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The Sense Theory of Situatedness of Male Nurses in Nursing: A Constructivist Grounded Theory Study

Maria Theresa A. Gadia[1] (iD), Kathlene V. Alduhesa[1] (iD), Kynn T. Alerta[1] (iD), Dorothy Belle U. Baranggan[1] (iD),

Joyce Anne S. Fernandez[1] (iD), Efren Carl F. Manlapas[1] (iD), Princess Te[1] (iD), and Jose Mari Louis G. Alforque[1,2]* (iD)

[1] Nursing Department, University of San Jose-Recoletos, Cebu City, Philippines

[2] College of Nursing and Allied Health Sciences, Cebu Normal University, Cebu City, Philippines

*Correspondence:
alforquej@cnu.edu.ph

Abstract

Background: Nursing, historically seen as a female-dominated field, continues to present male nurses with deep-seated stereotypes that challenge their competence and professional identity. From societal expectations of masculinity to biases within healthcare, male nurses navigate a profession shaped by tradition yet evolving with time.

Methods: This study employs Constructivist Grounded Theory (CGT) to examine how nurses establish their place in nursing and redefine their roles. Following Charmaz's CGT, data collection involved iterative, in-depth interviews and constant comparative analysis. Initially, 15 male nurses from private and public tertiary hospitals in Cebu City were selected through purposive sampling.

Results: As themes emerged, theoretical sampling expanded participation to 30 male and 10 female nurses, allowing for a comparative gender perspective across diverse clinical roles. The core category, "Situating Encompassing Spatial Existence (SENSE)," illustrates how male nurses persist in the profession despite the stigma. Five themes form NURSE: Navigating perceptions, Upholding biases through skills, Realizing career pathways, Sensitizing inclusivity, and Evolving professional identity.

Conclusion: The SENSE theory illustrates how male nurses navigate biases and institutional barriers, transforming adversity into professional growth. Grounded in the NURSE framework—nurturing, unifying, reforming, strengthening, and empowering—it offers a roadmap for fostering inclusivity, redefining roles, and driving systemic change in nursing.

Keywords

nursing profession, male nurses, gender stereotypes, gender dynamics, diversity, professional situatedness, Constructivist Grounded Theory, qualitative research, Cebu City, Philippines

INTRODUCTION

Historically, nursing has not always been a predominantly female career. Before the 1800s and Florence Nightingale, men significantly represented nursing, mainly because of the association between nursing and the military (Ford, 2019). The first nursing school in the world, which included men only, was established as far back as 250 B.C. in India, where only men were considered 'pure' enough to become nurses (Vallano, 2011).

Across the world, males comprise only 11% of the nursing workforce (World Health Organization, 2020). They also highlighted the global shortfall of 9 million nurses that will be needed to meet the population's health needs by 2030. Even though the quantity of male nurses has increased over the past years, the pace could be more encouraging: their proportion among registered nurses (RNs) has only risen from 8.2% in 2008 to 11.6% in 2020 (Singapore Nursing Board, 2021). According to Younas et al. (2019), nursing is a female-dominated profession that has caused men to experience gender role conflicts, stereotypes, and challenges in educational and clinical settings.

Situatedness is the dependence of meaning and identity on specific sociohistorical, geographical, and cultural contexts, social and power relations, and philosophical and ideological frameworks. Within these frameworks, the multiple perspectives of social actors are dynamically constructed, negotiated, and contested. (Chandler & Munday, 2011). In the context of male nurses, this concept emphasizes how their roles, experiences, and identities are influenced by the particular social, cultural, and historical settings in which they practice nursing.

Florence Nightingale is credited with reforming the nursing profession, yet her teachings allowed nursing to be perceived as an almost exclusively female career (Harrison, 2021). Florence Nightingale perceived men to lack the capacity to be caring and empathic and saw nursing as suitable for women. It was an 'extension of their domestic roles' as nurturers and caregivers, theorizing that nursing was not a place for men because their rough hands were 'not fitted to touch, bathe and dress wounded limbs (Brown, et al., 2000). This 'feminisation of nursing' by Florence Nightingale in the 19th Century and the notion of 'female care' continue to linger in the minds of 21st-century society (George & Bhatti, 2019), making the term male nurse problematic to those referred to, as the label carries stereotypes that further marginalize this extreme minority in the nursing profession (Sasa, 2019). This stereotyped conception posed a concern, putting males under pressure to decide to join or stay in nursing, further straining the overstretched healthcare. Hiring more men into the nurse population could help combat shortages, as most nurses worldwide were 76.91% females (Kharazmi et al., 2023), and it has become a significant factor in achieving SDG 3. For all countries to reach Sustainable Development Goal 3 on health and well-being, WHO estimates that the world will need an additional 9 million nurses and midwives by 2030 (World Health Organization, 2024), and retaining and attracting male nurses can be of immense help.

The Philippine Nursing Act (Republic Act No. 9173) regulates nursing practice. The law regulates nursing practices in the Philippines based on qualifications, training, and competence, but it does so without specifying gender-related limitations.

These research studies provide vivid examples of how the situatedness of male nurses in the nursing profession can vary significantly based on various social and cultural contexts. For instance, in a study by N'Gbichi et al. (2019) on male nurses' experiences in delivering care in one of the hospitals in Garissa, a county in Kenya, which is a predominantly Muslim country, male nurse participants reported confronting societal norms that assign care predominantly to women. One of the participants recalled his experience with a woman who told him, "If there are no female nurses to attend to me, I will just go home and deliver at home." In Kenya, the preference of female providers was more than a cultural concern. The presence of male nurses during delivery is something they perceived to go against their religious beliefs (N'Gbichi et al., 2019). Interestingly, the study conducted by Mao et al. (2021) offers a contrasting perspective. It reveals that some female patients feel comfortable with male nurses because they are reminiscent of their male physicians. These varying reactions illustrate the complexity of the situatedness of male nurses, demonstrating how it can differ based on cultural and contextual factors.

In the Philippines, many studies have focused on the experiences of male nursing students during their training, highlighting the challenges and adaptive strategies they employ in a traditionally female-dominated field. For instance, Flores et al. (2024) conducted a phenomenological study at Iligan Medical Center College with 20 male nursing students. Their findings revealed that while many chose nursing primarily due to family influence, discrimination was still evident outside the academic environment. Participants reported instances of instructors' bias, societal judgments (e.g., being labeled as "gay"), limited male peer support, and patient prejudice. A common coping strategy was deliberately avoiding negative feedback to mitigate the impact of such discriminatory encounters.

In addition to this study, broader literature on men in nursing education documents persistent themes such as feminized media portrayals, questions regarding motivations and sexuality, discouragement from pursuing certain practice areas, and various educational challenges. One investigation capturing the voices of four young adult second-generation Filipino American men revealed that, although discussion prompts centered on these challenges, the participants' responses were predominantly positive and not fully aligned with the typically negative portrayals in the literature. Their perspectives were deeply rooted in Filipino and Filipino American cultural values, including a strong sense of familial obligation and respect for elders (Elting, 2023).

Further deepening our understanding of gender dynamics in nursing, Gabuelo (2024) conducted a mixed-method study titled Nursing Student's Perception on Gender-Defined Roles in the Philippines: A Mixed Method Study. This research was grounded in the background that traditional gender roles have long shaped nursing, affecting students' choices, perceptions, and career paths. The study uses a qualitative-quantitative convergent design to include all nursing students enrolled at a selected institution. The results demonstrated a strong connection between demographic factors and perceptions of gender roles, with many respondents agreeing that their views on these roles would influence their future careers in nursing. Despite recognizing the challenges associated with gender-defined roles, the overall sentiment among the students was positive, reflecting an alignment with their cultural values. The study concluded that while nursing students acknowledge the challenges inherent in gender-defined roles, these perceptions are significantly modulated by their demographic profiles and cultural contexts (Gabuelo, 2024).

Collectively, these studies illustrate that while male nursing students in the Philippines continue to navigate challenges related to gender stereotyping and discrimination, they also draw upon cultural strengths and personal coping strategies to thrive in their chosen field. Such research enriches our understanding of male nursing students' experiences. It provides a crucial foundation for future investigations—particularly into the situated experiences of practicing male nurses in settings like private and public tertiary hospitals in Cebu City.

Hence, this study aims to explore and understand the situatedness of male nurses in the nursing profession. This exploration aims to shed light on the situatedness of male nurses in the nursing profession to provide valuable insights into their professional journey, enhance their support, and ultimately influence patient care delivery. Through this research, we aim to advocate for and advance the role of male nurses in the field, recognizing their contributions and addressing the barriers they encounter in the nursing workforce.

METHODS

Study design, population, setting

This study employed a Constructivist Grounded Theory (CGT) approach to explore the experiences of male nurses in the nursing profession. CGT, as articulated by Charmaz (2014), is a systematic methodology that analyzes processes within data through comparative strategies to develop a theory. Data collection involved iterative processes, including in-depth interviews and constant comparative analysis, ensuring that emerging themes were refined and grounded in participants' perspectives. Through this approach, the study constructed a theoretical explanation of how male nurses make sense of their roles, professional identities, and societal perceptions, reflecting their experiences in a way that remains authentic to their narratives.

Initially, purposive sampling was employed. This sampling technique aims to identify a sample of participants who are knowledgeable about the phenomenon of interest (Streubert & Carpenter, 2011). We selected approximately 15 male nurses from private and public tertiary hospitals in Cebu City, targeting those with at least one year of nursing experience. This criterion ensured that participants had sufficient clinical exposure and confidence—consistent with Benner's assertion regarding the progression of expertise in nursing (Ozdemir, 2019).

As data collection unfolded, emerging themes indicated that the initial sample did not fully capture the range of experiences pertinent to the study. Guided by the principles of Constructivist Grounded Theory (CGT) described by Glaser and Strauss (1967), theoretical sampling was implemented, combining deductive and inductive characteristics. This approach allowed for a deeper exploration of participants' knowledge and experiences, enriching the data and contributing to the ongoing development of the constructed theory.

Consequently, an additional 15 male nurses (bringing the total to 30) from private or public tertiary hospitals in Cebu City were recruited, all meeting the one-year experience criterion—to broaden the diversity of insights and ensure that no new themes emerged from the data.

Moreover, to enrich the analysis with a comparative perspective on gender dynamics, we incorporated 10 female nurses into the study. Their selection was also driven by theoretical sampling, as their insights provided critical context and allowed us to explore differences and similarities in gendered experiences within a predominantly female field. This strategy was essential for achieving theoretical saturation and deepening our understanding of how gender influences professional experiences in nursing.

A total of 40 participants were involved in the study, comprising 30 male nurses and 10 female nurses recruited from private and public tertiary hospitals in Cebu City. The male participants ranged in age from 24 to 39 years, while the female participants ranged from 27 to 36 years. Their clinical assignments span various settings, including Medical-Surgical Wards, Intensive Care Units, Emergency Departments, Obstetrics and Gynecology Wards, Operating Rooms, and specialized departments such as Pulmonary, Nephrology, and Psychiatric units.

The roles occupied by these nurses were diverse; participants served as staff nurses, charge nurses, chief nurses, nurse educators, clinical instructors, public health nurses, and training officers. For example, one male nurse (RF, 26) was assigned to the Medical-Surgical Ward, Intensive Care Unit, and Obstetric and Gynecologic Ward, serving as a staff nurse with 1 year and 5 months of clinical experience, whereas another (ED, 32) worked in the Medical-Surgical Ward and Intensive Care Unit with 11 years and 3 months of experience. Several participants held concurrent roles, such as staff nurse and chief nurse or nurse educator positions. Among the female participants, one (AFC, 36) held responsibilities across the Emergency Department, Hemodialysis Unit, and Medical-Surgical Ward, functioning as a staff nurse, charge nurse, head nurse, training officer, and clinical manager, with 13 years of clinical experience.

This heterogeneous demographic profile and varied clinical experience enriched the study, providing comprehensive insights into the professional identities and challenges of nurses operating in a multidisciplinary healthcare environment in Cebu City.

Study tools, variables, data collection, data analysis

Data collection and analysis occurred concurrently, adhering to CGT's iterative nature. Following Charmaz's (2014) three-phase coding method, initial coding involved breaking down data to identify key concepts and themes. During this phase, memo writing was an imperative tool for theory formulation. Researchers maintained reflective journals, documenting immediate impressions and evolving ideas from participants' narratives. According to Charmaz (2006), memo writing is a critical intermediary between data collection and draft writing, driving early and continuous analysis while establishing related codes. For example, one memo focused on the emerging Theoretical Category 1: "Navigating through Varied Perceptions," capturing how participants negotiated internal and external perceptions as male nurses in a predominantly female profession.

In the focused coding phase, significant codes from the initial phase were organized and synthesized, with insights from the memos deepening our understanding of the participants' experiences. The final phase, theoretical coding, examined relationships between categories, transitioning the analysis from descriptive to conceptual and culminating in theory development. This systematic, reflective approach ensured that the constructed theory was deeply rooted in the participants' experiences, providing a nuanced understanding of the situatedness of male nurses within the nursing profession.

Interviews were conducted with the utmost consideration of participants' preferences and privacy. Face-to-face interviews were preferred to observe participants' daily clinical routines; however, when in-person meetings were not feasible, interviews were facilitated through online platforms such as Zoom or Google Meet to accommodate participants' convenience.

Through this comprehensive and iterative methodology, the study developed a robust, well-grounded theoretical framework that authentically reflects the narratives and experiences of male nurses, offering valuable insights into their professional identities and societal perceptions within the nursing field.

Procedures to Ensure Trustworthiness

In our study, we ensured the trustworthiness of our constructed theory by rigorously applying established qualitative techniques that served as the basis for our actions. Recognizing that qualitative researchers can employ various strategies to ensure rigor, we adopted these practices to guide our process.

To establish credibility, which Kakar et al. (2023) define as analogous to internal validity and as supported by Creswell and Miller (2000) in demonstrating that data must accurately reflect participants' lived experiences, we engaged in prolonged interactions with participants via in-depth interviews. A member-checking system was implemented by sharing interview transcripts and preliminary interpretations with the participants, as Polit and Beck (2014) recommended. These actions were taken to verify that our findings genuinely represented the participants' realities.

In addition, reflective journaling and memo writing were maintained throughout data collection and analysis. As Creswell (2013) and Birks and Mills (2011) suggested, these practices helped the researchers remain self-reflexive and minimize our subjectivity's influence. The memos—such as those capturing the emerging Theoretical Category 1: "Navigating through Varied Perceptions"—were used to document evolving ideas and guided the early stages of analysis, which is consistent with Charmaz's (2006) assertions regarding the role of memo writing in grounded theory.

Dependability was achieved through careful record-keeping during data collection and concurrent analysis. Following the technique endorsed by Lincoln and Guba (1985), we established an audit trail by systematically organizing all data—including digital recordings, transcripts, field notes, and memos—on password-protected servers. Each digital file was assigned an alpha-numeric code to preserve participant anonymity. This rigorous data management process allowed us to track our analytical decisions and provided transparency regarding how we developed the emerging concepts. The researchers adhered to ethical guidelines upon study completion by securely deleting digital data and shredding physical records.

Ethical Consideration

The study was conducted with high ethical care, as the researchers were committed to upholding rigorous ethical considerations throughout the data collection process. Ethical practices were strictly adhered to by following the three core principles of beneficence, respect, and justice. By beneficence, efforts were made to prevent harm and maximize potential benefits. At the same time, the principle of respect was upheld by ensuring that participants' rights to dignity, self-determination, and full disclosure were maintained. The principle of justice was observed by providing fair treatment and protecting participants' privacy rights.

A comprehensive explanation of the study's objectives, methods, and potential benefits was provided before administering the questionnaire to ensure that participants were well-informed. Participants were informed of their right to decline or withdraw from the study at any time, and confidentiality of the collected data was guaranteed. Enrollment in the study was contingent on voluntary consent and receiving all necessary information from male nurses.

Furthermore, institutional clearance was obtained before the distribution and conduct of interviews. The ethics committee thoroughly reviewed the study's design, methodology, and procedures to ensure alignment with established ethical standards. Detailed records of all ethical practices were maintained throughout the study and were made available for review by the ethics committee.

RESULTS

Theoretical Category 1: Navigating through Varied Perceptions

The theoretical category of navigating through varied perceptions includes the properties of Adapting Roles Flexibility, Building Identity Resilience, and Influencing Public Perception. Male nurses encounter various perceptions from their surroundings, from their parents, neighbors, classmates, co-workers, and patients, since they choose the nursing career pathway. Because of these perceptions, male nurses perform their responsibilities around or despite them. This theoretical category involves addressing stereotypes and

societal expectations faced by male nurses, ensuring they can counteract stereotypes, maintain a strong professional identity, and positively influence patient perceptions.

Theoretical Property 1. Adapting Roles Flexibility

The male nurse comes across a wide range of patient demographics, from elderly to infants, to pediatric patients, married, single, persons of varied cultures, and more. A male nurse with knowledge and experience would operate according to a patient's specific demographic.

A participant shared their approach to providing care to married patients:

"I am very cautious because, you know, there are some patients who seem okay with everything, but there are also other patients who do not want male nurses to care for them. For example, in the case of Muslims, only their husbands are allowed to see or touch the private parts of their wives. I had a patient like that, and just by looking at the chart, I already had a hint. But I confirmed it with the patient, and she asked if a female nurse could take care of her because she is a Muslim. I agreed and explained to her that I understood the reason why, and I assured her that I didn't take offense." - Participant 01

Theoretical Property 2. Influencing Public Perception

Varied perceptions around male nurses, when shed with a negative connotation, would often lead to patients refusing the care of a male nurse due to misinterpretation. Male nurses would employ strategies to navigate the situation's complexity in the event of rejection.

One participant shared being rejected by a patient despite the urgency of her situation:

"I have encountered a common situation, particularly when attending to a female patient. For example, when a patient required catheter insertion to drain her urine due to a condition that prevented normal urination, she initially insisted, 'Sir, I prefer a female nurse.' At that moment, the female nurses in our unit were extremely busy. I explained to her, 'Ma'am, the female nurses are busy right now. Would you be comfortable if I assist you?' She hesitated and replied, 'I feel too embarrassed, Sir.' I then asked, 'Is your husband or guardian present? They can accompany you while I perform the procedure. Please rest assured that I will ensure your privacy and carry out the procedure professionally, which should also help alleviate your discomfort!' After her significant other was called, I proceeded with the catheterization. Once the procedure was completed, she expressed her gratitude and remarked, 'Actually, I didn't think a male nurse could handle it so well,' which made me smile." (Participant 21)

Theoretical Property 3. Building Identity Resilience

The awareness of the preconceived notions the public has for them allows the male nurses to either disprove or conform to such perceptions. Many of the encountered perceptions, such as stereotypes, limit the image of the male nurse.

One participant opened up about their opinion on the common stereotype around the sexuality of a male nurse:

"Looking back over the years, I encountered several stereotypes about my career choice as a male nurse. Some people would imply that I must be gay, while others would ask, 'You're a male—why didn't you become an engineer instead?' Similar remarks were even directed by female nurses, 'You have probably been forced into the nursing program.' Despite these recurring stereotypes and challenges inherent in the profession, I learned to simply smile and go with the flow. I understand that such side comments are just noise compared to the purpose that drives me—being here for my patients. Knowing who I am and why I chose this path means that these misconceptions hold no real weight over my commitment to providing care." (Participant 25)

Male nurses are also scrutinized for being perceived as less caring than their female counterparts. The public has been ingrained with the general knowledge of the history of nursing associated with a large female population.

Theoretical Category 2. Upholding Persona Biases through Skill Performance

The theoretical category of upholding persona biases through skill performance includes the properties of Highlighting Core Competencies, Developing Skills, Building Professional Security, and Adopting Flexible Attitudes. Recognizing the advantages, the male nurses utilize and optimize their strengths in providing care and emphasize their assets in their performance. This theoretical category focuses on demonstrating and highlighting male nurses' competencies and skills to counter gender-based stereotypes and promote career advancement based on ability.

Theoretical Property 1. Highlighting Core Competencies

One notable advantage of male nurses is their physiological capabilities regarding strength. A participant shared that:

> "Based on my experience, male nurses are often sought after for tasks involving heavy lifting and coding. More male nurses tend to be assigned to tasks such as compressions, based on my observation, as they are generally more accustomed to physical stress and are typically taller, which can be an advantage in certain situations like coding or performing CPR. CPR, for instance, requires considering angles to achieve high-quality compressions, particularly in high-stress environments. Therefore, males often take on frontline roles, while females may be allocated to different situations." (Participant 05)

Theoretical Property 2. Developing Skills

This theoretical property is reflected in how male nurses navigate the challenges and biases by continuously enhancing their skills, as seen in the participants' responses. This process builds their competence and confidence and helps mitigate preconceived notions about their capabilities. As male nurses navigate through varied perceptions, they acknowledge the importance of enhancing their skills to establish competence and credibility in the profession. This journey is characterized by self-doubt, reflection, and a commitment to continuous learning.

A participant described an early and memorable experience with administering IV medication:

> "I will never forget the first time I administered IV medication. I was asked, 'Are you sure about what you're doing?' It felt like everything I knew just vanished. The patient threw that question at me in front of their entire family—there were really a lot of them there, like a clan. It felt like all eyes were on me, and failure seemed inevitable at that moment. I was already shaking because I was nervous, and then I got asked that question which felt like... I just said, 'Ah, okay ma'am, I'll just ask my senior to assist me with this,' because... the mere fact that you show signs of nervousness is a red flag to them, like you might not know what you're doing. So what I did was, I humbled myself completely, like I set aside my self-esteem, my knowledge, my academic achievements. I set them all aside. So after that day, I became more cautious, before I administer a medication, I would open a drug handbook, practice in my mind what I would say, and think about possible responses to their questions. So, it was like I was rehearsing before I went to the patient. It really felt like I got slapped in the face the first time, and it was really painful." (Participant 16)

Theoretical Property 3. Building Professional Security

Building Professional Security refers to male nurses' strategies to establish a stable, respected, and credible professional presence, which involves demonstrating competence and reliability in the clinical setting.

One participant emphasizes the significance of using logic alongside protocols to make informed decisions in patient care. They acknowledge the value of guidelines but stress the necessity of applying critical thinking to assess the appropriateness of actions and establish credibility:

> "You know, one of the ways to enhance your skills as a man is by demonstrating your competence. That's why in patient care; I rely on my logic. When you mention protocols, we refer to them as guidelines. These are essentially instructions to help you utilize your ability to analyze situations. These guidelines, or protocols, don't mean you shouldn't use your logic. As a male nurse, I am inclined to use my logic, even though protocols are in place. However, our decisions are ultimately based on logic. Protocols assist us in

determining if our actions are correct, as long as we don't deviate from them. If you use your logic, logic prevails over protocol. Protocols are merely guidelines to assist us in handling situations, but you must rely more on your logic because we're dealing with human beings. Not all situations are the same. Each patient presents a unique situation. Guidelines and protocols might seem transactional, every situation is identical, but that's not the case. You must think on behalf of your patient, as an advocate. You need to consider what would be most beneficial to your patient in a given situation, while keeping the protocol in mind. So, male nurses do follow protocols, but it's crucial to recognize that logic plays a significant role in understanding patients in various situations." (Participant 1)

Theoretical Property 4. Adopting Flexible Attitudes

Adopting a flexible attitude to blend well with female nurses is a skill male nurses employ to enhance patient care. By adapting their approach to work harmoniously with colleagues of diverse genders, male nurses showcase their professionalism and commitment to providing the best possible care for patients.

A participant recalled that allocating time for social interactions among colleagues can cultivate more assertive communication and rapport, thereby facilitating the maintenance of positive relationships and fostering collaboration within the designated area:

> "It's important to spend time bonding, maybe go out together after work. Some sort of team building, at least, so everyone feels comfortable with each other. You just need to understand their personalities to adjust better." (Participant 22)

Theoretical Category 3: Realizing Career Pathways and Opportunities

The theoretical category of Realizing Career Pathways and Opportunities incorporates the properties of Advancing Through Merit and Exploring Opportunities.

Theoretical Property 1. Advancing through Merit

Throughout their nursing career, male nurses rely on their competencies, experience, knowledge, and skills for progression in their chosen profession. Despite the apparent disproportion of female to male population ratio in the nursing field, male nurses continue to perform at their best using either the advantage of their inherent gender tendencies or their strengths, proving that the nursing profession, especially in its leadership positions, is not bounded only to its female population. One participant conveyed that the nursing profession is genderless, but it is based on work manifested through skills, knowledge, and overall effectivity as a nurse:

> "So, I suppose the best way to address this is to recognize that the Philippines is very accepting of male nurses. In contrast, some other countries still hold views that nursing is a gender-based profession, which can be limiting. In the grand scheme of things, what matters most is not your gender, but your skills, how you treat your patients, and how you conduct yourself." (Participant 12)

Attaining goals toward career progression is grounded on one's skills, knowledge, and effectiveness, but a core aspect of career advancement is motivation, perseverance, and determination. One of the participants shared:

> "Another advantage is that we are organized. I noticed that some male colleagues are very organized in terms of patient management, especially in the ER, where I was assigned. If your charge nurse is male, we really get things done, and everything is finished without much talk because they also help. This is true for some female nurses as well, but not all of them. There are some who just keep complaining without doing anything." (Participant 23)

Theoretical Property 2. Exploring Opportunities

This theoretical property refers to how male nurses actively seek out new avenues for career advancement and professional growth, which is driven by their skill, competence, and desire to expand their horizons within the nursing profession.

A participant shared his journey of professional advancement by becoming a clinical instructor:

"I upgraded my professional ladder; I ventured being a clinical instructor. Here in our country, to be honest, only few male nurses are on the higher nursing positions, but if you are confident of your skills, then why not? I hope that more male nurses will be seen in higher positions in nursing, like in hospital nursing offices or as part of the PRC-Board of Nursing. More male nurses should take master's and doctorate degrees for us to be seen more, and reduce stigma. (Participant 04)

Theoretical Category 4: Sensitizing Contemporary Inclusivity

The theoretical category of Sensitizing Contemporary Inclusivity incorporates the properties of Advocating Inclusivity, Creating Inclusive Environments, and Encouraging Gender Partnership. The participants emphasized that a crucial aspect of their roles as male nurses involves actively promoting inclusivity. This commitment goes beyond simply recognizing the gender imbalances in the nursing profession; it involves taking concrete actions and engaging in initiatives that support diversity, and they best do this when they have a position or wide platform.

Theoretical Property 1. Advocating Inclusivity

This theoretical property refers to using a platform and the influence of these male nurses to actively promote and support policies and practices that encourage diversity and equal opportunity within the profession.

Looking into the responses from the participants, one of them recalled how he used his position to advocate for inclusivity:

"Yes, it's going to be a challenging and lengthy process, but I believe we need to alter or expand our perceptions and become more inclusive in how we represent our profession. Currently, when nurses are depicted in books, Facebook ads, or online ads, it's almost always a female individual holding a chart. So, I think starting small could have a big impact. For example, I would suggest that we include posters around the hospital that feature male nurses. Including male nurses in these images can create a ripple effect, and over time, it could help break the stereotype that nursing is a profession only for females. It's also challenging because if a male is in a nursing uniform, people often assume he's a doctor. We might need to think about providing some kind of male equivalent to the traditional nursing cap, perhaps in the form of a badge. This way, when people see it, they'll understand, "Ah, this is a male nurse, not a doctor." (Participant 16)

Theoretical Property 2. Creating Inclusive Environments

This theoretical property refers to male nurses' efforts to create an inclusive environment in the nursing profession.

"Here in the hospital that I worked at, I am the male team leader; I have always championed fairness and equality in our nursing practice. I firmly reject the notion that physically demanding tasks should be automatically assigned to male nurses based solely on gender. In our ICU, we have implemented a robust rotation system designed to ensure an equitable distribution of workload. For example, rather than repeatedly assigning the same nurse to particularly strenuous patient cases, we utilize a roster system known as 'Enhanced Care 101'. This approach guarantees that all nurses, regardless of gender, share the physical and emotional demands of critical care. (Participant 14)

Another participant recalled a scenario wherein he made sure that a novice male nurse did not feel alone, given that female nurses form the majority in their unit:

"During one of my shifts when I was the charge nurse, there were more female nurses than males in our team. I noticed a male staff nurse who was still new at the time, and I could sense that he hesitated to approach me, which made the atmosphere awkward. That's why I reached out to him and had a conversation with him, especially to ensure he didn't feel isolated. I also made it clear that he could ask for help if needed." (Participant 02)

Theoretical Property 3. Encouraging Gender Partnership

This property emphasizes encouraging equal participation among male and female nurses in collaborative

environments. It addresses the necessity of creating an inclusive atmosphere where gender differences are recognized and used to improve cooperation and patient care.

A participant shared an experience wherein he took over because the female nurse felt she was sexually harassed:

> "To add on my end, upon IV insertion, most males take over when female nurses feel threatened or feel they seem to be sexually harassed by male patients, there are fewer incidents in which we, the male nurses, are fairly harassed by patients and this is true for many other procedures that may lead to this kind of situation like catheter insertions, anal plug removals, or prescribing enema to patients which mostly a con when you are a female nurse" (Participant 13)

Theoretical Category 5. Evolving Professional Identity

The theoretical category of Evolving Professional Identity incorporates the properties of Obtaining Professional Worthiness and Embracing Vocational Satisfaction. With the evolving nature of nursing as a profession, the value of compassion is highlighted as an essential element in professional education, which requires not only the transmission of its competencies through cognitive and psychomotor skills (Austero & Palompon, 2014). Compassion, as aligned with the professional identity of male nurses, is one of the essential characteristics a nurse should possess in commemoration to Florence Nightingale, the founder of modern nursing.

Theoretical property 1. Obtaining professional worthiness

This theoretical property denotes the innate sense of competence, value, and recognition that male nurses derive from their contributions and accomplishments within the nursing profession.

One participant recalled that even if he faced adversities, he still felt his value and purpose in the nursing profession:

> "For instance, male nurses are typically tasked with turning patients, especially those who are heavy or large, without needing assistance due to their physical strength. This makes it easier for them to perform such tasks compared to female nurses who may struggle with the physical demands. As mentioned earlier in the delivery room, female patients often prefer female nurses to assist them, especially when it involves exposing private parts." (Participant 26)

Theoretical Property 2. Embracing Vocational Satisfaction

This theoretical property refers to male nurses who derive satisfaction from the meaningfulness of their work, finding fulfillment in providing compassionate care, alleviating suffering, and making a positive difference in the lives of patients and their families.

> "As I've mentioned before, I firmly believe that my capability as a nurse is not determined by my gender but rather by the training and education I've received. The skills and knowledge I've acquired in nursing school are not exclusive to a gender. Whether it's administering medications, conducting assessments, providing wound care, or any other nursing skill, these are abilities honed through rigorous training that we all undergo equally. Therefore, as a male nurse, I uphold the same standards of excellence and professionalism as my female counterparts." (Participant 18)

The study presents five relevant theoretical categories describing the situatedness process among male nurses. These five theoretical categories are the following: (1) Navigating Varied Perceptions, (2) Upholding Persona Bias Through Skill Performance, (3) Realizing Career Pathways and Opportunities, (4) Sensitizing Contemporary Inclusivity, and (5) Evolving Professional Identity. Each theoretical category describes a phase the participants went through and how these influenced their process of situatedness in nursing. It is noteworthy that certain events significantly impacted their efforts and experiences. The different responses of the participants revealed significant stories and patterns of everyday life that shaped their journey. These five theoretical categories lead to the emergence of the Situating Encompassing Spatial Existence (SENSE), grounded in the participants' experiences, illustrating how male nurses make sense of and situate themselves within the nursing profession.

DISCUSSION

The Process of Situating Male Nurses in Nursing

The process of situatedness among male nurses is best understood as a dynamic, cyclical journey in which distinct phases interact to form one central, cohesive concept of professional identity. At the outset, male nurses navigate varied perceptions by adapting to the diverse needs of their patients, overcoming societal stereotypes, and actively managing public opinions about their roles. This initial engagement builds a foundation of resilience and flexibility, essential for managing the challenges inherent in a gendered profession.

Building on this foundation, male nurses uphold persona biases through skill performance. In this stage, they emphasize their core competencies and advance based on merit, effectively countering gender-based assumptions. This demonstration of professional excellence validates their capabilities and serves as a bridge to broader career opportunities. Their ability to perform at a high level reinforces their self-worth and sets the stage for a more expansive exploration of their professional landscape.

As male nurses move forward, they realize career pathways and opportunities. This phase is characterized by a proactive pursuit of roles and specializations that align with their skills and aspirations. The earlier demonstration of competence directly influences their ability to access these opportunities, as success in performance becomes a tangible asset in carving out a distinctive career trajectory. This progression underscores how personal achievement feeds into broader professional growth.

In tandem with exploring career opportunities, male nurses sensitize contemporary inclusivity. They challenge entrenched stereotypes and work to create more inclusive, supportive work environments through advocacy and mentorship. The shift toward inclusivity is deeply rooted in the resilience and skill development that preceded it, with each nurse's efforts to redefine norms simultaneously enhancing their professional stature and contributing to a collective shift within the field.

Ultimately, the evolution of professional identity represents the culmination of this integrated process. As male nurses gain recognition and vocational satisfaction, their professional identity emerges as a synthesis of all previous phases. Their journey—from navigating perceptions and performing competently to seizing career opportunities and advocating for inclusivity—coalesces into a continuously evolving sense of self. This ongoing evolution is not linear but a cyclical interplay where each phase informs and reinforces the others.

In essence, the concept of situatedness among male nurses is embodied in the SENSE model, which captures the interrelated and transformative nature of their professional journey. The process seamlessly integrates adaptation, performance, exploration, advocacy, and identity evolution, reflecting how male nurses continually shape and redefine their existence within a traditionally gendered profession.

The Emerging Substantive Theory of Situating Encompassing Spatial Existence (SENSE)

The proposed substantive theory of Situating Encompassing Spatial Existence, shortened by the acronym SENSE, is grounded on the experiences of the study's participants. Emerging from the experiences of male nurses in nursing, the "Situating Encompassing Spatial Existence" is defined as the internal process of operating within the contexts of the nursing profession. The data from our participant interviews showed that male nurses employ strategies relating to their situation in the nursing field.

The model this study aims to propose for the substantive theory of Situating Encompassing Spatial Existence is a non-linear, cyclical pattern that depicts the continuous process of operating through the contexts within the nursing profession as a male nurse. It illustrates the trail of how male nurses conduct themselves within the setting that surrounds them, beginning from the navigation through varying perceptions to the upholding of skills, the realization of career opportunities, sensitization of inclusivity, and lastly, the evolution of professional identity. The core category, Situating Encompassing Spatial Existence, shortened through the acronym SENSE, is positioned in the center of the model. Merriam-Webster's dictionary defines sense as the ability to judge and decide with soundness, prudence, and intelligence. As the core action of each of the five theoretical categories, sense is the act of being aware of one's situation to build on a calculated action. Hence, each theoretical category is connected to SENSE. The theoretical categories represent the phases of how male nurses situate themselves in nursing through SENSE. Between the five phases are the transitionary milestones preceding the next phase, and these milestones employ 'sensing' to progress toward the proceeding phase.

The following are the five theoretical categories, namely: (1) Navigating through varied perceptions, (2) Upholding Persona Biases through Skill Performance, (3) Realizing Career Pathways and Opportunities, (4) Sensitizing Contemporary Inclusivity, (5) Evolving Professional Identity.

The proposed model is designed to be non-linear, dynamic, and cyclic. Transitional milestones between each phase signify the transformation of the male nurse as they continuously SENSE in the nursing profession. This form depicts the connectedness of each phase to the core action of SENSE, utilizing the act of 'sensing' as an individual of the minority gender in dealing with the contexts of the nursing profession. The process of the SENSE model is initiated from the core category of Situating Encompassing Spatial Existence in orange, which represents the inspiration and ignition of innovative observations. Each phase is initiated by SENSE at its core, which is utilized by the phases of which calculating and judging actions of navigating, upholding, realizing, sensitizing, and evolving take place; these phases emit blue to represent its judging and evaluating nature. The combination of the initiating action of SENSE and the calculating actions of the phases emerges towards the transitional milestones, which utilizes the progressing action of sensing, depicted as a gradient from orange to blue, signifying the transformation and progression unto the next phase. The overall notion of the model implies the continuity and transformative process of how male nurses are Situating Encompassing Spatial Existence in the nursing profession.
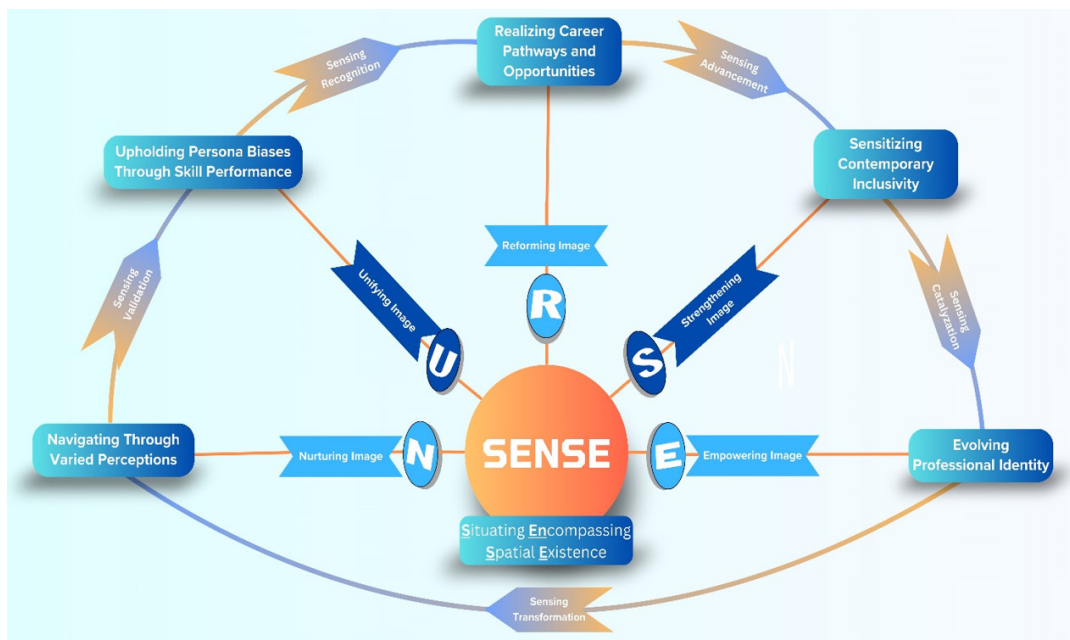

Figure 1. *Proposed Model for the Emerging Substantive Theory of SENSE (Situating Encompassing Spatial Existence)*

The substantive theory of Situating Encompassing Spatial Existence (SENSE) emerges from the lived experiences of male nurses. It captures the continuous, dynamic process of establishing purpose and meaning in a traditionally gendered profession. At the heart of this theory is the concept of "sensing"—the ability to judge and decide with prudence and intelligence—which male nurses employ to interpret and navigate their multifaceted professional environments. They continuously observe and assess their surroundings, using their lived experiences to transform external perceptions into a personal and collective sense of identity. In doing so, they essentially "use SENSE to make SENSE" in nursing.

Through their encounters, male nurses initially face and navigate varied perceptions, overcoming stereotypes and misinterpretations to align their actual skills with the images projected by others. This process understood as sensing validation, provides them with tangible confirmation that their professional image is

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congruent with their abilities. As they refine their clinical competencies and professional performance, they experience sensing recognition—a stage where their enhanced skills lead to increased acknowledgment and open doors to new career opportunities. This progression naturally fosters sensing advancement, where higher levels of competence and work ethic result in elevated positions, more significant influence, and increased responsibilities within the profession.

The journey continues as the interplay between individual capabilities and external expectations propels male nurses into a role of catalyzing change. Through sensing catalyzation, they actively advocate for inclusivity and reform, positioning themselves as catalysts for broader shifts in the nursing landscape. This active role not only challenges entrenched gender biases but also inspires fellow professionals to reimagine traditional roles. Ultimately, as these efforts coalesce and mature, male nurses experience sensing transformation. In this continuous evolution, their identity, purpose, and impact on the profession expand in tandem with the changing dynamics of the healthcare environment.

Integral to this transformative process is the derived image encapsulated in the acronym NURSE, which stands for Nurturing, Unifying, Reforming, Strengthening, and Empowering. The Nurturing aspect, once narrowly associated with femininity, now underscores how male nurses integrate care into their practice, building strong therapeutic relationships and defying stereotypes through empathy, active listening, and emotional support. Unifying captures their ability to foster solidarity within teams as they strategically position themselves as knowledgeable and indispensable members of healthcare settings, challenging traditional gender roles and building a collective professional identity. Through Reforming, male nurses actively confront and dismantle outdated assumptions, promoting diversity and embracing their unique contributions to comprehensive patient care. Strengthening, aligned with their efforts to sensitize contemporary inclusivity, involves creating environments that acknowledge and overcome gender biases, supported by educational initiatives and progressive workplace policies. Finally, Empowering reflects their ongoing evolution as they project competence and professionalism, serving as role models who enhance their self-image, influence public perceptions, and drive the advancement of a more equitable nursing profession.

Together, the SENSE model and the NURSE image form an interconnected framework where every stage of transformation reinforces the next. Male nurses continuously observe and assess their environments, using these insights to refine their skills, assert their identity, and advocate for change. This cyclical process transforms individual challenges into collective progress, ultimately reshaping the professional landscape of nursing. By integrating the continuous act of "sensing" with the dynamic qualities embodied in nurturing, unifying, reforming, strengthening, and empowering, the theory offers a comprehensive lens through which the evolving situatedness of male nurses is understood—a perspective that not only illuminates their unique journey but also guides the development of more inclusive and transformative practices in the healthcare field.

CONCLUSION

The SENSE theory of situatedness of male nurses in nursing transcends conventional narratives by revealing how male nurses transform resilience, adaptability, and proactive engagement into powerful tools for navigating a gendered healthcare landscape. This framework delineates the dynamic interplay of challenges and triumphs as male nurses confront cultural biases and institutional constraints, converting adversity into pathways for professional growth. Anchored by the NURSE image—nurturing, unifying, reforming, strengthening, and empowering—this theory not only captures the essence of their evolving identity but also offers strategic insights for fostering a healthcare environment that is both inclusive and equitable. Ultimately, the SENSE model provides a critical roadmap for re-envisioning the role of male nurses, catalyzing transformative practices that honor their contributions and drive systemic change within the profession.

Recommendations

Based on the insights shared by the participants, a set of recommendations was created to enhance the integration, acceptance, and development of male nurses in the healthcare environment. These recommendations are designed to support the individual male nurses and the institutions in which they work, contributing to a more inclusive and effective healthcare system.

1. Healthcare institutions should implement ongoing gender sensitivity training for all staff. This training should focus on dismantling stereotypes and fostering an inclusive culture that values the contributions of nurses regardless of gender. By addressing biases head-on, institutions can create a more welcoming environment for male nurses and educate their workforce on the diverse strengths each gender brings to the profession.

2. Establish support groups or mentorship programs specifically for male nurses. These programs can provide a platform for sharing experiences, discussing challenges specific to male nurses, and receiving guidance from more experienced colleagues. For example, the Association for Men in Nursing of the Philippines (AMNP) provides a robust model for such initiatives. AMNP is committed to advancing male nurses' professional development and leadership through structured peer mentoring, training, and advocacy activities. By adopting a similar framework, institutions can help male nurses build resilience and navigate their careers more effectively within a predominantly female profession.

3. Review and revise institutional policies to ensure they do not inadvertently favor one gender over another. Policies related to the assignment of duties, handling of gender-specific patient care requests, and opportunities for advancement should be crafted to avoid reinforcing gender roles and instead promote equality and meritocracy.

4. Ensure that clinical practice guidelines and training programs are gender-neutral and do not impose restrictions that prevent male nurses from performing specific duties unless clinically justified. This adjustment can help reduce instances where male nurses are either preferred or rejected based on patient gender or type of care required.

5. Fostering a work environment that is adaptable to the needs of all nurses, including males, includes considerations for work-life balance, equitable shift assignments, and a respectful workplace that counters any form of discrimination or harassment.

Author Contributions

Gadia: Data Curation, Writing – Original Draft Preparation; **Alduhesa:** Software; **Alerta:** Methodology; **Baranggan:** Visualization; **Fernandez:** Writing – Reviewing and Editing; **Manlapas:** Validation; **Te:** Investigation; **Alforque:** Conceptualization, Supervision

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Ethical approval for this study was obtained from the Recoletos Ethics Review Office (RERO), with protocol number SAMS-BSN-2024-01, approved on February 26, 2024. Informed consent was obtained from all subjects involved in the study.

Competing interest

The authors declare no conflicts of interest.

Data Availability

Data will be made available by the corresponding author on request.

Declaration of Artificial Intelligence Use

The authors acknowledge the use of artificial intelligence (AI) tools, specifically ChatGPT and Grammarly, for grammar refinement and language enhancement. These AI-assisted technologies were employed solely for linguistic improvements and did not influence the integrity or outcomes of the research. The authors have rigorously reviewed, revised, and approved the final content and assume full responsibility for its accuracy and integrity.

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