

Experiences and Motivations of Male Nurses in a Tertiary Hospital in Ghana

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Abstract

Introduction: Nurses make up the largest portion of the health care system throughout the world, hence, making the profession the backbone of health care. The nursing workforce is made up of both males and females. However, the majority of nurses are predominately females with the number of male nurses reported to be unappreciable.

Objective: The study therefore aimed to explore the experiences and motivation of male nurses in a tertiary hospital in Ghana.

Methods: A qualitative descriptive research design was employed to explore the lived experiences of male nurses. A total of 20 male nurses were purposively selected, and in-depth interviews were conducted with a semi-structured interview guide. The interviews were tape-recorded, transcribed verbatim, and analyzed using content analysis.

Results: The findings revealed 2 major themes: motivation and experiences of male nurses. The subthemes were individual motivations, external influence, intersecting social reactions and public perceptions, mixed encounters with patients, and satisfaction with the profession.

Conclusion: Male nurses are motivated to a large extent to be part of the nursing profession but will be deeply involved in the profession if some factors affecting them are addressed. Future studies may address the roles of nurse managers in mentoring more males to be involved in the nursing profession.

Keywords

motivation, experiences, male nurses, nursing profession

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Introduction

Nurses make up the largest portion of the health care system throughout the world (Olanipekun, 2009), hence making the profession the backbone of health care. They play major roles in the delivery of health care and services to patients, families, and communities, promoting health and preventing diseases (Kemppainen et al., 2013). Nurses further aid in providing comprehensive care to patients by representing their best interests in terms of developmental, psychological, cultural, and spiritual needs as well as advocating for them (Minton et al., 2018). Additionally, nurses educate patients and families on their conditions, treatment regimen, and serve as patients' advocate (Luck et al., 2017). Thus, it is required that nurses exhibit characteristics such as trustworthiness, honesty, assertiveness, smartness, high integrity, strong communication skills, passion and problem-solving abilities (Begley, 2010; McCabe, & Timmins, 2013).

Evidence suggests that, the number of male nurses locally and internationally is few compared to female nurses (Arif &

Khokhar, 2017; Barrett-Landau & Henle, 2014; Kronsberg et al., 2018). It was discovered that male nurses form only 9.6% of the nursing workforce (Kronsberg, et al., 2018). Despite the fact that they form the minority of the nursing workforce, they are also exposed to discrimination at the workplace and several challenges that could negatively affect their interest in the profession and the quality of care delivered (Zamanzadeh et al., 2013). One of these challenges is the negative public perception that male nurses have chosen a feminine profession (Arif et al., 2017).

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Furthermore, nurse to patient ratio is unappreciable in most parts of Africa making nurses overloaded with extra tasks, which affects their patient–nurse engagement (Ogbolu et al., 2015). Moreover, the number of male nurses has been reported to be unappreciable (Buthelezi et al., 2015). Nevertheless, several actions are reported to discourage male nurses in the nursing profession which de-motivates their interest in the profession. Some of these actions include male nurses being asked to do strenuous task while on duty such as lifting heavy equipment (Rajacich et al., 2013), which may reduce the interest and the number of male nursing students entering the profession. Furthermore, some studies have revealed that male nurses are mostly stereotyped and used for demonstrations with the belief that it is more tolerable than using females, and this has been ascertained to cause the males in losing interest in the profession and also feeling embarrassed (Meadus & Twomey, 2011). Stereotyping males in the nursing profession has been proven to negatively impact the success of male nursing students in the clinical area (Kouta & Kaite, 2011). These negative experiences further affect retention of male nurses in the profession.

Another negative experience reported by male nurses is them is conception that male nurses have resorted to the female profession because their intentions of becoming doctors failed, and this has a negative impact on the interest of male nurses in the profession (Achora, 2016; Wang et al., 2011). Moreover, male nurses are exposed to various challenges including verbal abuse and harassment from patients and families, which causes psychological trauma and stress to the nurses (Spector et al., 2014). Brown (2010) postulated that, many people in this modern era view men pursuing nursing as unmanly because they do not obey or go according to the patriarchal and traditional role.

Men in nursing are mostly stigmatized by gender-related stereotypes which includes lack of caring abilities or being less sympathetic to their patients (Cheng et al., 2018; Rudman et al., 2013). Moreover, family members, peers and friends sometimes look down upon them because their chosen profession is perceived as feminine (Rajapaksa, & Rothstein, 2009).

Furthermore, male nurses have been reported to be the minority globally in the nursing profession. For example, 11.6% of the United Kingdom's Registered Nurses are males and 7.8% of Ireland's Registered Nurses are males (Clover, 2010). Moreover, the National Council of State Boards of Nursing found that male nurses form only 7% of Registered Nurses (Barrett et al., 2014). It is therefore necessary for more research to be conducted to identify ways of increasing males entering nursing and retaining the male nurses who are already in the profession.

According to statistics in Ghana, male and female nurses working with the Ministry of Health are calculated to be 4,984 (13.5%) and 31,943 (86.5%), respectively (Ministry of Health, 2016; Ghana Health Service, 2013). The number

of female nurses in Ghana out-numbers the male nurses (Boafo et al., 2016; MOH, 2016). Despite the fact that male nurses in the country are few compared to females, few studies have addressed the experiences and motivations of male nurses in Ghana. Hence, the researchers intend to explore male nurses' motivation and experiences at Korle-Bu Teaching Hospital, Ghana.

Literature Review

Motivation of male nurses in the nursing profession. Whittock and Leonard (2003) conducted a study among 42 male nurses of which 67% were White British, 10% were Black Africans and 5% were Asians. The findings of the study revealed that, participants were mostly motivated by their parents, especially their mothers, which mostly occurred when their mothers or any of the family members were health workers. A more recent study by Abu et al. (2019) among 550 nurses discovered that even though external factors were influential in choosing a nursing career by males, personal motivation was the most significant factor.

A review of literature by Baljoon et al. (2018) indicated that, several factors influenced the choice of the nursing profession. Some of the factors identified to serve as a source of motivation to nursing career choice were salary, promotion, work engagement, financial benefits, and supervision. Another systematic review by Yi and Keogh (2016) found that male nurses were motivated to choose the nursing profession because they had good perception about the profession; however, it was also identified that other males chose the profession because they had no option. A study found that the reason why most men left the nursing profession was the unappreciable salary (Kluczyńska, 2017). However, interest in medicine was found to be one of the main motivating factors behind men choosing nursing. For example, the study revealed that, nursing provided fulfillment through selfless work and opportunities for men to develop themselves within the profession. Hence, nursing was placed 2nd in position among careers males were interested in specializing in (Ann & Dienemann, 2014).

Some studies have been done to assess the motivation of other categories of nurses in Ghana such as midwives and other health workers with few addressing the motivation of male nurses in the country (Agyepong et al., 2004; Alhassan et al., 2013; Aninanya et al., 2016).

Experiences of male nurses in the nursing profession. Achora (2016) conducted a study in Uganda among 11 male nurses and reported that male nurses were mostly preferred over their fellow female counterparts because they were viewed as approachable and trustworthy on multiple occasions. However, male nurses were viewed as practitioners of other professions as they were constantly referred to as doctors. Male nurses face challenges while providing care to female patients, which negatively influences the quality

of care provided (Keogh & Gleeson, 2006). According to the researchers, some male nurses use defense mechanisms while caring for female patients to help overcome their fears. Moreover, male nurses were found to use jokes during the performance of procedures, giving detailed explanations to patients about procedures, and also limiting the amount of exposure of the body part during the care in an effort to reduce the level of anxiety and fear of the patient and avoid any kind of misinterpretations.

Nevertheless, a study identified that some male nurses experienced unfair treatment in the form of mockery and being labeled as womanizers while providing care to their patients (Kronsberg et al., 2017). In spite of that, another study revealed that male nurses were mostly complimented and preferred over females (Cheng et al., 2016). As a result of their level of therapeutic communication and professionalism, they felt their skills in rendering nursing care was as good as female nurses yet, caring for young female patients was a problem because their parents and family members hardly accepted male nurses as culture disapproved of men taking care of women.

The findings from another study indicated that, there were gender-biased stereotypes which, in the long run, contributed to job dissatisfaction and work stress (Rajacich et al., 2013). Participants reported that they were mostly referred to as “male nurses” while their fellow female co-workers were called nurses and this made them feel isolated from their counterparts

Method

Research Design

A qualitative descriptive research design was employed to explore the experiences of male nurses. Qualitative description allows participants to describe a phenomenon under study from their own perspective and experiences (Kim et al., 2017; Sandelowski, 2000). This permits researchers to gain an in-depth understanding about the experiences, behaviors, beliefs, and attitudes of people (Pathak et al., 2013). This study used a qualitative descriptive method to help summarize the experiences of the male nurse in this study (Lambert & Lambert, 2012). The study was conducted among registered male nurses providing health care at Korle-Bu Teaching Hospital. Since the study was about the experiences of male nurses, female registered nurses and male student nurses were exempted. Also, registered male nurses who were not willing to participate in the study were excluded. Moreover, the study only included male nurses with 1 year experience and above since it was expected that, they may have some lived experiences to share.

Sampling technique and sampling size. A purposive sampling technique was used for the study to select participants

appropriate for the study and who provided information necessary for the study. A sample size for a qualitative research is determined at the point of saturation (Aldiabat & Le Navenec, 2018) and due to this, the data collection continued until the point where no new information was obtained from the participants and this was reached at the 20th participant.

Data collection tool and procedure. A semistructured interview guide was used to conduct face to face in-depth interviews. A tape recorder was used to capture the interviews that were conducted. Ethical clearance was obtained from the Dodowa Health Research Centre Institutional Review Board before data was collected and permission was sought from the Medical Director of Korle-Bu Teaching Hospital. Furthermore, permission was obtained from the various ward in-charges and the participants as well. Participants were informed about a consent form, which needed to be completed after agreeing to participate in the study. Completion of the consent form occurred before the interview session and the participants were informed about compensation after the interview. The contacts of participants were collected and they were called later to arrange on a specific date, time, and venue for the interview. The interview spanned 1 month in relation to the availability of participants. At least three interviews were conducted per day, which lasted for 30 min to 1 h per participant.

Trustworthiness/methodological rigor. Rigor is the process of ensuring that the research result is valid (Barusch et al., 2011). A rigorous research result is a trustworthy finding. Trustworthiness is the authenticity and truthfulness of the findings of a study (Cypress, 2017). In addition, credibility, transferability, dependability, and confirmability are the terms used to better describe trustworthiness (Sikolia et al., 2013).

Credibility is described as the accuracy and authenticity of a research finding. This was ensured by transcribing the responses of participants verbatim. Also, the work was reviewed by the researchers several times to ensure that the study was done in accordance with the objectives. It was also ensured by designing the semi-structured interview guide to cover all the objectives of the study. The first draft was given to colleagues of the researchers to do a proofreading and make suggestions.

To ensure credibility of this study, only people who met the criteria of the study were selected and all other ethical principles regarding human research were maintained. Coronavirus-2019 preventive measures were strictly observed by providing participants with facemasks and alcohol-based hand rub.

Dependability is the process by which the results of the study are consistent over a period of time. To ensure this, all the participants were interviewed with the same interview guide, which was pretested and validated by all the authors. The researchers also provided a detailed description of the

research design and procedures for recruiting participants. Transferability is the ability to apply a particular research in a particular setting to a different setting with the same characteristics. This was achieved by describing the procedure for the selection of participants, data collection procedures, the instrument and ethical considerations. Confirmability was achieved by making the findings of the research reflect that of the participants and not the researchers. This was done by verbatim transcription of the data and supporting results with verbatim quotes.

Data analysis. Chapman (2018) explained data analysis as the process of inspecting, modifying, and transforming data to gain useful information. Content and thematic analysis were used to analyze qualitative data to organize and draw meaningful conclusions from the obtained data (Bengtsson, 2016; Sandelowski & Barroso, 2003b). Data was analyzed using thematic analysis after the recordings and verbatim transcriptions. The processes included familiarization with data, generation of initial codes, searching for themes, reviewing the themes, naming the themes, and finally reporting the themes (Vaismoradi et al., 2013). In analyzing the data, the researchers first transcribed the data, read the transcripts several times to understand them, and immersed themselves in the data. The data was then grouped based on the objectives of the study. The content of the data coded by reading over several times to give short meanings based on the ideas of the participants. These were reviewed by all the authors to ensure participants' views were not misinterpreted. The short meanings were grouped together to generate themes and subthemes. A total of two themes and five subthemes were generated. The themes were then reported with verbatim quotes. The paper was guided by the Consolidated Criteria for Reporting Qualitative Studies (COREQ) criteria for reporting qualitative research (Tong et al., 2007).

Table 1. Themes and Sub-Themes.

Themes	Emerging themes	Subthemes
1. Motivation of male nurses		1. Individual Motivations 2. External influences
2. Experiences of male Nurses		1. Intersecting social reactions and public perceptions 2. Mixed encounters with patients 3. Satisfaction with the profession

Source: Interview Data, 2020.

Results

In all, two themes and five subthemes emerged from this study. The two themes were motivation of male nurses in the nursing profession and experiences of male nurses in the nursing profession. The subthemes were individual motivations, external influence, intersecting social reactions and public perceptions, mixed encounters with patients, and satisfaction with the profession.

The themes are shown in the Table 1.

Socio-Demographic Characteristics of Participants

The target populations of participants for the study were male nurses working at the medical or surgical units of the Korle-Bu Teaching Hospital. Participants of the study were within the age range of 25 to 42 years. The majority 13 (65%) of the participants were within the ages of 25–29, and seven (35%) were within the ages of 30–42 years. Concerning their educational level, 10 (50%) of the participants were bachelor's degree holders while seven (35%) had a diploma, and three (15%) were master's degree holders. In addition, the results of the study indicated that the majority of participants that is, nine (45%) were Akans while five (25%) were Gas. The least, three (15%) was for Ewes and (15%) for Bonos, respectively. The details are shown in Table 2.

Table 2. Demographic Characteristics of the Participants.

Details	Frequency (N = 20)	Percent (%)
Age category of participants:		
25–29 years	13	65
30–42 years	7	35
Marital status		
Single	15	75
Married	5	25
Years of Experience		
1–2 years	5	25
3–5 years	10	50
Above 5 years	5	25
Educational backgrounds:		
Degree	10	50
Diploma	7	35
Master's	3	15
Religion of participants		
Christianity	16	80
Islamic	4	20
Cultural backgrounds		
Akans	9	45
Gas	5	25
Ewe	3	15
Bono	3	15
Units of Participants		
Medical	11	55
Surgical	9	45
Total	20	100

Theme 1: Motivation of Male Nurses in the Nursing Profession

The participants in this study revealed several things that served as an inspiration for them to join the nursing profession. The following two subthemes emerged from the data on motivation of male nurses' individual motivations, and external influence.

Individual motivations. The individual motivations of the males in this study included following the footsteps of a relative who is a health worker, using nursing as a stepping stone and relying on personal motivation. The participants in this present study revealed that a relative who is a health worker had an influence on their decision to become nurses.

I grew up with my mum, so she has been my idol since I was a kid. Like she is my mentor so seeing her practicing nursing for over 40 years, how much she takes her job very serious and rising through the ranks to become a Principal Nursing Officer really inspired me. That is the main reason why I became one because she is retired now. (P4)

My uncle was a health worker and because he was my uncle and I saw him; I got the impression that men can also be nurses so that influenced me a lot. (P6)

Some participants indicated that their source of motivation to join the noble profession was based on their own personal motives for being part of the profession.

While growing up, I realized I had this deep passion of helping the needy, helping people who are handicapped. I therefore decided to become a nurse so that I could really impact more into people's lives and help people recover from ailments. (P3)

Some participants also cited that they personally provided care outside the hospital for people who had sustained injury and that was their source of motivation.

There were a lot of things that motivated me to become a nurse. But the most important motivation was the experience I had providing voluntary care with my little knowledge for people who sustained minor accidents in my hometown. I thought that, being a nurse will help me get more skills and fulfill my dreams to better provide care to such people so that's the main reason why I am in this profession. (P20)

Some participants indicated they actually decided to join the nursing profession for them to gain entry to other health care professions such as medicine:

Initially I had wanted to go to the medical school but I heard the medical school fees was very expensive so I decided to

use nursing to get to medical school but ever since I started nursing, I have had the interest and I have decided to continue practicing nursing. (P4)

As for nursing hmmm a lot of guys are just passing through in order to get to our final destinations, yeah I am part. I just want to use nursing to get to the anesthesia department so that's it. (P7)

External influence. The participants of the study stated that they also had some external influence from other sources which heightened their interest in choosing nursing as their career path. Participants referred to other extrinsic factors that brought their attention to the benefits of becoming a nurse. This is evident in the following quote:

So basically, the availability of job in the nursing profession was what served as a source of inspiration or let me say was what drove me into the profession. In this country, it is difficult to get employment after pursuing majority of the courses unlike nursing and I didn't want to go through any other stress after completing school that is why I chose nursing. (P1)

Other participants recounted that they became nurses because they heard the pay was good and that there were some allowances provided to support them while in school.

I think it's the salary and the readily availability of job after completion of school that influenced my decision. But after becoming a nurse I realize it is not as they said because even as a nursing officer I take less than 2,500 Ghana cedis (432.53 USD) every month but I am still in it because I love my Job. (P13)

I also heard that in school you are given some allowances to take care of yourself even before you complete and to me, this was my main source of motivation because my mum who took care of me is a petty trader and I benefited from the allowance and I think it is a good initiative by the government. (P14).

Few of the participants narrated that they were influenced by the nursing uniform.

I have always admired the uniform, the white top and down and have always wanted to put on one and be called a nurse so that is what led me into the profession since the uniform alone comes with some kind of respect. (P19)

Another external influence was the way in which male nurses are regarded by the public:

I wanted to be a nurse because of the negative perception some people have about nurses. Most people think that,

nursing is for women and that nurses are rude, but I actually wanted to make a difference in my own small way. I was glad to choose the profession since I have really made a difference and put smiles on the faces of my patients. (P4)

Theme 2: Experiences of Male Nurses in the Nursing Profession

The participants in the current study narrated diverse occurrences they encountered. The three subthemes generated under this theme were:

- a. Intersecting societal reactions and public perceptions.
- b. Mixed encounters with patients.
- c. satisfaction with the profession.

Intersecting societal reactions and public perceptions. The participants in this present study shared some encounters they had with some members of their community and some patients they cared for:

Some patients are appreciative, I met one guy in front of Kaneshie market, he was a patient here and I didn't even recognize his face, but then, immediately he saw me he mentioned my name and hugged me, then I just looked at him and I was like where do I know you from? and then he said Korle-Bu surgical and said all good stuff about me. I felt so proud being a nurse. (P18)

Some of the male nurses shared some negative perceptions the public have which sometimes cause them to lose interest in the profession.

Well, people say we shouldn't be nurses; we should actually be doctors, so this stereotype does exist a lot. People have been brain washed with the fact that nursing is a profession for females. I have met a couple of patients during my practice who have really made these comments. Sometimes the comments spoil your day and make you appear stupid. (P5)

There are instances where I was told by some female patients that I just want to take advantage of the female patients that's why I am a nurse. This and many other negative comments make me feel bad as a nurse. (P8)

Other participants also shared mixed experiences as follows:

Mostly people say nursing is not for males so it's hard for people to accept us which is not fair, but I think we the male nurses can change this perception. For example, a patient even told me that she will let her son become a nurse due to how I treated her. (P15)

Mixed encounters with patients. Male nurses stated that they have had diverse encounters with patients; some encounters were good and encouraged them to stay in the profession. Below are some quotes from the participants: Mostly some patients make good comments like, male nurses have time for their patients. And some patients have also commended me for being hardworking. Sometimes you may be tired but when you receive these compliment like may God richly bless you, thank you for helping me out, you have no choice than to give out your all to help your patients. (P4)

Most females have disclosed to me whilst caring for them that they like the way males care for them than females which always motivates me as a male nurse. (P7)

I have had several relationships with some people that I have cared for. You get to learn a lot from patients because they are people from diverse background who during conversation try to speak to you, advice you especially the older ones, because they want you to move higher in life. (P2)

However, some encounters were not pleasant which, according to the participants, actually shaped them to become better nurses.

To touch on the negatives, some patients do not want male nurses to take care of them due to many reasons. Sometimes it makes me feel uncomfortable as a male taking care of female patients but aahh well there is nothing I can do that's the patient's decision and it needs to be respected so yeah. (P17)

Mostly for the female patients for example, when you are coming to give injection and sometimes the patient is skinny, you need to bring together the muscles so that you can get enough skin to inject. But sometimes they will be like nurse why are you pressing me and a lot of comments. However, the procedure was well explained but still such comments will be passed. It makes it look like there is another motive behind the care but that's not it. (P19)

The account rendered by participants of the study proved that some patients do opt for a particular gender of nurse they want during the care. The following are some comments from participants:

Yeah, sometimes when female patients have to be injected IM ?maybe on the buttocks or the thigh because you are a guy the patients wouldn't want you to do it because they do not want you to see their private parts so they will prefer a female nurse. (P15)

I have encountered it several times especially when dealing with the young women. Whenever a young female patient

is involved with procedures like catheterization and injection especially on the buttocks, they don't like a male nurse to do the procedures. (P17)

However, one participant revealed that during school days, patients preferred a specific gender of nurse due to religious reasons but since he started working, he actually thinks patients prefer male nurses to female nurses.

Yes but as at the time I was a student. I schooled at UDS Tamale. You know that place some are religious bias especially the Muslims, so if you want to take care of them it's either if the person is a female the husband is around or they will choose a female nurse. That I understood them because it's their religion. But for now, in Korle-Bu or after school during my service, I have not had that experience because it based on how you relate with the patient. Sometimes the clients prefer male nurses to female nurses because they can share problems with males easily. (P19)

A participant stated that after the first encounter with female patients, they became okay and allowed him to render care willingly.

"After my first time of taking care of some females they later became comfortable and preferred that I render care to them when I am on duty. I don't know whether it's due to familiarity or maybe they were satisfied with the kind of services I rendered. (P1)

Satisfaction with the profession. Satisfaction with the profession is about the contentment of male nurses in the profession. Some male nurses found the nursing profession to be satisfactory; others also thought there was more room for improvement. Below are their comments and reasons:

It quite ok I will say. Although I feel some reforms need to be made so as to level up the respect accorded to nurses among other healthcare professionals. (P5)

"I will say it's very satisfactory but I will say there are still a lot of things that can bring the level of satisfaction up especially the income level. If I compare the kind of work we do as diploma nurses against the less than 2000 Ghana cedis (346.02 USD) that I am paid and as the head of the family, it is not sufficient for my expenses. (P6)

Few participants recounted that they were very satisfied with the profession despite the challenges:

I am satisfied because the respect people give knowing you work in a hospital is an added advantage. Either you get paid or not people know you have come to save lives. Example. A client I worked with yesterday, the way he was

gnashing in pain and others, how I was able to calm him down in fact he himself pronounced a lot of blessings upon my life and there I knew that that blessing will work because he spoke out of passion so I am very satisfied. (P19)

Few participants said they were not happy with the profession due to the following narrations:

I don't think there is anything satisfactory about it in my view. The pay is not good, it is not so attractive and there is no respect for us as nurses. Patients do not respect us nurses. Sometimes we help them and all you get is they disrespecting you. And as a senior staff nurse who has worked for over 5 years, I do not get any allowances for rent, fuel etc, even when you are sick as a nurse in Ghana, you have to take care of your bills. I think the government should do something about it so that more males can join the profession. (P10)

Another thing that I am not satisfied with about the profession, is that if you want to upgrade yourself by going to school, you will be discouraged and face challenges and sometimes when you manage to find a way to do that and you come back, they will not want to upgrade you. P (20)

Discussion

It was revealed by most participants in the present study that the sources of their motivation in choosing nursing as a profession were mostly personal. Among the sources were following the footsteps of a relation who is a health worker, using nursing as a stepping stone, and being intrinsically influenced. These findings are similar to Whittock and Leonard (2009), where participants revealed that close relatives within the nursing profession served as a source of motivation. This is because they grew up seeing their relatives working as professional nurses. This made them develop the interest to do the same since that was what they had been exposed to over the years. Consequently, relatives should play significant roles by encouraging their male members with interest to do nursing and provide them with all forms of support they need to achieve their goal.

Also, the male nurses found nursing, as a profession, could be used to get to their desired professional destinations. Meanwhile, their short stay in the profession can be much appreciated by making it attractive for them to be retained. Some studies in Ghana have addressed the motivation and retention of health workers (Adzei & Atinga, 2012; Agyepong et al., 2004; Prytherch et al., 2013) but few have looked at the motivation of male nurses. Therefore, these findings can be important contributions to identifying factors that can help male nurses to stay in the profession. Other countries have found a significant contribution of males in the nursing profession and have reported that

males in the nursing profession keep increasing (Zhang & Liu, 2016). Hence, all stakeholders should come together in ensuring that male nurses remain in the profession since they indicated that they were motivated intrinsically.

Furthermore, some external influences like public perceptions, salaries, job security, and other forms of motivations were ascertained to encourage more males to join the nursing profession. These findings are similar to the results of other studies (Yi & Keogh, 2016; Zamanzadeh et al., 2013). It is necessary for the public to be told that males could also be nurses to clear their negative misconceptions. This would be expected to motivate more males to enter into the profession. The impact of males in nursing has been recognized greatly in other countries like the USA where some organizations like the American Assembly for Men in Nursing (AAMN) and the Johnson & Johnson company (Cottingham, 2019) have been formed to embark on recruitment campaigns for males. The nursing association in Ghana should intensify the education on the need for male involvement in the profession.

Moreover, male nurses have been found to be better in taking up leadership roles (Chan et al., 2014). Hence, motivating more males to join the nursing profession might increase the number of male leaders. The male leaders would formulate gender neutral policies such as recruitment of male nursing students and providing scholarships for them to increase their numbers. These would go a long way to increase retention of both clinical and faculty male nurses in the profession to solve the nursing staff shortage. The male faculty will have the expanded role of mentoring more males into the profession (Ortiz, 2018).

It was evident in the current study that most male nurses interviewed were between the ages of 25 and 29. This is significant since the retirement age for nurses in Ghana is 60 years, which implies that they have 30 years or more to continue providing nursing services in the country. Hence, motivating them to stay in the profession is key. Considering the aging population of nurses as found by some studies, these males if well motivated can salvage the shortage of nurses (Amadi, 2015). The present study also discovered that 15 participants had more than 5 years of working experience. Having these years as male nurses is essential because they are expected to have lived experiences to share. Age and personal experiences of nurses were identified to influence their motivation level (Baljoon et al., 2018).

Regarding the experiences of male nurses in the nursing profession, majority of the participants expressed that, female nurses were preferred over them by patients for varied reasons. This according to them may have negative influence on the care they provide to patients. This finding contrasts that of Achora (2016) where male nurses were preferred over their fellow female nurses. Stereotyping male nurses by patients would worsen the male nurses' situation by making them lose interest in the profession. This could be resolved by providing more information to patients

regarding males in the nursing profession and their roles, leading to public acceptance and recognition. Males have been discovered to exhibit some masculine skills, which make them fit better in some specialized nursing fields like orthopaedics and psychiatry. Addressing the public perceptions would reduce these negative experiences of males to increase the number of male nurses in these specialties (Barrett-Landau & Henle, 2014).

Pertaining to the mixed perceptions, the study reported that the male nurses had no emotional attachment while caring for female patients. However, some of them reported that their care was often misinterpreted by some female patients which when not handled would affect the care provided for female patients. The males might feel reluctant or might hesitate to provide care even in cases of emergency due to privacy issues of female patients. Similarly, a study ascertained that some male nurses exhibit fear while caring for female patients, especially when it involves touch (Keogh & Gleeson, 2006). However, similar to the current study, the participants revealed some strategies such as self-discipline, self-control, and self-protection used to deliver the required care.

The results further revealed that, the majority of the participants stated that professional upgrading for male nurses was a challenge thereby affecting their level of satisfaction with the profession. Policies can be made that favor males nurses upgrade professionally that might help prevent males from leaving the profession after school. Again, professional growth and advancement is essential in every profession, most especially among nurses who deal with human lives. In addition, if male nurses do not get advance knowledge to practice they are likely to perform below expectation. It is recommended that to increase the number of males in nursing the working conditions and financial benefits should be looked at since these can serve as a source of motivation.

Strengths and Limitations

Some limitations identified in this study were the use of one setting and only two units from the setting, and the use of one approach and design; hence, it is recommended that other studies are conducted using a mixed method approach.

There may be a limitation with collecting data for just a short period of time.

The strengths of this study were that the study is among one of the few studies that have addressed the motivation and experiences of male nurses in Ghana. The male nurses were ready and willing to share their experiences and views as all the participants who were contacted completed the interviews.

Conclusion

Male nurses are motivated to a large extent to be part of the nursing profession. They would be deeply involved in the

profession if some factors affecting them are addressed. Future studies may address the roles of nurse managers in mentoring more males to be involved in the nursing profession.

Authors' Contribution

S.A conceived of the idea, data collection and analysis, drafting of manuscript, and final approval of the version to be submitted. EOA conceived of the idea, data collection, drafting of manuscript, and final approval of the version to be submitted, corresponding author. V.N.L: also conceived of the idea, data collection, drafting of manuscript, and final approval of the version to be submitted.

Declaration of Conflicting Interests

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Ethics Approval and Consent to Participate

The Dodowa Health Research Centre Institutional Review Board (DHRC-IRB) provided clearance for this study to be conducted with the protocol identification number DHRCIRB/11/02/20. Participants were given a written consent form to sign before commencing the face-to-face interview guide.

Availability of Data and Materials

The supplementary materials for this study in custody of the authors will be provided upon request.

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