



Research Article

Male Nurses' Experiences of Workplace Gender Discrimination and Sexual Harassment in South Korea: A Qualitative Study

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ABSTRACT

Purpose: The purpose of this study was to explore male nurses' experiences of workplace gender discrimination and sexual harassment in South Korea.

Methods: Phenomenological qualitative methodology exploring male nurses' experiences was employed to collect data, and thematic analysis of the data was conducted. Research subjects were recruited by convenience and snowball sampling. Ten male nurses participated in individual in-depth interviews via mobile phone. Data were collected from June 15 to July 24, 2020.

Findings: Two themes were extracted that described male nurses' experiences of workplace gender discrimination and sexual harassment. In the first theme, "facing gender discrimination from various dimensions," nurses' thoughts and feelings regarding gender discrimination from various sources were expressed. The second theme, "experiencing sexual harassment at work as a man," presented experiences of sexual harassment as a male nurse and difficulties in being recognized as a victim.

Conclusion: Gender discrimination and sexual harassment experienced by male nurses stem from a wide range of socio-cultural factors, ranging from individuals to organizations, and institutions. Therefore, this problem requires a correspondingly broad approach for improvement, such as making efforts to avoid classifying certain roles according to gender, developing new standards considering the specific experiences of men as victims of sexual discrimination and sexual harassment, and continuing training to increase social sensitivity and interest in the harm suffered by minorities in society.

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Introduction

As the number of male nurses continues to increase worldwide [1–3], it can be predicted that male nurses will play a more important role in the healthcare field. According to the statistics of the Korean Nurses Association [4], the number of male nurses in South Korea (hereafter, Korea) increased by 6.5 times between 2009 and 2019. The proportion of male nurses among those who were newly licensed in 2019 was 13.8% [4], which is higher than the ratio of male nurses (9.4%) reported in the United States in 2020 [5]. Despite the steady increase in the number of male nurses, nursing is still a profession where women constitute the majority, and male

nurses are still perceived as men who have chosen a nontraditional career [6]. As such, it has been reported that male nurses experience several stereotypes at work [7–9].

Previous studies on male nurses' work experiences found that male nurses experienced difficulty in establishing comfortable relationships with female nurses, felt alienated [8], and experienced different expectations from those of female nurses [8,9]. Differences in work content, work environment, or job-related opportunities according to gender in healthcare institutions can lead to discrimination, and male nurses have also reported experiencing gender discrimination in the workplace [7,9,10]. Social expectations and prejudices toward male nurses can lead to negative results. In fact, some male nurses reported that they themselves were unclear about their future as hospital nurses [11], experienced gender role conflict in their workplace [12], and therefore considered job turnover [13].

Another issue that should be noted is male nurses' experiences of sexual harassment in the workplace. Most previous studies related to sexual harassment in the workplace have defined women

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as victims and men as perpetrators [14–19], and sexual harassment in the workplace has been defined as being perpetrated by a person with social power in a higher position [19]. Even based on the traditional definition of workplace sexual harassment, nursing is a women-dominated profession with more women leaders in power than men [8]. Therefore, the sexual harassment experiences of men as minorities in the nursing profession should be studied, and this issue should be managed as an important problem in the workplace. According to a previous study that was conducted in Korea, approximately 20% of nurses reported experiencing sexual harassment in the workplace [20]. The perpetrators of sexual harassment were mainly patients, and it should be noted that the proportion of male nurses who reported experiences of sexual harassment was about 38%, which was higher than that of female nurses [20]. In a study conducted in Australia, 34% of male nurses reported that they had experienced at least one type of sexual harassment in the workplace [21]. The number of male nurses who participated in both of those studies was small to generalize the research results [20,21], but the fact that this phenomenon continues to be relatively unnoticed because of the small number of male nurses creates a vicious circle that lowers the likelihood of these problems improving in the future. However, unfortunately, it was difficult to find a study examining sexual harassment experiences at work only among male nurses, although a previous study explored experiences of sexual harassment among male physicians in the United States and reported that experiences of sexual harassment were not uncommon among men, especially those working in healthcare [22]. Therefore, studies on reverse gender discrimination and sexual harassment experienced by men in female-dominant groups, especially in the healthcare field, should be dealt with in more depth.

Previous studies have provided valuable insights into the clinical experiences and barriers faced by male nurses in a female-dominated profession [6–8]. However, less research in the field of nursing has addressed workplace gender issues in depth, including sexual harassment within the socio-cultural context of masculinity and femininity. Therefore, this study explored various cases of gender discrimination and sexual harassment experienced by male nurses in the workplace through qualitative research and also explored male nurses' attitudes and possible ways to improve their work environment.

Research question

What is the nature of male nurses' experiences of workplace gender discrimination and sexual harassment?

Methods

This study was conducted using phenomenological qualitative methodology [23] and thematic analysis [24], which is a simple and flexible method, to understand the essence of the participants' experiences of workplace gender discrimination and sexual harassment as male nurses. In-depth interviews with semi-structured questions were used to guide the interviews. The reporting of this study complies with the consolidated criteria for reporting qualitative research (COREQ) recommendations [25].

Participants

The study participants were male nurses working at hospitals with more than 6 months of career experience. Ten individuals, who were able to voluntarily share their experiences after hearing about the aims of the study and the interview method, participated in the interviews (Table 1).

The sampling of male nurses was conducted based on convenience and snowball sampling method. Because the interviews were conducted by mobile phone (according to the quarantine guidelines of social distancing principles due to the coronavirus disease 2019 pandemic) [26], the researchers provided the research explanations and consent form prior to the interview via email to the subjects who had stated their intention to participate in the study, and they were asked to fill out the consent form. After it was confirmed that a subject had submitted a written consent form for research participation, the researchers sent a concise questionnaire, which the subject was instructed to fill out and submit. The questionnaire contained questions eliciting information on the general characteristics of the research subjects and allowed the subject to select the desired time for an interview and to choose an online interview method (mobile phone or video call). All 10 nurses who participated in the study chose to be interviewed via mobile phone, with no video component.

Qualifications of the research team

One author is a woman, and the other is a man. Both the authors are PhD-level scientists and were working as professors at universities located in two different cities at the time of the study. Both authors who participated in this study are familiar and experienced with qualitative research methods. The authors attended a course on qualitative research methods during their graduate degree program. All of the interviews were conducted by the female author for neutrality in the interview process. The interviews were transcribed by two research assistants.

Data collection

For data collection, recruitment advertisements for research participants were posted on online communities and social media frequently accessed by nurses. In addition, male nurses were introduced through nurses known to the researchers, and snowball sampling was used in the next step. Data collection took place from June 15 to July 24, 2020. The study subjects did not have any prior personal relationship with the researcher. Therefore, the study subjects first contacted the researcher voluntarily through the researcher's mobile phone number presented in the recruitment notice, and the subjects who expressed their intention to participate were sent informed consent forms in the order that they replied. During this preparation process, the researcher who planned to conduct the interviews was able to judge the suitability of the research subjects and established a relationship with them through text messages and e-mails. Five male nurses expressed their intention to participate after seeing the recruitment notice, and 10 nurses expressed their intention to participate in the study through introductions from male nurses who had completed participation using the snowball sampling method. Consequently, a total of 15 male nurses expressed their intention to participate, of whom three answered that they had no experience of workplace gender discrimination or sexual harassment; therefore, they were excluded from the study. Subsequently, two nurses who expressed their intention to participate in the study did not proceed with the interviews because the research team decided that data saturation had been reached. As data collection and data analysis for each subject were conducted simultaneously, data saturation was confirmed based on a daily debriefing between the authors, and data collection was finished when no new information was generated from the interviews. Thus, data from 10 participants were finally included.

Information was collected on age, marital status, educational level, hospital location and nursing unit, position, career years, and

Table 1 General Characteristics of the Study Participants (N=10).

Participant ID	Age (years)	Marital status	Education level	Hospital location	Number of beds	Nursing unit	Total clinical career	Shift type
1	28	Unmarried	Bachelor's degree	Capital region	>1,000	Surgical ward	2 years 11 months	3 shifts
2	31	Married	Bachelor's degree	Capital region	>1,000	Medical ward	7 years 1 months	3 shifts
3	26	Unmarried	Bachelor's degree	Capital region	>1,000	ICU [†]	9 months	3 shifts
4	32	Unmarried	Bachelor's degree	Capital region	>1,000	Surgical ICU [†]	7 years 2 months	3 shifts
5	31	Unmarried	Bachelor's degree	Capital region	>1,000	Medical ward	5 years	3 shifts
6	25	Unmarried	Bachelor's degree	Capital region	>1,000	ICU [†]	1 year	3 shifts
7	33	Unmarried	Bachelor's degree	Capital region	>1,000	Pediatric ICU [†]	8 years 6 months	3 shifts
8	35	Married	Bachelor's degree	Capital region	>1,000	Medical ward	11 years 1 months	3 shifts
9	26	Unmarried	Associate degree	Non-capital region	800–999	Medical ward	1 year 3 months	3 shifts
10	42	Unmarried	Associate degree	Non-capital region	100–249	ICU [†]	10 years 2 months	Night fixed

Note. [†] ICU = Intensive care unit.

type of shift through a simple questionnaire to investigate the sociodemographic characteristics of the subjects.

In-depth interviews were conducted by a researcher one-on-one at a time that participants preferred using mobile phones. The interviews lasted from 60 minutes to 120 minutes, and each participant was interviewed once. Since the interviews were conducted using mobile phones, nonverbal expressions could not be included. For compensating this, open-ended questions were used to encourage subjects to continue expressing the emotions related to their experiences, and the interviewer used active listening, paraphrasing, and reflecting skills during the interview process. Therefore, for some participants, the interviews took more time than would have been likely for face-to-face interviews. Field notes were taken by the researcher during the interviews. After the interviews, the subjects were informed of the possible need for an additional interview, and verbal consent was obtained. However, based on the interviews with 10 subjects, the authors did not find any new research questions related to the research topic that had to be added. All of the interviews were audio-recorded using a digital recorder. The questions for the participants' interviews used a semi-structured interview guide that was constructed through discussion among researchers and a literature review [3,6,8–10,13,27]. Before starting the interview, the definitions of workplace gender discrimination and sexual harassment used in this study were explained to the study subjects, and they were asked if they had experience with this phenomenon and could speak frankly about their experiences. Subsequently, the participants were notified of the research topic and research questions before the interview, giving them sufficient time to consider the research topic. The main questions for the interview were: "Tell us about your experiences of gender discrimination and sexual harassment while working as a nurse," "What are your feelings and thoughts about the experiences?" and "How have you been dealing with gender discrimination or sexual harassment at work?"

At the end of the interview, the researchers checked once again whether the participants felt uncomfortable about participating in the study and whether they consented to data analysis and utilization. All 10 participants expressed their voluntary consent; therefore, there was no drop-out.

Data analysis

In this study, the subjects' statements collected through in-depth interviews were analyzed through the thematic analysis method suggested by Braun and Clarke [24]. First, the transcribed data were read multiple times by the researchers to familiarize themselves with the content of the interviews. Second, initial codes were generated by finding 497 meaningful and interesting

statements in the data. Third, 32 subthemes and 11 themes were formed by collating codes into potential themes. Fourth, the subthemes and themes were reviewed to check whether they worked in relation to the entire data set. Fifth, an ongoing analysis was conducted to refine the themes, which were finally named and defined. Finally, the report presented in the Findings section was produced. The data analysis process was conducted by two researchers at the same time, and the selected sentences, phrases, the classification process, and findings according to the categorization were reviewed. This process was continued until the researchers reached an agreement.

For ensuring the qualitative rigor of this study, the four criteria established by Lincoln and Guba [28] were used. For enhancing credibility, the analyzed data were returned to three participants, and their feedback was applied to the findings to confirm the reliability and accuracy of the analysis. Participants who had experienced workplace gender discrimination and sexual harassment were selected using snowball sampling to ensure transferability, and detailed descriptions with quotations were provided in the manuscript. Dependability was ensured by describing the study design and data collection process in detail. Before conducting each interview, the researchers conducted a reflective analysis to confirm that the process was proceeding as intended. All authors participated in the data analysis simultaneously and debriefed daily with each other to ensure confirmability.

Ethical considerations

This study was approved by the Institutional Review Board (IRB) of the institution where the first author was affiliated before data collection (Approval no. KYU-2020-053-01). This study was conducted in accordance with the principles of the Declaration of Helsinki and the guidelines provided by the IRB. Before starting each interview, the researcher informed the participant about the purpose of the study, the interview process, and plans for using the collected data. Written informed consent was submitted by e-mail or mobile phone, and the participant was informed that the interview would be recorded. Careful attention was paid to the collection of mobile phone numbers and e-mail addresses, as the survey and interview were conducted online. Additional consent was obtained for the collection of the above-mentioned personal information, and it was used only for conducting the interview and sending a gift as a reward for participation. In addition, participants' contact information was kept in a separate file that only two researchers could check and was discarded after the reward coupon for participation was delivered to participants' mobile phones. The interview content and transcripts were coded in a way that the subjects could not be identified.

Findings

This study analyzed male nurses' experiences using the methods proposed by Braun and Clarke [24]. Based on meaningful statements, 12 codes, five subthemes, and two themes were identified (Table 2).

Theme 1: Facing gender discrimination from various dimensions

This theme contains three subthemes: “experiencing unfair treatment from nursing colleagues,” “burden of standing out as a ‘man’ rather than a ‘nurse’” and “institutional discrimination that makes male nurses think they cannot stay longer.”

This theme presents various types and dimensions of gender discrimination experienced by male nurses at their workplace. It was found that gender discrimination in the workplace occurred both from nursing colleagues and from patients and patients' families, who are the subjects of nursing. In addition, discrimination at the level of the organization and institution of the workplace to which male nurses belonged was confirmed.

Experiencing unfair treatment from nursing colleagues

This subtheme deals with unfair treatment and discrimination committed by nursing colleagues. Many nurses described being called upon when physical labor was needed for nursing tasks because their colleagues thought they would be strong due to being “men.” A participant also described a situation wherein a female nurse was unable to work night shifts due to pregnancy or childbirth, and a male nurse was forced to work additional shifts rather than supplementing the workforce. Some of the participants stated that a bias was already present among nursing colleagues or nursing managers who expressed worries about whether male nurses would be able to adapt well. In other words, the nursing colleagues or nursing managers spoke as if they would give male nurses a fair chance, but their statements reflected their underlying perception that male nurses would not be able to adapt well.

“There seems to be a sense of masculinity. A sense that men should do the physical work?” (Nurse 9)

“Because you are a man, you have good stamina. [...] There was a time when there were multiple pregnancies (among nurses) in one ward, so we only had 6 days off during the month. [...] There was

almost no replacement personnel. [...] I think I was on the night shift for 10 nights in a row.” (Nurse 8)

“In my opinion, people who have the wrong idea, those who basically think nursing is a female-majority field, those who are concerned about men. I think that concern itself is an undervaluation.” (Nurse 1)

Burden of standing out as a “man” rather than a “nurse”

The subtheme presents negative attitudes toward male nurses from patients or their families, who are the subjects of nursing care. In particular, male nurses were disappointed and frustrated when their patients refused to let them perform nursing care and asked to change to another nurse. Since male nurses are a minority compared to female nurses, they talked about the inconvenience of receiving unwanted attention due to their noticeable status. Additionally, the prejudice that men are generally slower, blunter, and less sensitive than women led to the idea that they would not be suitable as nurses.

“The patient was uncomfortable about being assigned a male nurse from the beginning and requested a switch ...” (Nurse 3)

“Just because I am male? I get noticed. Huh, a man? People looking at me like that, I feel a bit uncomfortable. I also thought, ‘Am I doing something I shouldn’t be doing?’” (Nurse 1)

“People think men have slower hands. That they can be a bit blunt. They thought male nurses might not have good relationships with patients. They also think men cannot multitask well.” (Nurse 1)

Institutional discrimination that makes male nurses think they cannot stay longer

This subtheme addresses various types of discrimination that exist even within the institutions to which male nurses are affiliated. Many complained of the inconvenience of having to travel long distances to use the toilet or changing room due to the lack of facilities for male nurses. Male nurses also experienced limitations in providing nursing care to female patients. In addition, they stated that they were discriminated against in terms of vacation and welfare benefits in comparison with female employees. Female

Table 2 Themes, Subthemes, and Codes of Male Nurses' Experiences of Workplace Gender Discrimination and Sexual Harassment.

Themes	Subthemes	Codes
Facing gender discrimination from various dimensions	Experiencing unfair treatment from nursing colleagues	Feeling of being used mainly for physical work Unpleasantness of hearing worries about male nurses' adaptability
	Burden of standing out as a “man” rather than a “nurse”	Frustration from patients' refusal to allow them to provide care Facing prejudices about men at work Unpleasant interest from patients and patients' families
	Institutional discrimination that makes male nurses think they cannot stay longer	Discomfort at work due to a lack of facilities Feeling of not being regarded as a professional when internal regulations limit their work Disappointment with unfair welfare and vacation regulations
Experiencing sexual harassment at work as a man	Too subtle to say “this is harassment”	Difficult to distinguish between intimacy and harassment Regretting not having recognized harassment immediately
	Finding it hard to be recognized as a victim	Hard to understand ambiguous definitions of sexual harassment between men and women Facing a lack of social empathy and interest in male victimization

nurses receive menstrual leave, but male nurses find it even difficult to receive official leave for military duties.

“The structure of the ward and such facilities are built mainly for women because there have been more women in the past. For example, even bathrooms, mostly there aren’t any male bathrooms for employees. So men, if they want to go to the bathroom, they have to go to the public bathroom outside of the ward. Changing rooms too, because there are few men, changing rooms for female nurses are all close to the ward, but the changing rooms for male nurses are isolated further away from the ward. This environment is not great.” (Nurse 5)

“For example, I know it differs across hospitals, but in this hospital, doctors put in the Foley for male patients. Same with CIC (clean intermittent catheterization). For female patients, nurses do it. It’s not documented in the guidelines or regulations. But the work is distributed that way. This is a remnant of very long-held gender stereotypes.” (Nurse 4)

“At first, when I first started working, I don’t know which ward, but there was a ward that explicitly said we don’t need male nurses. [...] For male nurses, it’s a bit limited when putting a Foley in. Male nurses don’t do it for female patients, but female nurses can do it for male patients. I think it’s because of that. I heard other hospitals prefer female nurses for those reasons.” (Nurse 9)

“When they make the work schedule, most women have menstrual cycle days protected by law. [...] I first felt this was an issue. I need some scheduling accommodation for reserve forces training. It’s not like I’m going on a personal trip. But the training schedules are not notified a month in advance. [...] The schedule is notified two, three weeks in advance. I need to attend the reserve forces training because I was in the military where I served our country. But they got really angry and didn’t understand this.” (Nurse 8)

Theme 2: Experiencing sexual harassment at work as a man

This theme contains two subthemes: “too subtle to say ‘this is harassment’” and “finding it hard to be recognized as a victim.”

This theme deals with subtle sexual harassment experienced by male nurses. Male nurses stated that it was an embarrassing and unpleasant experience but that it was too subtle to take issue with overtly.

Too subtle to say “this is harassment”

In this subtheme, the male nurses stated that after getting somewhat close with nurse colleagues, sometimes physical contact and sexually harassing remarks were made; however, it was difficult to recognize such behavior as sexual harassment at the moment, and it was even more difficult to take issue with it after a period of time. There was an additional explanation that it was difficult to distinguish whether or not the female nurses who made these sexually harassing behaviors and remarks had negative intentions. The harassment appeared in the form of intimate jokes, so male nurses had a hard time figuring out how to deal with it.

“Because we are somewhat close, they say it like a joke. They say it like that. Like a joke? But it’s subtle ...” (Nurse 1)

“One of the nurses, she was female, asked me how tall I was. [...] I answered without thinking twice, but later I realized [the actual intent of the question] because other people told me. That’s also sexual harassment. ‘How did you meet your girlfriend?’ Like that.” (Nurse 6)

“I’m not sure if there are people who intentionally make harassing comments. So in that situation, when I hear those comments, when I start to think ‘this feels a bit weird,’ I was not able to say, ‘don’t do this.’ I think it’s a bit awkward.” (Nurse 1)

Finding it hard to be recognized as a victim

This subtheme addresses the lack of awareness that men can also be victims of sexual harassment. The participants reported that there were many cases where words and actions perceived as sexist or sexual harassment were not perceived to be a problem when they were done by a female to a male. They also stated that due to the low overall awareness that men can be sexually harassed by women, even male nurses were often unaware of this possibility. It was pointed out that sexual harassment was permitted as an extension of gender discrimination because the perceptions and standards of sexual harassment differ between men and women and are ambiguous.

“For example, a patient putting a piece of fruit in my mouth. But even that, for example, when an older man says ‘open up, I’ll feed you a strawberry’ to a young female nurse, some might be okay with that. I just went ‘ah-’, but later when I thought about it, I had experienced sexual harassment.” (Nurse 8)

“For example, physical touch. Male nurses don’t touch female nurses. This is just a social given. But it’s very common for female nurses to pat male nurses on the shoulder or the back or the stomach. Because society does not define it as such, most of the time they don’t recognize it as being sexually harassed.” (Nurse 2)

Discussion

This qualitative study explored gender discrimination and sexual harassment experienced by male nurses in the female-dominated nursing field. The phenomenological qualitative method enabled researchers to reveal the essential content and structure of male nurses’ perceptions through in-depth interviews with 10 participants in Korea.

Male nurses’ gender discrimination was revealed to be primarily affected by three stakeholders: nursing colleagues, patients, and institutions. There were cases of receiving requests for help from nursing colleagues when they needed physical strength or being asked to work additional night shifts. Male nurses also stated that they felt prejudices inherent against male nurses, although nursing colleagues disguised those prejudices in comforting and concerned words. Gedzyk-Nieman and Svoboda [29] conducted a study to discover attitudes of acceptance of male nurses using a survey on sexist attitudes and reported that female nurses had a lower acceptance toward male nurses than male nurses did [30]. Male nurses made efforts to work harmoniously with female nurses as colleagues, as has also been discussed in previous studies [7,8,31]. However, male nurses’ feelings of not being accepted by female nurses seem to have continued for a long time [30]. In the findings of this study, male nurses felt that they were recognized as support personnel when there was a need for physical strength rather than being recognized as nursing colleagues by female nurses, which aligns with the results of those previous studies.

Furthermore, male nurses faced rejection by the patients they were taking care of simply because they were male and because the patients preferred female nurses. Choi and colleagues [32] likewise reported that male nurses experienced being rejected when attempting to provide nursing care, and other studies have also reported similar experiences in other countries [7,33]. Earlier studies have reported that patients preferred female nurses [34] or nurses of the same gender as themselves [35]. In connection with these findings, it should be noted that patients want to receive nursing care in a comfortable environment, and healthcare institutions are pursuing patient-centered care worldwide [36].

The phenomenon of female patients refusing to receive care from male nurses is linked to the findings found in this study that male nurses were occasionally regarded as “men” rather than as “nurses.” This aligns with the other findings of this study regarding stereotypes about men and the stereotypical perception that nursing is a female job. Korea has been strongly influenced by Confucianism, in which the patriarchal system is deeply rooted, and men who choose jobs perceived as “females’ jobs” tend to be stigmatized, and doing so is seen as taboo [37]. This social prejudice has also been reported as an issue in other Asian countries [38,39]. This cultural and social atmosphere can cause discomfort when female patients receive nursing care from male nurses. Conversely, when caring for female patients, male nurses may feel uncomfortable when they make contact with sensitive body parts, and this anxiety may interfere with the mindset of providing professional nursing care as a nurse. A previous study found that male nurses had been misunderstood as inappropriately touching female patients when unavoidable physical contact took place during the nursing process [32]. It is also possible that some patients may have legitimate reasons for preferring a same-gender nurse, including previous experiences of gender violence or sexual assault. In light of this atmosphere, the social perception that patients can choose the gender of their nurses raises doubts about nurses’ professionalism and may cause role conflict for male nurses. This conflict can be further amplified when hospitals randomly divide the duties of doctors and nurses according to patients’ gender. In fact, some of the subjects had been limited in the scope of work that they could perform, and there were also departments that male nurses could not be assigned to. This coping method can damage the social status and professionalism of nurses by arbitrarily limiting the role of nurses and may also constitute institutional gender discrimination. In addition, healthcare institutions should also handle this issue with great caution, as it may affect male nurses’ opportunities for employment or promotion in the future.

Sexual harassment in the workplace has been defined as a hostile work environment involving threats to make employment-related decisions (e.g., hiring, promotion, or termination) on the basis of target compliance with requests for sexual favors or sex-related conduct that unreasonably interferes with an individual’s work performance or creates an intimidating, hostile, or offensive working environment [16]. Sexual harassment has mainly been perpetrated by men toward female employees [15], and research has focused on female victims under this premise [14]. Workplace sexual harassment also has the characteristics of using position and power [17], and in the case of service workers, it includes cases where the customer engages in sexual harassment from a position of power [16]. In recent years, sexual harassment has been psychologically defined based on whether an individual feels harassed [16]. In this respect, it can be said that the social position of male nurses makes them highly likely to be victims of sexual harassment.

In traditionally male-centered societies, people may consider that women are victims of sexual harassment, and men may be perceived as potential perpetrators. In this study, the participants stated they perceived low levels of sensitivity regarding male victimization. According to Raj, Johns, and Jose [40], men employed in male-dominated occupations were less likely to have experienced workplace sexual harassment and less likely to report harassment or assault by a supervisor. This means that male nurses, who belong to the female-led nursing profession, may be at an increased risk of sexual harassment. In fact, sexual harassment from nurse colleagues frequently involved taking advantage of close relationships and was done in a subtle and ambiguous manner that made it hard to avoid. The perception that men cannot be victims of sexual harassment may also explain the low level of sensitivity that male nurses reported regarding the sexual harassment they had

experienced, to the point it can be said that they are in a vulnerable position to identify themselves as victims. These findings show that the characteristics of sexual harassment that men can experience may be different from those of sexual harassment against women. Therefore, it is necessary to elucidate the characteristics of sexual harassment directed toward male nurses through continuing research on their experiences, considering the specificity of the healthcare field, and preparing measures to deal with these issues appropriately.

There are several important lessons and suggestions that can be made based on this study. First, there should be various ways for male nurses to expand their voice as a way to prevent workplace gender discrimination and sexual harassment. This is in line with proposals for the influx and development of male nurses in existing studies [41,42]. To promote the influx of men into the nursing profession, Kane and colleagues [41] recommended the implementation of cognitive programs for gender bias within medical institutions, avoiding the use of gender terminology and stereotypes, and protocols for reporting gender inequality incidents. Brady and Sherrod [43] also recommended strategies to retain male nursing students in educational programs and proposed changes to programs traditionally designed for women. Efforts should be made to avoid classifying certain roles according to gender. Second, newly developed standards considering the specific experiences of men as victims of sexual discrimination and sexual harassment must be established through in-depth studies. A universal standard for both men and women in defining gender discrimination and sexual harassment should be established. Finally, continuing efforts and training should be made to increase social sensitivity and interest in the harm suffered by minorities in society. Both male and female nurses should be aware that they can become perpetrators or victims, even unintentionally.

Limitations

The study had several limitations. First, the geographical range of the study was confined to some districts of one country (South Korea), and most of the participants worked at tertiary hospitals located in the capital region. Therefore, it is necessary to conduct an extended study targeting male nurses working in a wider variety of environments and countries. Second, we did not include nonverbal messages from participants because all interviews were non-face-to-face due to the coronavirus disease 2019 pandemic.

Conclusion

This qualitative study explored experiences of gender discrimination and sexual harassment among male nurses currently working at hospitals in Korea. Male nurses experienced various stereotypes as members of a minority in a female-led profession and experienced gender discrimination by patients, nursing colleagues, and institutions. Sexual harassment in the workplace experienced by male nurses was attributed to a low level of sensitivity to the fact that men could be victims of sexual harassment. Sexual harassment of male nurses was mainly carried out by female nursing colleagues and patients.

In addition to efforts to recognize and understand the different experiences of men and women, increasing the number of male nurses and improving the overall development and treatment of nurses are expected to lead to improvements in the problems of gender discrimination and sexual harassment faced by male nurses.

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Conflict of interest

The authors have no conflict of interest to declare.

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