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Nursing: The lesser of two evils

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SUMMARY

The purpose of this phenomenological study was to explore and document the motivational factors, supports, and barriers to choosing nursing and to explore the nursing and caring images of male nursing students. The unique context for this study was the merging of the community health officer and nursing curricula, which suddenly brought men enrolled in the former curricula with the all-female nursing student body. The study was carried out with 15 new Turkish male nursing students. Three categories and six themes become apparent. The “choosing” category was expressed in the themes of “guarantee of work” and “nursing: the lesser of two evils”. The “difficulties” category was expressed in the main themes of “bothering” and “teasing and supporting”. The “traditions” category was expressed in the themes of “male nurses: non-traditional”, and “women’s job”. The study sheds light upon the gender-based challenges of socializing these male students into a formerly all-female profession.

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Introduction

Despite a large influx of women into traditional male occupations in recent decades, nursing has remained an overwhelmingly female profession (Evans, 2004). Much of this disparity is attributable to strong beliefs that nursing is an extension of women’s domestic roles. According to Culkun et al. (1987), affective and maternal skills, such as nurturing, caring, and treating others tenderly, are those that tend to be traditionally assigned to or assumed to be intrinsic in women and which fit well in nursing. By contrast, traditional male characteristics of strength, aggressiveness, assertiveness, self-control and leadership are seen to be in conflict with the affective role of the nurse. Recent trends, however, suggest that despite being a minority, the numbers of men entering nursing is slowly increasing, though not uniform ally across the globe. In the Ireland, for example, the ratio of female to male general nurses is approximately 20:1 (An Bord Altranais, 2006). Moreover, only 0.3% of male school leavers in the UK choose healthcare occupations (Davis, 2001). The percentage of men working as registered nurses in the USA is only 5.7% (US Department of Health and Human Services, 2008). A recent change in the law governing university curricula in Turkey has merged an academic program with numerous male students (community health officer) with a previously all-female nursing program. Such a rapid change is likely to create challenges in adaptation. The purpose of this qualitative study was to

explore the barriers and supports for men who now find themselves in the school of nursing as well as to explore their pre-conceived images of nursing and caring.

Background

Just as with women, men pursue nursing due to their desire to care for others (Perkins, 1993; Boughn, 1994). Yet as nurses, some men may find themselves in position of advantage (Evans, 1996). Conversely, men may experience negative sanctions when they choose to undertake an occupation traditionally reserved for females (Porter-O’Grady, 1995). Challenges that men face upon entering nursing include lack of information and support from guidance counselors, lack of exposure to nonfeminist paradigms of nursing care, lack of sufficient role models, unequal clinical opportunities and requirements, isolationism, poor instruction on the appropriate use of touch, lack of content related to gender-based social relationships, and lack of teaching strategies amenable to male learning needs (Davis and Bartfay, 2001; O’Lynn, 2004; Villeneuve, 1994). Responses to these challenges range from complete denial to quiet suffering to the adoption of defensive strategies such as “joking back” and making light of the situation.

History of men in nursing in Turkey

In the Ottoman Empire, nursing outside the home was entirely a job for men because only men were treated in hospitals (Ozaydin, 2006). After the beginning of the Reformation Period of the Ottoman Empire in 1839, women began to assume greater roles in society. Although women started take care of injured male soldiers during

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the war years just before the fall of the Ottoman Empire, women's enrollment in nursing courses did not begin until 1913. Nursing schools opened in Turkey in 1920. Initially, nursing schools were established at the high school level and raised to the university level in 1997. In 1954, legislation was passed that only allowed women to pursue nursing studies; however in the military services, only men could serve as medical aid providers. According to hearsay evidence, after these men were discharged from the military, they returned to their homes and become the people neighbors turned to for medical advice in the absence of fully trained health care providers. Since 1920 men have also been educated as community health officers and have worked in selected public health specialties (for example, infectious diseases) in order to meet the health care needs of the country.

Recently, most of the health officers (86%) have been identified as “nurses” by the Turkish Ministry of Health because the community health officer curriculum has been equivalent to the curricula of established nursing programs (Ulker et al., 2003). Although the Ministry considers these men to be “nurses”, these men have not been called nurses by the public, nor have they introduced themselves as nurses. The difference between the community health officer and nursing professions ended with a change in the laws regulating nursing in 2007 requiring that these two professions merge. Consequently, men who would have been enrolled in a community health officer program were suddenly enrolled in the nursing program at the Akdeniz University School of Health. Although statistics are not available, men have also been enrolled at nursing programs in other Turkish universities. This change has provided a significant and immediate need to better understand potential barriers and supports for these male students.

Method

Design and sample

A qualitative research design was used to explore the male nursing students' motivational factors, supports, barriers to choosing nursing and their nursing and caring perspectives. The study's purposive sample consisted of 15 of the 20 eligible male nursing students. Participants were selected according to their willingness and desire to commit time to the research. When saturation in data was achieved, the interviews were terminated (Polit and Beck, 2006).

Data were collected in October 2007 from in-depth interviews. Interviews were conducted in the first two weeks of the fall semester prior to becoming influenced by their nursing courses and prior to having much interaction with upper division nursing students. Participants initially filled out a ten-question survey in which they provided their demographic data. The participants were 17–23 years old, with an average age of 20.3 years. Thirteen of the 15 were from Southern or South-eastern Anatolia. More than half (53.3%) of the students described their family income status as middle level.

Three researchers conducted individual interviews for an average of 20–30 min each. Prior permission was sought from the participants to record the interviews with a tape recorder or video recorder. Each student was given the opportunity to choose one of these options. Eleven of the interviews were videotaped and the rest were audio taped with respect to students' wishes. The interview setting was a quiet, comfortable meeting room within the Akdeniz University School of Health.

A semi-structured interview form was used as the tool to collect data. There were four open-ended questions for clarifying the students' perceptions. The initial guiding questions were: (1) Why did you choose nursing? What were the factors involved in your choice

of nursing? (2) What did others (your friends, neighbors, relatives, strangers and families) think about your choosing nursing as a career? (3) What do you think about nursing? Do you think that you are capable of being a nurse? (4) In your opinion, is gender an important factor in performing nursing? During the interviews, a series of prompts or probing questions were used. For example, “How did you feel about that?” or “Can you tell me more about that.” Such questions help to reduce both researcher and participant anxiety (Minichiello et al., 1995). During the interviews, one researcher acted as a moderator and two acted as observers and recorders to enhance data reliability. The observations and the contents of personal reflection were carefully documented to avoid bias. Following each interview, the researcher listened to the tape or video recording and transcribed them verbatim. The total time spent in all of the interviews was 270 min and the length of the written transcripts was 33 pages. The transcripts were then returned to the participants so that they could examine them for accuracy. None of the participants in this study made any changes to their transcripts.

Ethical considerations

After the ethical approval was provided from the Akdeniz University Ethics Committee, written consent was obtained from participants. All were informed that participation in the study was voluntary and that they could withdraw from the study at any time without consequences. To ensure the confidentiality, all written transcripts were coded using fictitious names which are provided in this report. At the time of the investigation, there was no student–teacher relationship between the participants and researchers.

Data analysis

Thematic analysis was used in this study. Data were analyzed by Colaizzi's (1978) constant comparative method. Formulated meanings were organized into categories and cluster of themes. The responses were examined by each researcher who independently reached an opinion of the male nursing students' perceptions. Next, the original texts were reviewed and discussed by the researchers as a group, and common and meaningful statements were identified. These statements were organized under six major themes. Then, all original statements within each theme were crosschecked for accuracy. The six themes were then arranged into three categories.

Results

Category I: choosing

Theme: Guarantee of work. A central theme to emerge from the data was the guarantee of work. All of the participants acknowledged that they chose nursing because of its guarantee of work and job security.

I was studying chemistry... on my third year. I reckoned finding a job would be a trouble in future... no guarantee at all I mean....I checked out the jobs with guaranteed employment. It turned out to be nursing... a job guarantee program after all. (Mehmet)

Some of the students indicated that they preferred nursing to other professions such as engineering, teaching, and law enforcement. They reported that they received considerable support and guidance from their relatives and counselors in the decision process:

I have an older brother who is a teacher. In fact he wanted it; he wanted nursing ... he wanted a guaranteed profession ... that's how we chose it. Now, if you look at it economically, we will find a job just after we graduate. (Hasan).

Theme 2: Nursing: the lesser of two evils. Some students stated that they chose nursing because it was “the lesser of two evils”. Most of the participants had initially contemplated medical school, physical rehabilitation school, or engineering instead of nursing school. Many said if their scores had been high enough on the university entrance examination they would not have chosen nursing as a career. For example:

Medical school was in my dreams from the mind at first... but my score wasn't good enough for a medical school... and to be honest, finding a job after finishing other departments seemed dodgy. That's why I chose studying nursing... I wanted to be in a health related field. If not medicine, then nursing. (Tarkan)

Category II: difficulties

Theme 3: Being bothered by the name of the profession. The interviews revealed that more than half of the participants had not yet informed their friends, neighbors, and relatives that they had entered the nursing program. In Turkish the word for “nurse” (*hemşire*) can also mean “sister” in English. This similarity in meaning was the most disturbing part of entering the nursing program. According to the students, people they knew objected to the word “*hemşire*” in reference to men. Consequently, some of the students were hiding the profession they had chosen. Some of them even suggested that the name of the profession be changed. Ahmet voiced his feelings very clearly:

I can't say “I'm a nurse”. *Hemşire* means a girl... in fact I was shocked when the name changed ... it would be great if it was still health officer. ... Nurse equals male (pause) but this is backwards, it is illogical... It's backwards to being a young guy... people will laugh at you later. When I finish, if I go back to Hakkari I can't say I'm a *hemşire* (nurse)... (laughs) It got stuck in my throat, calling myself a nurse... Can't we change it somehow?

Although uncomfortable with the word for nurse, a common belief among the participants was that they would get used to the idea of being nurse in time. They also hoped that others, including patients, would also get used to the idea of “male nurse”. This was echoed by Aras who said:

Right now I am having trouble saying that I will be a nurse but I think it will be OK soon... now slowly friends are getting used to it... I say “I am a nurse” when I talk to people sometimes... and they say nothing... I guess it will be alright in time...

Conversely, two of the students indicated that they did not try to hide that they had entered the nursing program and objected to other labels used by others.

... When some people say, ‘you're not a nurse, you're a health officer’, I say, ‘no, I'm a nurse.’ I don't say I am a health officer or ‘*hemşir*’ (the shortened form of the word implies male) I say, ‘I am a nurse’, I say it that clearly....(Selman)

Theme 4: Teasing and supporting. Participants reported that their acquaintances teased them initially when they learned of their choice for a profession. Teasing occurred with facial expression or words such as “Mrs. Nurse” which made some students unhappy and uncomfortable. Yusuf shared two striking experiences:

We had a teacher back at secondary school. He once said “Some idiots chose nursing by mistake”. I still remember him saying this. This bothered me... It happened [again] at the student affairs office when we first came here. There were parents here with their children that came for enrollment... I remember one father who asked me insultingly, “Are you a nurse?” We try not to be bothered, but it is not nice... I don't like people leering at us.

Some participants were asked, “Isn't there any other profession you could choose?” Others faced questions of disbelief that men could become nurses. The participants had to explain to others about the merging of the nursing and community health officer professions.

[At the university], generally, everybody tried to tease us at first. But later on they take it as it is. At first, they say, ‘Can men really be nurses?’. And I say ‘yes, they can according to the new law. When you explain them, it doesn't cause much trouble. (Firat).

Several participants commented that some of their close relatives told them that they had expected them to make a higher score on the university examination and get a more prestigious job for men than nursing. But this did not mean that they did not support them. In time, they gave full support to them.

The participants reported that they had tried not to be affected by the teasing. They sought the positive side of choosing nursing, such as a guarantee of job:

Well... they mocked and teased us at first ... As they see it as a sissy job, they made this “miss nurse” thing, you know... (smiling and blushing). I don't care about much, indeed... Because my elder brother had a master's degree from Marmara University and still unemployed. I don't wanna live what he did... My family is pretty much supportive, too, and they think I'll be able to quickly find a job. (Selman).

Another coping strategy for preparing to enter a female dominant profession was pretending that they would actually be a health officer and not a nurse. Mustafa stated, “When they call me, ‘Miss Nurse,’ I don't think it's such a big problem, I don't see myself as a nurse, I see myself as a health officer.”

Category III: traditions

Theme 5: Male nurses: non-traditional. Participants responded differently when asked the question about gender and its effect on practicing nursing. The most common response to this question was, “Caring for women by men? It is in opposition to our traditions!” The idea of caring for women was found to be completely inappropriate for some students, while somewhat tolerable for others. From the students' statements, giving an injection to a woman was the nursing activity mentioned most often as being contrary to traditions or one which could be refused by a woman or her relatives. Students explained the inappropriateness of male nurses caring for women by drawing connections with the unwritten laws of society.

Gender matters, for me... I mean... [giving] an injection to a lady, it seems wrong to me... Back in my homeland, in Eastern Anatolia, usually women take care of women in general.. A man gives an injection to a woman, or such stuff...It's all illogical.... Back in my homeland, I mean. Men get jealous. (Ahmet)

Another student discussed the question by pointing out that there are male physicians. As seen below he had some concerns which were shared by other male students:

Gender is important in being a nurse, because I'm from Anatolia. Over there they would oppose a male nurse giving a woman an injection. You could also say then why can a male physician take care of a woman but a male nurse can't? When the situation is looked at in this way I don't think there is a problem, but everyone [his male classmates] thinks what if it's me? (Isa)

Although participants had some concerns about caring for a woman as a male nurse, they also hoped that the customs would change in time and people would get used to being taken care of by a man. Participants hoped that men beginning to enter nursing as professionals would help make male nurses acceptable in Turkey.

A few of the students looked at the effect of gender on nursing differently. In their opinion men would strengthen nursing by using their authority and putting an end to the hegemonic behavior physicians display toward nurses.

It bothers people a little bit but I think men can be better at practicing nursing...Men are more authoritarian. They can stand on their own feet more strongly than women (smiling). Physicians are a bit more superior than nurses... We will change this. (Atilla)

Physical power was another contribution men could make to nursing. Participants expressed that male nurses could help with activities "like Superman," since their female colleagues would not be as capable in some situations because they are weaker physically.

They may have positive contributions.. in some cases maybe... They can do things a female nurse can't. Men are more arduous workers than females... Female nurses may not be able to stand some emergency situations. (Yusuf)

Theme 6: A woman's job. Participants provided descriptions of nursing characteristics that overlapped with the characteristics of traditional femininity. For example, participants described nurses as talkative/communicative, showing interest in others, kind, patient/tolerant, cheerful/smiling, tender, charitable, and loving/warm-hearted.

Nurses have to have a smiling face, and show respect to people. They must have good relationships with patients. They shouldn't be peevish...Bad tempered people can't be good nurses. (Tarkan)

Nevertheless, participants expressed their desire to become a caregiver with statements such as, "I'm interested in people's well-being", "I like helping others", "There's a need for health care workers in my region", and "I want to be beneficial to my people". However, most of the students admitted that they had never taken care of somebody else nor had they ever been to a hospital before entering the nursing program. Moreover, some of the participants mentioned that they did not even like being in a hospital. Tarkan declared, "I get sick when I go to a hospital... and my mama even asks me, 'How can you work as a nurse?'... and I tell her 'I guess I will get used to it'. So it goes."

A student who defined a nurse as a "doctor's handmaiden" believed that caring was an undesirable occupation. He also confessed that he was having difficulties taking care of himself and bewildered about the thought of caring for others:

You know...a nurse is something like a doctor's assistant. They do whatever doctors say. I have no idea what they do exactly. Never been to a hospital before... taking care of patients is a bad thing! I can barely take care of myself, and taking care of a patient?... It already seems hard to deal with healthy people, it's harder with patients. (Aras)

Discussion

The forced merger of two previously separate professions in Turkey (community health officer and nurse) provided a unique context for the exploration of gender roles and the socialization needs of male students as they transition into nursing. The purpose of this study then was to explore the motivational factors, supports, barriers, and caring images of new male nursing students following this merger of professions. Subjects were interviewed prior to beginning nursing related coursework, so their responses more closely reflected their baseline beliefs and cultural perspectives. Although the context for this study and the cultures of Southeast Turkey may be unique, the findings of this study share commonalities with findings of other studies, particularly of studies conducted in Western Europe and North America. Such commonalities suggest some universality in the perspectives and barriers for male nursing students, as well as some universality in the implications for nurse educators in socializing these students and the profession into a more diverse nursing workforce.

One of the themes identified in this study was "guarantee of work". In several studies (Ellis et al., 2006; LaRocco, 2007; Okrainec, 1994) employment opportunity was the most repeated and constant motivational factor for men choosing nursing. Employment opportunities, however, emerged in this study as the one and *only* motivational factor for Turkish male nursing students. A gradual increase in unemployment and fear of the future in Turkey may have pushed men into taking the risk to challenge traditional gender-defined roles and stereotypes. Career opportunities (Chou and Lee, 2007) and a strong desire to care for or help others (Chou and Lee, 2007; LaRocco, 2007) were not mentioned frequently. The next significant finding was that nursing was not the initial career choice of the participants. Nursing was the eventual career choice for those who did not have a suitable alternative. In fact, participants stated that they chose the "lesser of two evils". Consistent with the results of this study, other studies have reported that men had initially contemplated medical school instead of nursing school (Chou and Lee, 2007; Ellis et al., 2006; LaRocco, 2007). Unlike these studies, participants had not only contemplated medical school, but also physical rehabilitation, engineering, and education as initial choices. Participants' poor scores from the national university exam was the limiting factor in the participants' choice of nursing. Consistent with the literature, most of the participants in this study had difficulty accepting the image of men in nursing. Conflicts with this image led to teasing by others, one of the significant phenomena illustrated by this study. Similar to Stott (2004), participants in this study were anxious about being questioned about their sexuality and being perceived as "odd" or "homosexual". The close meaning of "*hemşire*" to "sister" puts men under additional pressure. Hence, as a member of a highly patriarchal society in which the masculine stereotype is exaggerated to machismo, some of the participants asked that the name of the profession "*hemşire*" change to something more masculine. Some stated that being a *hemşire* was "inconsistent with being a young guy – *delikanlığa sığmaz*" (which indicates things improper for manly behavior or machismo). As one might expect, some of the participants did not wish their career choice to be known by significant others and reported that they would conceal their choice for as long as possible.

Caring was described as "attending physically, mentally, and emotionally to the needs of another and giving commitment to the nurturance, growth and healing of others". Others have noted that caring is historically gendered and has been considered to be a natural extension of a woman's role in society (Meadus, 2000; Stott, 2004). Consistent with these perspectives, participants had gendered stereotypes about caring. Their expressions, such as "a woman cares for others at home all the time" were evidence that

caring is considered to be feminine work in Turkish culture. Their definitions of the characteristics of nurses also reflected a feminine image of nurses consistent with popular characterizations. Only two participants had ever actually experienced caring for another and were limited to caring for male relatives. This conditional situation reflects the unspoken cultural belief that intimate care of a man or woman should be provided by same gender. Participants supported this belief as they expressed concerns about giving care to female clients. Such concerns have been discussed in previous studies (Morin et al., 1999; O'Lynn, 2004). Of course, there are male physicians in Turkey and they examine their female patients. On the other hand, some women or their families prefer female physicians for themselves or their female relatives because touching a woman is a matter of honor (*namus*) and generally requires only a close relative (such as husband, son or father) if touch must be given from a man. This belief is held strongly by many in Eastern or South-eastern Anatolia (UNFPA, 2005), areas from which most of the participants study reside. The striking statement, "I would give care to a woman only if I had to" summarized some participants' objection. In addition, some of participants indicated that they would reject a male nurse who would attempt to care for their female relatives. Objections to male touch are based on suspicions that such touch carries a sexual connotation and have been described by others (Evans, 2002; O'Lynn, 2007).

Limitations

A limitation of this study was the small sample size limited to volunteer participants from one school. Findings cannot be generalized to all schools in Turkey. Although the intent was to conduct in-depth interviews from students before they had begun nursing-focused coursework, further research is needed to explore whether or not stated or anticipated challenges create actual impairment in clinical and academic performance. In addition, further research will be needed to evaluate the efficacy of any support and socialization measures provided for male nursing students in Turkey.

Implications for practice

Although the merger of two professions created a rapid inclusion of men into nursing schools in Turkey, economic challenges and expansions in customary gender roles in other countries are facilitating increased numbers of male nursing students. Increased gender diversity within schools of nursing continues to challenge nurse educators to socialize students into the profession differently than in the past. Increasingly, nurse educators must examine how potential conflicts with students' pre-conceived images of nursing and students' ideas of gender may threaten adaptation to the role and jeopardize their effectiveness as nurses. Perspectives on gender provided by the students in this study may represent a very traditional view; however, traditional and hegemonic gender roles still inform gender perspectives within more liberal societies. Consequently, all nurse educators must anticipate possible stress among students struggling with gendered perspectives and role expectations and assist them into the socialization process into the profession. To relieve or less the students' emotional burden, it is recommended that nursing schools: (1) plan personal or group meetings with students so that they can verbalize and share their emotions, (2) encourage them to keep diaries or to write "me" compositions which elaborate on their complex feelings of "being odd" or "extraordinary", their fear of labeling as "homosexual", (3) support their development of positive coping mechanisms towards

the effects of gender related pressures, (4) support in the clinical practices especially in the care of the opposite sex, (5) use a non sexist professional language in the courses and, (6) discuss the traditional point of view about woman and *namus* and make eminent its effect on caring behaviors.

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