

Male RNs: Work Factors Influencing Job Satisfaction and Intention to Stay in the Profession

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Males represent approximately 6.8% of registered nurses in Canada and consequently constitute an untapped health workforce resource. The authors investigated environmental work factors in the acute-care setting and their influence on male RNs' job satisfaction and intention to stay in the profession. They conducted a cross-sectional study of male RNs employed in acute-care settings in the province of Ontario. Correlations and multiple regression analyses were used to examine career satisfaction and intentions. Nurses who were most satisfied with their career valued extrinsic rewards (pay, vacation, and benefits), control and responsibility, and opportunities for professional development; those who were least satisfied and voiced their intention to leave the profession tended to work part time, experience gender mistreatment, and be dissatisfied with extrinsic awards, scheduling, and organizational support. A unique finding of this study relates to the significant predictive relationship between gender mistreatment and males' intention to leave.

Keywords: job satisfaction, retention, male RNs, acute care

Résumé

**Le personnel infirmier masculin :
facteurs reliés au travail influant sur le degré
de satisfaction professionnelle et l'intention
de demeurer dans la profession**

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La profession infirmière compte environ 6,8 pour cent d'hommes au Canada, une main-d'œuvre qui constitue une ressource inutilisée dans le domaine de la santé. Les auteurs ont examiné les facteurs environnementaux reliés au travail dans des services de soins actifs et l'influence qu'ils exercent sur le degré de satisfaction professionnelle chez les infirmiers ainsi que leur intention de demeurer dans la profession. Dans le cadre d'une étude de prévalence chez les infirmiers œuvrant dans des services de soins actifs dans la province de l'Ontario, des corrélations ont été établies et des analyses de régressions multiples ont été réalisées. Les infirmiers dont le degré de satisfaction était le plus élevé accordaient une importance aux récompenses extrinsèques (traitements salariaux, vacances, avantages sociaux), au degré de contrôle et de responsabilité et aux possibilités de développement professionnel. Ceux qui étaient les moins satisfaits et qui ont exprimé leur intention de quitter la profession travaillaient surtout à temps partiel, vivaient des mauvais traitements à caractère sexiste et éprouvaient de l'insatisfaction concernant les récompenses extrinsèques, les horaires et le soutien organisationnel. Cette étude a révélé l'existence d'un important lien prédictif entre les mauvais traitements à caractère sexiste et l'intention des infirmiers de quitter la profession.

Mots clés : satisfaction professionnelle, infirmiers, soins actifs, mauvais traitements à caractère sexiste

It is anticipated that almost 60,000 full time equivalents (FTEs) will be required in Canadian nursing by 2022 (Tomblin Murphy et al., 2009). This impending shortage is related to several factors, including a lack of investment in the nursing profession in developed countries, an aging workforce, and the increasing demand for RNs to address the health-care needs of growing and aging populations (Institute of Medicine, 2010). In addition, both recruitment and retention of male RNs has proved to be a challenge for the profession and males remain an elusive and untapped health workforce resource in many countries. In 2010, males represented only 6.8% of Canadian registered nurses (Canadian Institute for Health Information, 2012), indicating that nursing has yet to break the gender barriers that other professions have been successful in addressing (Sherrod, Sherrod, & Rasch, 2006). Although retention in the nursing profession has been found to be an issue among both men and women, males are reported to leave the profession at higher rates and, according to several studies (Curtis, Robinson, & Netten, 2009; Sochalski, 2002), for different reasons compared to their female counterparts. It is essential to understand which work factors are valued by male nurses so that focused retention strategies can be implemented.¹

Background

A US study using data from the quadrennial National Sample Survey of Registered Nurses (NSSRN) found male RNs to be less satisfied in nursing regardless of setting or position; this difference was consistent across years of experience as well as for RNs in advanced practice roles such as nurse practitioners and nurse anesthetists (Sochalski, 2002). Rajapaksa and Rothstein (2009) completed a secondary analysis of the NSSRN 2000 survey and found that males and females were equally likely to cite opportunities for a more rewarding professional position and better hours as reasons for leaving nursing; however, males were found to be more likely to also cite salary. The authors suggest that male nurses attach greater importance to earnings because of their traditional role as breadwinner in the family and because they hold expectations for a higher salary regardless of the nature of the work. Rambur, Palumbo, McIntosh, Cohen, and Naud (2011) found that males were no more likely than females to leave their position (23% vs. 20%) and that gender was not a predictor of intention to leave. However, among those intending to leave, males were more likely than females to be doing so for reasons related to “job dissatisfaction” (75% vs. 51%). Among dissatisfied nurses, the issue most often cited by males was “dissatisfaction with salary.”

¹ In this article, the word “gender” will be used in referring to self-identification as male.

Borkowski, Amann, Song, and Weiss (2007) surveyed 284 male RNs, almost half (46%) of whom reported that they were considering leaving the nursing profession. No significant difference was found between males and females for intention to leave, but a significant difference was found for what they identified as important for retention; more male than female RNs identified “benefits” as an important factor. Flinkman, Leino-Kilpi, and Salanterä (2010) found that being younger, more highly qualified, or male was associated with greater intention to leave (p. 1428).

The relatively short work life of a nurse has important implications for maintaining a qualified workforce. In the United Kingdom, Curtis et al. (2009) compared general census household data for the years 1991 and 2001 to estimate the length of a nurse’s work life. During the 10-year period, the expected work life of males decreased by 9 years whereas that of females decreased by only 1 year. Reasons cited by males for leaving the profession included opportunities for less demanding work, dissatisfaction with salaries, and decreased opportunity for vertical progression because of health-care restructuring. Males also stated that an unhealthy work environment, including social isolation, violence, aggression, and discrimination, affected their job satisfaction. Burnett (2007) found that 44% ($n = 20$) of male RNs experienced discrimination as a result of their gender and 31% ($n = 14$) experienced social isolation. In a national survey of Canadian RNs in rural and remote areas, males were more likely than females to report having recently experienced the threat of sexual assault, emotional abuse, verbal or sexual harassment, or a sexual assault while at work (Andrews, Stewart, Morgan, & D’Arcy, 2012).

In summary, there are mixed results as to why men leave the nursing profession. If we are to build a strong resource pool reflective of our gendered society, it is critical that we further explore male RNs’ job satisfaction as well as their intention to leave. The purpose of this study was to examine environmental factors in the acute-care setting and their influence on job satisfaction and intention to stay in the profession among male RNs in Canada.

The research questions were as follows: 1. *To what degree are environmental work factors related to male RNs’ satisfaction in acute-care hospitals and their intention to remain in or leave the profession?* 2. *What are the most influential predictors of male RNs’ career satisfaction and their intention to leave?*

Method

Sample

This cross-sectional, correlational study was approved by the research ethics board at the University of Windsor.

Questionnaires were mailed to a random sample of 1,300 male nurses working in acute-care settings across the province of Ontario. The names and contact details for the sample were obtained from the College of Nurses of Ontario, based on members who self-identified as male. Consent was implied with the return of the questionnaire. Eight questionnaires were returned unopened because the recipient was no longer at the address. A reminder postcard was sent to all nurses 6 weeks after the initial mailing. A total of 382 completed questionnaires were returned, yielding an overall response rate of 29.6%. Demographics are included in the Results section.

Procedure and Measures

The questionnaire took approximately 45 minutes to complete. It contained detailed demographic items regarding workplace characteristics (e.g., years employed as a nurse, years in current hospital, hospital unit, part-time/full-time status) and personal background information. The questionnaire included several measures: the McCloskey and Mueller Satisfaction Scale (MMSS) and scales measuring Professional Development Opportunities, Perceived Organizational Support, Intention to Leave, Career Satisfaction, and Gender Mistreatment.

Space was provided for respondents to write comments. The package comprised an informed consent letter, the questionnaire, and a postage-paid return envelope.

The MMSS (Mueller & McCloskey, 1990) is a 31-item multidimensional questionnaire that measures nurses' job satisfaction using a five-point scale from *very dissatisfied* (1) to *very satisfied* (5). Eight work factors were assessed: extrinsic rewards (pay, vacation, and benefits), scheduling satisfaction, family/work balance, co-workers, interaction, professional opportunities, praise/recognition, and control/responsibility. Internal consistency/reliability of the MMSS total was found to be strong in the present study (Cronbach's $\alpha = .88$) and MMSS subscales also showed adequate internal consistency, with alpha coefficients ranging from .71 to .83.

Perceived Organizational Support (Eisenberger, Huntington, Hutchison, & Sowa, 1986) is an eight-item scale used to measure hospital support using a five-point scale, from *strongly agree* to *strongly disagree*. Strong internal consistency reliability was found for this measure (Cronbach's $\alpha = .92$). Sample item: "This hospital cares about my opinions."

The Intention to Leave Scale, adapted from Cammann, Fichman, Jenkins, and Klesh (1983), comprises three items (Cronbach's $\alpha = .79$) and uses a five-point scale, from *strongly agree* to *strongly disagree*. Sample item: "I am seriously considering quitting my job."

Career Satisfaction was assessed using the Career Satisfaction Scale developed by Greenhaus, Parasuraman, and Wormley (1990). This scale comprises five items (Cronbach's alpha = .89) and uses a five-point scale, from *strongly agree* to *strongly disagree*. Sample item: "I am satisfied with the success I have achieved in my career."

The Professional Development Opportunities Scale, developed for our past research (Cameron, Armstrong-Stassen, Rajacich, & Freeman, 2010), includes nine items (Cronbach's alpha = .90) on professional development opportunities available to nurses for skill development, educational advancement, and professional development. Items are measured on a five-point scale, from *very satisfied* to *not at all satisfied*. Sample item: "How satisfied are you with how well your hospital provided release time to pursue further education?"

The Gender Mistreatment Scale was developed by the investigators for the present study and includes three items (Cronbach's alpha = .76): "At work, how often have you experienced unfair treatment due to your gender?" "I feel my workplace contributions are not valued because I am a man." "How often have you experienced sexual orientation stereotyping (i.e., assumed you were gay) as a male in nursing?" Participants responded on a five-point scale, from *never* to *very often*.

Results

Participants ranged in age from 24 to 74 years, with a mean age of 44. The majority were heterosexual (86.4%), were married (65.3%), and gave their ethnicity as White/European/Canadian (69.1%). The majority were diploma-prepared (48.7% with an RN college diploma and 3.2% with an RN hospital-based diploma), while 36.8% had a baccalaureate in nursing. Participants had been employed as a nurse for 16.0 years on average and had worked at their current hospital for 11.5 years on average. The majority of participants were full-time permanent employees (80.2%), worked in direct patient care (91.9%), and were members of a union (88.4%).

Environmental Work Factors Associated With Male RNs' Satisfaction and Intention to Leave

To address the first research question, we initially examined descriptive statistics for the MMSS and its subscales, as well as for all of the other measures. Scale means, rather than totals, are reported in order to permit comparison of our findings with scale means of previous research. In general, our participants showed levels of satisfaction in the mid- to higher range on the MMSS and its subscales (i.e., ranging from 2.88 to 3.72 on a 5-point scale), and reported highest satisfaction with

Interaction Opportunities ($M = 3.72$) and lowest satisfaction with Control and Responsibility ($M = 2.88$). They expressed high levels of Career Satisfaction ($M = 3.46$) and moderate levels of Professional Development Opportunities ($M = 2.49$) and Perceived Organizational Support ($M = 2.64$). They also expressed moderate levels of perceived Gender Mistreatment ($M = 2.45$) and Intention to Leave ($M = 2.50$).

Correlations, t tests, and one-way analyses of variance were then conducted to explore the influence of environmental work factors (i.e., background and workplace characteristics) on the workplace variables (MMSS and its subscales as well as Perceived Organizational Support, Professional Development Opportunities, Career Satisfaction, Gender Mistreatment, and Intention to Leave). Age was found to be unrelated to any of the outcome measures. Participants who identified as gay had higher levels of MMSS Total Satisfaction, $t(366) = -2.51, p = .012$, and Scheduling Satisfaction, $t(362) = -3.07, p = .002$, than those who identified as heterosexual. Participants who had a baccalaureate in nursing reported significantly higher levels of Perceived Organizational Support, $t(322) = -1.97, p = .049$, than those with an RN diploma.

Number of years employed as a nurse was found to be significantly and positively associated with MMSS Extrinsic Rewards, $r(372) = .10, p = .042$. Number of years employed at one's current hospital was positively associated with Total Satisfaction on the MMSS, $r(371) = .15, p = .003$; Extrinsic Rewards, $r(370) = .17, p = .001$; Scheduling, $r(370) = .11, p = .03$; Interaction Opportunities, $r(372) = .13, p = .011$; and Professional Opportunities, $r(369) = .13, p = .015$. There was a negative relationship between number of years at one's current hospital and Intention to Leave $r(375) = -.15, p = .003$, indicating that nurses who had been employed longer at their current hospital were less inclined to report that they intended to leave.

To assess the impact of hospital unit on the outcome variables, we conducted a series of one-way analyses of variance comparing the five most commonly identified units (medical/surgical, emergency room, intensive care/coronary care, operating room/recovery, and psychiatry). Only the MMSS Scheduling Satisfaction outcome measure showed significant differences by hospital unit, $F(4, 298) = 3.16, p = .014$. Post hoc comparisons (Tukey's HSD) revealed that Scheduling Satisfaction was significantly higher for nurses working in the operating room ($M = 3.35, SD = .91; p = .039$) or on medical/surgical units ($M = 3.22, SD = .85; p = .033$) than for those working in intensive care/coronary care ($M = 2.83, SD = .83$).

Full-time permanent employees were compared to part-time permanent employees in a series of independent t tests. Full-time employees scored significantly higher on the MMSS subscales Interaction Oppor-

tunities, $t(347) = 2.10, p = .037$; Professional Opportunities, $t(345) = 2.11, p = .036$; and Praise and Recognition, $t(347) = 2.26, p = .025$. Part-time permanent employees showed significantly greater intention to leave than full-time employees, $t(351) = -2.38, p = .018$.

Nurses who were not members of a union showed significantly higher levels of MMSS Control and Responsibility, $t(373) = 2.39, p = .017$; Professional Development Opportunities, $t(377) = 2.17, p = .030$; and Perceived Organizational Support, $t(377) = 2.52, p = .012$, than those who were members of a union. There was a significantly higher representation of nurses engaged in management/administration in the non-union group, $\chi^2(3, N = 379) = 20.92, p < .001$.

Predictors of Career Satisfaction and Intention to Leave: Regression Findings

To address our second research question, we conducted a series of standard multiple regression analyses with Career Satisfaction and Intention to Leave as outcome measures. Number of years at one's current hospital, MMSS subscales, Perceived Organizational Support, Professional Development Opportunities, and Gender Mistreatment were included as potential predictor variables. We first examined the pattern of inter-correlations among predictors and outcome measures, and included as predictors only those variables that were significantly correlated with a particular outcome measure. The highest correlation between predictor variables was $r(375) = .63, p < .001$, between MMSS Control and Responsibility and Professional Development Opportunities, and examination of collinearity diagnostics indicated no problems with multicollinearity in either of the regression models. Significant predictors in the final regression models for each of our two outcome measures are displayed in Table 1.

The overall regression model for Career Satisfaction was significant, $R^2(adj) = .33, F(4, 369) = 46.58, p < .001$. Examination of the beta coefficients and squared semi-partial correlation coefficients displayed in Table 1 indicates that MMSS Extrinsic Rewards, MMSS Control and Responsibility, and Professional Development Opportunities were all significant, positive predictors of Career Satisfaction, with Extrinsic Rewards accounting for 7% of the unique variance in this outcome variable, while Control and Responsibility and Professional Development Opportunities accounted for an additional 2% and 1%, respectively, of the unique variance. Nurses who reported greater satisfaction with their extrinsic rewards and their degree of control and responsibility at work, and who perceived that their workplace afforded them opportunities for professional development, were more likely to express higher levels of overall career satisfaction.

Table 1 Significant Predictors of Career Satisfaction and Intention to Leave

Outcome Variable	Predictor Variables	β	t	sr^2
Career satisfaction	MMSS ^a – extrinsic rewards	.28	6.18***	.07
	MMSS – control and responsibility	.21	3.25**	.02
	Professional development opportunities	.16	2.77**	.01
Intention to leave	MMSS – extrinsic rewards	-.15	3.14**	.02
	Gender mistreatment	.14	3.12**	.02
	Perceived organizational support	-.20	-3.00**	.02
	MMSS – scheduling	-.12	-2.25*	.01

^a MMSS = McCloskey and Mueller Satisfaction Scale
 * $p < .05$, ** $p < .01$, *** $p < .001$

The regression model for Intention to Leave was also significant, R^2 (*adj*) = .37, $F(10,354) = 22.73$, $p < .001$. As shown in Table 1, MMSS Extrinsic Rewards, Perceived Organizational Support, and MMSS Scheduling were all significant negative predictors of intention to leave, accounting for 2%, 2%, and 1%, respectively, of the unique variance in this outcome variable. Nurses who were less satisfied with their extrinsic rewards and scheduling, and who perceived less support from their hospital, were more likely to express intention to leave. Gender Mistreatment emerged as a significant positive predictor of Intention to Leave, accounting for 2% of the unique variance. Individuals who reported a higher degree of gender mistreatment were more likely to express a desire to leave their job.

At the end of the questionnaire, participants had the option of making comments. Content analysis revealed two prominent themes. Decreased work satisfaction ($n = 64$) and gender mistreatment ($n = 36$) were the most frequently expressed concerns. As reflected in the following statements, there was general dissatisfaction related to the impact of budget cuts on nurses’ ability to provide quality care to their patients: “Excessive non-nursing functions assigned to nursing, with no increase in staff.” “I believe my current facility is run on the basis of a financial model and directly conflicts with my philosophy of patient-centered care. This has led to a huge disconnect between administration and general staff, leading to a poor environment overall.”

Interestingly, the second prominent theme, gender mistreatment, was expressed from a range of perspectives. Participants stated that gender resulted in their being given the heaviest and most violent patients to care for: “male nurses are assigned difficult combative patients at risk of

violence in code white [violent patient alert] situations”; “one comment that comes up a lot at work is I need your muscles”; “as a male RN you are sought out quite often for very heavy transfers and lifts.” While a few participants felt that they received more respect due to their gender — “At times physicians will listen to a male over a female’s suggestion” — another stated, “Our work is more closely scrutinized than [that of] our female counterparts.”

Discussion

The male RNs in our study were moderately satisfied with extrinsic rewards, scheduling, interaction opportunities, and praise and recognition, and slightly less satisfied with professional opportunities and sense of control and responsibility. They were ambivalent about hospital support (neither satisfied nor dissatisfied). Those who were the most satisfied with their careers valued extrinsic rewards, control and responsibility, and opportunities for professional development; those who were least satisfied and voiced their intention to leave the profession tended to work part time, experience gender mistreatment, and express dissatisfaction with extrinsic rewards, scheduling, and organizational support.

Work Factors, Job Satisfaction, and Intention to Leave

Male RNs who had been employed the longest were significantly more satisfied with environmental work factors, including salary, benefits, vacation, scheduling, interaction opportunities, and professional opportunities. Bjork, Samdal, Hensen, Torstad, and Hamilton (2007) found that both male and female RNs who had been employed longer in their current position were more satisfied than their counterparts who had worked for a shorter period; consistent with the impact on job satisfaction, male RNs who had been employed the longest were significantly less likely to express intention to leave their current job, while extrinsic rewards was a significant negative predictor of intention to leave. Studies have found that male RNs are more influenced than female RNs by extrinsic rewards in terms of intention to stay in the profession (Borkowski et al., 2007; Buffington, Zwink, Fink, DeVine, & Sanders, 2012). Rajapaksa and Rothstein (2009), in a study with nurses who had left the profession, found that male RNs were 2.5 times more likely than female RNs to state that they had left nursing for a higher salary. While budget cuts and financial restraints may limit management’s ability to raise salaries, there are other benefits, such as workplace wellness programs, that management might consider adopting to attract and retain valued employees (Baicker, Cutler, & Zirui, 2010). In our study, full-time employees were signifi-

cantly more satisfied with interaction opportunities, professional opportunities, and praise and recognition.

The Registered Nurses' Association of Ontario has been lobbying the provincial government to increase its complement of full-time RNs until the goal of 70% full-time nurses has been met. Significant gains were noted between 2004 and 2008, and in 2010 65.8% of all RNs in Ontario were reported to be employed full time. However, there was a loss of full-time positions over the subsequent 2 years (Registered Nurses' Association of Ontario, 2012). This could negatively impact the retention of male nurses in the profession, since male RNs, in particular, value full-time employment and its associated benefits (Borkowski et al., 2007).

In our study, the only job satisfaction subscale that was significantly related to hospital unit was scheduling satisfaction for nurses working in the operating room or in a medical/surgical unit. The findings have been inconsistent in the limited previous research related to job satisfaction and type of unit worked. Boyle, Miller, Gajewski, Hart, and Dunton (2006) found that nurses in pediatric, rehabilitation, and outpatient units were more satisfied than those in emergency and surgical units, while Davis, Ward, Woodall, Shultz, and Davis (2007) found no difference between nurses working in medical/surgical and critical care units. Klaus, Ekerdt, and Gajewski (2012) found that nurses working in medical/surgical units were the most satisfied. The lack of a clear relationship between type of unit and job satisfaction may be due to multiple variables, such as staffing, patient acuity, type of scheduling, whether the nurse is working in his or her unit of choice, and managerial support.

In our study, a difference was found between unionized and non-unionized nurses in terms of satisfaction. The non-unionized RNs tended to have management roles and to perceive that they had more support, control and responsibility, and professional development opportunities. However, the non-management sample size was small, since most hospital employees in Ontario are unionized and the majority of participants (88%) in the study belonged to a union. Unionized environments have the potential to create a "them versus us" mentality, with "them" representing management and "us" representing staff. Different benefits and roles (union vs. non-union) associated with these positions impact professional development opportunities and the divide between union and non-union RNs.

A supportive work environment was found to be a negative predictor of intention to leave, and participants with a nursing degree reported higher levels of perceived organizational support than those with a diploma. Nurses who felt valued by their institution had better communication with the nursing management and physicians, and consequently were more committed to remaining in their position. Similarly, it has

been found that nurses practising in healthy unit work environments within magnet hospitals in the United States are more likely to remain in their current position (Kramer, Maguire, & Brewer, 2011); these nurses are also more likely to have a degree. At a time when retention of experienced RNs is crucial, managers need to consider how to improve the perception of support among diploma-prepared nurses.

Participants who identified their sexual orientation as gay were significantly more satisfied with work factors. One of the participants stated, "When I started in 1989 — everyone assumed you were gay — now — not so much . . . males are much better accepted now than when I graduated." Gay men and lesbians who work in supportive environments with non-discriminatory policies have higher levels of job satisfaction and lower levels of job anxiety (Griffith & Hebl, 2002; Tejada, 2006). Considering the small sample size, further research is warranted to explore this finding.

Gender Mistreatment and Intention to Leave

A unique finding of our study was the significant predictive relationship between gender mistreatment and males' intention to leave. Nurse managers must be cognizant of the subtle and not so subtle behaviours directed towards male nurses that are perceived as gender mistreatment. Patients are not assigned to female RNs based on their physical attributes, yet males in our study repeatedly referred to inequitable assignment based on the size and/or aggressiveness of the patient. Other studies have found similar results, with males experiencing more aggression in the workforce (Andrews et al., 2012) as well as discrimination (McMurry, 2011) and role strain by virtue of being in a female-dominated profession (Simpson, 2005).

Interestingly, McMurry (2011) refers to the issue of social status, with male RNs looked upon as taking a step down in status whereas females who enter male-dominated professions are viewed as taking a step up in status. Males in our study expressed frustration, as reflected in the following comments: "I am sick of having my gender placed in front of my profession. How often do you hear people say female doctor? I feel 'male nurse' makes me an oddity." "For almost 34 years in the profession I have consistently [felt] that I need to be better than my female peers, and a culture exists that lessens my skills, abilities and experience over that of my female counterparts. Also, patients have questioned my ability mainly on the fact that I am male and not female." Several participants expressed concern that they assumed greater responsibility because of their gender: "Patient assignments are tailored to gender; for example, male RNs get the heavier patients (bariatric) and the more violent patients with greater frequency than the female RNs." Further study is needed to determine

how common and widespread preferential treatment or discrimination based on gender is in the RN workplace.

Limitations to this study include the cross-sectional design, surveying only those nurses working in acute-care settings, and the 30% response rate. Previous researchers have found similarly low response rates in mail surveys of professionals. For example, Cobanoglu, Warde, and Moreo (2001) found that mail surveys of professors yielded a response rate of 26%, as compared to 44% for Web surveys. Cho, Johnson, and VanGeest (2013) report low and declining response rates for health professionals and identify challenges involved in surveying clinicians, including competing demands and priorities and practice environments that are not conducive to participating in survey research. Although the sample of 382 male RNs provided adequate statistical power for our analyses, a higher response rate would have allowed for further exploration of diverse characteristics and their impact on satisfaction and intention to leave.

Implications for Practice and Research

A unique finding of our study is the significant predictive relationship between gender mistreatment and males' intention to leave. Raising awareness in nursing practice, research, and education domains of the subtle and not so subtle behaviours directed towards male nurses will lead to an improved work environment for male RNs. Participants repeatedly referred to the inequitable assigning of heavy and violent patients to them. There is a need to further research the higher reported rates of violence experienced by male nurses in clinical practice (Shields & Wilkins, 2009).

Though professional development opportunities are important, regardless of gender (Bjork et al., 2007), Rajacich, Kane, Williston, and Cameron (2013) found that they were a key determinant of male nurses' satisfaction with their current employer. Other researchers have found that participating in research, being able to write up and publish research, and having on-the-job learning opportunities increase nurses' level of job satisfaction (Cortese, 2007). Nursing management needs to understand the impact of union rules on work satisfaction and use creative strategies to integrate professional development, such as journal clubs and participation on quality-improvement teams, into the unit's work environment.

We are conscious of the fact that, by virtue of identifying our participants as "male nurses," we are labelling them as "the other." Perpetuating the practice of treating the male nurse as the other has implications for educators, managers, and researchers. A cultural change is needed both within professions and in society so that professionals are not identified by gender. Within the nursing profession, reflecting on our behaviours and identifying actions that reinforce the feminization of nursing is the

first step towards cultural change. The broader, more challenging nature of societal change is evident in the following comments by participants: “Professional and social acceptance is a constant struggle.” “The disrespect from physicians & allied staff and the assumption from the administration that you (the nurse) will never complain and can always be pushed further. Being male is not the problem, being a nurse — a caring dedicated professional, no matter what — that’s the problem.”

In conclusion, if we are to recruit and retain males in the profession, we will have to treat them in a fair and just manner. Recognizing the work factors that influence male nurses’ job satisfaction and intention to stay in the profession will ultimately benefit all nurses, as we strive to be responsive to the needs of a diverse workforce within an equally diverse society. We echo the words of one of our participants: “There is a place for men in nursing . . . we offer a balance to the profession and a different perspective to nursing care . . . men will help this profession grow.”

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