several months to a couple of years before the skills and knowledge which were acquired are applied. Due to constant structural changes and transfers of personnel, successful completion of the refreeze stage may not be possible. These shifts may affect retention if the pioneers or influencers of the refreeze are not there to complete the process.

From a gender perspective, it is critical to acknowledge that male nurses face unique challenges and biases in a predominantly female-dominated profession. These challenges has highlighted above include overcoming gender stereotypes and societal expectations that may impact their sense of belonging and professional growth. In the Unfreezing stage, the motivating event should also consider addressing these gender-specific challenges, such as providing mentorship programs tailored for male nurses or promoting a more inclusive workplace culture. During the Change stage, strategies should include

fostering an environment that actively combats gender bias and supports male nurses through peer networks and professional development opportunities. In the Refreezing stage, the normalization of changes should ensure that the institution's culture continuously supports gender diversity, thereby reinforcing a commitment to gender equity and creating a sustainable environment for all nurses to thrive. Figure e represents the freezing process.

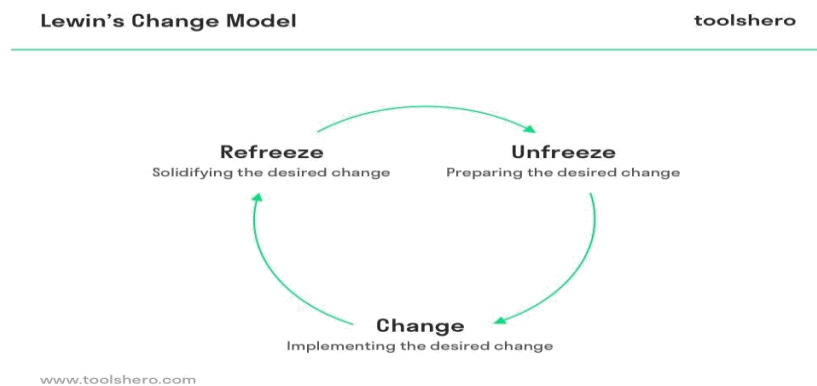


Figure 2: Lewin's Change Model. Source: Lewin (1952)

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Chapter Introduction

This chapter outlines the research design, research sites, targeted population and sampling strategy used in this study. It also includes data collection tools and the methods of data analysis that were used.

3.2 Research Design

The researcher adopted a qualitative design for the study. Qualitative research may be described as the type that involves broadly stated questions about experiences and realities studied through sustained contact with people in their natural settings, generating rich, descriptive data that helps to understand their experiences and attitudes (Phiri, 2017). More importantly, qualitative research provides the opportunity for the researcher to evaluate conventions and stereotypes through the eyes of the participant (Glesne, 2011). The research focused on the content and the context of the words of the participants. The narratives provided by the participants were the product of systematic inquiry which is a hallmark of qualitative research. The narratives of the participants were interpreted by the researcher through a process of systematic reflection.

3.3 Research Sites

The study was conducted in Lilongwe, Malawi. Data collection focused on selected health facilities within the district and extended to development partner agencies that support or promote health service provision. In particular, the study collected data from Kamuzu Central Hospital for data on the perception of public health service provision implications on male nurses; from City Centre Clinic, for a perspective from the private

sector; and from Likuni Hospital, for mission support perceptions. In acknowledging the role of UN agencies where a majority of male nurses have also been employed for other roles other than nursing services, the researcher conducted interviews with male nurses at the United Nations Population Fund (UNFPA), United Nations International Children's Emergency Fund (UNICEF), and United States Agency for International Development (USAID). Data was also collected from the Nurses and Midwives Council of Malawi and the Ministry of Health. The rationale for the selection of the health facilities and institutions for the study is summarized in Table 1.

Table 1: Rationale for research sites

Health Facility/Support Institution	Rationale
Ministry of Health – Nursing Department	The office of the Director of Nursing Services in Malawi who is the overall employer of all nurses in the country in government facilities
Kamuzu Central Hospital (KCH)	Has the largest number of male nurses in the district and provide a public service perception
Likuni Hospital	A triangulation platform from a CHAM perception With relatively different conditions of service and possible policy variations from public health service provision
City Centre Clinic	Provided a private institutions perception on factors of male nurses’ practice and retention
Nurses and Midwives Council of Malawi	Nurses and Midwives Council of Malawi provided information from an oversight experience with the retention of male nurses and the influence of policy as
	mandated by their establishment
USAID, UNFPA & UNICEF	Provided insight on why male nurses prefer to work at the agencies

Source: Field Data

3.4 Population

According to the Nurses and Midwives Council of Malawi which is a regulatory body for all nurses who are practitioners in the country, there are 2649 male nurses are in its registry. Out of these, 553 are practicing in health facilities in Lilongwe city. The study population consisted of practising male nurses in three city health facilities (Kamuzu Central Hospital, Likuni Hospital, City Center Clinic), and nonpracticing nurses affiliated with Nurses and Midwives Council officials, Ministry of Health officials, and relevant officials from USAID, UNICEF, and UNFPA.

3.5 Sampling

3.5.1 Sampling Technique

The researcher used the purposive sampling technique for the study. Participants sampled were practising and non-practising male nurses from three city health facilities, officials from the Ministry of Health (Nursing Department), and officials from the Nurses and Midwives Council of Malawi. The practising and non-practising nurses were purposively recruited for the study to benefit from their substantial exposure to the health system in Malawi and specifically in Lilongwe City. Purposive sampling involves selecting a sample for a study that the researcher believes will yield the most comprehensive understanding of the subject of study. In purposive sampling, each sample element is selected for a purpose, usually because of the unique position of the sample elements or because they are particularly knowledgeable about the issues under study (Nkosi, 2011). The approach had merit in that the individuals with the most and relevant information were selected.

At each health facility, the researcher met with the nursing manager who offered guidance on the male nurses' availability based on their duty roster. At the Nurses and Midwives Council, the Nursing Registrar provided guidance on the key informants based on their positions (e.g. Registration and Professional Practice Officer, because he had information on the nurses who pay their retention fee to register and practice; as well as the Investigation Officer from the Monitoring and Evaluation Department, because of information he had on the male nurses). Similarly, at the Ministry of Health (Nursing

Department), the Director of Nursing Services in Malawi gave the researcher insight on who to interview concerning data on the male nurses and their allocations (for example, interviewing the male Nursing Officer).

3.5.2 *Sample Size*

Unlike in quantitative studies, it is challenging to draw a definite sample size for a qualitative study. It is only when the researcher stops learning any new insights from any extra interviews. This point is referred to as saturation. Guest, Bunce, and Johnson (2006) propose that saturation often occurs at around 12 participants in homogeneous groups. Male nurses in this study were considered as a homogenous group. In consideration of the effects of saturation in research, the researcher decided to interview a maximum of 12 participants per institution. Additionally, there are no specific rules when determining an appropriate sample size in qualitative research. Qualitative sample size may best be determined by the time allotted, resources available, and study objectives (Patton, 1990).

At Kamuzu Central Hospital (KCH), a male nurse was selected from each of the following departments in order to provide a holistic representation of the male nursing experience: the outpatient, maternity, surgical, children's, general, and orthopaedic departments. Due to the busy duty patterns and schedules, out of 60 male nurses at KCH, the researcher was only able to interview one male nurse per department. With Likuni Hospital being comparatively smaller as a health facility, the researcher interviewed 4 out of the 8 male nurses. Similarly, City Centre Clinic availed 2 of its 5 male nurses for interviews with the researcher. The UN agencies and USAID each provided one technical

lead and 3 program officers for this research. The researcher interviewed 3 key informants as guided by the Registrar at the Nurses and Midwives Council of Malawi. Lastly, the Director of Nursing Services in Malawi at the Ministry of Health (Nursing Department) gave insight concerning the 3 key informants that the researcher interviewed. The researcher interviewed 30 individuals spread across the sample sites.

Table 2: Sample Size

Institution	No.
Kamuzu Central Hospital (KCH)	6
Likuni Hospital	4
City Centre Clinic	2
USAID, UNFPA & UNICEF (4 at each institution)	12
Nurses and Midwives Council of Malawi (NMCM)	3
Ministry of Health - Nursing Department	3
Overall Study Population	30

Source: Field Data

3.6 Data Collection

Primary data was collected through interviews with sampled participants. The primary data provided information responding to specific research questions of the study. The questions were developed to comprehensively inform the study objectives. The researcher conducted all the study interviews. This not only ensured quality but also ensured that the participants were reminded of the study focus. Secondary data from earlier study reports and legislation documents were used to validate the study findings and provide discussion reference points.

3.6.1 In-Depth Interviews (IDIS)

Qualitative researchers rely quite extensively on in-depth interviewing describing it as a conversation with a purpose (Marshall, 2006). In-depth interviews were conducted with male nurses working at Kamuzu Central Hospital, Likuni Hospital, and City Centre Clinic. Similar interviews were conducted with staff from the Ministry of Health (Nursing Department), Nurses and Midwives Council of Malawi, USAID, UNICEF and UNFPA. A semi-structured interview guide comprising 15 open and close-ended questions was used in the collection of data.

The interview process was designed to gather enough information to provide a rich description of the experiences of the participants relevant to issues of male nurses in the nursing practice. This rich description was useful in increasing the researcher's understanding of the topic of study. Open-ended questions were used to allow the phenomenon of interest to develop from the viewpoint of the participant rather than the researcher (Marshall & Rossman, 2011).

3.6.2 Data Collection Instrument

A semi-structured tool was used for data collection during In-depth Interviews (IDIs) with the study participants. The semi-structured tool provided some insight in terms of a quantitative measure of the perceptions even though the study hinged on the qualitative approach.

3.6.3 Pre-Testing of the Interview Guide

The core data collection was preceded by pre-testing of the interview guide. Participants were selected to pre-test the tool, and the participants comprised a purposive sample of male nurses working in direct provision of health services at Bwaila Hospital, in administrative and teaching roles in nursing schools under Malawi College of Health Sciences. However, the participants in the exercise were excluded from the main study. The pretesting of the interview guide focused on length, clarity, language, relevance, overall adequacy, and whether the content reflected factors that inhibit or promote the participation of male nurses in direct provision of health services.

3.7 Data Analysis

Data analysis is a search for similar statements and themes. Data analysis requires the researcher to bring a sense of structure and meaning to the data that will be collected. Data collected was analysed using content analysis. This enabled a more objective evaluation than comparing content based on the impressions of the listener. All collected data was entered in a pre-designed template in Excel. A deductive approach was used to analyse data for the study. Themes were developed based on the specific objectives of the

study. Trends were observed and data from different sources was triangulated to provide room for validation.

3.8 Study Limitations

The study was limited by the geographical area. It was conducted in Lilongwe city only and, therefore, the findings obtained from this study may not apply to other areas in Malawi. The researcher also faced the challenge of the availability of the male nurses but dealt with it by consulting with the nursing managers and booking appointments through the weekly nursing schedule and, where necessary, using the male nurses' lunch breaks. Alternatively, the researcher met the male nurses on their day off after their three-night work schedule.

3.9 Ethical Considerations

Ezeani (1998) noted that every research protocol is supposed to have ethical consideration. Ethical research is that which respects the values and provides opportunities for mutual benefit. The researcher obtained ethical clearance from Lilongwe District Health Office (DHO), and in doing so, respected the right to autonomy of the participants and informed consent was asked from the participants before the interviews. The ethical clearance was obtained by explaining the benefits, rights, and risks involved in the research study in writing. Confidentiality was maintained and participants in the study were asked to express their opinions anonymously. All participants were offered an information sheet before being given a consent form. A copy of this consent form is attached to the study tool (Appendix 1).

CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSION

4.1 Chapter Introduction

This chapter presents and analyses the results of the study. The findings are based on research objectives which were set out in Chapter 1. The primary objective of the study was to identify the reasons for low male nurse retention in direct health service delivery in Lilongwe, Malawi. The specific objectives were to establish the motivations of entry into nursing as a career which is a non-traditional occupation for men, to identify the challenges faced by male nurses in direct health service delivery, to establish coping mechanisms employed by male nurses as they work in a female-dominated profession, and to ascertain factors that enhance male nurse retention in direct health service delivery.

This chapter is divided into nine sections. The first section discusses the major characteristics of the study participants. Thereafter, each subsequent section discusses a specific objective of the study. The discussion of the findings in this chapter provides issues addressed in this study with the guidance of the conceptual framework.

4.2 Characteristics of Study Participants

Participants consisted of practising and non-practising male nurses, officials from the Ministry of Health Nursing department, and officials from the Nurses and Midwives Council of Malawi. The nursing participants were in the age range of 28 to 38 years and - were still in direct service provision having served for at least 4 years, while those who were out of service had served for about 4 years. These nurses were purposively recruited for the study to benefit from their substantial exposure to the health system in Malawi.

Table 3: Total Number of Participants

Characteristic	In service	Out of service	Total
Total number of male nurses interviewed (N)	12	12	24
Ministry of Health (Department of Nursing)		3	3
Nursing and Midwives Council of Malawi		3	3
Total			30

Source: Field Data

4.3 Departments in Which the Participants Worked

Participants in this study were asked about the departments they were attached to. This question was asked to determine the relationship between the department attached to and the retention rate. A follow-up question was then asked on the preferred department. It was noted that despite being placed in the different departments described below, participants had other views on where they felt they needed to be placed. The chart below illustrates findings concerning the participants involved in direct service delivery. According to the chart, 50% of the participants were working in the outpatients'' department, 33% in the maternity ward, and 17% were working in the child health department.

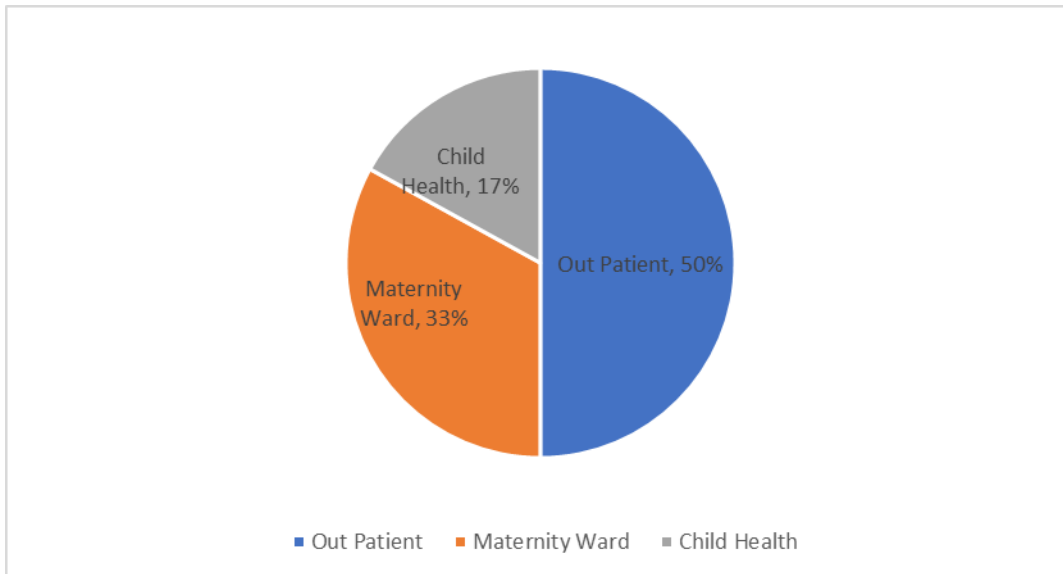


Figure 3: Proportion by the department of male nurses in direct service provision

4.4 Preferred Department

The study sought information on the departments that the participants would have preferred to work in given a choice regardless of the departments they were working in at that time. By asking participants about their preferred departments, the study gained insights into the factors contributing to job satisfaction resulting into retention or attrition. This information helped the researcher to identify whether male nurses are working in areas aligned with their interests and skills or if there is a mismatch that could affect their performance and morale.

4.4.1 Maternity Department

Most of the participants reported that they would have preferred to serve in the maternity department for various reasons. Some of the participants reported that they were touched by the pain that pregnant women experienced during the process of delivery and as a result, they would like to provide necessary care to support such women during childbirth. On the other hand, male nurses who were not working in the maternity department at the time expressed an interest to work in it because the maternity department was viewed as a less involving one; the period that a woman spends in the labour ward is predetermined (from labour to childbirth) and is only prolonged in cases of complications.

Maternity is a stand-alone profession where nurses have more independent roles. In most cases, we can admit, care [for], and discharge patients without consulting the doctor. (Male nurse, Kamuzu Central Hospital)

A positive view of male nurses by patients is very important to men in nursing as men will feel part of the nursing community thereby improving retention. This positive view is described in Lewin's Force Field theory as a driving force that fosters positive change and enhances retention.

4.4.2 Children's Department

Other participants said they would prefer to work in the children's department. Pediatric nurses can perform physical examinations, measure vital statistics, take blood and urine samples, and order diagnostic tests. Additionally, they can interpret test results to form diagnoses and develop treatment plans without the consultation of the medical doctor. This whole round-up procedure from admission to discharge, helps male nurses feel more in charge of their surroundings. One participant said,

Children usually come in critical conditions which need immediate resuscitation. Nurses are the first line health workers they meet, and they can exercise some independence in providing immediate first aid. This is satisfying and it helps boost self-esteem. (Male nurse, Likuni Hospital).

Contrary to the preference expressed by some participants for working in the children's department, a study by Smith *et al.* (2020) found that male nurses demonstrated a greater preference for working in emergency departments or intensive care units (ICUs) rather than pediatric units. Smith *et al.* (2020) noted, "Our study revealed that male nurses often express a preference for high-intensity environments such as emergency departments or ICUs, where they perceive a greater opportunity for hands-on patient care and critical decision-making. This preference is influenced by their desire for challenging and

dynamic work settings, where they can utilize their skills to manage complex cases effectively."

4.4.3 Outpatient Department

Furthermore, the findings also indicate that the outpatients' department was another department that was least preferred by participants. Participants in this study claimed that male nurses are bringing a sense of balance to the profession, which benefits patients. Having male nurses in the outpatient's department ensures that male patients are well cared for, represented, and fully understood. Male patients sometimes prefer a male nurse, particularly for procedures like inserting a catheter and serving a bedpan. Having male nurses in the outpatient department also serves as a motivation factor to other young men who are thinking of pursuing a career in nursing. Participants also expressed notions that being in the outpatient's department is preferred because most of the procedures are quick which makes their work easier as they move from one patient to another with ease. One participant elaborated:

Outpatients' departments are typically smaller than the large hospital system. They offer a more personalized feel when it comes to interacting with the patients. The outpatient's department also provides services such as checking vital signs, collecting samples, injections and drip installations and minor medical procedures are quick and easy to do and provide a satisfactory aspect for male nurses in a sense of achievement. (Male nurse, Kamuzu Central Hospital).

Participants' preferences for working in outpatient departments were influenced by the efficiency of procedures, which allows nurses to move quickly from one patient to another. This preference underscores the practical considerations that influence job satisfaction among nurses. Despite being less preferred overall, the outpatient department offers unique advantages such as rapid turnover of patients and varied medical conditions, which participants found conducive to their workflow. These insights highlight the complex interplay between personal preferences, patient needs, and the practicalities of nursing practice. Understanding these dynamics is crucial for healthcare

administrators and policymakers aiming to optimize male nursing workforce allocation and enhance patient care outcomes in outpatient settings.

4.4.4 No Preferred Department

Other participants of the study did not have a preferred department. They took nursing as a general profession since they trained to work in all departments. As such, they reported being willing to work in any department allocated to them by their supervisors at particular time. One participant was quoted,

I do not have a preferred department to work in. Any department that is allocated to me through the schedule I will gladly work in. (Male nurse, City Center Clinic)

A similar finding can be found in a study by Brown *et al.* (2021), where participants expressed a generalist approach to their nursing profession. Brown *et al.* (2021) noted, "Some participants did not express a specific preference for a particular department, viewing nursing as a holistic profession where they were prepared to work in any department as assigned by their supervisors. They valued the opportunity to gain experience across different specialties, believing it contributed to their professional development and versatility as nurses. This generalist perspective allowed them to adapt to varying patient needs and clinical settings, demonstrating flexibility and readiness to contribute wherever their skills were needed within the healthcare system."

4.5 Motivations for Entry into Nursing as a Career

This section explores the first objective of the study which is to establish the motivation of entry into nursing as a career by males. The results seem to suggest that motivational factors were influenced by individual perspectives. Based on the findings, participants outlined multiple motivations for joining the nursing profession: early exposure to nurses. and other health care professionals, choosing nursing as a profession by chance, choosing nursing because of extrinsic motivating factors, and choosing nursing because of intrinsic motivating factors.

Understanding the preferences of male nurses regarding their work departments can provide valuable insights into the factors that contribute to job satisfaction. Job satisfaction is a critical determinant of performance, morale, and overall workplace well-being. It was observed that when male nurses worked in departments that align with their interests and skills, they were more likely to be motivated, engaged, and productive. Conversely, a mismatch between a male nurse's preferences and their assigned department led to dissatisfaction, reduced performance, and high turnover rates. By asking participants about their preferred departments, the study aimed to identify these alignments and mismatches, thus uncovering areas that may require intervention to improve job satisfaction and enhanced retention.

4.5.1 Early Exposure to Nurses and Other Health Care Professionals

Early exposure to nursing and other health care professionals was influential in the male nurses' decision to become nurses. This included participants who had friends or relatives who were nurses and, in some cases, this exposure was also to other men who had chosen nursing as an occupation. The results in this study also indicate that a decision to be in health service provision could also be driven by prior experiences. Participants explained that they had experiences involving exceptional service and assistance by a male nurse practitioner and this left an impression on them which eventually influenced their decision to join the nursing profession. One participant said,

I looked up to my older brother who was a male nurse and because I was staying with him, he had a huge influence on my career choice. That's why I chose to become a nurse" (Male nurse, City Center Clinic).

Another participant added,

In secondary school, I was a member of The Red Cross Society, so this contributed to the development of a passion for working in a health institution. (Male nurse, Likuni Hospital)

4.5.2 Choosing Nursing as a Profession by Chance

Several male nurses chose to pursue their nursing careers unexpectedly; it was a decision principally based on their circumstances at the time of the decision. One participant said,

A friend showed me an advert in the paper on nurses’ recruitment and he encouraged me to apply. (Male nurse Kamuzu Central Hospital)

There was a concern that male nurses who chose nursing by chance would leave the profession as soon as they found other opportunities. This is because making a choice based on chance is not reliable. Adding on, those who chose nursing by chance did not practice the profession earnestly as they did not take it seriously.

4.5.3 Choosing Nursing Because of Extrinsic Motivating Factors

Extrinsic motivating factors refer to motivation that comes from outside the individual. These motivating factors may include money or grades. In this review, the most common extrinsic motivating factors for the male nurses were job security and job opportunity.

Interviews with male nurses who were not in direct service confirmed the findings from interviews with their in-service counterparts. As the study shows, the majority of the non-practising nurses explained that they pursued a career in nursing because they perceived that the profession came with easy access to employment opportunities since there were fewer nurses in the Malawian health sector.

One participant said:

Men who have pursued nursing as a career especially through CHAM scholarships did not have difficulties in finding employment as they were automatically absorbed in the CHAM hospitals” (Former male nurse, USAID).

Another participant added:

People in the health sector were attending a lot of workshops and it was not difficult to find a job (Former male nurse, USAID).

Although the perception that nursing offers both job and financial security may continue to attract some men to the profession, in the absence of early exposure to male nurses or encouragement from family and friends, it may prove to be an unsuccessful retention strategy in the long run. The key to attracting and retaining more men into nursing is to challenge the notion of nursing and caring as being feminine.

In Lewin's Force Field Analysis, Extrinsic Motivation (EM) is an exterior restraining force. An extrinsic motivation would guide the male nurse to carry out responsibilities by using coercion or instruction to get rewards in return. When these rewards are not met, retention will not occur. It seems plausible to conclude that those who joined merely for the sake of employment would be more likely to leave the profession if they found a more stimulating or fulfilling job. This is because the extrinsic motivation factor alone is not enough to sustain retention. In addition, male nurses whose experiences with organisations, and in this case hospitals, are consistent with their expectations and satisfy their basic needs, tend to develop a stronger effective attachment to the organization (hospital) than do those whose experiences are less satisfying. This attribute in the long run enhances retention.

4.5.4 Choosing Nursing Because of Intrinsic Motivating Factors

This study found that intrinsic factors such as a desire to care for or to help people played an important role in some men's decisions to become nurses. Traditionally, male nurses have been more prevalent in mental health and intellectual disability nursing. Retaining these specialities in preregistration programs rather than opting for more generic forms of education may go some way in addressing the gender imbalance within the profession. Addressing the low number of men within general nursing programs should be a priority if any real change is to occur. While early exposure to nursing and encouragement from other people are important motivating factors for men, this cannot be looked at in isolation from other factors such as the extrinsic motivating factors that have already been mentioned.

Caution also needs to be taken when describing nursing as a profession that offers both a good salary and job security as this varies. The results have shown that inspiration and passion are key motivating factors for male nurses. However, it is also clear from the results that the passion needs to be coupled with a monetary incentive as well as the feeling of belonging in the nursing profession. One of the participants said,

I wanted to be a role model to show that men too have a place in the nursing industry (Former male nurse, UNFPA).

This is congruent with the study by Leonard 2003; Ierardi, Fitzgerald & Holland (2010). Nursing is indeed as suitable for men as it is for women because the nursing profession requires both masculine and feminine skills. Attracting more men who are motivated by intrinsic factors into nursing will help challenge these barriers and can create a more welcoming environment for male nurses especially those who had not considered nursing as a first option.

In the context of Lewin's Theory, choosing nursing because of intrinsic factors can be deemed as a controlling force. This is because Intrinsic Motivation (IM) is an inner force that leads workers to meet personal and organisational aims. It guides individuals to do activities that they find exciting. Furthermore, this means that intrinsically motivated people have an internal drive that forms behaviours and inspiration to perform responsibilities without any external effects. Therefore, IM arises from the person's pleasure in the job itself or self-interest and without the pressure of others. IM among male nurses, in the healthcare context, is operationally defined as self-gratification and pleasure in carrying out responsibilities instead of working for external rewards. This controllable force can be used to enhance male nurse retention by planting and cultivating this intrinsic force from the early onset of the nursing career.

4.6 Challenges Faced by Male Nurses in Direct Health Service Delivery

The second objective of the study sought information on challenges that male nurses faced when they offered direct service. The most common challenges reported by the male nurse study participants were the issues of resource constraints, overwhelming

numbers of patients, poor salaries, and poor working environments as highlighted in the study.

4.6.1 Resource Constraints

Most participants of the study shared the opinion that resource constraints in most of the public health facilities have mostly resulted in female and male nurses not being able to perform their duties to the best of their abilities. The resources included instruments for measuring vital signs, maternal ward essentials for women in labour, and protective gear such as gloves and boots. In this study, male nurses reported that patients had continually lost trust in the nurses' ability to do their work because of how the nurses did not have adequate resources to execute their duties.

Additionally, the nurses reported that at times patients shouted at the nurses as a sign of dissatisfaction with the service that they were receiving. Consequently, the study participants from public institutions explained that they were frustrated with the profession and would rather serve in private institutions or stop practising nursing altogether. When asked why it seemed more male nurses were affected by this than female nurses, the study participants explained that women were generally more resilient in coping with difficult situations in the same environment for longer periods as compared to men.

One participant said,

Male nurses are too proud to work in an environment where the resources to carry out day to day activities are not enough (Male nurse, Kamuzu Central Hospital).

Another participant explained how females were better at improvising than men. He stated that:

Women are better at improvising than men are, and this makes it hard for male nurses to use few or inadequate resources in direct service

delivery. This leads to frustration and ends in male nurses leaving the direct service provision. (Male nurse, Kamuzu Central Hospital)

4.6.2 Poor Salaries

Additionally, participants whom the researcher interviewed cited poor salaries as a reason why male nurses are not retained. This group of participants reported that they were convinced that the salaries nurses received in the public sector were adequate for female married nurses but not for male married nurses. When probed more, the male nurses explained that traditionally, men are expected to provide for their families. As such, men are expected to earn enough money for the sustenance of their families. Additionally, some of the male nurses argued that the female married nurses were better off as they had spouses to financially support their needs. One participant said:

As a man, and as the head of the household, my family looks up to me to provide for their daily needs and beyond. The remuneration package that I get from my job is not enough to sustain my family and me?
(Male nurse, City Centre Clinic)

4.6.3 Poor Working Environment

Poor working environments for male nurses making was the least reported challenge. According to the male nurse participants, the poor working environment is a challenge directly linked to that of resource constraints because of the male nurse participants' various experiences of physical and psychological discomfort in their working environment. A physically safe and psychologically healthy working environment is essential to the provision of quality nursing. A working environment and conditions influence employees' decisions to leave or stay at a healthcare facility. However, male nurses in this study expressed negative feelings in terms of being expected to provide healthcare services without resources and non-functional equipment. The lack of resources such as protective gear meant that the nurses were putting themselves at risk and, consequently, this made them feel unsafe. These unsafe working environments permeated into a stressful working environment for the professional nurses. They were conscious that healthcare was impeded, yet they had no solutions as the healthcare

authorities were aware of the lack of consumables and stock and did not address the shortcomings. These two challenges are connected because the availability of resources and equipment in a working environment promotes and enables healthcare professionals to function and provide optimal healthcare services with the right attitudes and mindsets as they feel motivated, competent, and protected. One participant said,

I have been here for a year and seven months, but [since] my arrival we have been talking of inadequate medication in the hospital pharmacy. Now I am fed up, I just feel that I must quit because if you tell your patient you have no medication it is as if you don't know what you are doing. I can't work without medication and we only treat simple conditions [whose medication should not be scarce]. (Male nurse, Kamuzu Central Hospital)

The study findings correspond to El-Jandali, Jamal, Abdallah and Kassak (2007) who identified the importance of working conditions as a push or pull factor for health workers and this included unbearable working conditions, safety hazards, and poor management.

4.6.4 Overwhelming Number of Patients

Participants also reported an ever-increasing burden of work due to the overwhelming number of patients as a challenge they face. Interviews with administration personnel at the Nurses Council of Malawi revealed a worrying patient to nurse ratio with an estimated number of just over 12,000 nurses in Malawi to cater for the growing population of over 17 million people. One participant outlined:

There are very few nurses to serve a population of over 17 million people. At times we have resorted to doing things in a rush rather than doing things properly and orderly to serve the greatest number. Consequently, some steps are missed out and result in unsatisfactory sentiments from patients. (Male nurse, Kamuzu Central Hospital)

Overall, these findings are in accordance with findings reported by Washeya (2018) which discovered that male nurses were overwhelmed with workloads, and developed

stress and burnout. This resulted in job dissatisfaction that, in turn, negatively influenced male nurse retention.

4.6.5 Other Observed Challenges

The study also revealed that in cases when male nurses must consult the doctors, they have often been perceived as incompetent by patients and guardians. This has reportedly resulted in male nurses becoming frustrated with direct service in public facilities. The study also found out that there was a misconception among patients that male nurses were doctors. Patients assumed that the male nurses were doctors simply because they were men and this mistaken identity then resulted in raised expectations from patients concerning the male nurses' service delivery. For instance, one male nurse explained:

We are usually addressed as doctors just by the fact that we are male. This has happened to me several times to a point that if a patient calls me a doctor, truly speaking I do not correct the patient. (Male nurse, Kamuzu Central Hospital)

This is similar to what Meadus and Twomey (2011) found out concerning how patients often mistake male nurses for doctors. This is so because nursing is largely associated with women and not men. This can be disconcerting to men as they have to explain that they are not doctors but nurses. The results clearly show that the challenges faced by male nurses are two-fold: on one hand, the challenges are institutionally driven, while on the other, motivational factors for male nurses influence the perception of what constitutes a challenge.

In relation to the Force Field Theory, the challenges stated above are restraining forces that are making male nurses not want to practice nursing. Restraining forces are negative, pushing in the opposite direction and impeding in this case the restraining forces are poor salaries, an overwhelming number of patients, poor working environments and resource constraints. Force-Field Theory stipulates that disrupting the restraining forces by balancing and promoting motivation drivers would help in ensuring that male nurses are retained.

In order to retain male nurses in the profession, driving forces need to be strengthened and restraining forces removed or weakened, once this is implemented it, will enhance male nurse retention. For this to happen it will require disruption, this means that where driving forces are further strengthened, and restraining forces are further weakened. This will imply changing the meaning of male nurse retention.

4.7 Coping Mechanisms Employed by Male Nurses as They Work in a Female-Dominated Profession

The third objective of this study involved the researcher seeking information on coping mechanisms used by male nurses in a profession mostly dominated by females. The participants were asked about the importance of coping mechanisms to reduce stress in the workplace and they agreed that good coping mechanisms help to combat stress and enable them to control their emotional and mental health from depression and burnout. While there were no clear responses from the majority of the study participants on how they work in an environment dominated by women, some explained that they used coping strategies such as situational control of conditions, preventative monitoring of situations, seeking help from authorities, and practising self-control to manage their stress.

Most participants agreed that working in a female-dominated environment caused a lot of stress for them as they did not know how to deal with it. One participant said:

It is easier for a female nurse to talk to another female nurse when stressed but for male nurses, we tend to keep whatever is bothering us inside. Basically, men do not like sharing and it is seen as a weakness if you confide in someone about what is bothering you. (Male nurse, Likuni Hospital)

4.7.1 Situational Controlling of Conditions

Analysis of interviews with the participants showed that the nurses used various methods to control job stressful situations. The interaction as a situational control strategy method includes the following: taking immediate action to control the acute condition of patients;

taking immediate action to control professional errors; informing the physician and other members of the treatment team; understanding and sympathising with the patient and patient attendants; and proper planning.

4.7.1.1 Immediate Action to Control Acute Condition of Patients

Nurses participating in this study reported that they treated acute patients with immediate action and care so that the risk of further complications is reduced. This serves as a stress reliever and a coping mechanism to an error prevented and a job well done. It was noted that the nurses often needed to take prompt and decisive actions to stabilize patients experiencing acute medical conditions. This immediacy did not only address the patient's immediate needs but also reduced the stress associated with uncertainty and potential negative outcomes. By acting swiftly, nurses were able to mitigate the high-stress levels that accompanied critical situations, thereby maintaining their composure and efficacy. One participant elaborated:

If a patient comes in with a dog bite wound, I make sure that the wound is thoroughly cleaned with antibacterial serum, and I also make sure blood tissue samples are sent to the laboratory so that I know what kind of bacterial am dealing with to provide proper medication and treatment. (Male Nurse, City Centre Clinic)

4.7.1.2 Taking Immediate Action to Control Professional Errors

In this study, male nurses revealed that when they made errors, they were quick to rectify them and make amends. The male nurses elaborated that left without correction, errors by male nurses were seen as more severe than those made by their female counterparts. Taking immediate action included rechecking of vital signs and proper administering of drugs to patients. One male nurse explained:

I make sure blood samples are labelled properly and delivered to the laboratory. This helps with the proper tracking of the samples and results generation. If the sample provided by the patient is misplaced I go back to the patient, apologize for the lost sample and politely ask for another sample. (Male Nurse, Likuni Hospital)

In contrast to the findings, a study by Evans *et al.* (2018) reported that male nurses were not necessarily quicker to rectify errors compared to their female counterparts. The authors found that both male and female nurses demonstrated a similar level of diligence in addressing and rectifying mistakes. Evans *et al.* (2018) stated, "Our study found no significant difference in the response time of male and female nurses in rectifying errors, indicating that gender did not influence the speed of error correction in nursing practice."

4.7.1.3 Informing the Physician and Other Members of the Treatment Team

Male nurses participating in this study elaborated that informing the physician and other members of the treatment team through updated patient charts, laboratory results, as well as on the clock physical examinations helped in reducing stress and acted as a coping mechanism. The male nurses explained that these documents acted as a backup in case things went wrong. One male nurse stated:

It is my duty to make sure that the patient's chart is placed in a place where other members have access to it. This is important as it provides easy access to all members of the team working on a case (Male Nurse Kamuzu Central Hospital)

Male nurses participating in this study emphasized the critical role of effective communication and documentation in their daily practice. By updating patient charts, sharing laboratory results, and conducting timely physical examinations, male nurses not only facilitated coordinated patient care but also mitigated stress levels and served as a coping mechanism. This proactive approach allowed them to feel more secure in their decision-making processes, knowing that comprehensive documentation provided a safety net in case of errors or unexpected developments. As highlighted by the participants, these documents acted as a crucial backup, enabling quick responses and informed decisions, thereby enhancing both patient safety and nurse confidence.

Furthermore, the emphasis on communication and documentation among male nurses underscored broader trends in healthcare quality and patient safety initiatives. Research has consistently shown that robust documentation and clear communication are associated with improved clinical outcomes and reduced medical errors. By sharing updated information with the treatment team, male nurses are able to contribute to a collaborative care environment that promotes transparency and accountability. This study's findings aligned with broader healthcare goals of enhancing care coordination and minimizing adverse events, emphasizing the pivotal role of thorough documentation in supporting effective nursing practice and patient-centered care delivery.

4.7.1.4 Understanding and sympathizing with the patient and patient attendants

Participants in this study explained that understanding and sympathizing with the patients and the patients' attendants when taking the patients' medical history and doing quick assessments acted as a coping mechanism as it allowed them to show a humane and considerate approach to their patients' medical conditions. The male nurses added that having the patient attendants looking at the male nurses as primary caregivers made it easy for them to practice nursing. One nurse elaborated:

When I am taking a blood sample and the patient tells me I am hurting them, I try and distract them with a story so that I may put their mind off the procedure I am doing (Male nurse, City Centre Clinic)

The male nurses in this study highlighted the role of patient attendants in perceiving them as primary caregivers. This perception can facilitate their nursing practice by enhancing their authority and acceptance within the caregiving team. By being seen as primary caregivers, male nurses were able to effectively advocate for their patients, coordinate care, and engage in shared decision-making processes. This acknowledgment from patient attendants contributed to a supportive work environment that enables male nurses to deliver quality care and promote their professional growth and satisfaction in the nursing profession. Thus, understanding and sympathizing with patients and their

attendants serve as vital components of effective nursing practice, contributing to improved patient outcomes and male nurse retention.

4.7.1.5 Proper Planning

Participants explained that proper planning in the workplace acted as a strategy in preparing for the next day. This included the arrangement of the next day's shift, treatment schedules, and surgery schedules. Participants stated that proper planning for the next day or next week's activities served well as a coping mechanism because the nurses are able to plan accordingly.

Participants highlighted that planning for future activities allowed them to feel more prepared and confident in their roles. This sense of preparedness was able to reduce uncertainty and helped male nurses adapt more readily to unexpected situations, ultimately enhancing their resilience and ability to deliver quality care. By systematically arranging tasks and anticipating needs, male nurses were able to minimize the stress associated with last-minute adjustments and emergencies, thereby fostering a work environment that supports both individual and team success.

4.7.2 Preventive Monitoring of Situation

The study revealed that in preventive monitoring of a situation, a male nurse monitors a situation he is attending to periodically so that he is up to date with the patient's condition. This monitoring involves frequent checking of blood pressure, temperature, urine output, and food intake. Male nurses also indicated that they were able to make regular follow-ups with patients as a way of preventing a tense situation in which their lack of care of as men would arise. One of the male nurses explained:

When am treating a patient I always try to avoid the worst-case scenario. The worst-case scenario being me as the nurse overlooking a certain procedure. I make sure things do not go from bad to worse, so I make sure I update the patient's chart with all the necessary information and laboratory work. (Male Nurse, City Center Clinic)

Another participant added,

I visit an ordinary patient every two hours and the patient who is in critical condition every hour” (Male Nurse, City Center Clinic)

4.7.3 Seeking Help

The findings of the study showed that when facing professional stressful situations, male nurses, in some cases, use strategies that involve asking for help and receiving the support of co-workers/other staff and even family members. Participants elaborated that talking to other nurses about the events that happened during the day helped in stress alleviation. Participants further explained that they also sought help from nursing managers when faced with stressful situations in which the nurses required informational support or encountered challenges in their daily assigned duties and responsibilities for any given reason.

The findings also underscore the complex interplay between individual coping strategies and organizational support structures in managing stress. By actively seeking help, male nurses demonstrated a proactive approach to maintaining their own well-being and professional competence. This proactive stance challenged traditional gender stereotypes that may portrayed seeking help as a sign of weakness, highlighting instead the importance of interdependence and teamwork in nursing practice. Moreover, the study's emphasis on the role of family members in providing support suggests the need for a holistic approach to stress management that extends beyond the workplace.

When I have a question, I do not feel ashamed and ask the supervisor or my colleagues. It is better to ask than assume you know and make a terrible mistake. (Male Nurse Kamuzu Central Hospital)

The male nurses also shared that when they went home, they were able to confide in their spouses concerning work-related situations and by the end of the talks, they realized that they felt better.

4.7.4 Self-Control and Avoidance

Participants explained that through self-control and avoidance of situations they were able to deal with stress and adopt coping mechanisms. Participants said they gave no attention to negative feelings of stigmatization by some patients, patient attendants, and work colleagues and they diverted bad thoughts of talking back to patients, patient attendants, and colleagues if their treatment procedure was questioned without cause. Through this coping mechanism, male nurses mastered the art of self-control in situations. Through self-control, they were able to concentrate on their duties and provide proper patient care.

The strategy of self-control was pivotal for the participants, allowing them to manage stressful situations more effectively. By mastering self-control, male nurses could channel their energy into their responsibilities and provide attentive patient care. This coping mechanism not only shielded them from unnecessary distractions and conflicts but also contributed to a positive work environment by fostering professionalism and resilience. In essence, these findings highlight the significance of self-regulation in nursing practice, underscoring its role in promoting both personal well-being and the quality of patient care.

4.7.5 Spiritual Coping

Participating male nurses expressed spiritual coping as one of their strategies to cope with job stress. This approach, which was manifested as spiritual practices such as prayer or reading the Bible or Quran, could include features such as seeking help from God and feeling support from a superior force, an approach which was taken by nurses in different work situations. One nurse explained:

The effect of spirituality in the workplace is very beneficial to the mind, body, and soul. When work stresses you and gets you tired, there is a need to look for guidance in a higher purpose which is God. When I get home and read the Bible/ Quran and meditate, I feel relieved and purposeful. (Male Nurse Kamuzu Central Hospital)

4.8 Factors That Can Enhance Male Nurse Retention in Direct Health Service Delivery

The fourth objective of the study involved the researcher gathering information about factors with the potential of improving the retention of male nurses in direct service provision in the public health sector in Malawi. These factors may be viewed as driving forces that can enhance male nurse retention. Various factors mentioned by the study participants were: improved working conditions; coordination and collaboration with female nurses on work tasks; control of nursing; gender-balanced nursing educators; continuous professional development and formulation and implementation of gender-inclusive policies. These factors will be explained in the sections that follow.

To retain male nurses currently in practice and bring non-practising male nurses back into the profession, more long-term strategies will be required that are not only focused on specific health care organisations but are also sustainable to the development of the nursing industry (Sochalski, 2002; Fabre, 2005). The current short-term fixes, referred to as “band-aid solutions,” which are used by most health care organizations, are found to be ineffective. What is required is long-term solutions that include factors such as building relationships and effective communication strategies.

4.8.1 Improved Working Conditions

Improving work conditions for male nurses was unanimously deemed as the most important motivation factor. According to the Nurses and Midwives Council of Malawi, lobbying for better policies and conditions of service to the Ministry of Health could help retain male nurses in practice as conditions at the time of the interview were unfavourable for the nurses. In the health care industry, the challenge to retain male nurses is ongoing due to the global nursing shortage and factors that are related to the health care environment such as working hours, increased workload, poor salaries and working conditions, which make retention efforts even more futile and likely to fail than in other industries as they result in demotivated staff.

In this study, the most cited conditions were better salaries, access to soft loans, proper infrastructure such as the hospital and accommodation, proper protective wear like gloves, face masks, hair caps, and disinfectant materials. An interview with a key informant suggested the following:

It is important to ensure that the working environment produces a sense of willingness and motivation in the male nurses to work to the best of their ability. Nurses are the cornerstone of the health care system. They need safe and healthy working conditions in order to perform effectively. Assuring nurses of a decent working environment necessitates acknowledgement of their vital contribution to society's health and wealth. The consistency of patient performance indicators such as morbidity and mortality are influenced by working environments (Key informant, Nurses and Midwives Council of Malawi)

In relation to the Force-Field analysis theory, for retention to be enhanced, the total strength of all driving forces must be greater than the total strength of all restraining forces. Retention can be achieved by increasing the driving forces or decreasing the restraining ones. Reducing restraining forces is generally more effective than increasing driving forces. In this case, improving the working conditions in the hospitals may be more vital for male nurse retention. This is because, through the reduction of the restraining forces, male nurses will see the environment as favorable for working. Kaestner (2005) found out that to address this problem, health authorities are faced with a challenge to come up with strategies, policies, and legislation that will direct the recruitment and retention of nurses. The responsibility then lies with managers and individual organizations to create or develop strategies that fit their circumstances, implement these strategies, and be assured of retaining an experienced male nursing workforce, which will also enhance the quality of patient care in their hospital.

4.8.2 Coordination and Collaboration in Work Tasks

Another important factor was the need to advocate for coordination and collaboration or teamwork during direct service delivery in nursing. Coordination refers to male nurses

being able to work with other health care professions and collaboration refers to nurses being able to assume complementary roles and cooperatively work together, sharing responsibilities for problem-solving and making decisions to formulate and carry out plans for patient care. This was reported to have the capacity to make male nurses realize that they have a uniquely important role to play in nursing, and it will help them feel included. An interview with a key informant revealed the following:

Male nurses should participate in all tasks in the course of their duties. This includes but not limited to direct research on evidence-based improvements in direct patient care, to translate research findings into the practice environment, which will in turn advocate for policy change. Rather than using a traditional top-down style of leadership, leaders of different units should engage all members of the unit or ward in an environment of interprofessional collaboration and mutual respect. (Key informant, Department of Nursing Services Ministry of Health)

Nurses serve as a bridge between doctors, patients, and the hospital. Coordination and collaboration is critical to this role as patient care is the top priority in nursing. With coordination and collaboration, male nurses will feel that they are part of a team as they will be involved in the planning and implementation process of day to day routines and activities. This will help them feel part of the nursing profession and it will promote retention.

4.8.3 Control of Nursing

The study also found out that it is important to ensure that male nurses being recruited are translating to those graduating and eventually those being retained in the service. This is also known as the „control of nursing“ (Auerbach, Mason & Laporte, 2007). Participants in this study stated that measures must be put in place to ensure that male nurses are part of the nursing cycle (Recruitment, Graduation, and Retention).

The need for control of nursing is an important retention factor. This is aligned with the integration model by Tinto (1993) which is often cited in studying student retention. The model suggests that retention is related to the student's actions and ability to become involved in his or her institution's activities. The model also suggests the need for a match between the institutional environment and the student's commitment. If the match is good, it will lead to higher student integration and possible retention.

Another important finding expressed by the participants was that public career motivation lectures on the nursing profession should be initiated as early as in primary school. Currently, career motivation talks in primary schools are conducted during the normal assembly and sometimes are included in the normal classroom schedule. These kinds of talks are for students who are in Standard Five and classes above it. While in secondary schools, career talks are conducted with students who are in Form 3 and Form 4. One key informant stated:

The talks done in primary school should introduce the nursing profession to young boys as a way of stimulating their minds to believe that a man can be a nurse. If these talks are done at a young age then from the early onset men will feel part of the nursing community. (Key informant, Department of Nursing Services Ministry of Health)

It was also highlighted that these talks need to emphasize the point of male nurse practice and retention. Follow-ups on these lectures may also be made in secondary school so that the boys who will have turned into young men will make an informed decision on joining the nursing profession. Career talks, more especially those in the nursing profession, are almost non-existent. One participant said:

Growing up we never had career motivation talks on what we could be when we grow up. The only motivations we had were the pictures in the textbooks which showed a woman as a nurse and a man as a doctor or driver. These pictures in the textbooks depicted an idea of which professions are female-oriented and which ones are male-oriented.

Having textbooks in schools that show gender neutrality occupations can help build an assertiveness that a man can do anything that a woman can do and vice versa. (Former male nurse, UNFPA)

Another participant added:

There is a need to ensure that information about the nursing career is provided to male students whose subjects interests and perceived qualities are relevant to this profession as well as establish partnerships with universities and colleges that provide nursing education to provide career advice, mentorship, and work-shadowing opportunities to male students while they are in secondary school. This will help male students become better male nursing practitioners who will be retained in the service. (Key informant, Department of Nursing Services Ministry of Health)

This result ties well with a previous study by Shimkus (2005) who stated that recruitment is regarded as the first step towards retention, be it short term or long term. Supplying job candidates with all the information related to the job, ensuring that managers select candidates that are best suited for the job, and applying effective human resource policies, set recruitment as the first step in the right direction.

4.8.4 Gender-Balanced Nursing Educators

Although nursing programs are putting in deliberate effort to include men, little is changing within these programs to promote the retention of male nurses. This research has identified barriers experienced by men in nursing education and found similarities in the rating of prevalence and importance of these barriers among men from varying geographical areas, academic backgrounds, and years of post-graduation from nursing school.

Table 4: Nursing School Gender-Based Lecturer Percentages

Institution	Male	Female
Mzuzu University	80%	20%
Malawi College of Health Sciences	10%	90%
Kamuzu College of Nursing	16%	84%
CHAM Colleges	25%	75%

Source: Field Data/MoH

In reference to Table 4, Mzuzu University has the highest number of male nurses educators. This is good for the retention purpose as these men will serve as a career guidance agents who will support their fellow men who are starting their careers in nursing. On the other hand, Malawi College of Health Sciences, CHAM and Kamuzu College of Nursing had significantly low numbers of male nurse educators. The explanation for this difference is that Mzuzu University has the most recent Nursing Program. When lecturers were being recruited for the program, the nursing profession had opened its doors to the idea of male nurses. Furthermore, Mzuzu University's administration has more men than women. This could lead to bias in recruiting male nurse educators as is evidenced in the percentages above, while the other colleges have female-oriented administrations hence the higher number of female educators. A participant explained:

Interviews for the position of Nursing Educator at Mzuzu University are more objective-oriented and mainly based on presentation ability

rather than looking at the narrative and potential of an individual. In this regard, most of the times, men can explain and present better than women and this results in them being picked for the position. Women tend to be more timid and shy when responding to questions so the potential in them is not accredited. (Key informant, Nurses and Midwives Council of Malawi)

Having few male educators could serve as a negative factor in the sense that male nursing students do not have role models to look up to while in school. With these statistics, male student nurses are more likely to view nursing as a female-oriented and dominated place and not a place for men. A learning environment is a complex social entity. This means the learning environment should be effective in accommodating the needs of both the male and female students; however, if it is only congested by one type of gender-specific educator, the opposite gender may feel out of place. Therefore, to retain male nurses from the academic discipline to the professional practice, the number of male nurse educators must be significantly higher than what is being portrayed now. An interview with a former male nurse revealed the following:

When I saw that there were only 2 male nurse educators versus the 20 who were females during my nursing education, it made me realise that I had made a mistake in choosing this profession. Despite having a significant number of fellow male nurse students in my class and at the institution, this did not make up for the fact that the nursing perspective will only be taught from a female point of view. (Former male nurse, USAID)

Another participant added:

It is often very frustrating when trying to promote greater gender inclusiveness in nursing education. I recently found an advert for a nursing educator position that stated that the college was dedicated to diversity amongst its faculty and that visible minorities and women are

encouraged to apply. Did this mean male nursing educators were discouraged from applying? That was the implication.

Honestly, we are doing a poor job at promoting men as a minority in nursing and in need of advocacy in the hiring process. Equal opportunity is supposed to work both ways, otherwise, it is unequal opportunity. (Former male nurse, UNFPA)

The first nursing college in Malawi to recruit male nurses was Kamuzu College of Nursing (KCN) in 1985. Out of the 40 nursing students, 10 were men representing 25% and 30 of them were women representing 75%. During this time, the total representation of lecturers was 100% women. Thirty-three years later, in 2018, out of the 250 nursing students admitted to the college, 56 were men representing 22% of the total intake, while 194 were women representing 78% of the total intake; the total representation of lecturers was 16% men and 84% women. The unbalanced number of nursing educators was reported to have affected male students who stated that despite being accepted into the program, they did not feel like part of the program due to the low representation of male nurse lecturers. During one of the interviews, a key informant explained:

Changing this situation will require addressing traditional nursing stereotypes, increasing nursing faculty's awareness of men's perceived experiences while learning nursing, and providing proactive solutions to address the alienation men experience in nursing education. Programs such as establishing mentors between new nursing students and practising men in nursing may decrease the social isolation that men experience. (Key informant, Department of Nursing Services Ministry of Health)

Gender bias in nursing education impedes the recruitment and retention of males into the profession. Nurse educators who are unaware of men's historical contributions to the profession may unknowingly perpetuate gender bias. It is, therefore, important to consider the supportive factors and barriers to recruiting men into nursing programs in

the first place, and the factors that influence their retention and success in nursing education programs in the long run; having a gender-balanced nursing education structure is key. Therefore, having a gender-balanced number of nursing educators could serve as a factor discovered in this study that can enhance male nurse retention.

These findings are consistent with the findings of Kelly, Shoemaker & Steele (1996) that men perceive an inherent bias within the nurse education system. These respondents reported feelings of isolation and loneliness which was exacerbated by underlying assumptions of nurses being female in both lectures and textbooks, and as evidenced by the ubiquitous use of the pronoun “she” when referring to a nurse (Kelly, Shoemaker & Steele, 1996; Inoue et al., 2006). Moving forward, deliberate moves by institutions offering nursing education to have more balanced numbers in terms of educators’ gender would help assist reduce these biases.

4.8.5 Continuous Professional Development

Furthermore, the study discovered that another factor that can enhance male nurse retention is greater involvement of male nurses in Continuous Professional Development (CPD). CPD encompasses experiences, activities, and processes that contribute towards the development of a nurse as a health care professional. CPD is, therefore, a lifelong process of structured and informal learning. It consists of planned learning experiences that are designed to augment the knowledge, skills, and attitudes of nurses for the enhancement of nursing practice, education, leadership, and research. Continuing professional and personal developments are required to maintain and enhance professional standards and to provide quality, competent, and safe patient care (Feldbulm, 2005).

One participant elaborated:

The individual nurse with the help from management is responsible for undertaking relevant CPD activities to develop their professional practice. Under the Nurses and Midwives Council of Malawi, registered nurses have a responsibility in relation to the maintenance of

professional competence. Therefore, Continuing Professional Development is one element of professional competency. (Key informant, Nurses and Midwives Council of Malawi)

Motivation is regarded as a force that directs or influences behaviour and comes from within an individual. Managers cannot directly motivate their subordinates but can create an environment that maximizes human potential to achieve personal goals. In relation to the Force-Field theory by Lewin, motivation is regarded as a driving force that seeks to bring about change and enhance retention. To achieve motivation through continuous professional development, driving and restraining forces must be “unfrozen,” behaviour must be changed in the desired direction, and the forces must be “refrozen” to allow the desired behaviour to continue. In the case above, the nursing manager can “unfreeze” and reduce restraining forces by providing additional training. This will result in fewer errors in the nursing practice itself by the male nurses. The manager can “refreeze” the restraining forces by providing continued training as needed and by reducing the workload to a manageable level. Once these goals and needs have been achieved, organizational goals will also be met. Hence, this result ties well with the study by Manion (2003) who stresses the role that managers and leaders can play in increasing workers’ roles through understanding the relationship between motivation and behaviour.

Some participants also stated that examples of activities that might contribute to a nurse’s professional development include formal education programs, reflective practice, journal clubs, case-conferences, clinical supervision, learning sets, preceptorship, mentorship, workshops, distance learning, blended learning, e-learning, sourcing information and self-directed learning.

The profession should also give non-financial resources and rewards in terms of words of encouragement, positive feedback, and appraisals. This would help with male nurse retention as small positive reinforcements when one is doing a good job goes a long way in satisfying one’s emotions and as well as sense of purpose. (Male nurse, Likuni Hospital)

Barbian (2001) found that hospitals with established training and development programs are better geared to deal with any change that might be necessary. He illustrated that these hospitals also have the confidence to decentralize decision making to their trained staff, which in turn motivates nurses because they feel encouraged to exercise their creativity and innovation skills. Rudy (2006) regards hospitals that have been successful in implementing retention programs as those that provide professional development as one of their retention strategies. Development is seen as bringing growth in one's career and consequently happiness to nurses, enhancing retention rates.

4.8.6 Formulation and Implementation of Gender-Inclusive Policies

The study also found out that nursing educators and senior nurse administrators should ensure the formulation and implementation of gender-inclusive policies in nursing colleges and hospital facilities. This means that nursing schools and clinical settings should be developed to consider gender issues related to nursing care and profession. This could strengthen the education and retention of men in the female-dominated profession. Gender can interact with career choice and aspirations in several ways. Firstly, gender can mark differences in any occupational context including nursing. The gender of a female nurse is unremarkable whereas a man who is a nurse is often referred to as not just a nurse but a "male nurse". The growing body of research on men in the nursing profession underpins this contention.

One participant stated:

Times have changed and so must policies regarding nursing education and practice. These include supporting career goals or change in specializations, support participation in professional organizations for men in nursing, assist men in gaining a thorough understanding of their role in nursing and changing the name from "nurse" to another word that will not automatically sound feminine. (Key informant, Nurses and Midwives Council of Malawi)

The above statement posits that if gender non-inclusiveness is unrecognized and unaddressed, the component of ensuring that men too are part of the nursing profession will be invisible. This resonates with what Kelly, Shoemaker & Steele (1996) says that outcomes of gender non-inclusiveness are harmful to the profession and create a cycle that perpetuates bias and limits the role of men in nursing, which eventually limits retention of men in nursing.

Regarding male nurse retention, it could be said that factors that enforce nurses' leaving or retention have been widely established. These are negative experiences that have been cited. Although not largely focused on, driving forces could refer to reasons why nurses remain in the health service. The participants agreed on the notion that the institutions should have an enabling environment for male nurses if retention is to be promoted. Furthermore, addressing problems that inhibit nurse retention requires a measure of change in the workplace, within individuals and even in the profession itself. Effecting such change, forces must be identified and analysed (Kumar, 1999). Once forces have been analysed, a process must be put in place to bring about planned change, which will enhance the retention of male nurses (Figham, 1997).

4.9 Chapter Summary

This chapter has highlighted the study results by exploring the study objectives. The first objective involved establishing the motivations of entry into nursing as a career. Challenges that male nurses encounter were explored as the second study objective. Thirdly, coping mechanisms employed by male nurses were reviewed as the third objective of the study. Finally, the fourth objective of ascertaining factors that can enhance male nurse retention in direct health service delivery was explored.

Historical legacies that nursing is a female profession, are coming out as an influence towards reducing the retention of male nurses. The results have shown that while most of the factors such as remuneration, an overwhelming number of patients relative to the number of nurses, and poor salaries are general and ideally affect male and females equally, there is higher retention of females than their male counterparts.

Reflecting on the Force-Field Theory, the results reveal a current level of balance of forces on the restraining end contributing to the status quo that has seen low levels of retention of male nurses. The results have consequently revealed the need to disrupt the balance by focusing on the driving forces to enhance motivation for male nurses to be retained in direct service delivery.

CHAPTER FIVE

SUMMARY, CONCLUSION, AND IMPLICATIONS

5.1 Chapter Introduction

This chapter presents the summary of the study, a conclusion and implications of the study, and areas of recommendation for further research. It is divided into four sections.

5.2 Summary

In summary, this study investigated why male-nurse retention in direct service provision in Lilongwe City is low. The first objective was to establish the motivations for entry into nursing as a career, which is a non-traditional occupation for men. The study found out that male nurses usually join the profession because of motivation from previous experiences of receiving quality treatment and service from a male nurse, and some male nurses joined because of encouragement from family members. Other male nurses reported that they developed a passion for serving because of the rising numbers of people suffering from various health conditions. While most of the participants shared notions on passion and filling in the health service gap, some reported that they joined the profession merely to find a job opportunity.

The second objective was to identify challenges male nurses encounter in direct health service delivery. Working resource constraints, overwhelming numbers of patients to deal with, poor salaries and poor working conditions were identified as the key challenges male nurses face and as reasons why some leave the profession for other professions.

The third objective was to establish the coping mechanisms employed by male nurses as they work in a female-dominated profession. Male nurses were found to use several

coping mechanisms to counter the challenges that they reported to be meeting. These mechanisms included: situational controlling of conditions; preventive monitoring of situations; seeking help; self-control; and the extent of stress on participants.

The fourth and final objective was to ascertain factors that can enhance male nurse retention in direct health service delivery in Lilongwe City. The following factors were suggested as ways that could enhance male nurse retention in direct health service delivery in Lilongwe City: improved working conditions; coordination and collaboration; control of nursing; gender-balanced nursing educators; continuous professional development; and the formulation and implementation of gender-inclusive policies.

5.3 Conclusion

The conclusion drawn from the study results was that the motivations for entry into nursing as a career by males were mainly based on individual perspectives. Intrinsic factors such as a desire to care for and help people, as well as early exposure to male nurses, were established as strong motivating factors.

The study also concluded that the most notable challenge faced by male nurses was the issue of resource constraints, which included the lack of instruments for measuring vital signs and protective gear. This affected execution of the male nurses' duties and their level of productivity in assisting patients.

Thirdly, the study concluded that situational control of conditions was the main coping mechanism used by male nurses while working in a female-dominated environment. This included taking immediate action to control acute conditions of patients and proper planning of their daily work schedules.

Finally, the study concluded that the main way to enhance male nurse retention in direct health service delivery in Lilongwe City was to improve working conditions by lobbying for better conditions of service such as better working hours, reduced workload, and better salaries.

5.4 Study Implications

The findings of this study have practical implications for the nursing profession in Lilongwe city and Malawi as a whole. These study findings imply that if male nurses are to be retained in direct service provision, there is a need to address push forces or restraining forces that they encounter in the workplace. Addressing each of these factors in isolation from the others is likely to be futile.

The study validated that having male nursing acts as an attraction method to other men who aspire to join the profession. Therefore, it logically follows that a lack of male nurse role models is likely to result in fewer males aspiring to join the nursing profession. Improving the current conditions of male nurses entails encouraging more males to join the profession.

The study findings also imply that the nursing profession should recognize and address the gender bias as males bring a variety of unique contributions to the nursing profession. Lack of retention strategies for male nurses is very likely to continue to result in high male nurse turn over which should, in turn, result in a high nurse-patient ratio which is not good for the development of the country.

With increasing nursing demands, increased acuity of patients, and the complex phenomena of the nursing shortage, retaining experienced male nursing staff at the bedside is of utmost importance. Recognizing when male nurses appear to be distressed, frustrated, or socially isolated, may help retain future male nurses. Effective mentoring programs that fully support the transition into nursing practice from both professional and social development perspectives may ease this transition and assist in long-term male nurse retention strategies. This study provided broad conceptualizations of why male nurses leave the nursing practice. Exploring these concepts in more detail is necessary and will benefit every nurse, every patient, and every family, and ultimately improve the quality of care.

5.5 Areas for Further Research

The findings of this study have shown that there are gaps in knowledge that can be bridged through further research. The researcher suggests further confirmatory analysis involving a larger sample, perhaps conducted at a nationwide scale, to support or repudiate the findings of this study. Further research could also assess pertinent issues raised in this study such as the extent of stereotypes and the effectiveness of coping mechanisms, among other elements, which the researcher was not able to draw conclusions from due to the study limitations. According to the Nurses and Midwives Council of Malawi under the Ministry of Health, the recruitment and retention policy states that it should be 70% females and 30% males. However, this study found out there are 91% females and 9% males being retained, a significant departure from the policy. Therefore, future research should focus on why the nursing and admission policy has not been adhered to and determine the influence on which this percentage has a bearing on male nurse retention.

Additionally, future research should examine whether the impact of having male nurses in their preferred departments would have a positive impact on their participation, particularly in increasing their retention. It may be appropriate for future research about men in nursing to utilize a different approach to the qualitative methodology adopted in this study. Therefore, a mixed-methods approach may be useful to provide richer data and as a result, that broaden the insights offered on this topic. Longitudinal research may also be useful to establish any relationships between factors influencing nursing as a career choice for men and ultimate satisfaction with the career with the result being retention.

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APPENDICES

Appendix 1: Interview Schedule 1

Questions for male nurses in direct service delivery

- Q 1. How did you choose nursing as your career path?
- Q 2. Were there any factors that influenced your decision to become a nurse?
- Q 3. How long have you been practicing nursing?
- Q 4. What ward/section are you currently working in?
- Q 5. Is there a specific ward/section that you would prefer to work in? and why?
- Q 6. Please describe your experiences as a male nurse?
- Q 7. It has been observed that male nurses leave the practice are you going to stay or not and why?
- Q 8. How can the nursing practice attract male nurses who are no longer practicing nursing to come back into practice?

Thank you for your participation. Your responses will provide valuable information and I will provide you with an overview of our interview once this session has been transcribed. Please review this, just in case I have misrepresented your responses unintentionally in anyway

Appendix 2: Interview Schedule 2

Questions for male nurses not in direct service delivery

Q 1. How did you arrive at choosing nursing as your career path?

Q 2. Were there any factors that influenced your decision to become a nurse?

Q 3. After graduation did you practice? If yes for how long?

Q 3. How long have you been out of the nursing practice?

Q 4. What is your current position and job description in your job?

Q 5. Are there any factors that influenced your decision to leave the nursing practice?

Q 6. Describe any challenges that you faced during your nursing practice? (for those who practiced)

Q 7. What should the nursing profession do to retain more male nurses in direct practice?

Q 8. Will you ever go back to direct service provision and why?

Q 9. Would you encourage male nurses in direct service provision to remain in the practice? If yes why, if no, why?

Thank you for your participation. Your responses will provide valuable information. I will provide you with an overview of our interview once this session has been transcribed. Please review this, just in case I have misrepresented your responses unintentionally in anyway

Appendix 3: In-depth interview guide with Key Informants

RETENTION OF MALE NURSES IN DIRECT SERVICE DELIVERY IN LILONGWE CITY

Introduction to participants

My name is Takondwa Muyaso, a student at Chancellor College of the University of Malawi. I am conducting a study on the retention of male nurses in direct service delivery in Lilongwe City as the requirement for me to complete my master's degree studies. I have a list of questions that need your honest response. This will help in assessing the situation on the ground and possibly formulate interventions which may be beneficial to the society. Your responses will be kept with utmost confidentiality and that is why I will not write or request for your name. Participation in this study is voluntary and you can stop the interview at any time, however we hope that you will participate in this study since your views are very important. Do I have your permission to continue?

Q1. Is having male nurses in the health system beneficial to the health sector

Q2. What challenges are faced by male nurses

Q3. How are these challenges being addressed?

Q4. Where are the gaps and inconsistencies in male nurse retention?

Q5. What can nursing schools do to enhance male nurse education and retention

Q6. What interventions can be put in place by the government to enhance male nurse retention?

Appendix 4: Information Sheet

Dear Participant,

My name is Takondwa Muyaso, a Masters’ research student with the Faculty of Social Science at Chancellor College under the University of Malawi. I am studying towards a Master of Arts degree in Sociology. My research is on Retention of Male Nurses in Direct Service Delivery in Lilongwe City. Lilongwe City was specifically chosen because according to the Nurses and Midwives Council of Malawi it has the highest number of non-practicing male nurses who are employed by Non-governmental Organizations. I am specifically interested to conduct the research in a number of health facilities, NGOs and Nursing regulatory bodies. Your selection is based on an understanding that you are people who can contribute positively to the data collection process. I therefore would like to seek for your consent to be a participant in this exercise. Be kindly informed that participation in this exercise is voluntary and you can withdraw any time along the discussions if you feel like doing so. It is also worth noting that participation in this exercise shall not earn you any material, financial benefit or any other benefit other than the benefits which may be realised from the outcome of the data collection process. However, your participation is vital as it will inform the study which will be critical for the development of your community and the country at large. Be further informed that your opinions will not be used for any other work apart from the purposes of this study. Your identity will not be disclosed to any other party or in any other forum.

By signing or providing verbal consent on this form, it means you have provided consent to participate and you have provided permission to use your opinions.

Thank You.

Appendix 5: Informed Consent

I understand that I am being asked to participate in a research study titled male nurses’ retention in direct service delivery in Lilongwe City. I agree to participate in the study. I am aware I will be interviewed for approximately 40-60 minutes.

The interview will be tape-recorded and take place in a private office. No identifying information will be included when the interview is transcribed. I understand I will not be paid for participating in the study. There are no known risks associated with this study. I realize that my participation in this study is entirely voluntary and I may withdraw from the study at any time I wish.

I understand that all study information will be kept confidential. However, this information may be used in academic publications or presentations.

The study has been explained to me. I have read and understood this consent form; I agree to participate in the study. I understand that I will be given a copy of this signed consent form.

Participant signature

Date

Signature of researcher

Date