

The Experience of Men in Nursing: A Feminist Approach Study

Marcio Jiménez-Gutiérrez¹, María de los Ángeles Torres-Lagunas²,
Guillermina Arenas-Montaño³

¹Maestro en Enfermería, Especialista en enfermería del adulto en estado crítico, Hospital Regional de Alta Especialidad de Ixtapaluca SSA, Hospital General de Zona 1A “Dr. Rodolfo Antonio de Mucha Macías” IMSS.

²Doctora en enfermería. Profesora titular de tiempo completo, integrante de la línea de investigación Cuidado, Cultura y Sociedad del Grupo de Investigación Cuidado a la Vida y Salud de la Persona, Escuela Nacional de Enfermería y Obstetricia de la Universidad Nacional Autónoma de México.

³Doctora en salud pública. Profesora titular de tiempo completo, integrante de del Programa Interinstitucional de Estudios de Género, Facultad de Estudios Superiores Iztacala de la Universidad Nacional Autónoma de México.

Corresponding Author: Marcio Jiménez Gutiérrez

ABSTRACT

According to the report of the Current State of Nursing in Mexico 2018 of the Permanent Commission of Nursing, it is described that 305,204 people practice the profession, of which 14.35% (43,805) are men and 85.65% (261,399) are women. Although the male presence is a minority, the gender and the experience of those who make up and integrate the profession generate transformations for its advancement. Therefore, the objective of the present work was to analyze the experience of men in Nursing. A qualitative study was carried out with an approach in feminist methodology and analysis, using the semi-structured interview as a data collection technique, with the participation of seven nurses from a tertiary care hospital in the State of Mexico. The experience of men in nursing is configured by two categories: men in Nursing and the Personal Knowledge Pattern, men in Nursing and the Aesthetic Knowledge Pattern. These categories describe and analyze aspects related to admission, permanence, privileges, discomforts, gender relations, exercise of power and professional practice of Nursing. Gender is not a neutral term, it has an impact on the professional practice of nurses.

Keywords: nurses, feminism, nursing, gender identity

INTRODUCTION

Nursing is a profession that is mainly made up of women at an international and national level; however, the male presence has begun to enter it gradually. The Permanent Commission of Nursing (CPE) in the report of the current State of Nursing in Mexico 2018, details in its records that in Mexico 305,204 people practice the profession registered and distributed in different institutions and states of the country, of which 14.35% (43,805) are men and 85.65% (261,399) are women.
[1]

Gender is a set of practices, beliefs, values, representations and symbolizations derived from the anatomical differences between men and women. Moral, psychological and affective characteristics are attributed to each of the sexes within the framework of the sociocultural order, including aspects such as the division of labor and the exercise of power.^[2]

This aspect has influenced the construction of identity as a professional collective. Being a profession linked to the female gender, professional practice is associated with the projection of the domestic role and maternal care, tensions in

the male-female power relations, attributes of charity and philanthropy in the hospital environment; in other words, the inheritance of gender has influenced the construction of the professional image. [3]

In gender studies, the category "man" refers to a subject that is constituted from the gender system. Such a category makes it possible to identify in particular individuals the meanings, behaviors, bodily practices and emotional structures constructed socioculturally and historically, taking biology and the body as a symbolic reference centered on the male genitalia. [4] The term masculinity refers to the traits and behaviors that gender ideology attributes to men, to the meanings associated with virility or to the category that male domination represents within gender studies. Identity is the set of meanings and representations that are built into a social, economic, political structure at a given moment. Therefore, being a man and male identity are representations in the possibility of change and transformation. [5]

Currently the presence of men in Nursing is a minority. Their insertion into the profession has been gradual, so such a characteristic can have an effect on the ideals, representations and values that are played out in the profession. These aspects have probably not been taken into account as characteristics to be studied given the singularity of nursing, whose gender footprint has left a mark on the past and directs its course in the present.

The literature is diverse on the theme, however, a recently published review of local literature points out the need to study these aspects under an interpretive framework at a time when men are entering and increasing in number within the profession. [6]

The purpose of this study is to analyze the experience of men in nursing. Traditionally, the studies on experiences have a theoretical and methodological support from Husserl's phenomenology, however this research is close to the

approaches and concepts of feminist research.

Feminist research refers to a critical analysis of reality where unequal power relations that determine the lives of men and women are made visible. It uses the same methods and methodologies used in the investigation, however, it does not start from the same principles since it recognizes the political position of the subject regarding the issue addressed, recognizing the inexistence of neutrality and objectivity. Research with this perspective is linked to the experience of people as gender subjects, in such a way that the analyzed themes are not extracted from the general reality, but from the contexts and particular relationships of the lives of their protagonists. Studies of this type seek the empowerment of women, social change and the transformation of gender roles, relationships and stereotypes to collaborate in the development of an equitable society. [7]

Although there is no single feminist research methodology, but rather heterogeneous and multiple proposals, its main characteristics are the search for the assemblage of women in connection with the feminist struggle, the analysis of the notion of power, the integration of the subjectivity of those who investigate in the same study and the use of the experience of women as an empirical resource. [8]. Although this study uses the experience of men as data for analysis, such a resource can contribute to the feminist struggle if it makes visible the exercise of power of those who are assumed occupy a dominant position. The experience of men will then be an experience that will make visible their privileges, discomforts and the ways in which they can come to exercise power and oppress in a framework that supposes inequality between genders, without assuming that their experience is true and is found alienated to a symbolic order that favors them.

Experience in the framework of feminist research is not a truth that precedes

culture, but rather that experience is mediated by culture; ^[9] it breaks the silence of various practices and is conditioned by established ideological systems which have gender biases. Dissident sexual practices, race and ethnicity; ^[10] for this reason, the experience is not a neutral, objective and unique data.

METHOD

The present investigation is a qualitative study that integrates an analysis of feminist approach, whose objective is to collect the experience of men in Nursing and analyze it.

Qualitative research is understood as a paradigm that encompasses non-quantitative methodological approaches that differently conceive of social phenomena. It appears referring to a family of methods, research traditions, approaches, or forms of knowledge production that share a similar ontology: narrative analysis, cultural studies, case studies, ethnography, ethnomethodology, phenomenology, investigation-action, biographical method, grounded theory, etc., seeking the understanding of phenomena from the point of view of social actors. ^[11]

This study was carried out with male nurse participants who are currently practicing the profession in different services and clinical areas (typical ideal) in a tertiary care hospital in the State of Mexico; It was approved by the respective Research Ethics Committee with registration number NR-09-2019. Aspects were considered that guaranteed for each of the participants' accurate, clear and timely information on the objective of the research. To ensure the same, an informed consent was provided in which the objectives and explanation of the study, the way in which they will participate and their authorization to record interviews with their respective analysis were described.

As a data collection technique, the semi-structured interview was used with prior preparation of the guide, in their

respective moments or phases: preparation, opening, development and closing. ^[12]

For the data analysis, the qualitative content analysis of Graneheim and Lundman ^[13] was used, the phases of which consider the selection of analysis units, data condensation, data abstraction, subsequent elaboration of content areas, code elaboration and construction of categories and subcategories.

The study adheres to the rigorous criteria established by Lincoln & Guba ^[14] for qualitative studies. Credibility, understood as the veracity of the study data and information, ^[15] was achieved by reaffirming the participants' information and the review of the information collected; auditability, which refers to the corroboration of the study's findings to reach similar interpretations and conclusions, ^[15] was achieved through data triangulation, reducing research ambiguity; transferability, which refers to the possibility of extending the study's conclusions to other groups or populations, ^[15] was achieved through the description of the participants, the place of the study, and the saturation of the data.

RESULTS

As a result of the analysis of the interviews carried out with the participants, two categories emerged: "Men in Nursing and the Pattern of Personal Knowledge" and "Men in Nursing and the Pattern of Aesthetic Knowledge". The first category has three sub-categories: accidental entry and recognition granted by the profession, the symbolic capital of male nurses, and hierarchies and power. The second category also has three sub categories: the care of male nurses, the contempt for the feminine and care differentiated by sex.

The profile of the study participants is presented to identify the similarities, singularities and differences of those who were the source of data collection. (Table 1).

Table 1: Description of the participants

Participants	Age in years	Level of studies	Number of years of professional practice
FHM	42	Master's + Postgraduate Specialization	More of 15
FAF	34	Post-technical course specialization	10
SPG	39	Postgraduate specialization	5
JMD	38	Bachelor's degree	5
TPR	35	Postgraduate specialization	Less of 5
CRS	38	Master's + Postgraduate Specialization	More of 5
NSG	39	Master's	More of 10

Category 1: Men in Nursing and the Pattern of Personal Knowledge

Barbara Carper described more than fifty years ago that the nursing body of knowledge had patterns, shapes and a structure. The component of personal knowledge or pattern of personal knowledge is mentioned as essential for understanding the meanings of health in terms of individual wellness.^[16] In addition to such a description of the pattern of personal knowledge, Durán de Villalobos raises the importance of the “therapeutic use of himself” in the nurse - person relationship that requires two aspects: self-knowledge and knowledge of the other. Self-knowledge has an impact on the therapeutic effect.

In this sense, the category "Male nurses and the pattern of personal knowledge" describes the aspects of the relationship of male nurses with the nursing profession and discipline, which could have significance in the way in which care is practiced. The form of entry into the profession, the reasons that make it possible to stay, advantages, disadvantages, among other aspects, are detailed in this category that includes other sub-categories, important aspects to be revealed since Nursing is built

by those who integrate and practice profession.

Subcategory: An accidental entry and the recognition granted by the profession

This subcategory refers to the reasons for entry and permanence in the profession by the participants, which is described as an unplanned or even unwanted entry, as well as a permanence supported by the economic and labor recognition provided by the profession.

Initially there is no desire to be a nurse, or at least it is not a main disposition at the time of choosing a profession. Participants report that their entry was not due to a first choice but rather a way of entering another career at a higher level in the health area, mainly medicine.

[...] “90% of the men who come to Nursing, come because we want to be doctors. It's true. Many come because they want to be doctors and they want to go to Faculty” [...] (SPG, L63-65).

[...] “Oh, my case was... Well, I don't think it was specific. Like several, I wanted medicine. I wanted medicine, I went to university, I take my university exam, I don't stay. It was frustrating because for two hits I didn't stay. So, I try

again but I do it for Nursing with the intention of being inside and going to medicine” [...] (CRS, L32-36).

In addition to having entered accidentally, Nursing represents one of the reasons and ways to ensure and comply with the male mandate of provision as well as the economic stability required to meet their needs and those of their families, the main reason for the permanence of men in the profession.

[...] “I have an assured income for myself, my needs, my family, the people around me and well, practically that; although perhaps, in some private institutions or doing another nursing specialty, because perhaps I would have a higher profit in my income” [...] (FHM, L195-199).

[...] “I would dare to think that the main one was the economic one, because as you train as a nurse, your source of livelihood or your economic question is to work as a nurse, if you don't work as a nurse then you have no profession and in a trade you earn less. However, for me, I believe that being a nurse is a blessing because I can say that my children eat from my work, from being a nurse, they dress and are educated by my work as a nurse ”[...] (NSG, L130- 136).

Subcategory: The symbolic capital of male nurses

As advantages for "being a man" in nursing and in relation to the reasons for permanence of the participants in the profession, this subcategory emerges called "the symbolic capital of male nurses" that describes the own and inherent privileges of men who are they develop and exercise the profession. Being, exercising and staying in Nursing, just as in the lived and everyday world, are directly related to sexual difference. Male nurses can move around public spaces more easily and even separate themselves from domestic work, an aspect that allows them to develop professionally:

[...] “Women regularly because they are more home than men, men however want to leave their family environment, because he is regularly the provider. The majority of female nurses are obviously providers, but as secondary providers, they are regularly, not all, are divorced, left, separated and so on, if not, they are a secondary provider” [...] (FHM, L277-282).

The symbolic capital of being a man goes unnoticed and the male privileges or achievements of men in Nursing are interpreted by themselves as "meritocracy", they consider that they reach prestigious positions as a result of their effort regardless of gender status:

[...] “I don't think we have privileges or advantages, I believe that privileges and advantages are gained with your knowledge, with your attitude, with your disposition, with your initiative, with the integration of teamwork. I think that when you have those qualities, those elements, the same union outlines you to occupy certain positions or perform certain functions, but you earn them based on knowledge, based on work, because of your qualities that you demonstrate professionally more than because of the simple fact of being a man or a woman” [...] (NSG, L115-122).

Some of the participants recognize this privilege and refer to making use of it, a privilege that in their narrative they do not share with their female peers:

[...] “I was welcomed on many occasions by women, by nurses, they helped me, I saw that and knew what was happening because I took advantage of the situation, it was not the same treatment that they gave me as a man as that of my friend or fellow student, as a woman” [...] (CRS, L233-236).

The symbolic capital of being a man also facilitates the bond with their peers through pacts. Pacts between men facilitate horizontality, foster brotherhood, and concealment, making it possible to build

relationships of camaraderie and companionship.

[...] “With male colleagues, we get along a little more relaxed, we are perhaps more carried away because we openly speak in a different way, perhaps no longer professionally but speaking more colloquially. Colloquially it is "hey wey what are you doing", "don't screw it up", different from talking to a fellow nurse" [...] (FMH, L257-263).

Subcategory: Hierarchy and Power

Raised by the participants as a “disadvantage of being a nurse”, this subcategory arises that details the male claim regarding power relations. There is a discomfort derived from the desire to exercise power and the hierarchies marked in the hospital space by the figure of the doctor.

No matter the development that nursing has had or the access of the participants to the study of new academic degrees, nurses will have a limit. The top of development is the profession itself and the position it has in the hospital structure: its preserved association with the feminine as an imposed limit similar to the "glass ceiling" in gender studies, a meaning that feminists have used to denounce the limits to the development of women in public space due to the female condition:

[...] “**Administratively we have already developed professionally much more than the technical level. There are already specializations, masters, doctorates. But administratively, the people who run the hospitals are in the medical area and they are the ones who determine how the whole hospital moves, the medical area, not the nursing area, and the general manager, and I have seen it in the two institutions in the ones I work with, is the one who submits to nursing**” [...] (FHM, L208-214).

[...] “**You end up complying with what the doctors tell you. And then still in a way we are still very inferior to the doctors. Even we are sometimes**

grassroots workers, which doesn't have much to do with it, but we are sometimes even below the internal doctor, really. Even sometimes the internal doctor tells you "you know what, I need if they can take, I don't know, a laboratory for a certain patient", and in the end you say "they are the doctors", right? And you do what they tell you. [...] (FAF, L229-237).

Category 2: Men in Nursing and the Aesthetic Knowledge Pattern

Carper describes the pattern of aesthetic knowledge or nursing art as the pattern that emphasizes the relationship with another with the greatest importance. Empathy would be the center of the art of nursing, and the nurse with the greatest ability would be the one who is capable of perceiving and empathizing with the experiences of those who care. ^[16] For Durán de Villalobos, this implies “understanding the meanings in relationships or encounters with the patient, a quality that is necessary if the nurse wishes to transform the health experience, for which she needs to eliminate preconceptions and prejudices in order to treat the person she cares for”. ^[17]

The category "Men in Nursing and the Aesthetic Knowledge Pattern" describes the attributes of empathy and bonding with those who relate: with their peers, with those who care (or provide care) and with the nursing study object.

Subcategory: Caring for male nurses

Care is the *raison d'être* of nursing and it has assumed it as its object of study at the disciplinary level. However, in the narrative of one of the participants, caring is demerited, as an activity that anyone can do, pejorative in a certain sense given its limited specialization and an action related to domestic work. The participant does not provide care, the participant offer a wide range of health care services, said care located in the context of medicalization, as an extension of techniques and procedures of institutionalized health care.

[...] “As I repeat to you, for me it is to pay attention because care is very different. We saw it at that time, what was the difference between attention and care. Well, care, you can take care of an animal, a plant, a machine, but care is for a person who is vulnerable in their health, either in hospitalization or in therapy like here where the patient is and cannot defend himself, and the only person who can take care of him is the doctor with his medications and you with your care, when giving him medicines, when treating a catheter, when performing a procedure” [...] (SPG L97-105).

Caring can be an important activity for other participants, but it needs the demarcation of a distance with the other to facilitate the execution of activities and interventions.

[...] [Putting oneself in the shoe, in an empathic way, is definitely practically impossible, not because of not wanting to do it, but because it could never be done, not even by the same people who have the same diagnosed conditions, it is very difficult, perhaps not impossible, but it is something complex." [...] (FHM, L187-191).

[...] “That part where they say you have to be empathetic, I couldn't be one hundred percent empathetic to a woman simply because we don't share it by gender. I can share the pain, I can empathize with the pain, empathy in the treatment that is given” [...] (CRS, L248-251).

On the other hand, Nursing activities would continue to have a link with the female gender and domestic work, an interesting aspect since both characteristics are contrary to the attributes of masculinity.

[...] "Although we don't like it, you mentioned to me the high percentage of women, it is another profession for women that by origin is linked to care, and care is more feminine." [...] (CRS, L288-291).

[...] “Dedicating ourselves to Nursing is done as a task, well, yes, as we have been taught, very feminine... Well, not feminine! But very domestic, for example, bathing a child, well similar things, right? Like washing dishes, if we use a suction unit we have to rinse it, and things like very, no, not feminine, I was wrong, but rather very domestic. Something like that, like washing the tub or things like that, or changing the child's diaper” [...] (TPR, L250-256).

Subcategory: Contempt for the feminine

The insertion of men in Nursing probably does not represent a change in a symbolic, binary and hierarchical social order that is beginning to lean towards female activities. On the contrary, such income can be a good example of the colonization and appropriation of foreign spaces. The significance of men regarding care, interpersonal relationships, and projections about what nursing is and should be, could be a new object of study for those who make up the profession.

This subcategory called "contempt for the feminine" describes traces of machismo and misogyny in the narratives of the participants. The presence of “masculine supremacy”, the feminine as an object of disdain and the claim towards women, are attitudes present in the narratives of the participants.

[...] “The female nurse has had more than 40 years, 50 years, the opportunity for Nursing to look great and it has not. We who already have almost a decade and a half or two decades, that men have already grown, have the opportunity for society to see us differently in our activities, for them to be aware that we are not caregivers, that we are not like that, of that we are not just those who carry or those who do, or those who are going to see, or doers of things, but we are people who attend and have a service to a person who is vulnerable in their health” [...], L129-137).

[...] “When you get to a job field, you already work with women, I’m going to tell you something, it’s not really because of a misogynistic comment, but Nursing is attended by women, and you bump into women a lot, right?” [...] (CRS, L148-151).

[...] “The female nurses, the majority are obviously providers, but as secondary, they are regularly, not all, are divorced, left, separated and so on, but rather they are a secondary provider, not doing less, because what they always do the most is save, of the vast majority, there are those who say “no, because mine is mine” and spend it on their cosmetics and others. But well, we are all different, and it is difficult for them to tie many things between themselves, and with the same specialties all, as we well know we are different.” [...] (FHM, L279-286).

Subcategory: Differentiated care by sex

Caring does not transcend gender. The significance of bodies has an impact and is present in providing care. The care that men provide will be different, depending on whether it is a man or a woman who will benefit from such activity. This subcategory called “differentiated care by sex” details the differences in the care and approach of the participants towards people based on their sex.

The care of a male nurse for another man will have aforementioned aspects of fraternity, care that due to such a relationship is characterized by ease, trust and a good relationship:

[...] “But trust between men and women is completely different. So you have to make differences between man and woman, you attend to them completely different. Among men, regularly because sometimes even though they are patients they get into a bit of a mess, right? Although they are patients they also tell you about things and you also tell them about things, really. And sometimes one says: “Well what father”,

right? Somehow you say “he likes the chatter” [...] (FAF, L325-331).

[...] “Yes, that's what I was saying, women are a little more modest and men are not so much, when they see that he is a man and we are and we serve men, that is, there is not much problem because there is a little more than trust, right?” [...] (JMD, L213-216).

However, there is a distance in caring for women, which is exacerbated in obstetric, maternal and child settings. The distance will be an intentional aspect; the participants are aware of it and consider it a precaution given the association of the masculine with sexual abuse and violence. This aspect perpetuates the sexual division of labor even within the profession (nurses in child-maternal care, nurses in critical areas).

[...] “But you can't reach out to a woman and say something obscene to her in a certain way because obviously she's already accusing you. So you do have to treat them differently, there is nothing else, for everything, procedures, for everything you must be very careful in all situations” [...] (FAF, L332-336).

[...] “Disadvantages because not all areas lend themselves to this type of... well... for sex, for example, this gynecologist, even though you can be there because it's very, this... only women enter. Or in it, what will I tell you, what will I tell you, what other area, because I believe that nothing else in itself, or for example, pediatrics, although there are a lot but there are more women who lean towards the area of pediatrics” [...] (JMD, L75-80).

Surveillance and companionship in the procedures, the deployment of detailed explanations and the help of female colleagues will be some of these strategies to be able to turn around situations that generate discomfort and discommodity in this context.

[...] “But for example, when you go to change a woman's diaper it is a little more modesty, they even ask you” hey,

isn't there a woman? ", Above all, I tell you, in the part private, they do demand it a lot, "this is that I don't want a man to take care of me, I want a woman to take care of me." [...] (JMD, L216-220).

[...] "Now, to begin with, when you are in obstetric care, with women, from whom a man offers that care, a man cannot be alone with a woman because it can be misinterpreted. Therefore you have to call another woman to accompany you in a review, which is a point where not always, you ... you run into, because then other colleagues are doing their work, and that of bothering the colleagues so that you can do a revision is usually somewhat uncomfortable "[...] (CRS, L162-168).

[...] "I, for example, don't mind doing procedures in front of family members. No, it doesn't bother me. It does give me a certain fear, I don't deny it, because sometimes they are very aware of how you are doing things and how you did it, and sometimes it turns out that they say that I did it one way, that I did it another way. And in a way, good, because sometimes your work doesn't convince them. However, sometimes I do prefer that they are watching because in some way they are aware of what was done to their patients, what they saw, what was not done to them "[...] (FAF, L336.343).

DISCUSSION

This research deepened into the experience of men in nursing from a feminist position, making visible aspects related to masculinity, the exercise of power, their perception of the feminine, with the same profession and with those who require their attention. Some aspects coincide with the literature already written on the theme.

Regarding the entry and permanence of men in the profession, Zamanzadeh highlights that the choice of a nursing career by men is not due to a first choice, but to secondary limitations to the entry score to higher education.^[18] Yi and Keogh^[19] point

out that the entry of men to the field is due to accidental and indirect circumstances, among them, a way of being able to enter the university and avoid repeating examinations to enter university studies. Popper-Giveon et al.,^[20] have highlighted how the Nursing allows meeting expectations of recognition in men and granting a status, even being mistaken as doctors.

The aspects related to "touching" and the care of men for women also coincide with the literature on the matter. Eswi and El Sayed^[21] studied the experience of male students in a maternity clinic; In their conclusions, they point out the existence of rejection by women to receive any care by the participants, as well as the stress generated by contact with women. The review by MacWilliams et al.,^[22] refers to the presence of differentiated care styles by sex. Men provide care that "touches less and is more friendly", highlighting in their narratives the discomfort of possible legal and sexual implications that can derive from caring for women. The review of the literature by Whiteside and Butcher describes the different actions that men use to be able to care for women: the request to their female colleagues and colleagues to be present in the care that is given and to provide very detailed explanations about the procedures to be carried out.^[23]

CONCLUSIONS

As a conclusion, the propositions arising from the findings of this research are described: men in nursing enter the profession due to accidental circumstances, there is no initial desire to study the profession; men remain in the field for the satisfaction and economic remuneration they achieve, attributes associated with the demands of the symbolic order towards men; men in nursing enjoy a symbolic capital despite being a numerical minority in the field, this aspect enables further development in public space; there is a claim generated by the medical hierarchy, a

dispute over the exercise of power that is an aspect linked to masculinities; the care or attention that nurses provide has an intention of distance; in the experience of men in nursing there is machismo and misogyny, such aspects are invisible given their privileged position; gender cuts across the care provided by male nurses, generating care and treatment differentiated by sex.

It is suggested to deepen the research topic under the gaze of this and other interpretive frameworks that enrich the way in which a numerically minority group conceives, expresses and develops in the nursing profession.

REFERENCES

1. Secretaría de Salud. Subsecretaría de integración y desarrollo del sector salud. Dirección general de calidad. Dirección General de Calidad y Educación en Salud. Estado de la Enfermería en México 2018. Comisión Permanente de Enfermería.
2. Lamas M. Diferencias de sexo, género y diferencia sexual. Cuicuilco. 2000; 7(18).
3. Castrillón-Agudelo C. Identidad Profesional en Enfermería: Construyendo las bases para ser cuidador(a) Profesional. Enfermería Universitaria. 2008; 5(4):4-9
4. Cruz-Sierra S. Masculinidades. En: Moreno H, Alcántara E. Conceptos clave en los estudios de género. Centro de Investigaciones y Estudios de Género. 2nd. México: UNAM; 2018.
5. Salguero-Velázquez MA. Identidad masculina: elementos de análisis en el proceso de construcción. 1ed. México: UNAM; 2014
6. Jiménez-Gutiérrez M, Torres-Lagunas MA, Arenas-Montañó G, Vega-Morales EG. Los hombres en la enfermería: una revisión de la literatura. Rev Mex Enferm Cardiol. 2019; 27(1):18-30.
7. Torres-Velázquez LE. La investigación desde una perspectiva de género. En: Dorantes-Gómez MA, Torres-Velázquez LE. Perspectiva de género en las áreas de la salud y la educación. 1 nd ed. México: UNAM; 2015.
8. Saletti-Cuesta L. Feminismos y metodologías: ¿traslaciones en la investigación? En: Saletti-Cuesta L. Traslaciones en los estudios feministas. Málaga: Perséfone Ediciones electrónicas de AEHM/UMA. 1 nd ed. México.2015.
9. Stone-Mediatore S. Chandra Mohanty y la revalorización de la experiencia. Hiparquia. 1999; 10(1):85-109.
10. Scott JW. Experiencia. Revista de estudios de género: La ventana. 2001; 2(13):42-74.
11. Izcara-Palacios SP. Manual de investigación cualitativa. 1nd ed.México: Fontamara; 2014.
12. Díaz-Bravo L, Torruco-García U, Martínez-Hernández M, Varela-Ruiz M. La entrevista, recurso flexible y dinámico. Inv Ed Med. 2013; 2(7):162-167.
13. Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. Nurse Education Today. 2004; 24(2):105-112.
14. Lincoln YS, Guba EG. Naturalistic inquiri. Beverly Hills: Sage Publications; 1985.
15. Castillo E, Vásquez ML. El rigor metodológico en la investigación cualitativa. Colombia Médica. 2003; 34(3):164-167.
16. Carper BA. Fundamental patterns of knowing in nursing. En: Perspectives on philosophy of science in nursing: an historical and contemporary anthology. Philadelphia: Lippincott; 1999.
17. Durán de Villalobos María Mercedes. La ciencia, la ética y el arte de enfermería a partir del conocimiento personal. Aquichan. 2005; 5(1):86-95.
18. Zamanzadeh V, Azadim A, Valizadeh L. Choosing and remaining in nursing: Iranian male nurses' perspectives. Contemp Nurse. 2013; 45(2):220–227.
19. Yi M, Keogh B. What motivates men to choose nursing as a profession? A systematic review of qualitative studies. Contemp Nurse: J. for the Australian Nursing Profession. 2016; 52(1):95-105.
20. Popper-Giveon A, Keshet Y, Liberman I. Increasing gender and ethnic diversity in the health care workforce: the case of Arab male nurses in Israel. Nurs Outlook. 2015; 63(6):680-90.

21. Eswi A, El Sayed Y. The experience of Egyptian male student nurses during attending maternity nursing clinical course. *Nurse Educ Pract.* 2011; 11(2):93-8.
22. MacWilliams BR, Schimdt B, Bleich MR. Men in Nursing. *Men in nursing.* *Am J Nurs.* 2013; 113(1):38-44.
23. Whiteside J, Butcher D. 'Not a job for a man': factors in the use of touch by male nursing staff. *Br J Nurs.* 2015; 24(6):335-341.

How to cite this article: Marcio Jiménez-Gutiérrez, María de los Ángeles Torres-Lagunas, Guillermina Arenas-Montaño. The experience of men in nursing: a feminist approach study. *Int J Health Sci Res.* 2021; 11(1):134-144.
