

Historical Trajectory of Men in Nursing in India

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Abstract

Introduction: During 100 BC, the world perceived that the nurses are meant for rendering care to the sick individuals. During 600 to 700 BC, the nurse was considered as the one who attends to the patient, is pleasant in his or her demeanor, does not speak ill of anybody, is attentive to the requirements of the sick, and follows the instructions of the physicians. The men who were wise and passionate to help the sick were trained by a medical teacher for years together who later became a doctor. India is the pioneer country in developing the formal nursing curriculum. With the emergence of British and establishment of East Indian Company and Imperial Government, the nursing education became more formalized. No men came forward to nursing. Only women have opted nursing and were employed as nurses. Very few men were trained as nurses informally and were sent for war field to take care of the injured soldiers. It took several years to elevate the standards of male nurses.

Methods: The data were retrieved from the records of Tamil Nadu Archives and Historical Research, Chennai, Tamil Nadu, India. The written permission was obtained from the commissioner for collecting the data retrospectively. All the collected data were checked for its consistency by matching the data again with the retrieved database.

Results: Great British Government has brought the reformations in bringing up the working standards of male nurses. The reformation and renaissance of male nurses started in 1938, and it reached a level of recognition in 1950. The male nurses were recruited in 1938, but they reached the position of a head nurse by 1950.

Conclusion: The male nurses had a long journey to overcome the hurdles in their practice and professional advancement. In recent years, the male nurses are identified for their extraordinary contribution in the delivery of health care.

Keywords

male, nurses, history, education

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Nursing is a health-care profession focusing on the care of individuals, families, and communities. Nurses help the patients in attaining, maintaining, and recovering optimal health and quality of life. Nurses are different from other health-care providers in their training, scope of practice, and approach to patient care. Many nurses deliver care within the ordering scope of physicians. Hence, the public image of the nurses has emerged as care providers. However, nowadays, the nurse practitioners practice independently in a variety of settings across the world. The nursing education has undergone the process of diversification after the postworld war period, and many of the roles and regulations are changing in nursing (Coulehan & Block, 1992; Dunphy et al., 2015).

Nurses collaboratively work with the therapists, physicians, patients, patient's family members, and other health-care team members to treat illness and improve the quality of life of patients. In developed

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countries such as the United States and United Kingdom, the clinical nurse specialists and nurse practitioners diagnose health problems and prescribe medications and other therapies depending on the regulations of the country. Although advancements have come in nursing profession, the nursing historians faced many challenges in determining whether the care provided to the sick and injured in ancient times was nursing care (O'Lynn, 2007). Male nurses had a long journey to overcome the hurdles in their practice and professional advancement. Knowing the history will help understand the unique contribution of men in nursing over the past years.

The Origin of Nursing

In the primitive period, Mother Nature considered woman as an instinctive nurse. The nurse has always been considered as a necessity, thus lacking in social status. Overlooked in the plans of legislators and forgotten in the curricula of pedagogies, the nurse was left without protection and remained without education. There were no professional organizations to support nurses. The untrained nurse is as old as the human race; the trained nurse is a recent discovery (Robinson, 1946).

In the fifth century, the Hippocratic collection described that the skilled care was provided by male attendants who may have been early nurses (Levine & Levine, 1965). In 600 BC, the role of nurse was mentioned in the book written by Sushruta Samhita. The members of religious orders such as nuns and monks provided nursing care before the foundation of modern nursing. The examples are found in Christian, Islamic, and Buddhist traditions. These traditions played a major role in the development of philosophy of modern nursing (Wand, 2004). In 16th century, the Protestant reformers shut down the monasteries and convents and allowed few municipal hospices to remain in operation. Therefore, the nursing care was provided by inexperienced traditional caretakers. The nursing profession suffered a major setback for 200 years (Leonard, 2008; Masters, 2018).

Foundation of Professional Nursing

During Crimean war in 19th century, Grand Duchess Elena Pavlouna invited women to join for a year of service in military hospitals. Twenty-eight sisters joined for the service and went off to the Crimea in 1854. Among these sisters, Florence Nightingale was an influential person in the development of modern nursing. The role of nursing and education were first defined by Nightingale. Florence Nightingale laid the foundation of professional nursing after the Crimean war. In 1859,

Nightingale wrote a book named "Notes on nursing" and set up the model of professional education and first school of nursing (Winkelstein, 2009, p. 6).

The nurse training regime was established in 1868 by Agnes Jones in Liverpool. Linda Richards who established quality nursing schools in the United States and Japan was the first professionally trained nurse in the United States in 1873. The American Red Cross was founded by Clarissa Harlowe, a nurse. The first general hospital in the United States was opened and operated by a nurse, Saint Marianne Cope (Quinn & Warner, 2010). The nurses were used in modern military in the latter half of the 19th century (Williams, 2011). The hospital-based nursing training came to the forefront in the early 19th century with an emphasis on practical experience (Chinn & Kramer, 2008).

Nursing profession transformed during Second World War. British nurses joined Army nursing. More nurses volunteered for serving U.S. navy and Army than any other occupation (Darbyshire & Gordon, 2005). In the 19th and 20th century, nursing was considered as a women's profession. As the expectations of workplace equality increased during late 20th century, nursing officially became a gender neutral profession, though in practice the percentage of male nurses remains very low (Alligood, 2017). Although there is a growing recognition of nursing as a distinct academic discipline globally, countries like India faced challenges in establishing male nursing. Therefore, the authors of this article conducted a documentary analysis to describe the emergence of nursing and the advancement of men in Nursing in India to elaborate on the scope of practice of male nurses.

Emergence of Nursing in India

In G.O. No. 156 PH dated January 17, 1939, it is stated that the earliest type of modern nursing in India was military nursing. The East Indian Company opened a hospital for soldiers at St. George Fort, Madras in 1664. The first sisters were sent from St. Thomas hospital, London to the military hospital in Madras. The maternity hospital was established in 1797 in Madras. The training school for midwives in Madras was sanctioned by the Government in 1854 (Wilson, 1939).

In March 1888, 10 well-qualified British nurses arrived to India to take care of the British Army in India. The missionary nurses arrived as members of Missionary Medical Association in 1905. This was considered as a formal nursing service in India. As the need for trained nurses increased, the South India Examination Board was established in 1911, North India Examination Board in 1912, and the mid India Examination Board was established in 1934. The mission hospital nursing leaders laid the foundation of

systematic nursing education in India. From 1935, state wise nursing councils were developed. The Indian Nursing Council Act was passed in Parliament in 1947. In 2000, India had state wise registration councils in 19 states (TNAI Yearbook, 2000–2001).

Gender Inequality in Nursing

Nursing profession has continued to be a female-dominated profession despite equal opportunity legislation has been passed in many countries (Grant et al., 2004). The male to female ratio of nurses in developed countries like Canada and the United States is 1:19. This ratio represents the whole world (Sullivan, 2001). Francophone Africa has more male than female nurses. This is a notable exception (O'Lynn & Tranbarger, 2006). In Europe, over 20% of nurses are males. In the United Kingdom, 11% of male nurses and midwives have registered with Nursing and Midwifery council (Weintraub, 2002).

Times of India (2012), in its November 30, 2012 edition, reported that the male nurse's registration increased from 578 to 1,038 in 2015 in Maharashtra Nursing Council in India. In 2007 to 2008, 97 males registered for Bachelor of Science in Nursing program against 276 females. The number rose to 2,454 males in the academic year 2010 to 2011 against 5,270 females in the Rajiv Gandhi University of Health Sciences, Karnataka, India. On the contrary, the proportion of male nurses are low in the United States (7.2%), United Kingdom (10.2%), and Canada (6%) (Stanley et al., 2016).

There are many misconceptions of nursing in global society. Nursing remains stereotyped as female occupation. The men who choose nursing as a career face challenges with the traditional gender defined roles and stereotypes (Evans, 2002; Nelson & Belcher, 2006). These traditional female jobs are perceived by the society as a step down in the status. Therefore, these beliefs deter men from pursuing nursing as a career (Williams, 1992). Nursing job titles such as *Sister* and *Matron* impacted the entry of men in to nursing profession. The low economic status, pay, and value given to nursing are other factors contributing to underrepresentation of men in nursing. Sex-related stereotypes form a major obstacle for men entering to nursing profession (Kleinman, 2004).

Emergence of Male Nursing in Other Countries

Nursing evolved in Australia in 19th century. Although progressions have been made in the nursing profession, the number of male nurses remain still low (11.75%) in Australia (MacLellan et al., 2015). Canadian nursing was founded in 1639 by Quebec Augustine nuns (Trent, 1985). Male nurses accounted for only 9.5% of

population between 2017 and 2018 (Canadian Nurses Association, 2019). The society of registered male nurses merged with the Royal College of Nursing UK in 1941. The percentage of male nurses in 2004 was 10.63% and was increased to 10.69% in 2008 and then to 11.4% in 2016 (Harding, 2009). According to Kaiser Family Foundation (2017), there were approximately 4 million professionally active nurses in the United States. Among them, only 333,530 were identified as male nurses. It is documented that only 9% of total nurse workforce were men. In Africa, the number of male nurses were comparatively lower than the female nurses. There were 91,413 female nurses and 5,302 male nurses (South African Nursing Council, 2015).

In Japan, nursing did not develop as an occupation until the end of 19th century. Only 63,000 male nurses were working in Japan. This number accounts for 6.2% of all nurses in Japan (Japanese Nursing Association, 2016). The statistics shows that there were 2.18 million nurses in China. However, the male nurses accounted for less than 1% in 2010 (John Hopkins Nursing, 2018). In Philippines, the first school of nursing was established in 1900s. Philippines is the leading country in exporting nurses to meet the health-care needs of the United States and other developed nations (Rogado, 2006). No published data is available on the number of male nurses in Philippines, Middle East, and India.

Methodology

This is a documentary analysis study of men in nursing in India. The data were retrieved from the records of Tamil Nadu Archives and Historical Research, Egmore, Chennai, Tamil Nadu, India. The written permission was obtained from the Joint Commissioner. As per Letter No. 173/RH/14 dated December 16, 2014, and Letter No. 6420/RH/2015 dated December 07, 2015, permission has been granted for collecting and publishing the retrieved data. The permission was granted to collect the data from December 14, 2014 to December 06, 2016. All the collected data were checked for its consistency by matching the data again with the retrieved database. There is no institutional linkage in this report as the report summarizes the historical background of development of Men in Nursing in India. The authors declare nil conflict of interest in publishing this article. All ethical principles have been followed while collecting, summarizing, and documenting the findings of this report.

Emergence of Male Nursing in Madras Presidency

It is noted in G.O. No. 3837 PH dated October 27, 1938 (Ministry of Local and Self-Government, Department of Public Health, 1938), that the organizational committee

constituted by Major Surgeon General N. M. Wilson reported the matters pertaining to the training of male nurses. The first batch of male nursing student's training was permitted from January 1, 1939. In the G.O. No. 156 PH dated January 17, 1939, the organizational committee requested to postpone the recruitment of the male nursing students to July 1, 1939, as the recruitment process would take more time. The request was agreed, and the recruitment of male nursing students was postponed to July 1939 (Wilson, 1939).

Report of Organizational Committee

The report of the organizational committee is found in G.O. No. 156 PH dated January 17, 1939. It includes the following: minimum qualification required for nurses was Secondary School Leaving Certificate (SSLC); expected to follow the instruction in English; Victoria Caste and Gosha Hospital was permitted to admit only female nurses; the Government General hospital in Madras, Royapuram, Vizagapatam, Guntur, Salem, Tanjore, Calicut, Coimbatore, and Mangalore were permitted to admit male nurses; male nursing students to be accommodated in the quarters; and the male nursing students uniform should be in a prescribed manner (Wilson, 1939).

On May 23, 1939, G. H. Cooke, Secretary to Government of Madras approved the rules for training of male nursing students and requested the organization committee to submit the recommendations pertaining to syllabus and centers to be recognized for the training. The proposal of recruitment of male nursing candidates in the proportion of two male candidates to one female candidate for training was approved in July 1939 (Cooke, 1939).

Role of Trained Nurses Association of India

Trained Nurses Association of India (TNAI) stated that if female nurses are not allowed to work in male wards, they will not be considered to be generally trained. TNAI suggested female nurses to have at least 6 months training in the male wards. These data were retrieved from the G.O. No. 1880 dated May 23, 1939 (Cooke, 1939). The TNAI noted the amendments of G. O. No. 3837 dated October 27, 1938. The TNAI pleaded the members of the Government to consider their G. O. No. 3837 dated October 27, 1938, in view of the following: The best results could be obtained if both males and females work together under the supervision of the generally trained ward sister; if the female nurses are not allowed to work in the male wards, they were not considered to be *Generally trained* and cannot maintain reciprocal registration; and TNAI welcomed the training of male nurses in Government hospitals with a condition

that the males and females work together in the male wards or to provide at least 6 months training to female nurses in male wards. These data were retrieved from TNAI's Letter No: 2951 dated January 23, 1939 (Status of Men Nurses in Madras Presidency, 1939a). In Letter No. 1902, TNAI recommended the nurses to have the basic educational qualification to be SSLC and higher. Fluency in English was mandatory at city and relaxed at Mofussil if necessary (Walt, 1939). In Letter No. 1070, Surgeon General addressed the issue of reorganization of nursing service sent by R. A. Walt, Honorary Secretary of TNAI (Wilson, 1939).

Draft Rules for the Admission and Training of Male Nursing Students in Government Hospitals

Major General N. M. Wilson forwarded the report of organization committee in Letter No. 25904 dated January 24, 1939 (Status of Men Nurses in Madras Presidency, 1939b). It consisted of the draft rules for the admission and training of male nursing students in Government hospitals. The following details related to the training of male nursing students were submitted for the orders of the Government. The educational qualification must be SSLC, with successful completion of training of first aid to the injured and sick; the medium of instruction must be in English; except Victoria Caste and Gosha Hospital, all other nine hospitals in city and Mufassil region to be approved for training of the male nurses; either quarters with free electricity or house rent to be approved for male nurses; common mess with concession including free servants and utensils to be sanctioned to male nurses and male nurses to be treated equally to female nurses; male nurses shall wear white trousers, white canvas shoes, white coats with hospital badge on sleeve, closed collar and white cap with apron when on duty; the course extends to 3 years; and reconsider the employment of female nurses to care for female patients and male nurses to care only for male patients.

It was insisted that the qualified male nurses should bind themselves to serve Government for a period of 1 year instead of 6 months as in case of female nurses; the rules to conduct the examination drafted by the committee to be approved and sanctioned by the Government; in G.O. No. 3191, dated January 24, 1939, and it was suggested that Rs. 2/- may be levied for entertaining the application from the candidates. Surgeon General N. M. Wilson released an order with the Ref. No: 25904—General/39 dated May 18, 1939 (Status of Men Nurses in Madras Presidency, 1939c) on male nurse's recruitment and training. These data were retrieved from the G.O. No. 20158 dated May 18, 1939 (Wilson, 1939).

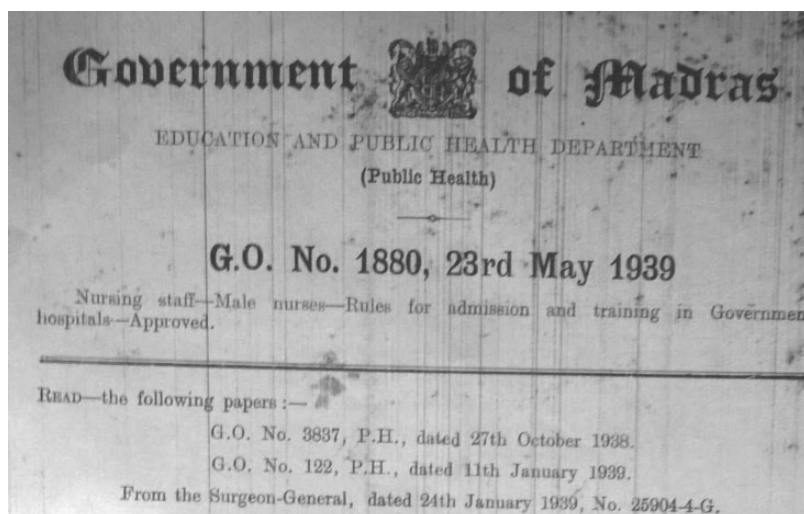


Figure 1. Approved rules for the training of the male nurses in Government hospitals in the Madras presidency.

Finally, the rules for the training of the male nurses in Government hospitals in the Madras presidency appended to the G.O. No. 1880 dated May 23, 1939, were approved (Figure 1). The recruitment of qualified male candidates from July 1939 was sanctioned. Thereafter, 3 years of recruitment was made in the proportion of two male nursing candidates for one female nursing candidate. TNAI's memorandum of generally trained nurses was fully accepted and approved. The Surgeon General approved appointing a committee for the selection of candidates for admission in 1940 (Cooke, 1939).

The Government has approved the agreement made in G.O. No. 3119 dated August 28, 1939 (Figure 2), which had to be executed by male nurses trained in Government hospitals in the Madras province (Cooke, 1939). The Member of Legislative Council raised the following questions in their G.O. No. 3396 PH dated July 07, 1947; male nurses to possess higher educational qualification than the female nurses, not permitting male nurses to take maternity training, not allowing male nurses to work in the female wards, not providing furnished quarters for male nurses, and the reason for not giving house rent allowance (Machin Shah, 1939).

The questions of the legislative council were answered seriatim in Letter No. 56479/N/47 dated August 05, 1947. The qualification required to admit the nurses for training was considered; male nurses training was proposed to manage the difficulties experienced by female nurses to manage the male general wards; as the male nurses were not more in numbers, and the house rent allowance and establishment of quarters may take place in near future. Surgeon General agreed that male nurses would be admitted in future for Diploma of Nursing course. The necessary amendments of rules were issued with G.O. No. 2195 PH dated July 23, 1946 (Ministry of Local and Self-

Government, Department of Public Health, 1946). It was also proposed that male candidates should possess a registration council certificate granted by provincial nurse's registration council. This information was retrieved from G.O. No. 864 dated March 16, 1949 (Ministry of Local and Self-Government, Department of Public Health, 1949a) (Bhatia, 1947).

Representation of Male Nurses

After 1944, the Government received representation from the male nurses employed in the Government medical institutions. It included scale of pay for which the Government issued orders fixing a uniform scale of pay for both female and male nurses. The Surgeon General requested to submit proposals with the estimates of costs for the creation of higher grade posts for the promotion of male nurses. General orders have been issued regarding the allotment of vacancies between war service candidates and others, and the orders were applicable to male nurses also. The Government did not get any justification for the grant of house rent allowance to male nurses. The maximum of Rs 20/- per male nurse was considered. The Government agreed with the Surgeon General, and the Medical Education Committee that no change in the male nurse's uniform is necessary. The Government agreed with the Surgeon General that male nurses may be admitted to the Diploma of Nursing course in future. These data are available in G.O. No. 4416 dated December 29, 1945 (Govindha Menon, 1945).

The Government approved the proposal of the Surgeon General to amend the rules and the form of agreement relating to the diploma course in nursing. The rules for the admission and training of candidates for the diploma course in nursing, issued with the G.O.

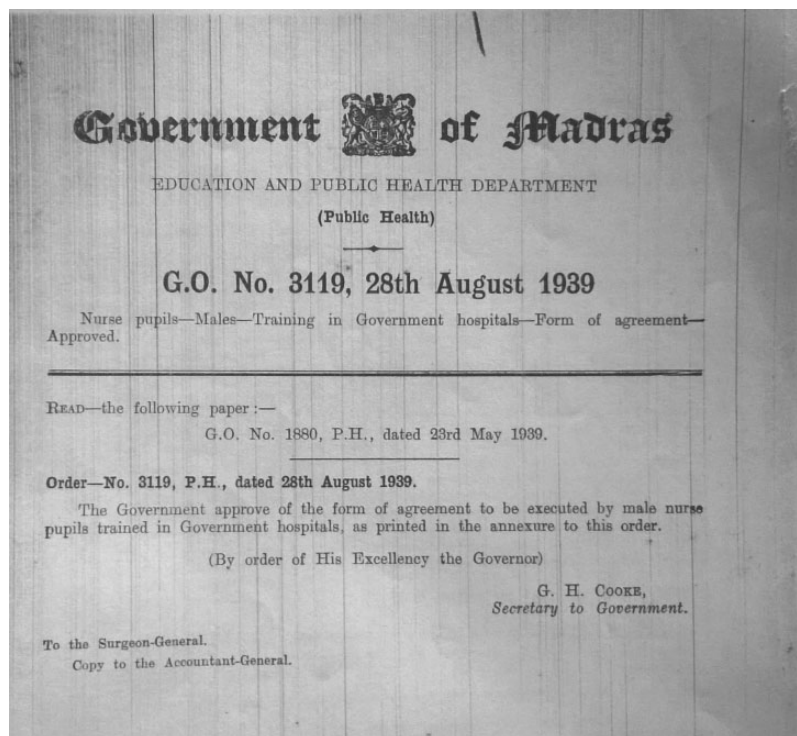


Figure 2. Approved agreement to be executed by male nurses trained in Government hospitals in the Madras province.

No 2195 PH dated July 23, 1946, was requested to be amended with the approved correction. The form of agreement to be executed by the candidates admitted to the diploma courses in nursing, approved in G.O. No. 1945 public health dated July 25 1945 (Ministry of Local and Self-Government, Department of Public Health, 1945b), was subsequently modified as prescribed. It is noted in Letter No. 17-3 dated February 23, 1949 (Prabhu, 1949). Eight institutions had admitted the male nurses and allowed them to take training in General sick nursing, and training in venereal and Genito-urinary department and mental hospital as they served in the war service from 1939 to 1946 with in a period of 2 years from the date of such appointment. These data were available in G.O. No. 3518 dated October 17, 1949. The Government suggested that the lower educational qualification of SSLC or Eight Standard School Leaving Certificate applicable to Harijan candidates should also be applicable to candidates from the backward classes. It is issued in Government Order No. 2456 PH MS dated August 07, 1948 (Ministry of Local and Self-Government, Department of Public Health, 1948). It is noted in G. O. No. 2377 dated June 30, 1949 (Ministry of Local and Self-Government, Department of Public Health, 1949b).

The female nursing students, after successfully completing their General sick nursing for 3½ years, had to undergo training in midwifery for 6 months and appear

for both oral and written examination. However, similar provision was not applicable for male nursing students or mission trained nurses. The male nursing students were deputed to undergo training for 3 months in venereal diseases and 3 months in mental diseases department. It is noted in G.O. No. 1491 PH dated April 27, 1950 (Ministry of Local and Self-Government, Department of Public Health, 1950b). The Madras Nurses and Midwives Council at its meeting on December 16, 1949, considered to conduct an examination at the end of each training and certificates were issued to them. These data were retrieved from G.O. No. 3415 dated September 28, 1950 (Rao, 1950a). In Letter No 2826 dated August 28, 1950, it was mentioned that the number of male nursing students undergoing training in the above two subjects was less than female candidates who undergo training in midwifery (Rao, 1950b).

As these grievances were expressed, J. P. Huban, Surgeon General to Government of Madras released an order with the following recommendations; in Letter No. 40911-1/45 dated February 02, 1946 (Status of Men Nurses in Madras Presidency, 1946), the recommendations have been made to the Government to grant the male nurses the same scale of pay as that of the female nurses, with the scale of, Rs. 60-5/2-120; male nurses to be allowed to get the same concession as allowed to female nurses; as there was shortage of quarters for the nursing staff, it was not possible to provide

the male nurses with free accommodation. The Government in their Order No. 1127 PH dated April 27, 1945 (Ministry of Local and Self-Government, Department of Public Health, 1945a), directed to take urgent steps to construct necessary quarters for all the members of the nursing staff; till the quarters was not made available to the male nurses, it was suggested to grant a house rent allowance of Rs. 6-8-0 each per men sum.

Surgeon General did not agree to change their uniform and recommended that the present mode of dress may be continued; as the male nurse's promotion scheme was still in its initial stage, the higher grade appointments for male nurses were not considered; and permanent vacancies were requested to be reserved for the candidates returning from war service till March 31, 1947. These data were available in G.O. No. 54393 dated September 16, 1943 (Huban, 1943). At the annual conference of the TNAI, the male nurse's issues in general were brought up again. The following resolution was passed: "The TNAI recommends that the Government and Private institutions training and employing male nurses to carefully reconsider and improve the conditions of service for them and provide positions which are open to them" (Abraham, 1939).

No differentiation was shown between male and female nurses related to their confirmation. There was no scope for promotion for male nurses, while female nurses were eligible for promotion to the posts of ward sisters, Matrons, and so on. A proposal has been submitted to the Government in Letter No. 53413- N/46 dated February 12, 1947 (Status of Men Nurses in Madras Presidency, 1947a), for the sanction to begin with two posts of Head Nurses' for male nurses on the same scale of pay and allowances admissible to ward sisters. In this connection, it was pointed out that the male nurses have not yet completed 4 years of services after training and therefore could not be considered for promotion. These data could be obtained from Letter No. KCV19-3 dated March 19, 1947 (Cherian, 1947).

Reformations in Men Nursing in 1947 to 1950

By the year 1947, after many years of request by male nurses, they were provided with the free quarters. The information is available in Letter No. KN 3/7 dated July 04, 1947 (Status of Men Nurses in Madras Presidency, 1947b). As recommended by the Medical Education Committee, the male nurses were paid on the rates of pay and allowances admissible to ward sisters. The male nurses who were eligible for promotion were designated as male nurses, Grade I and male nurses, Grade II. These data are available in G.O. No. 41321 dated

April 25, 1941 (Mannadhi Nayar, 1941). As suggested in the Letter No. 53413/N/46 dated February 12, 1947, the higher grade for male nurses and the existing posts of male nurses were grouped separately (Mannadhi Nayar, 1949). The four temporary posts of male nurses, Grade I (Head Nurses) was sanctioned in Government Order No. 1470 Health dated April 26, 1950 (Ministry of Local and Self-Government, Department of Public Health, 1950a), and have been filled by male nurses.

Post 1950 Period of Indian Nursing

Since independence in 1947, a cadre of International nurse advisors made ambitious plans for the nursing profession in India. The highly qualified nurses worked for the Rockefeller foundation which is non-Government organization. It provided expert assistance to the College of Nursing in New Delhi, Vellore and School of Nursing in Trivandrum. It also sponsored Indian nurses for advanced education to North America especially in teaching, administration, and public health (Kavadi, 2016). The Indian Nursing Council was constituted in 1949, and the state-level nursing councils were established as the professional regulators. In 1952, a postbasic course in public health nursing was started in Delhi College of Nursing. In 1962, 45 nurses were sent for training in public health to the United States. Between 1959 and 1961, the World Health Organization gave nine fellowships to Indian nurses. In 1973, the Student Nurses Association proposed that the student nurse's clinical experience should be limited to 48 hours per week (Anonymous, 1973). The TNAI consistently advocated for the educational development and professionalization of nurses. In 1971, it awarded scholarships for 29 nurses for further qualifications. In 2005, the Indian Nursing Council decided that all of India's nursing schools should be upgraded to College of Nursing (Healey, 2014). The future rests on further development of a grounded and enthusiastically supported nursing leadership strong enough to tackle on the task of placing nursing on the center stage of policy making.

Scope of Practice of Male Nurses in the Current Health-Care System

Increasing the number of men in nursing has significant benefits; men in nursing have the ability to make a difference; men can have a stable career; men can combine working with other occupations, namely, science, technology, engineering, and mathematics to have people centered work environments; gender diversity will provide a positive impact on improving the work culture and quality of patient care; have cultural and psychological feeling of ease for male patients; and will expand the

recruitment base in meeting the demand of nursing services.

Strategies to Enhance the Entry of Male Nurses in Nursing

Strategies should be taken to admit more male students in nursing. The tendency to consider nursing as a single-sex occupation should come to an end (Trossman, 2003). The myths and barriers related to nursing profession should be eliminated. The men require input and promotion by nurse educators, administrators, unions, professional associations, and Government (Kleinman, 2004). Reeducation of high school counselors is essential as they influence the career choice of the students (Barkley & Kohler, 1992). The nursing associations can play a key role in counseling the counselors (Nelson & Belcher, 2006). Campaigns should focus on recruiting male high school and college students into nursing programs (Meadus, 2000). The nursing organizations and nurses must organize an effective media campaign to correct the public perception and image of the nurses. The sexist language from the journals, texts, nursing conferences, and other personal communications should be eliminated (Kleinman, 2004; Meadus, 2000). Nursing scholarships for male nurses will attract more male nurses. Gender diversity in nursing should be improved (Trossman, 2003).

Conclusion

It took several years to elevate the standards of male nurses to come in to practice. Great British Government has brought the reformations in bringing up the working standards of male nurses. The reformation and renaissance of male nurses were started in 1938, and it reached a level of recognition in 1950. This shows the journey of men nurses to overcome the hurdles in their practice and professional upliftment. In recent years, the male nurses are identified for their extraordinary contribution in nursing and in the delivery of health care. Active promotion and engagement of men entering into nursing profession should be the key policy. The society's stereotypical barriers for men entering into nursing profession should be removed. An image in which the male nurses feel confident and comfortable should be created.

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