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## **Gender Role Conflict Experienced by Baccalaureate Level Male Nursing Students at the University of Southern Mississippi**

Brantley Snowden

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Gender Role Conflict Experienced by Baccalaureate Level Male Nursing Students at the  
University of Southern Mississippi

by

Brantley Snowden

A Thesis  
Submitted to the Honors College of  
The University of Southern Mississippi  
in Partial Fulfillment  
of Honors Requirements

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## ABSTRACT

This study aims to determine the presence of gender role conflict experienced by male nursing students at the University of Southern Mississippi. Thirty-one male nursing students participated in this study. A 55-question survey was distributed via email to men in the baccalaureate nursing program at the University of Southern Mississippi. The survey contained a brief demographic section and a 53-question Likert scale section. The Likert scale questions were adopted from two validated surveys; the Inventory of Male Friendliness in Nursing Programs (IMFNP), and the Gender Role Conflict Scale – Short Form (GRCS-SF). Thirty questions were derived from the IMFNP and 16 questions were derived from the GRCS-SF. In the section exploring perceived exclusivity in the nursing program, most respondents recognized three of the 11 barriers listed. Conversely, out of nine questions about the nursing program’s inclusivity, most respondents disagreed with only one claim listed. Meanwhile, the results from the GRCS-SF revealed present feelings of gender role conflict in three of the four explored factors. Overall, male nursing students experience feelings of gender role conflict but recognize few gender-based barriers in nursing school. Thus, future research is required to identify the causes of gender role conflict experienced by male nursing students.

**Keywords:** Gender role conflict, male nursing students, USM

## **DEDICATION**

This project is dedicated to the USM graduating nursing classes of 2023 and 2024. Thank you all for your commitment to scholarship through participation in this study.

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First, I would like to thank our sovereign God for the opportunity that I have been blessed with through the Honors College, and seeing this project to completion. I would also like to thank my thesis adviser, Dr. Marion Patti Vanderloo, for helping and guiding me throughout this entire process. Without her advocacy, support, and confidence, this project would not have been possible. Lastly, I thank my mother for her continuous support during this process and the rest of my family for their encouragement in my academic endeavors.

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## **LIST OF ABBREVIATIONS**

GRC	Gender Role Conflict
GRCS	Gender Role Conflict Scale
GRCS-SF	Gender Role Conflict Scale – Short Form
IMFNP	Inventory of Male Friendliness in Nursing Programs
IRB	Internal Review Board
RN	Registered Nurse
USM	The University of Southern Mississippi

## CHAPTER I: INTRODUCTION

Gender role conflict (GRC) is “a psychological state in which restrictive definitions of masculinity limit men’s well-being and human potential” (O’Neil, 2015). Nursing is a profession traditionally viewed as feminine. Since Florence Nightingale founded modern nursing in the mid-19<sup>th</sup> century, society has stigmatized men in nursing because Nightingale viewed masculine traits as less fit making a good nurse than feminine traits. Some of these qualities include a woman’s propensity to nurture, sensitivity, and therapeutic touch, juxtaposed with a man’s propensity to lack these characteristics. Although today’s society has a much more integrated view of gender roles, traditional gender roles are still present in the nursing workplace and the Deep South.

### **Masculinity in Nursing**

Defining characteristics of masculinity are restricted by historical societal perceptions of masculinity, such as hegemonic masculinity. Hegemonic masculinity is a concept coined by Australian sociologist, R.W. Connell, which describes traditional masculinity through dominant traits such as physical muscularity, stoicism, heterosexuality, and having political or social strength (Connell, 1987). GRC occurs when a limited view of masculinity is ascribed to men working in a traditionally feminine occupation like nursing, therefore inhibiting their efficacy. Masculinity can uniquely benefit nursing the same way femininity does through its unique expression of caregiving. Masculine caregiving can be expressed through controlled strength which allows forceful procedures to be performed gently. When definitions of caregiving are limited as feminine, masculine traits are suppressed which impedes a male nurse from expressing

their unique caregiving characteristics. To increase the efficacy of male nurses, men must be recruited, accepted, and retained in nursing, so that masculine traits can be respected for their unique expression of caregiving.

It is important to differentiate between GRC and sexism. Sexism is prejudice, stereotyping, or discrimination based on sex. For men in nursing, sexism is caused by factors outside of self. Gender role conflict is an internal conflict, such as stereotyping against one's self. Sexism can be, but is not always the cause of GRC. The importance of this distinction is that GRC can exist with or without discrimination.

### **Gender-Based Barriers in Nursing**

Several research studies have explored gender-based barriers affecting male nurses. At the baccalaureate level, these barriers include a lack of male mentorship and a lack of opportunity to work with male registered nurses (RN) in the clinical setting. This neglects male nursing students' need to see the roles of a male RN firsthand. This experience is necessary to address the differences men and women have in the expression of care. Women are valued for their emotional sensitivity and tender, therapeutic touch when caring for patients. Men have equal value in their controlled strength which allows them to move or manipulate patients firmly yet gently. Another gender-based barrier is the challenge of role strain. Role strain refers to stress an individual experiences when failing to meet the expectations of their given role. For example, male nurses being expected to express care in the same way as female nurses. A qualitative study reported that male nursing students were "assigned care to more difficult patients" (Petges and Sabio, 2020). The increased stress of dealing with less agreeable patients makes clinical experience in an unfamiliar setting tougher. Increased stress also leads to employee

burnout. Employees experiencing burnout are more likely to leave the profession at a younger age. Furthermore, male students have reported receiving less support from clinical instructors and being restricted from certain caregiving responsibilities in their maternal-child clinical rotation (Sedgwick and Kellet, 2015). This is problematic because it fosters male stereotypes that suggest men are poor caregivers and are uneducated about the birthing process. This external barrier causes students to feel marginalized and inadequate in their work.

At the graduate level, one gender-based barrier is workplace acceptance. Female nurses approve of male nurses at much lower rates than male nurses approve of other men and their female counterparts (Gedzyk-Nieman and Svoboda, 2018). Poor workplace acceptance is inversely related to job satisfaction, and lower job satisfaction is associated with burnout and turnover. Men are a minority in nursing. Therefore, if gender-based barriers negatively influence job satisfaction, male nurses will burnout and leave their jobs, and the gender disproportion in nursing will persist.

### **Gender Role Conflict in Nursing School**

There is much evidence of present gender-based barriers in nursing at the undergraduate and graduate level. However, there is limited research regarding male nurse's gender role conflict at either educational level. One can theorize that because male nurse's experience gender-based barriers, they may experience some levels of GRC in nursing school. However, few studies evaluate how men's attitudes towards masculinity affect their role as nurses. This study is focused on exploring the presence of GRC at the undergraduate level to determine if feelings of GRC occur before men begin their nursing careers and analyzing the relationship between GRC and gender-based

barriers. The research question for this study was are there feelings of gender role conflict experienced by male baccalaureate level nursing students at the University of Southern Mississippi?

## **CHAPTER II: LITERATURE REVIEW**

### **Masculinity and Gender Role Conflict**

O'Neil (2015) defines men's gender role conflict as a psychological state in which restrictive definitions of masculinity limit men's well-being and human potential.

Australian sociologist, R.W. Connell (1987), explores that society views as traditional masculine gender roles. According to Connell, these roles encompass physical and social strength and restrictive emotionality. Connell deconstructed traditional masculinity into four manifestations. First, complicit masculinity is the feeling of not embodying hegemonic characteristics but conforming to them out of a perceived societal benefit. Second, subordinate masculinity assumes that whoever does not possess hegemonic characteristics, such as effeminate men, are inferior to those who possess such characteristics. Third, marginalized masculinity is discrimination against those who embody less hegemonic characteristics. Lastly, protest masculinity is a compensatory hypermasculine response to lacking traditional masculine characteristics. The traditionally masculine roles outlined in Connell's research are the variables of gender role conflicts researched in this study.

### **Barriers Experienced by Men in the Nursing Workforce**

One barrier experienced by male nurses is workplace acceptance. Gedzyk-Nieman and Svoboda (2018) analyzed male nurses' acceptance within the field by female nurses. A study of 251 female and 60 male nurses surveyed the nurses using the Sexist Attitude Inventory, examining perceptions of male nurses held by their female counterparts. This study concluded that men approved of men much higher than females did. Some female nurses reported that despite male contributions to the profession, their lack of displaying



the right emotion and compassion when interacting with patients makes them unfit for their role.

Gender-based barriers experienced by men in nursing have a direct correlation with job satisfaction. Kaileh et al. (2022) explored gender and job satisfaction among nurses in the United States. Their literature review found that males who experience gender-related work barriers were associated with higher levels of GRC. Conversely, higher job satisfaction rates were associated with lower levels of GRC. A study of 10 male and 10 female nurses conducted by Kaileh et al. (2022), concluded that gender discrimination limits job satisfaction. However, findings were inconclusive differentiating discrimination experienced by men and women.

### **Challenges at the Undergraduate Level**

When compared to gender-based barriers in the workplace, gender-based barriers are equally present at the undergraduate level. Clow, Ricciardelli, and Bartfay (2014) found men in nursing school face numerous educational barriers such as a lack of male mentorship, failure to discuss gender differences in the expression of care, sexism, and failure to acknowledge male contributions to the profession. A study of 145 nursing students' perceptions of men versus women in nursing showed that participants believed women are more nurturing than men, making them more fit to be nurses. Most respondents also reported being less receptive to receiving therapeutic touch from men than from women.

Role strain is another challenge males experience in nursing school. Role strain at the undergraduate level occurs when male students are held to different standards or expectations than female students. Petges and Sabio (2020) qualitatively studied

perceptions of male students in baccalaureate nursing programs. This study of 13 male nursing students answered questions about role strain in clinical experience. The respondents reported that because they were men, they were expected to provide care for heavier patients and control potentially violent situations. This is important because role strain can contribute towards GRC if males sense that these challenges are an effect of their masculinity.

More gender based challenges for males have been recorded during mother-child clinical rotations. Sedgwick and Kellet (2015) studied the experiences of 462 nursing students and reported that male students received less support from clinical instructors and were restricted from certain areas of care in their maternal-child clinical rotation. This made male students feel marginalized, discouraged, and out of place. If men feel that their gender disqualifies them from providing patient care in this area, they will be more likely to suppress their masculinity, increasing GRC.

Similar to studies linking nurse gender to job satisfaction, Cho and Jang (2021) performed a study in South Korea exploring the relationship between gender role stereotypes and major satisfaction. The researchers used a 5-point Likert scale to determine what effect, if any, stereotypes had on male nursing students. The study concluded that gender role stereotypes had significant associations with major satisfaction. These findings imply that men in nursing who experience stereotyping are less likely to be satisfied with their jobs before graduation. Therefore, it is essential to analyze how stereotyping barriers influence GRC.

Nursing curriculum can also be an external factor contributing to GRC. However, Christesen et al. (2021) found a weak correlation between the curriculum and gender role

conflict. In a study of 14 Australian male nursing students, minimal gender role conflict was attributed to the nursing curriculum, but rather to personal stigmatization. Although finding a weak correlation between curriculum and GRC might appear to weaken claims of GRC in nursing school, it improves research by filtering out potential causes of GRC. This allows researchers to focus on other factors contributing to GRC.

Gender influences may also have implications on males before choosing nursing school. O'Lynn, O'Connor, and Herakova (2020) researched gender influences on men's decisions to become nurses. The study concluded that more research is needed to elucidate a decision-making model further and explore the manifestations of GRC in nursing. However, results support the use of GRC as a theoretical framework for men in nursing, validating its use in this research.

### **Inventory of Male Friendliness and Gender Role Conflict Scale**

The Inventory of Male Friendliness in Nursing Programs was one of the resources used to assemble this study's survey questions. O'Lynn (2007) assembled The Inventory of Male Friendliness in Nursing Programs (IMFNP), an assessment tool that surveyed male nurses on gender-based obstacles present in their nursing programs. The initial tool was composed of 27 questions derived from published literature about gender-based obstacles. The assessment tool was revised to contain 39-questions. The IMFNP was chosen for its validity in assessing gender-based barriers experienced by male nurses. The IMFNP will be used to identify barriers experienced by nursing students in south Mississippi.

The Gender Role Conflict Scale (GRCS) was the other resource used for compiling survey questions for this study. The GRCS is an accredited survey that has

been used to assess GRC in dozens of studies. Its was chosen for its validity addressing gender role conflict. Wester et al. (2012) condensed the GRCS into a shorter form that was more concise regarding the apparent conflicts addressed. The Gender Role Conflict Scale – Short Form (GRCS-SF) is the condensed 16-question survey with four four-question subscales. Hammer et al. (2018) studied the reliability and validity of the GRCS-SF. In a large sample replicated study of 1,117 participants, they studied which statistics model was best for recording and interpreting the results of the GRCS-SF. They concluded that analyzing the four subcategories into individual factors had the most validity compared to the original 37-question scale.

## **CHAPTER III: METHODS**

### **Purpose and Barriers Defined**

The purpose of this study was to determine if there are feelings of GRC experienced by male nursing students at the University of Southern Mississippi (USM). Furthermore, the study aimed to find whether there are exclusive or inclusive gender-based barriers which limit male's acceptance into the nursing program. Contrariwise, exclusive barriers prevent male nursing students from feeling welcomed into the program. In contrast, inclusive barriers are acts of omission that fail to promote these men's inclusivity. For example, only being assigned to male patients in clinical could be an exclusive barrier, and not being assigned a male RN could be an inclusive barrier. After collecting results about gender-based barriers in the nursing program, conclusions were drawn regarding the barriers influence on GRC. For this study, a survey was distributed to males in the baccalaureate nursing program at USM to assess gender-based barriers and feelings of GRC.

### **Sample**

Due to time constraints, the sample was limited to students at USM. Although the sample came from the same university, the male students were enrolled in different semesters of nursing school. They have had different classes with various professors and different clinical placements and instructors. The sample was recruited through flyers and school email. The University of Southern Mississippi Internal Review Board (IRB) approved this study (see Appendix F). Inclusion criteria required that all participants must be a male enrolled in the USM nursing program who is at least 18 years of age and consented to the study.

## **Instrumentation**

Gender-based barriers were assessed using the Inventory of Male Friendliness in Nursing Programs (IMFNP) adapted from O'Lynn (2007) (see Appendix A). The IMFNP has free guidelines for use as long as O'Lynn is accredited as the developer (see Appendix B). Gender role conflict was assessed using the Gender Role Conflict Scale – Short Form (GRCS-SF) adapted from Hammer, McDermott, Levant, and McKelvey (2018) (see Appendix C).

## **Procedures**

A faculty member emailed a link to the survey via the USM student listserv (see Appendix D). A flyer with a QR code was also posted in student lounges in the nursing building (see Appendix E). The email explained the project and incentivized participation with a chance to win a \$50 Visa gift card. The questionnaire was further debriefed with risks, benefits, and rights of the participant in the informed consent. Completion of the survey was contingent on the respondents' consent to the study. The participants were able to discontinue the study at any time. Unfinished questionnaires were not included in the results of the survey. The percentage of agreement on each question of the IMFNP represented recognition of gender-based barriers within the nursing program. The mean distribution of the answers to the GRCS-SF measured the extent of GRC felt by the respondents. The survey was distributed by flyer on January 30, 2023 and via email on February 2, 2023. The participants had until February 14, 2023 to complete the survey. Once the final surveys were collected, the data was analyzed.

## CHAPTER IV: RESULTS

### Demographics

The research survey began by measuring the demographics of the respondents. A total of 31 students began answering the survey. Only 28 respondents completed the survey. Demographics were calculated with the 31 respondents while the results of the IMFNP and GRCS-SF were calculated with the 28 completed surveys. Due to the privacy of data collection, there is no way of identifying which three participants did not complete the survey. The study included males from a variety of races. However, only one male represented each of the following racial categories: black, Hispanic, native American, and biracial. Of the 31 participants, the most common demographics were white students aged 21-23 expected to graduate in 2023.

**Table 1. Male student nurse demographics**

<i>Demographics (n=31)</i>	<i>Frequency</i>	<i>%</i>
<i>Age (years)</i>		
18-20	9	29
21-23	20	65
24-26	2	6
<i>Identified ethnic or racial category</i>		
White	27	88
Black	1	3
Hispanic	1	3

**Table 1. Male student nurse demographics (continued)**

<i>Demographics (n=31)</i>	<i>Frequency</i>	<i>%</i>
<i>Identified ethnic or racial category (continued)</i>		
Native American	1	3
Biracial	1	3
<i>Expected year of graduation</i>		
2023	22	71
2024	9	29

### **Exclusive Barriers**

Exclusive barriers are obstacles which prevent male nursing students from feeling welcomed in the nursing program. The survey had ten 5-point Likert scale questions regarding exclusive barriers in the nursing program. The answers were scaled as strongly disagree, disagree, neither agree nor disagree, agree, and strongly agree. The answers were compiled into percentages of students who either agreed or disagree. Missing percentages chose neither. The first two questions considered if textbooks and professors refer to nurses exclusively as “she.” 25% of respondents agreed with each statement, while a strong majority (each greater than 60%) disagreed. Meanwhile, only 14% of students reported times when a nursing faculty made disparaging remarks against men, while an overwhelming 75% disagreed with this statement.

Three questions focused on lecture and clinical experience. The first question asked about the male experience in the maternal-newborn clinical setting, but most students could not agree or disagree. This question cannot be used as sufficient evidence



because most respondents had yet to take part in that clinical rotation. In the next question, 80% of students did not agree to any extent that they were usually assigned to male patients in non-obstetric clinical rotations. Lastly, 56% of respondents agreed that male students were typically used to demonstrate assessment techniques to the chest or pelvic areas. This was one of only three questions regarding exclusive barriers in which the majority agreed. It was the only external barrier agreed upon. The other two exclusive barriers derive from intrapersonal conflict.

The remaining four questions pertained to relationships with teachers and colleagues. The majority of students disagreed with feeling isolated from other males in nursing school (54%) and did not find gender to be a barrier to developing collegial relationships with instructors (69%). However, a strong majority of respondents agreed with two self-stigmatizing questions to be considered when looking at the results from the gender role conflict scale later in the study. These are that 65% of male students agreed with being nervous that women might accuse them of sexual inappropriateness when touching their female patient's bodies. In addition, 58% also reported feeling the need to prove themselves in nursing school because people expect nurses to be female.

**Table 2.a Perceived exclusivity of the nursing program**

<i>Exclusive statements</i>	<i>% Agree</i>	<i>% Disagree</i>
Most of my textbooks/readings referred to a nurse exclusively as "she"	25	61
Most of my nursing instructors refer/referred to the nurse exclusively as "she."	25	65

**Table 2.a Perceived exclusivity of the nursing program**

<i>Exclusive statements</i>	<i>% Agree</i>	<i>% Disagree</i>
There are/were times in class when nursing faculty made disparaging remarks against men.	14	75
In my nursing program, male students are/were usually used when instructors wanted to demonstrate an assessment technique to the chest and/or pelvic areas.	56	11
During my obstetrics (mother-baby) rotation, I have/had different requirements or limitations placed on me compared to my female classmates.	15	27
In my non-obstetric rotations, I am/was usually assigned to care for male patients.	20	40
I feel/felt I have/had to prove myself in nursing school because people expect nurses to be female.	58	23
I feel/felt isolated from other male college students in nursing school.	38	54
My gender is/was a barrier in developing collegial relationships with some of my instructors.	23	69
As a male student, I am/was nervous that a women might accuse me of sexual inappropriateness when I touched her body.	65	23

**Inclusive Barriers**

Inclusive barriers are areas where the nursing program fails to promote the inclusion of male students. There were nine 5-point Likert scale questions in the survey pertaining to barriers preventing the inclusion of male nursing students. The answers

were scaled as strongly disagree, disagree, neither agree nor disagree, agree, and strongly agree. Like the previous table, the answers were compiled into percentages of students that either agreed or disagreed, while the missing percentages chose neither. The first two questions pertained to the curriculum. In the first question, 78% of respondents disagreed that their nursing program included a historical review of men's contribution to nursing. This was the strongest and only deficit of inclusion as most respondents disagreed with one of nine questions. In the second question, 75% agreed that men's health content was covered in the curriculum.

Participants also agreed that they felt prepared and welcomed to work in a primarily female occupation. For example, 54% agreed that they were guided on the appropriate use of touch as a man, and 61% agreed that the nursing program discussed how to overcome communication differences to ensure good and therapeutic relationships with female coworkers. This was further shown as 58% felt prepared to work with primarily female coworkers, and 81% felt welcomed by most RN staff during clinical rotations. Respondents equally agreed and disagreed that they were provided opportunities to work with male RNs in clinical and that they were encouraged to connect with male students for peer support. Despite the lack of action to connect male students with other male students and male RNs, most students felt prepared to work in this context.

The final statistic of GRC was that 92% agreed that the people most important to them supported their decision to enroll in nursing school. One of nine inclusive barriers were recognized. Overall, only four of 19 questions from the IMFNP identified obstacles encountered by men in nursing school.

**Table 2.b Perceived inclusivity of the nursing program**

<i>Inclusive statements</i>	<i>% Agree</i>	<i>% Disagree</i>
My nursing program includes/included a historical review of the contributions men have made to the nursing profession.	14	78
My nursing program includes/included content on men's health issues.	75	14
I am/was provided opportunities to work with male RNs in my clinical rotations.	35	35
My instructors provide/provided me, as a man, guidance on the appropriate use of touch.	54	38
Many believe that men and women have different communication styles. My nursing program discusses/discussed how to overcome communication differences to ensure good therapeutic and working relationships.	61	31
My nursing program encourages/encouraged me to connect with other male students for peer support.	31	31
People most important to me were supportive of my decision to enroll in nursing school.	92	4
As a male student, I feel/felt welcome by most RN staff in my clinical rotations.	81	12
My nursing program prepares/prepared me well to work with primarily female co-workers	58	20

## **Gender Role Conflict Scale**

The Gender Role Conflict Scale – Short Form (GRCS-SF) is a 16-question survey Likert scale with four four-question subscales measured as individual factors. The four factors this scale measures are restricted emotionality, success and power, restrictive affectionate behavior between men, and conflicts between work and family relations. The questions were scaled strongly disagree, disagree, neither, agree, and strongly agree. Each answer was assigned a score of 1 through 5, respectively. The variables were measured by the most common and mean responses. The most common answer represents the majority of GRC experienced by male nursing students for each question, while the mean measures the central tendency of whether more students agree or disagree on average. To measure the GRC of each factor, the mean response was calculated and compared to the range of responses across the four questions. The Likert scale range was calculated by taking the difference between the highest and lowest answer and dividing it by the total number of responses to get a range of 0.8 ( $5-1=4$ ,  $4/5=0.8$ ).

Factor one measures feelings of restricted emotionality felt by male nursing students. The four questions asked about the respondents' comfortability expressing emotions or tenderness to others. This factor of GRC addresses the hegemonic masculine trait of stoicism and the pressure it puts on young men to remain emotionally impartial amidst tragedy. The mean response across all four questions was 3.47, which falls into the range for the answer "agree" (3.4-4.19). There are feelings of restrictive emotionality GRC where the respondents' perceived pressure to remain stoic may inhibit their capacity for sympathy when caring for patients.

Factor two measures the respondents pressure to have social or political power. For example, the questions asked to what extent men value being superior to others, whether physically or intellectually. Although the majority of the group neither agreed nor disagreed with liking feeling superior to others, the group strongly valued winning and competitive success as an important measure of personal worth. This difference is likely attributed to a humility bias, where although the group did not admit to valuing superiority over others, the implicit suggestions from other questions demonstrated the opposite. The mean response across all four questions was 3.41, which falls into the range of “agree” (3.4-4.19). This portrays feelings of competitive GRC, which can limit men’s ability to provide patient-centered care because feelings of self worth are found in a self-focused pursuit.

Factor three measures GRC as it relates to affectionate behavior between men. Feelings of GRC in this category could limit a male nurse’s ability to give appropriate compassion and therapeutic touch to a male patient. The most recorded response in this factor was strongly disagree, and the mean response across all four questions was 2.10, which falls into the range of “disagree” (1.8-2.59). Factor three was the only factor that demonstrated minimal feelings of GRC.

Factor four measures feelings of conflict between work and family relations. The mean response across all four questions was 3.93, which falls into the range of “agree” (3.4-4.1). Factor four recorded the highest score of GRC. This suggests that the male nursing students experience of overworking has caused distress in other areas of life. The danger of this type of GRC is employee burnout. Employee burnout leads to job turnover, limiting the amount of time nurses spend in the profession.

**Table 3. Gender Role Conflict Scale – Short Form**

<i>Measured Variables</i>	<i>Mode</i>	<i>Mean</i>	<i>SD</i>
<i>Factor 1: Restricted Emotionality</i>		<b>3.47</b>	
Talking about my feelings during sexual relations is difficult for me.	3	3.35	1.11
I have difficulty expressing my emotional needs to my partner.	4	3.27	1.23
I have difficult expressing my tender feelings.	4	3.58	1.31
I do not like to show my emotions to other people.	5	3.69	1.32
<i>Factor 2: Success, Power, and Competition</i>		<b>3.41</b>	
Winning is a measure of my value and personal worth.	4	3.60	1.20
I strive to be more successful than others.	4, 5	3.96	1.10
Being smarter or physically stronger than other men is important to me.	4	3.20	1.36
I like to feel superior to other people.	3	2.84	1.41
<i>Factor 3: Restrictive Affectionate Behavior b/t Men</i>		<b>2.10</b>	
Affection with other men makes me tense.	2	2.46	1.22
Men who touch other men make me uncomfortable.	1, 4	2.50	1.22
Hugging other men is difficult for me.	1	1.65	0.96
Being very personal with other men makes me feel uncomfortable.	1	1.77	0.89
<i>Factor 4: Conflicts b/t Work and Family Relations</i>		<b>3.93</b>	
Finding time to relax is difficult for me.	5	3.44	1.44
My needs to work or study keep me from my family or leisure more than I would like.	5	4.12	1.03
My work or school often disrupts other parts of my life.	5	4.20	1.13
Overwork and stress, caused by a need to achieve on the job or in school, affects me.	4	3.96	0.92

*Range of mean:*

Strongly disagree 1-1.79 | Disagree 1.8-2.59 | Neither 2.6-3.39 | Agree 3.4-4.19 | Strongly disagree 4.2-5

## CHAPTER V: DISCUSSION

### **Gender-Based Barriers and Gender Role Conflict**

This study aimed to evaluate if male nursing students experience GRC while enrolled in the baccalaureate nursing program at The University of Southern Mississippi (USM). This study also sought to identify gender-based barriers that contribute to feelings of gender role conflict so future researchers can address such barriers. GRC occurs in nursing when restrictive definitions of masculinity limit a man's ability to confidently provide compassionate care. Gender role conflicts in nursing school are influenced by society, self, and institutional gender-based barriers.

Overall, there are prevalent feelings of GRC experienced by male nursing students in the nursing program at USM. On average, male nursing students agreed that they experienced three of the four evaluated factors of GRC. This demonstrates that 75% of GRC was present. The three gender role conflicts present in male nursing students were restrictive emotionality, success and power, and conflicts between work and family relations. The majority of men participating in this study agreed that they have difficulty displaying their emotions, value success and power over others as a measure of personal worth, and find it difficult to relax amidst school and other obligations. Although there is present feelings of GRC, the results of this study cannot attribute the conflicts to gender-based barriers found within their nursing program. This is because most respondents agreed that they experience only four of the 19 assessed barriers.

Furthermore, the four barriers can be divided into two categories of institutional barriers and self-stigmatizing barriers. Institutional barriers are those in place by the nursing program while self-stigmatizing barriers relate to intrapersonal conflict. The first



two barriers were institutional. These barriers were a lack of historical review of contributions men have made in the nursing profession and being chosen to demonstrate chest/pelvic assessments in front of the class. Beginning with the first barrier, it is unlikely that this gap in the curriculum contributes to the GRC identified in the survey because it is unrelated to? the explored factors of restrictive emotionality, social power, or work-related stress. Although including a more comprehensive review of men's contributions to the nursing profession would likely benefit students education, it is unlikely to reduce GRC. Regarding chest/pelvic exams, this barrier is limited in that the question did not ask the male students for their feelings given this truth, nor did it confirm that the male students were involuntarily used for these examples.

Two other barriers expressed by male nursing students were feeling the need to prove themselves as a male in a primarily female profession and fear of being accused of sexual inappropriateness by a female while performing a physical assessment or providing care. These are self-imposed barriers because they are the respondents feelings. There is no way of identifying the root of these attitudes because they exist outside of the nursing program. Regardless, these feelings likely contribute to GRC. Specifically, these results portray gender role conflicts of success as the respondents reported feeling a need to prove themselves. This GRC inhibits quality care because it is self-driven rather than patient driven. Fearing accusations of sexual inappropriateness also increases GRC. Holistically, nursing care is hands-on and personal, and if any fear inhibits a male nurse's ability to assess and identify potential health complications, then delivered quality of care is compromised. For example, if a male does not perform proper auscultation of a

woman's chest, the nurse could fail to hear abnormal lung or heart sounds which are warning signs of disease.

Conclusively, there are shared feelings of GRC experienced by male nursing students at USM. However, these feelings are likely not attributed to any gender-based barriers present in the nursing program. The GRC experienced by the respondents is likely a result of societal and self-stigmatization, personal attitudes, or beliefs that incite fear or insecurity, limiting these men's confidence in their role as a nurse. A homogenous study of 14 Australian male nursing students found similar results as minimal GRC was attributed to their nursing curriculum (Christesen et al., 2021). The fact that this evidence is from another part of the world supports our findings that GRC likely derives from an external pressure of traditional masculinity rather than internal discrimination. Because these feelings are influenced outside of the nursing program, they are difficult to address on a small scale. Rather, a large-scale comprehensive view of the causes of GRC should be studied because the male nursing students in this study are experiencing GRC unrelated to discrimination within their program. This means that researchers should explore regional GRC at the undergraduate and post-graduate level. For instance, studying how male nurses believe society perceives them and their attitudes about this perception could be greatly beneficial to identifying the root causes of GRC. Regardless, steps need to be taken to address GRC because the main victims of this phenomenon are the patients who could suffer poor quality of care if gender role conflict is present male nurses.

## **Limitations**

There are several limitations to this study. Some limitations are in the Likert scale itself. For example, one limitation is acquiescence bias, or the tendency for participants to agree with questions as they are phrased. This was addressed by surveying questions with both negative and positive connotations. People also tend to avoid using extreme response categories such as strongly agree or strongly disagree, known as central tendency bias, which could distort the results by making the attitude more centralized. Some questions were also limited by asking about objective barriers without asking the respondents about their feelings. Without getting the men's reaction to certain barriers, these obstacles can not be attributed as the cause for GRC. More limitations were the racial demographics and the USM sample size. Although it is beneficial to know if USM's nursing program is perpetuating GRC, a larger, regional sample could give more insights about societal and personal stigmatization and their effects on male nursing GRC. This study allowed conclusions to be drawn directly related to our nursing program, but a larger, regional sample would better represent the population of male nursing students.

## **Further Areas of Study**

This study examined the GRC experienced by male nursing students at USM and the connection between GRC and gender-based barriers. Despite male nursing students feeling included and welcomed in the program with minimal discrimination, GRC still exists. Further research is required to identify the main causes of GRC. This research supports that GRC is not attributed to gender-based barriers present in USM's nursing program. Further research should analyze how male nurses define masculinity and how

their definition applies to their expression of care in nursing. Understanding how male nurses define masculinity and its relation to what is expected from male nurses could help identify where misaligning perceptions contribute to GRC. Further research should also be completed with a more heterogenous sample. Studying GRC in nursing schools with larger, more diverse sample sizes can conclude a more accurate representation of GRC experienced by all male nursing students.

**APPENDIX A: INVENTORY OF MALE FRIENDLINESS IN NURSING  
PROGRAMS**

*Inventory of Male Friendliness in Nursing Programs (IMFNP)©*

(Chad Ellis O'Lynn, 2003)

**Part I: Introduction**

**Please answer the following questions for some background information.**

1. *Current age:* \_\_\_\_\_
  
2. *School / Location you attended that prepared you to take the initial RN licensure examination.*  
\_\_\_\_\_
  
3. *Year of graduation:* \_\_\_\_\_
  
4. *Your identified ethnic or racial category:* \_\_\_\_\_
  
5. *Prior to nursing school, had you or a loved one ever received care from a nurse who was male?*  
\_\_\_\_\_ YES                      \_\_\_\_\_ NO
  
6. *Prior to nursing school, had you ever known personally a male nurse?*  
\_\_\_\_\_ YES                      \_\_\_\_\_ NO
  
7. *Did your nursing program have a mentoring program exclusively for men?*  
\_\_\_\_\_ YES                      \_\_\_\_\_ NO

**8. Were there men on the nursing faculty while you were a student?**

YES  NO

**9. Were there other men in your graduating nursing class?**

YES  NO

**Part II: Think back to your time in nursing school. Please respond to each statement with your general recollection as it applies to your school experience.**

**10. Most of my textbooks/ readings referred to a nurse exclusively as “she.”**

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

**11. Most of my nursing instructors referred to the nurse exclusively as “she.”**

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

**12. My nursing program included a historical review of the contributions men have made to the nursing profession.**

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

**13. My nursing program actively recruited men to enroll as students.**

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

**14. There were times in class when nursing faculty made disparaging remarks against men.**

Strongly agree  Agree  Neutral  Disagree  Strongly disagree

**15. My nursing program included content on men's health issues.**

\_\_\_\_ Strongly agree \_\_\_\_ Agree \_\_\_\_ Neutral \_\_\_\_ Disagree \_\_\_\_ Strongly disagree

**16. I was provided opportunities to work with male RNs in my clinical rotations.**

\_\_\_\_ Strongly agree \_\_\_\_ Agree \_\_\_\_ Neutral \_\_\_\_ Disagree \_\_\_\_ Strongly disagree

**17. In my nursing program, male students were usually used when instructors wanted to demonstrate an assessment technique to the chest and/or pelvic areas.**

\_\_\_\_ Strongly agree \_\_\_\_ Agree \_\_\_\_ Neutral \_\_\_\_ Disagree \_\_\_\_ Strongly disagree

**18. In lectures, men were portrayed as the perpetrators of crimes, and rarely as victims.**

\_\_\_\_ Strongly agree \_\_\_\_ Agree \_\_\_\_ Neutral \_\_\_\_ Disagree \_\_\_\_ Strongly disagree

**19. My nursing program provided few opportunities for classroom debate of issues and concepts.**

\_\_\_\_ Strongly agree \_\_\_\_ Agree \_\_\_\_ Neutral \_\_\_\_ Disagree \_\_\_\_ Strongly disagree

**20. My nursing program included courses that used individual and/ or team competition as a learning incentive.**

\_\_\_\_ Strongly agree \_\_\_\_ Agree \_\_\_\_ Neutral \_\_\_\_ Disagree \_\_\_\_ Strongly disagree

**21. My instructors provided me, as a man, guidance on the appropriate use of touch.**

\_\_\_\_ Strongly agree \_\_\_\_ Agree \_\_\_\_ Neutral \_\_\_\_ Disagree \_\_\_\_ Strongly disagree

**22. There are different behaviors that demonstrate caring towards one's patient. My instructors emphasized caring behaviors, which I perceive as feminine.**

\_\_\_\_ Strongly agree \_\_\_\_ Agree \_\_\_\_ Neutral \_\_\_\_ Disagree \_\_\_\_ Strongly disagree

**23. Some of my instructors did demonstrate caring behaviors, which I perceive as masculine.**

\_\_\_\_ Strongly agree \_\_\_\_ Agree \_\_\_\_ Neutral \_\_\_\_ Disagree \_\_\_\_ Strongly disagree

**24. In the classroom, most instructors relied exclusively on traditional lectures to teach theory and concepts (as opposed to interactive learning activities).**

\_\_\_\_ Strongly agree \_\_\_\_ Agree \_\_\_\_ Neutral \_\_\_\_ Disagree \_\_\_\_ Strongly disagree

**25. During my obstetrics (mother-baby) rotation, I had different requirements or limitations placed on me compared to my female classmates.**

\_\_\_\_ Strongly agree \_\_\_\_ Agree \_\_\_\_ Neutral \_\_\_\_ Disagree \_\_\_\_ Strongly disagree

**26. Many believe that men and women have different communication styles. My nursing program discussed how to overcome communication differences to ensure good therapeutic and working relationships.**

\_\_\_\_ Strongly agree \_\_\_\_ Agree \_\_\_\_ Neutral \_\_\_\_ Disagree \_\_\_\_ Strongly disagree

**27. Most instructors provided opportunities for group/ teamwork on assignments.**

\_\_\_\_ Strongly agree \_\_\_\_ Agree \_\_\_\_ Neutral \_\_\_\_ Disagree \_\_\_\_ Strongly disagree

**28. In my non-obstetric rotations, I was usually assigned to care for male patients.**

\_\_\_\_ Strongly agree \_\_\_\_ Agree \_\_\_\_ Neutral \_\_\_\_ Disagree \_\_\_\_ Strongly disagree



**29. My nursing program encouraged me to connect with other male students for peer support.**

\_\_\_\_ Strongly agree \_\_\_\_ Agree \_\_\_\_ Neutral \_\_\_\_ Disagree \_\_\_\_ Strongly disagree

**30. I was invited to participate in all student activities.**

\_\_\_\_ Strongly agree \_\_\_\_ Agree \_\_\_\_ Neutral \_\_\_\_ Disagree \_\_\_\_ Strongly disagree

**31. My nursing program encouraged me to strive for leadership roles.**

\_\_\_\_ Strongly agree \_\_\_\_ Agree \_\_\_\_ Neutral \_\_\_\_ Disagree \_\_\_\_ Strongly disagree

**Part III: The following statements pertain to your opinion or belief about various topics. Please think back to your experience as a nursing student and indicate the appropriate response.**

**32. People most important to me were supportive of my decision to enroll in nursing school.**

\_\_\_\_ Strongly agree \_\_\_\_ Agree \_\_\_\_ Neutral \_\_\_\_ Disagree \_\_\_\_ Strongly disagree

**33. I felt I had to prove myself in nursing school because people expect nurses to be female.**

\_\_\_\_ Strongly agree \_\_\_\_ Agree \_\_\_\_ Neutral \_\_\_\_ Disagree \_\_\_\_ Strongly disagree

**34. I felt isolated from other male college students while in nursing school.**

\_\_\_\_ Strongly agree \_\_\_\_ Agree \_\_\_\_ Neutral \_\_\_\_ Disagree \_\_\_\_ Strongly disagree

**35. In my nursing program, male and female students were treated more differently by the instructors than I had originally anticipated.**

\_\_\_\_ Strongly agree \_\_\_\_ Agree \_\_\_\_ Neutral \_\_\_\_ Disagree \_\_\_\_ Strongly disagree

**36. My gender was a barrier in developing collegial relationships with some of my instructors.**

\_\_\_\_ Strongly agree \_\_\_\_ Agree \_\_\_\_ Neutral \_\_\_\_ Disagree \_\_\_\_ Strongly disagree

**37. As a male student, I felt welcomed by most RN staff in my clinical rotations.**

\_\_\_\_ Strongly agree \_\_\_\_ Agree \_\_\_\_ Neutral \_\_\_\_ Disagree \_\_\_\_ Strongly disagree

**38. As a male student, I was nervous that a woman might accuse me of sexual inappropriateness when I touched her body.**

\_\_\_\_ Strongly agree \_\_\_\_ Agree \_\_\_\_ Neutral \_\_\_\_ Disagree \_\_\_\_ Strongly disagree

**39. My nursing program prepared me well to work with primarily female co-workers.**

\_\_\_\_ Strongly agree \_\_\_\_ Agree \_\_\_\_ Neutral \_\_\_\_ Disagree \_\_\_\_ Strongly disagree

**Thank you so much for taking the time to respond to this survey. Feel free to enclose any comments you may have.**

## **APPENDIX B: INVENTORY OF MALE FRIENDLINESS IN NURSING**

### **PROGRAMS GUIDELINES FOR USE**

#### Guidelines for Use

Both versions of the IMFNP are free to use, however, Chad O'Lynn should be cited as the developer of the IMFNP. Dr. O'Lynn requests that any psychometric findings for the tool be reported to him through the AAMN office for on-going assessment of the tool's performance.

## APPENDIX C: GENDER ROLE CONFLICT SCALE – SHORT FORM

### Factor 1: Restricted Emotionality

- (13) Talking (about my feelings) during sexual relations is difficult for me.
- (15) I have difficulty expressing my emotional needs to my partner.
- (19) I have difficulty expressing my tender feelings.
- (29) I do not like to show my emotions to other people.

### Factor 2: Success, Power, and Competition

- (24) Winning is a measure of my value and personal worth.
- (28) I strive to be more successful than others.
- (34) Being smarter or physically stronger than other men is important to me.
- (37) I like to feel superior to other people.

### Factor 3: Restrictive Affectionate Behavior Between Men

- (7) Affection with other men makes me tense.
- (16) Men who touch other men make me uncomfortable.
- (20) Hugging other men is difficult for me.
- (33) Being very personal with other men makes me feel uncomfortable.

### Factor 4: Conflicts Between Work and Family Relations

- (17) Finding time to relax is difficult for me.
- (27) My needs to work or study keep me from my family or leisure more than I would like.
- (31) My work or school often disrupts other parts of my life (home, health, leisure, etc).
- (36) Overwork and stress, caused by a need to achieve on the job or in school, affects/hurts my life.

## APPENDIX D: RECRUITMENT SCRIPT

Hello,

My name is Brantley Snowden, I am an Honors student at the University of Southern Mississippi (USM) working on my Senior Thesis. I am conducting an anonymous survey on male gender role conflict in nursing programs. The study will be available between **1/30/2023 and 2/14/2023 and give you the chance to enter in a drawing for a \$50 VISA gift card.**

Participation in this survey will give you the chance to submit your information for a drawing of a **\$50 VISA gift card, awarded on 3/1/2023.** Participants must be a male over 18, currently enrolled in a nursing program at Southern Mississippi. The survey can only be completed once per participant.

If you meet the requirements of this study, I would appreciate your participation by clicking the link below.

All information contained in this study will be anonymous, private, and used for research purposes only. This study has been approved by the Institutional Review Board (IRB) at the University of Southern Mississippi, under IRB research protocol number (IRB – 22-367). After the completion of data compilation and analysis, all information will be deleted. Your personal information given for the drawing is not included in the survey data.

The survey is 55 questions and should only take 10-15 minutes.

All participants must complete the entirety of the survey to be entered to win the **\$50 VISA gift card.**

By clicking on the link below, you consent to participate in this study.

[https://usmuw.co1.qualtrics.com/jfe/form/SV\\_eJqi2i2PGSe2HH0](https://usmuw.co1.qualtrics.com/jfe/form/SV_eJqi2i2PGSe2HH0)

Thank you for considering participating,

**Brantley Snowden, BSN Student**  
School of Nursing  
University of Southern Mississippi

**APPENDIX E: RECRUITMENT FLYER**

# Attention! Male Nursing Students

**WIN a \$50 VISA GIFT CARD**

Participate in a short research study to help us improve our nursing programs and earn a chance at winning \$50!

**1/30/2023 through 2/14/2023**



Please share with your male nursing cohorts!

Any questions? Please email [Brantley.snowden@usm.edu](mailto:Brantley.snowden@usm.edu)

**study has been approved by the USM IRB Record 22-367**

# APPENDIX F: IRB APPROVAL LETTER

Office of  
Research Integrity



118 COLLEGE DRIVE #5116 • HATTIESBURG, MS | 601.266.6756 | WWW.USM.EDU/ORI

## NOTICE OF INSTITUTIONAL REVIEW BOARD ACTION

The project below has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services regulations (45 CFR Part 46), and University Policy to ensure:

- The risks to subjects are minimized and reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered involving risks to subjects must be reported immediately. Problems should be reported to ORI via the Incident submission on InfoEd IRB.
- The period of approval is twelve months. An application for renewal must be submitted for projects exceeding twelve months.

PROTOCOL NUMBER: 22-367  
PROJECT TITLE: Are there feelings of gender-role conflict experienced by male nursing students in south Mississippi? - Honor's Thesis Project  
SCHOOL/PROGRAM: Professional Nursing Practice  
RESEARCHERS: PI: Brantley Snowden  
Investigators: Snowden, Brantley~Vanderloo, Marion~  
IRB COMMITTEE ACTION: Approved  
CATEGORY: Expedited Category  
PERIOD OF APPROVAL: 26-Jan-2023 to 25-Jan-2024

Donald Sacco, Ph.D.  
Institutional Review Board Chairperson

## REFERENCES

- Cho, S., & Jang, S. J. (2021). Do gender role stereotypes and patriarchal culture affect nursing students' major satisfaction? *International Journal of Environmental Research and Public Health*, 18(5), 2607. <https://doi.org/10.3390/ijerph18052607>
- Christensen, M., Purkis, N., Morgan, R., & Allen, C. (2021). Does the nursing curriculum influence feelings of gender-role conflict in a cohort of nursing degree male students? *British Journal of Nursing*, 30(17), 1024–1030. <https://doi.org/10.12968/bjon.2021.30.17.1024>
- Clow, K. A., Ricciardelli, R., & Bartfay, W. J. (2014). Attitudes and stereotypes of male and female nurses: The influence of social roles and ambivalent sexism. *Canadian Journal of Behavioural Science / Revue Canadienne Des Sciences Du Comportement*, 46(3), 446–455. <https://doi.org/10.1037/a0034248>
- Connell, R. (1987). *Gender and power: Society, the person, and sexual politics*. Stanford University Press.
- Gedzyk-Nieman, S. A., & Svoboda, G. (2018). Exploring attitudes of acceptance of males in nursing among registered nurses. *Journal of Nursing Management*, 27(3), 647–654. <https://doi.org/10.1111/jonm.12723>
- Hammer, J. H., McDermott, R. C., Levant, R. F., & McKelvey, D. K. (2018). Dimensionality, reliability, and validity of the gender-role conflict scale–short form (GRCS-SF). *Psychology of Men & Masculinity*, 19(4), 570–583. <https://doi.org/10.1037/men0000131>



- Kaileh, D., Cen, J., Mithell, L. D., Mujaddide, M., & Rubio, M. (2022). Gender and job satisfaction among nurses in the US. *Journal of Business Studies Quarterly*, 11(3), 1-9.
- O'Lynn, C. E., O'Connor, T., Herakova, L. L., & Kellett, P. (2020). Men's decision-making to become nurses. *Advances in Nursing Science*, 43(3), 251–265.  
<https://doi.org/10.1097/ans.0000000000000310>
- O'Neil, J. M. (2015). *Men's gender role conflict: Psychological costs, consequences, and an agenda for change*. American Psychological Association.
- O'Lynn, C. E. (2004). Gender-based barriers for male students in nursing education programs: Prevalence and perceived importance. *Journal of Nursing Education*, 43(5), 229–236. <https://doi.org/10.3928/01484834-20040501-08>
- Petges, N., & Sabio, C. (2020). Perceptions of male students in a baccalaureate nursing program: A qualitative study. *Nurse Education in Practice*, 48, 102872.  
<https://doi.org/10.1016/j.nepr.2020.102872>
- Sedgwick, M. G., & Kellett, P. (2015). Exploring masculinity and marginalization of male undergraduate nursing students' experience of belonging during clinical experiences. *Journal of Nursing Education*, 54(3), 121–129.  
<https://doi.org/10.3928/01484834-20150218-15>
- Wester, S. R., Vogel, D. L., O'Neil, J. M., & Danforth, L. (2012). Development and evaluation of the gender role conflict scale short form (GRCS-SF). *Psychology of Men & Masculinity*, 13(2), 199–210. <https://doi.org/10.1037/a0025550>