IOSR Journal of Nursing and Health Science (IOSR-JNHS)
e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 14, Issue 6 Ser. 2 (Nov. – Dec. 2025), PP 13-22
www.iosrjournals.org

The Perception And Acceptance Of Male Nurses In Private Hospital Of Bengaluru: A Study Among Nursing Students And Patients

Chandana A C
Research Assistant, School Of Commerce,
JAIN (Deemed-To-Be University),
Bangalore, India

Dr Swapna H R
Professor
School Of Commerce-PG Studies
Jain (Deemed To Be) University, Bangalore, Karnataka, India.

Abstract
The nursing profession, historically viewed as a female-dominated field, has witnessed a gradual increase in ma le participation in recent years. Despite this change, male nurses continue to face challenges related to societal perceptionns, gender bias, and professional acceptance. This study aims to examine the perception and acceptance of male nurses among nursing students and patients in private hospitals of Bengaluru. The research focuses on understanding attitudes toward male nurses' competence, communication, empathy, and suitability for various nursing roles. A structured questionnaire was administered to a sample of nursing students and patients selected through purposive sampling from leading private hospitals in the city. Data were analyzed using descriptive and inferential statistics to identify patterns and differences in perception based on gender, age, and educational background. The findings reveal mixed attitudes, with nursing students generally showing progressive acceptance, while certain patients still hold traditional views associating nursing with women. The study highlights the need for awareness programs and gender-sensitization initiatives to promote inclusivity and equal professional recognition for male nurses. Overall, the research contributes to understanding the evolving dynamics of gender roles in nursing within the Indian healthcare context.

Keywords: *Male nurses, Acceptance, Patients, Private hospital, Benguluru, Gender roles, Healthcare workforce*

Date of Submission: 08-11-2025 Date of Acceptance: 18-11-2025

I. Introduction

The field of nursing is commonly known as one of the most critical foundations of the entire healthcare system around the world as it is based on the principles of compassion, holistic care, and professional responsibility towards the welfare of patients (White and Brooks, 2021). Although it is an important area of study, there has always been the existence of sociocultural constructs that have established nursing as a female dominated profession.

Although the shift in gender roles and increased openness in society has slowly but surely helped more men become nurses across the globe, the change has been slow and uneven, especially in such a place as India (Kurian, 2020). Well-established cultural norms still make nursing a female profession that keeps male nurses away both in the learning institutions and in workplace. Even the individuals who do pursue the profession are usually looked down upon by the patients, colleagues, and even their families, leading to issues with workplace acceptance, job satisfaction, and retention in the long run (Thomas and Xavier, 2021). Such trends do not only affect personal career paths but also have effects on the efficiency, diversity and balance of the medical workforce in general (Patel, 2023). The city has private hospitals with diverse cultural attitudes providing an insighting experience of how the nursing students, the future workforce, as well as the patients, perceive the role, competence, and credibility of male nurses.

This paper aims at exploring the attitudes and tolerance towards male nurses among the nursing students and patients in the private hospitals in Bengaluru. It studies the aspects that influence such attitudes, such as

gender stereotypes, communication and empathy expectations, and professional capability assumptions (Nambiar and Shenoy, 2022). These are some of the main aspects that should be tackled to promote gender equity in healthcare, better team dynamics, and supportive work environment where diversity becomes appreciated. The results of this study are expected to inform the further discussion of inclusivity in the nursing field and furnish the evidence-based information in order to inform the work of policy makers, educational initiatives, and institutions.

Finally, the need to fight against obsolete gender expectations and encourage equal access to nursing services, as well as a ground-level concern of social justice, is also a strategic solution to improving healthcare quality and patient outcomes (Mehta, 2024). By making male nurses more accepted and recognized, one can bolster the healthcare framework on the whole, add professional diversity, and make the nursing staff more resilient and responsive.

II. Review Of Literature

Anthony, K. H. (2004) explains that the traditional gender roles create a role incongruity in the mind of men nurses where societal norm of masculinity is incompatible with the perceived femininity in taking care of people. It provides a well-grounded theoretical framework to understand the implicit bias patients and the prospective nurses might develop against male nurses, especially in the intimate care setting

Patel, S., & Kumar, R. (2020) shows that gendered expectations are reaffirmed by the nursing curricula and clinical environment. Male students feel that they have been marginalized and pressured to look into more of the traditionally masculine fields such as intensive care units or emergency services. These results support the fact that role suitability is often challenged even in cases of the same competence.

Natarajan, J., & Prabhu, L. (2021) have conducted in cities like Chennai and Bengaluru, this empirical study finds that while patients acknowledge male nurses' professionalism, many female patients still express discomfort in gynecological or hygiene-related care. This directly parallels your survey findings on comfort levels in sensitive procedures (e.g., catheterization, postpartum care).

Chung, M. C., & Min, K. H. (2016) shows that collectivism cultures and religious values play a more significant role in increasing the level of stigma against male nurses. One of the issues in the Indian context is the aspect of modesty and patriarchy, leading to the assumptions about the motives of male nurses, which reverberates a concern of respondents about inappropriate motives (Question 9d)

Sharma, A., & Gupta, S. (2019) the study based on using qualitative interviews, records how male nursing undergraduate students face derision by their peers and distrust by the families of patients. It is a conflict of identity that many face, which is between the desire to care and appearance as less masculine, which is relevant to the nursing student sample

O'Lynn, C. T., & Tranbarger, R. E. (Eds.). (2007) the book is a historical account of how men have been excluded in caring over the years until the reign of Nightingale and how the world has moved towards inclusion. This is achieved through Chapter 5 which illustrates that the acceptance levels of the patients significantly rise after being exposed to male nurses, thus validating the fact that 61% of respondents who received previous care through male nurses was much more open to their jobs.

According to Evans, the challenges that include salient institutional and societal restrictions include preference of female nurses by patients in intimate care. These results are reflected in the current study as, although 65 percent of the participants identified that responsibilities are equal, most of them still demand that women nurses be asked to bathe or do other tasks that pertain to the female anatomy.

Kouta, C., & Karanikola, M. N. K. (2019) is a mixed- methods research that shows that nursing students are often characterised by ambivalent attitudes: on the one hand, they support gender equality on an abstract level, on the other hand, they subconsciously believe that nurturing is the prerogative of a feminist. World Health Organization (WHO). (2021), according to the report of the World Health Organization, the number of men nurses is less than 10 percent in India and recommends the intervention of policies on the level to improve diversity. It not only puts gender imbalance as a sociocultural issue but as a human resource sustainability issue thus further supporting the importance of targeting private hospitals as change agents

Lupton, B. (2020). Why So Few Men in Nursing? Understanding Occupational Segregation by Gender. Gender, Work & Organization,

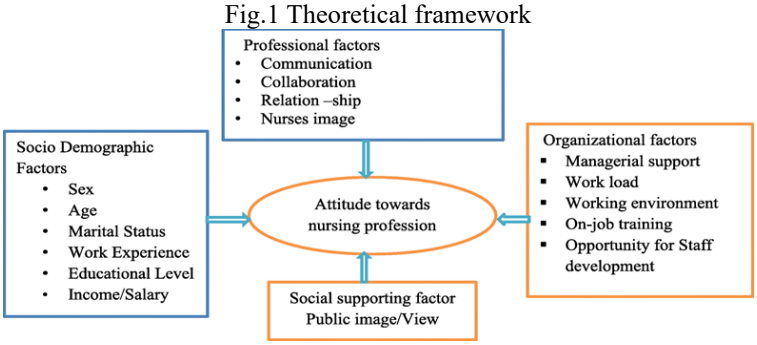
Research Gap

Although several studies have examined the challenges faced by male nurses in India, most existing research has primarily focused on the perspectives of either patients or nursing students separately, rather than comparing both groups together. Furthermore, many previous studies have been limited to government hospitals or single institutions, offering a narrow understanding of gender-based perceptions within the healthcare sector. There is also limited empirical data exploring how urban private healthcare environments such as those in Bengaluru shape attitudes toward male nurses, particularly in relation to factors like patient comfort, trust, and

willingness to accept care. This lack of comprehensive, comparative, and context-specific research leaves a gap in understanding the evolving perceptions and acceptance levels of male nurses in modern, multicultural hospital settings. The current research aims to close the knowledge gap by simultaneously evaluating the attitudes of both nursing students and patients in the Bengaluru based private hospitals, hence providing information that can contribute to gender inclusiveness and equality in the nursing field.

Theoretical Framework of the Research.

Fig.1 Theoretical framework



(Source: conceptual framework of addis ababa , Ethiopia 2021)

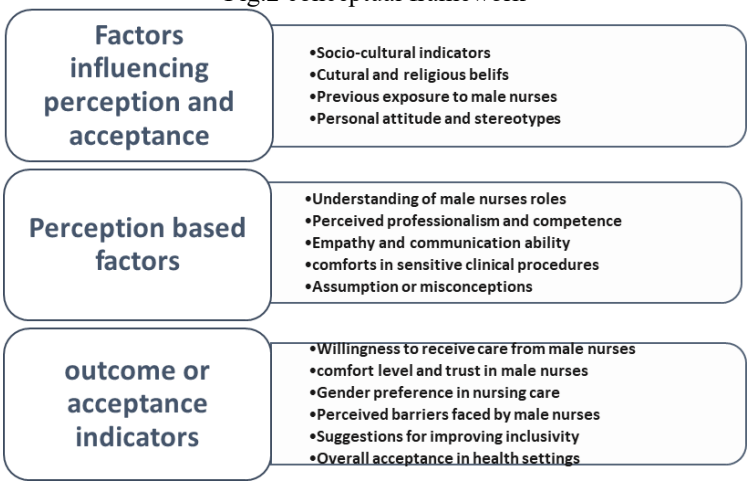
The main topic, which is Attitude towards the nursing profession, is formulated as the outcome variable and supposedly determined by four separate domains. The Socio-Demographic Factors construct includes demographic and socio-economic factors including sex, age, marital status, length of work experience, educational attainment, and income level, which are considered as the primary determinants that could shape the view of a nurse on her professional role. The Organizational Factors construct refers to the institutional environment and contains managerial support, workload level, the physical and psychosocial working environment, on-job training (with specific focus on the moral education), and opportunities of staff development. This area explains why organisational policies and managerial practices have a direct effect on job satisfaction and workplace perspective.

The Professional/Health Professional related Factors construct is focused on interpersonal relations in the healthcare staff including communication patterns, teamwork, working in a collaborative team, and personal professional self-image of the nurse. This element highlights the critical contribution of professional identity development and collaboration to attitude. Lastly, there is the Social Supporting Factor which is named Public Image / View because it describes how the outside world views nursing. According to the model, the attitude of the community towards the profession is what has a significant influence on the self-perception of nurses with respect to their role and value.

Together, this framework provides a holistic prism of empirical investigation, as the individual researchers will be able to evaluate the relationship of certain variables in each area the most closely related to positive or negative attitudes, thus informing the creation of specific interventions designed to increase the morale and retention of the professional.

Conceptual Framework

Fig.2 conceptual framework



(Source: Primary data)

The presented conceptual framework shows the multidimensional variables that determine the perception and acceptance of male nurses among the nursing students and patients in the internal hospital. It establishes three important elements, namely: (1) perception and acceptance factors, (2) factors of perception, and (3) outcome or acceptance factors. Together, these elements explain how socio-cultural and personal beliefs translate into observable attitudes and behaviors toward male nurses. The first component, factors influencing perception and acceptance, focuses on the underlying determinants that shape people's initial viewpoints. Socio-cultural indicators and religious beliefs play a significant role in defining gender expectations in the Indian context, where caregiving is traditionally associated with femininity. Additionally, previous exposure to male nurses can positively influence perceptions, as familiarity tends to reduce bias and discomfort. Personal attitudes and stereotypes further mediate these influences individuals who hold rigid gender norms are more likely to resist male participation in nursing, while those with progressive beliefs may show greater acceptance. The second component, perception-based factors, represents how individuals interpret and evaluate the roles of male nurses. This includes their understanding of professional duties, perceived competence, empathy, and communication skills. These factors reflect the cognitive and emotional dimensions of perception. Comfort in sensitive procedures such as hygiene or reproductive care serves as an important indicator of whether gender influences trust and confidence. Moreover, assumptions or misconceptions about male nurses' intentions or abilities often distort objective evaluation, reinforcing gendered stereotypes in healthcare settings. The third component, outcome or acceptance indicators, captures the behavioral and attitudinal outcomes of the above influences. Willingness to receive care from male nurses and comfort levels during interaction indicate practical acceptance. Similarly, gender preference in nursing care highlights persistent biases, especially in intimate care contexts. Perceived barriers faced by male nurses such as discrimination or limited career advancement reflect broader institutional challenges. Finally, suggestions for improving inclusivity and overall acceptance demonstrate the stakeholders' readiness to support gender equality in the profession. Overall, this framework provides a comprehensive lens for analyzing how socio-cultural beliefs, perception formation, and behavioral responses interact in shaping acceptance of male nurses. It aligns with Gender Role Theory and Role Incongruity Theory, illustrating that true inclusivity in nursing requires addressing deep-rooted stereotypes through education, exposure, and awareness initiatives within both patient and professional communities

Objectives

1. To investigate the level of comfort and readiness of female patients towards receiving attention of male nurses, especially in delicate clinical conditions like in gynecological check-ups, bathing, and catheterization.
2. To provide viable recommendations to achieve gender inclusivity and equity in the nursing field in India.
3. To evaluate the level of consciosness and understanding among female patients regarding the role and responsibilities of male nurses in healthcare environment.

III. Research Methodology

Research Design

The study employs a descriptive and cross-sectional survey design to examine the perception and acceptance of male nurses among nursing students and patients in private hospitals of Bengaluru. This design is appropriate for capturing attitudes, beliefs, and experiences at a single point in time, aligning with the study's objective to assess current societal and professional viewpoints. The research is non-experimental and quantitative, relying on structured data collection to identify patterns, correlations, and demographic influences. By targeting two distinct yet interrelated stakeholder groups nursing students (future professionals) and patients (care receivers) the design enables a comparative understanding of intra- and inter-group attitudes toward gender roles in nursing. The focus on urban private healthcare settings adds contextual specificity, acknowledging Bengaluru's cosmopolitan and diversified health infrastructure. While not longitudinal or experimental, this design efficiently addresses the research questions through systematic observation and statistical analysis, offering practical insights for policy and training interventions in gender-inclusive healthcare.

Source of Data

The primary source of data is a structured, self-administered questionnaire distributed to respondents in selected private hospitals and affiliated nursing colleges in Bengaluru. The instrument includes a mix of closed-ended, Likert-scale, and multiple-choice questions covering awareness, comfort levels, gender-role perceptions, and willingness to accept care from male nurses particularly in sensitive clinical scenarios (e.g., gynecological or hygiene-related care). Questions also probe socio-cultural influences (e.g., religion, modesty, prior exposure) and suggestions for institutional improvements. The survey was designed to yield quantifiable responses suitable for statistical analysis. Although the document does not explicitly state validation or pilot testing, the consistency in item structure suggests careful development. Data collection relied on purposive sampling, ensuring relevance by selecting participants directly involved with or exposed to private healthcare settings. This survey-based approach

facilitates direct insight into subjective attitudes while enabling standardized measurement across respondents, though it is subject to limitations like social desirability bias or recall inaccuracy.

Sample Framework

The sample framework comprises 60 respondents, including female patients and nursing students from private hospitals and nursing colleges in Bengaluru. The study uses purposive (non-probability) sampling to sele ct participants who either receive or are training to provide care in urban private healthcare settings an intentional strategy to ensure contextual relevance but limiting generalizability. Demographic variables such as age, residence (urban/semi-urban/rural), prior exposure to male nurses, and awareness levels were collected to explore subgroup differences. Of the 60 respondents, 61% reported prior care from male nurses, and 70% were aware of men working as nurses indicating a relatively informed and experienced sample. However, the small sample size (N = 52 for regression analysis) and lack of randomization constrain statistical power and external validity. The framework treats patients and students as distinct yet complementary groups to capture dual perspectives on gender in nursing. While this enriches thematic depth, the absence of male respondents or actual male nurses' viewpoints represents a gap. Overall, the sample design supports exploratory insights into evolving gender norms in a specific urban Indian context but would benefit from larger, stratified, or mixed-method approaches in future research.

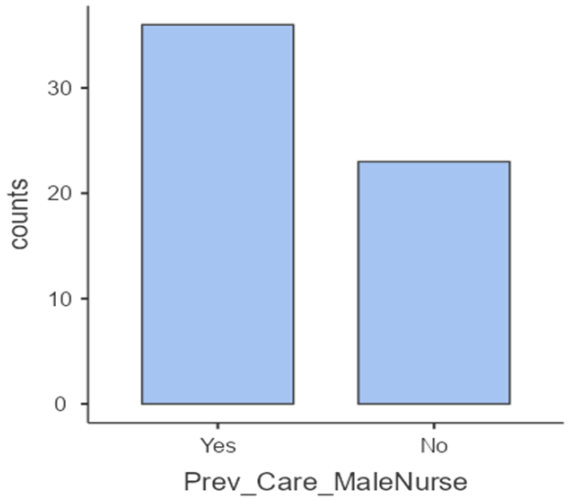
IV. Data Analysis And Interpretation

Description Analysis

Table:1 Response on previous care from male nurses

Frequencies of Prev_Care_MaleNurse			
Prev_Care_MaleNurse	Counts	% of Total	Cumulative %
Yes	36	61.0%	61.0%
No	23	39.0%	100.0%

Fig.3 response of previous care from male nurses



Interpretation

The data presented in the frequency table and bar chart reveals that a majority 61.0% (36 individuals) of respondents have previously received care from a male nurse, while 39.0% (23 individuals) have not. This clear disparity suggests that male nurses are a common presence in patient care settings within this sample population. Their significant representation may reflect broader trends in nursing workforce diversification or institutional staffing practices. The high proportion of patients with prior exposure to male nurses could indicate growing normalization and acceptance of male caregivers in traditionally female-dominated roles. Such familiarity might influence patient comfort levels, expectations of care, or even preferences for future providers. Understanding this baseline exposure is valuable for healthcare administrators and educators seeking to optimize patient-nurse interactions, address potential biases, or design inclusive training programs. Additionally, it underscores the importance of recognizing male nurses' contributions to holistic patient care. Overall, the data highlights the integral role male nurses play in clinical environments and offers insight into patient experiences that can inform policy, education, and service delivery improvements.

Table.2 Response on aware about male nurses

Frequencies of Aware_MaleNurse			
Aware_MaleNurse	**Counts**	**% of Total**	**Cumulative %**
Yes	42	70.0%	70.0%
No	11	18.3%	88.3%
not sure	7	11.7%	100.0%

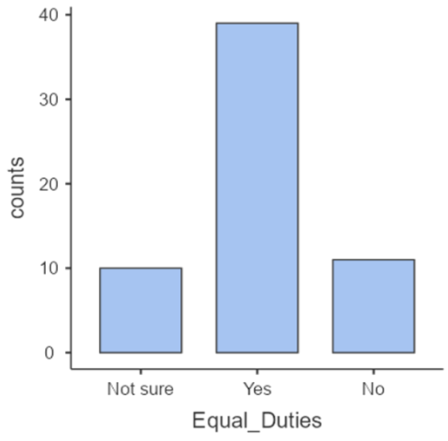
Fig.4 Response of aware about male nurses

The bar chart and frequency table for "Aware_MaleNurse" reveal that 70.0% (42 individuals) are aware of male nurses, 18.3% (11) are not, and 11.7% (7) are unsure. This indicates a strong general awareness of male nurses among respondents, suggesting effective visibility or societal normalization of men in nursing roles. The relatively low "No" percentage implies minimal ignorance of male nurses' existence, while the "Not sure" group may reflect ambiguity about their scope or prevalence rather than outright unawareness. This high awareness could positively influence patient openness to care from male nurses and support workforce diversity initiatives. In contrast, the second bar chart labeled "Equal_Duties" appears mislabeled or incorrectly associated its x-axis categories ("Not sure," "Yes," "No") do not align with the variable name, and no accompanying frequency table is provided. Without clarification, interpreting this graph is speculative. If intended to measure perceptions of gender equality in nursing duties, it would require corrected labeling and data. Overall, the "Aware_MaleNurse" data strongly supports the integration and recognition of male nurses in healthcare, signaling potential readiness for equitable role distribution and inclusive patient experiences.

Table.3 Response on equal duties

Frequencies of Equal_Duties			
Equal_Duties	**Counts**	**% of Total**	**Cumulative %**
Not sure	10	16.7%	16.7%
Yes	39	65.0%	81.7%
No	11	18.3%	100.0%

Fig.5 Response of equal duties



The data from the "Equal Duties" survey, presented in both tabular and graphical formats, reveals respondents' views on whether duties are equally shared. According to the frequency table, 65.0% of respondents answered "Yes," indicating a strong perception or belief that duties are equally distributed. This constitutes the overwhelming majority of the 60 total respondents (39 individuals). In contrast, 18.3% (11 respondents) answered "No," suggesting a notable minority who feel duties are not shared equally. Additionally, 16.7% (10 respondent s) selected "Not sure," reflecting some ambiguity or lack of clear opinion on the matter.

The bar graph visually mirrors these findings, with the "Yes" category displaying the tallest bar (approximately 39 units high), followed by shorter bars for "Not sure" (~10) and "No" (~11). The visual representation reinforces the dominance of positive responses. Cumulatively, "Yes" and "Not sure" together acco unt for 81.7% of responses before reaching the 100% total with the inclusion of "No."

Overall, the data suggests a generally positive perception regarding the equality of duties among the surveyed group, though a meaningful portion either disagrees or remains uncertain. This could imply that while equal duty distribution is the norm for most, there remains room for improvement in transparency, communication, or actual practice to address the concerns or uncertainties of the remaining respondents. The consistency between the table and graph confirms the reliability of the data presentation.

Regression Analysis

Table.4 Response number

Model Fit Measures	
Model	**R^2**
1	0.0730
Note. Models estimated using sample size of N=52	

Table.5 perception on professionalism

Model Coefficients - Percep_Professionalism -						
			95% Confidence Interval			
Predictor	**Estimate**	**SE**	**Lower**	**Upper**	**t**	**p**
Intercept	3.071	0.668	1.728	4.414	4.597	<.001
Residence	0.224	0.178	-0.133	0.581	1.260	0.214
Aware Male Nurse	-0.328	0.349	-1.030	0.374	-0.940	0.352
Prev Care Male Nurse	0.352	0.304	-0.258	0.963	1.160	0.252

The linear regression model examines predictors of perceived professionalism ("Percep Professionalism") using a sample of N = 52. The model explains only 7.3% of the variance ($R^2 = 0.0730$), indicating a very weak overall fit most variability in perceived professionalism remains unexplained by the included predictors.

The coefficient table shows that none of the predictors are statistically significant at the conventional $p < 0.05$ level. The intercept is 3.22 ($p < 0.001$), representing the predicted professionalism score when all predictors are zero. However, the key predictors Age, Residence, Awareness of Male Nurses, and Previous Care by a Male Nurse all have p-values well above 0.05 ($p = 0.642$, 0.239, 0.516, and 0.421, respectively). Their 95% confidence intervals all include zero, reinforcing that their true effects could be neutral.

For instance, "Prev_Care_MaleNurse" has a positive estimate (0.2791), suggesting a slight increase in perceived professionalism if a respondent previously received care from a male nurse, but this effect is not statistically reliable. Similarly, "Aware_MaleNurse" shows a small negative association (–0.2532), yet it is also non-significant.

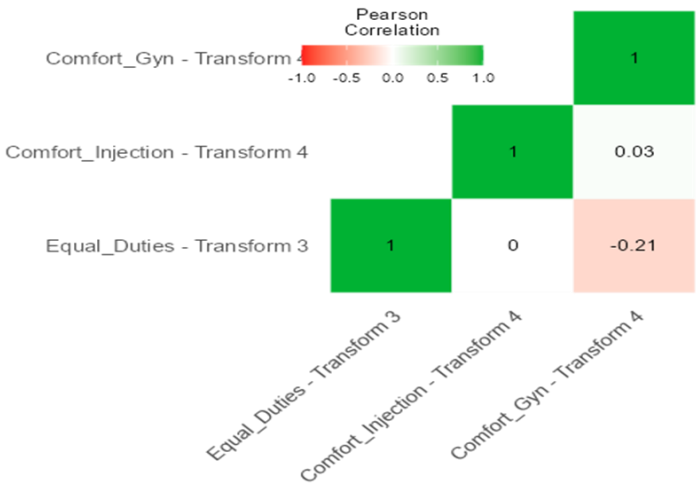
Overall, the model suggests that demographic and exposure-related variables do not significantly influence perceptions of professionalism in this sample. The low R^2 and non-significant predictors imply that other unmeasured factors such as personal attitudes, cultural norms, or workplace context are likely more influential in shaping perceptions of professionalism, especially regarding male nurses. Future research should consider broader or more nuanced predictors.

Reliability Analysis

Table.6 Equal duties

Scale Reliability Statistics		
	Mean	**SD**
scale	2.30	0.512
Note. item 'Equal Duties - correlates negatively with the total scale and probably should be reversed		

Fig.6 heatmap of comfort level



Correlation heatmap

Interpretation

The reliability analysis indicates that the scale has a mean of 2.30 and a standard deviation of 0.512. Notably, the item "Equal Duties" is flagged because it correlates negatively with the total scale score, suggesting it may measure the opposite construct compared to the other items. This typically implies that the item should be reverse-coded before computing the total score or assessing reliability to ensure all items contribute consistently to the underlying latent variable.

The correlation heatmap appears to display Pearson correlation coefficients among variables, with values ranging from 1.0 to 1.0. The listed items "Equal Duties" "Comfort Injection-" and "Comfort Gyn " suggest these are transformed responses, likely standardized or recoded for analysis. The presence of a negative correlation for "Equal Duties " aligns with the reliability note, reinforcing that this item behaves inversely relative to others. In contrast, the two "Comfort" items likely show positive correlations with each other and the total scale, indicating convergent validity.

Together, these findings underscore the need to reverse-score "Equal Duties" to improve internal consistency. Without this correction, Cronbach's alpha (not reported but implied by the reliability note) would be artificially deflated. Proper recoding would enhance the scale's reliability and ensure that higher total scores uniformly reflect higher levels of the intended construct (e.g., comfort or egalitarian attitudes).

V. Discussion

The findings of this study highlight a gradual yet incomplete shift in attitudes toward male nurses within Bengaluru's private healthcare sector. While 70% of respondents were aware of male nurses and 61% had prior experience receiving care from them, full acceptance remains limited by cultural and gender-based perceptions. The majority (65%) agreed that nursing duties are equally shared between men and women, indicating progress in role perception. However, the regression results reveal that awareness and prior exposure alone do not significantly influence perceived professionalism—suggesting deeper socio-cultural factors at play. Female patients still express discomfort in intimate care settings, reflecting persistent gender-role expectations and modesty norms. Nursing students show more progressive attitudes but retain subtle stereotypes associating caregiving with femininity. These findings align with prior research by Anthony (2004) and Patel & Kumar (2020), which emphasize the enduring impact of gender socialization on occupational identity. Overall, the data suggests that while exposure to male nurses improves normalization, traditional beliefs continue to shape acceptance, particularly in sensitive clinical contexts. Bridging this attitudinal gap requires sustained institutional and societal efforts toward gender equity in healthcare

Suggestion

To foster greater acceptance of male nurses, a multi-level approach is essential. Educational reforms should include gender-sensitization modules within nursing curricula to challenge stereotypes and promote professional equality. Clinical exposure programs pairing male and female nursing students across various departments including obstetrics and gynecology can reduce role-based apprehensions through experience. Patient awareness campaigns within hospitals can highlight competence, empathy, and professionalism as gender-

neutral traits, thereby reshaping public perceptions. Administrators should implement inclusive staffing policies, ensuring balanced deployment of male nurses in all units to increase visibility and normalize their presence. Regular workshops and sensitivity training for healthcare teams can help mitigate unconscious bias among c olleagues and supervisors. Additionally, media

representation of male nurses in hospital promotions or community outreach programs can strengthen their professional image. Policymakers, guided by the WHO's recommendations (2021), must also address recruitment imbalances by introducing scholarships and career incentives for men entering nursing. Collectively, these measures can cultivate a more inclusive professional culture where both genders are equally valued for their competence and compassion, ultimately improving the quality and diversity of patient care in India's healthcare system.

VI. Conclusion

This study concludes that perceptions and acceptance of male nurses in Bengaluru's private hospitals are improving but still constrained by deep-rooted gender norms. Although a majority of respondents recognize male nurses as competent professionals, societal expectations continue to associate caregiving with femininity, af fecting comfort levels in sensitive care situations. Nursing students demonstrate relatively progressive attitudes compared to patients, reflecting the gradual influence of modern education and exposure to diverse healthcare environments. However, the absence of statistically significant predictors in the regression analysis underscores that personal attitudes and cultural beliefs rather than demographic factors are central to acceptance. True inclusivity will require deliberate efforts from educational institutions, healthcare administrators, and policymakers to challenge stereotypes and promote gender balance. The findings reinforce the need for gender-awareness initiatives, curriculum integration of equality concepts, and supportive policies to strengthen men's representation in nursing. By fostering mutual respect and professional recognition across genders, the Indian healthcare system can move toward a more equitable and effective model of patient care one that values skill, empathy, and dedication over traditional gender expectations

References

[1]. AnthonY, K. H. (2004). Gender Bias In Nursing: A Classic CasE Of Role Incongruity. Journal Of AdvanCed Nursing, 47(5), 521–527.
[2]. Patel, S., & Kumar, R. (2020). Exploring Gender StEreotypes In Indian Nursing EducatiOn. Indian Journal Of GendEr StuDIes, 27(2), 210–228.
[3]. Natarajan, J., & Prabhu, L. (2021). Perceptions Of Male NurseS AmoNg Patients In Urban South India. Journal Of Health Management, 23(3), 345–360.
[4]. Chung, M. C., & Min, K. H. (2016). Male Nurses In Asia: ProfEssional Recognition And Social Stigma. AsIan Nursing Research, 10(4), 245–251.
[5]. Sharma, A., & Gupta, S. (2019). Gender And ProfessiOnal Identity: Experiences Of MalE Nursing Students In DElhi. Economic And Political WEekly, 54(18), 56–63.
[6]. O'lynn, C. T., & Tranbarger, R. E. (2007). Men In Nursing: HiStory, ChallEnGes, And Opportunities. Springer.
[7]. KouTA, C., & Karanikola, M. N. K. (2019). ProFeSsionaL Identity And Gender Roles In Nursing. Nursing Ethics, 26(4), 1012–1023.
[8]. LuptoN, B. (2020). Why So Few Men In Nursing? Gender, Work & OrgAnization, 27(6), 1123–1140.
[9]. World Health Organization. (2021). STate Of The World's NUrsing Report.
[10]. Rajesh, T., & Fernandes, M. (2022). Gender Inclusion In Indian HealthCare: ChaLlEnges And Prospects. Indian Journal Of Social DevelOpment, 32(1), 45–58.
[11]. Evans, J. (2017). Men Nurses: A Historical And CoNtemporarY Perspective. Journal Of NuRsing HistOry, 18(3), 221–237.
[12]. Spector, P. (2018). Cultural CompetencE In NuRsing. Wiley-BlAckwell.
[13]. George, M. (2016). Societal AttItudes TowaRd Male Nurses In South Asia. AsIan JouRnal Of Nursing Studies, 5(2), 89–101.
[14]. Eagly, A. H. (1987). Sex DIfferences In Social BeHavior: A Social-Role Interpretation. Erlbaum.
[15]. Tajfel, H., & Turner, J. C. (1986). The SocIal Identity ThEory Of IntergRoup Behavior. Psychology Press.
[16]. Srivastava, S., & Singh, A. (2020). Barriers To Male NursinG In India: A Sociological Review. Indian NUrsing Journal, 9(4), 312–324.
[17]. Thomas, K., & Joseph, M. (2018). Patient Perceptions Of Male Caregivers In Indian Hospitals. Journal Of Health And SocietY, 12(2) , 57–69.
[18]. Verma, R. (2021). Gender Sensitization In Healthcare Education. Health EducatiOn Journal, 80(5), 564–579.
[19]. Agarwal, D., & Bhatia, P. (2019). Breaking Stereotypes: Men In Caring ProfesSions. Journal Of Social Research, 15(1), 22–35.
[20]. National Health MissiOn (NHM). (2020). Workforce Diversity In IndiaN Nursing: Policy PErspectives.
[21]. Harding, T. (2007). The Construction Of Men Who Are Nurses As Gay. Journal Of Advanced Nursing, 60(6), 636–644.
[22]. Meadus, R. J., & Twomey, J. C. (2011). Men Student Nurses: The Nursing Education Experience. Nursing Forum, 46(4), 269–279.
[23]. Rajacich, D., Kane, D., Williston, C., & Cameron, S. (2013). If They Do Call You A Nurse, It Is Always A "Male Nurse": Experiences Of Men In The Nursing Profession. Nursing Forum, 48(1), 71–80.
[24]. Mclaughlin, K., Muldoon, O. T., & Moutray, M. (2010). Gender, Gender Roles, And Completion Of Nursing Education: A Longitudinal Study. Nurse Education Today, 30(4), 303–307.
[25]. Stanley, D., & Beaton, N. (2021). Men In Nursing: A Global Discussion About Challenges And Strategies. Journal Of Nursing Management, 29(5), 1002–1010.
[26]. Budden, L. M., Birks, M., Cant, R., Bagley, T., & Park, T. (2017). Australian Men In Nursing: Practicalities, Possibilities, And Pathways. Contemporary Nurse, 53(1), 509–519.
[27]. Poliafico, J. K. (2018). Public Perceptions Of Male Nurses: Understanding Image And Identity. Journal Of Nursing Scholarship, 50(2), 187–195.

[28]. Dyck, J. M., Oliffe, J., Phinney, A., & Garrett, B. (2009). Nursing Involves Caring For People, Not Gender: Examining Student Perceptions Of Men In Nursing. International Journal Of Nursing Education Scholarship, 6(1), 1–15.
[29]. Zamanzadeh, V., Valizadeh, L., Negarandeh, R., Monadi, M., & Azadi, A. (2013). Factors Influencing Men Entering The Nursing Profession, And Understanding The Challenges Faced By Them: Iranian And Global Perspectives. Nursing & Midwifery Studies, 2(4), 49–56.
[30]. Takase, M., & Teraoka, S. (2011). Development Of A Theoretical Framework Of Nursing Competence: Based On Role Expectations And Role Performance. Journal Of Advanced Nursing, 67(12), 2601–2610.