British Journal of Nursing Studies
ISSN: 2755-080X
DOI: 10.32996/bjns
Journal Homepage: www.al-kindipublisher.com/index.php/bjns

BJNS
AL-KINDI CENTER FOR RESEARCH AND DEVELOPMENT

| RESEARCH ARTICLE

Socio-cultural Recognitions of Nursing in Makeni, Bombali District, Northern Sierra Leone

Mohamed Bangura
Lecturer One, Department of Sociology and Social Work, Fourah Bay College, University of Sierra Leone
Corresponding Author: Mohamed Bangura, **E-mail**: mfbc17320@gmail.com

| ABSTRACT
Makeni nursing is a female governing vocation making it laborious for men in the vocation to be outstanding in their tender dimensions as nurses. This research positioned at recognising and recounting male and female employed nurses' awareness of and recognition of socio-cultural sway on the enlistment and powers of recall of men in the nursing vocation and also investigate their skills in imparting confidential management to patients of contrasting gender. The research embraced a qualitative research methodology: 18 male and 13 female employed nurses were purposively sampled and were interviewed utilising semi-structured inquiries. Themes of nursing, seen as a women's industry; low standing; taint; thoughtful, and assisting others, evolved. Sentiments of unease and discouragement, panic, and objection to care were observed when imparting familiar care to patients of the opposite gender; this has directed male participants to evolve a master plan to shelter themselves from sensual claims. The Makeni nursing pedagogy institutions have inadequate facilities for male employed nurses; there is an absence of male function models, and feminine pronouns are utilised when associating with vocational nurses. Obviously, socio-cultural recognitions of nursing enforce a negative image. The toiling experienced by male and female employed nurses when imparting familiar care and the absence of male-cordiality in nursing pedagogical institutions were explored. These elements will direct a more distant shrink in the enlistment and powers of recall of men in nursing; qualified and bright nurses are resigning from the vocation.

| KEYWORDS

Socio-cultural, recognitions, nursing, gender

| ARTICLE INFORMATION

ACCEPTED: 01 March 2023 **PUBLISHED:** 11 March 2023 **DOI:** 10.32996/bjns.2023.3.1.7

1. Introduction

This research leveled the path of the researcher in an endeavour to explore and recount the socio-cultural recognition of nurses in the nursing vocation and their impact on the enlistment and power of recall of men in the nursing vocation as perceived by male and female employed nurses. A qualitative research inquiry was employed to sample members and accumulate and examine data. Makeni communities perceive nursing as a female-oriented vocation making it laborious for men to be outstanding in their caring capacities as employed nurses. In the 21st century, men select nursing as a career alternative, but they often do not complete the nursing programme. There is a high attrition rate of male nurses compared with that of their female colleagues (Saiyed, 2014).

The Republic of Sierra Leone claimed its democracy in 1991, and it was established on the values of human dignity, equality, non-tribalism and non-discrimination. The country embraced the constitution as the supreme law (Section 105). The Sierra Leone Citizenship Act 1973 focuses on the Rights of all citizens, which is the task of the government to ensure that the rights of the people are respected, protected and promoted at all times regardless of tribe, region, gender and sexual orientation. The democratic constitution and other gender equality policies have assisted women previously discriminated against to enter male-dominated vocations as a way to correct the past discriminatory treatment of women in pedagogy and employment. The same gender policies have indirectly discriminated against men regarding entering female-dominated vocations, especially nursing and social work. Previously, medical officer occupations were dominated by men, but in this 21stcentury female doctors have shown a

large increase in numbers compared with the number of men in the nursing vocation. Are men pursuing the nursing vocation less caring by nature, less responsible naturally or less empathetic legitimately?

2. Literature Review

A literature review is a critical recap of social research on a topic of concern, which is often prepared to put a research problem into context (Hartel & O'connor 2014). This review provides in-depth knowledge of the topic in order to determine what is already known and to place the research in the context of the general body of knowledge (Newman, 2022). This section of the research presents a review of the literature pertaining to the concept of the socio-cultural recognition of the nursing vocation; the history of nursing education; men in nursing education; and the legal framework for employment.

The socio-cultural foundations of caregiver institutions are a rather complex phenomenon. There are five schools of thought that try to unveil the complexity surrounding the dynamics associated with health seeking behaviours. The social phenomenon seems to differ from community to community. The independent variables that make the phenomenon ranges from women's economic empowerment through education, community structures, kinship, traditional medicines and issues on spirituality. Hall et al. (2018) argue that if people have economic freedom, they have better chances of making decisions for themselves that affect their wellbeing. The assumption is that their attitudes and recognition of maternal health will be transformed by schooling. In her research, Quayee (2021) concluded that the economic position of women and their social status contribute drastically to their decision regarding the number of children they bear and when and where to give birth. Zajacova and Lawrence (2018) demonstrated in their research that the threshold of education has a robust correlation with the uptake of conventional medicine. The more folks are educated, the less likely they are not to get involved in cultural practices and distinguish the difference between facts and myths. Hence, educated women make the decision to make use of conventional ante natal and post-natal care services. The uptake of these services is higher when couples are educated and are aware of the benefits of conventional ante and post-natal care services; Raghupathi (2020) have noted that the level of assessing health risks and individual diagnosis of the health problem is influenced by the level of education. This largely determines the choice of health care an individual will opt for. Though Graber (2018) highlighted that there was an exaggeration of the relationship between education and health seeking behaviours, this could be accredited to a combination of factors like the women's background. The second school of thought by scholars like Zellweger (2018) and Kelechi and Nwankwo (2015) emphasizes the social function that is played by the structures and systems in a society. These structures and systems control and define behaviour in the communities in which people live. Kaiyum (2019) researched the decision-making structures that surrounded child birth in a Sierra Leonean village. He argued that the social status of women is acquired through delivery. The more complicated deliveries the women experienced, the more respect and authority to decide on other women's health pathways during pregnancy in the community. In his study, he argued that the parents are so influential to the extent that they can influence a decision of a couple. Ogunrinde 2006 also stated the influential role of the mothers-in-law in their children's family matters concerning their wellbeing. Due to the social status that these elderly folks hold in society, they make decisions on where younger women should deliver and who should help the pregnant women during the delivery. They also make decisions on where to get assistance when the newborn child is not feeling very well. The decision that the aged women make takes into cognizance the safety of the mother and the child. The social and economic constraints that might be prevailing are considered. The third line of thinking was elaborated by scholars like Sheriff and Barzyk (2020), who noted the supernatural world as having an influential role in the decisions that are made concerning maternal health. They identified elements like spirituality that affect people's decision-making independence. In the event that the woman refutes the advice given by the significant folks in the family, they had the power to curse or bless the younger people for not listening to their advice. These older people were believed to have contact with their ancestors as they were the medium between the living and the dead in the communities. This is supported by Dilliard et al. (2021), who persisted that some women preferred spiritual or traditional care, as in this institution, that is where the cure for their cultural practices that are deemed crucial to their tribe can only be found. The fourth school of thought emphasizes the availability of traditional medicines that can only be found by traditional healers as a factor that determines the decision of which service to utilise. Scholars like James (2019), in their studies in Sierra Leone, indicated that people preferred home deliveries because of the availability of some medicines that are not found in formal institutions for delivery. They also argued that in the event that one has a complication as a result of witchcraft, the family members might not be in a position to get appropriate assistance as they will be in an institution with different beliefs from theirs. These studies conclude that traditional beliefs, personal experiences, community perceptions and cultural practices have a significant impact on the decisions made regarding maternal health. The fifth school of thought by King (2013); Caviglia (2021) emphasizes elements like the availability, acceptability, accessibility and affordability of health services as contributing elements to choose from. Treacy (2018) suggested that there were other elements that determined the choice of delivery as the household income and distance to the nearest health facility. The internal environment that prevails in the hospital and the services provided can either attract or

deter the service users from alternative services available. Aiello (2008) described how the cleanliness of the environment, attitudes of the health care providers, long waiting hours and the availability of drugs affect the decision to make use of either conventional medicine or traditional medicine.

2.1 Health care in Makeni

Discussions of health care in Makeni are often dominated by concerns of patient choice, patient-centred care, evidence-based practice, and cost containment. These have accompanying strategies to improve the community health of the country, but even when implemented perfectly, they fall short of obtaining true advancements in the prevention of morbidity and mortality. While the Sierra Leone Government spends more on health care in the rural arrears than in the urban centres, the country's health indices surprisingly suffer. Per capital health care spending in rural settings is 51% higher than the urban per capital spender, Freetown, and nearly double the average of the other Medical organisations for Community Health Care like Marie Stopes Sierra Leone (Maries Stopes, 2018).

At the same time, Sierra Leone's infant mortality ranks 1st of ten countries with the highest infant mortality rate (UNICEF 2020- deaths per 1 000 live births) and 174th in life expectancy at birth (World Health Organisation). What explains this dichotomy? A growing body of evidence indicates that in order to improve the health of the nation, providers, policymakers, and the public need to consider the social determinants of health. The World Health Organisation (WHO 2020)) defines social determinants of health as "the non-medical factors that influence health outcomes. They are the conditions in which people are born, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life," which are shaped by "the distributions of social determinants are often shaped by public policies that reflect prevailing political ideologies of the area. The World Health Organisation says that "the social determinants can be more important than health care or lifestyle choices in influencing health." Improving Makeni's health requires moving beyond the concentration on healthcare systems and considering the way in which social determinants can be altered. This presents a new challenge for those interested in Bombali district's community health, including employed nurses.

Makeni is in dire need of leadership to address community health outcomes. Employed nurses have the education, experience, and legacy needed to lead the district in this endeavour. Social determinants of health include a wide range of social, political, and economic elements, including living environment, socio-economic rank, community location, and social class. The influence of social determinants on health rank can be conceptualised by considering the gap between those at the top of the 'Makenian' society with the most wealth, rank, and privilege and those at the bottom. In Makeni, this gap is severe and growing. In fact, the risk of dying before the age of 54 is over three times greater 'Makenians' at the socio-economic bottom of society than those at the top. (Sierra Leone Institute of Governance Reform Report (IGR) 2020). Infants born to mothers with less than 12 years of education are twice as likely to die during their first year of life when compared to those born to mothers with 16 or more years of education (AFP, 2016). The poorest 8% of the population bear 25% of the burden of excess deaths (those before the age of 54 (Macro Trends, 2021). Social status has a dramatic influence on the health and life of an individual from birth to death in the 'Makenian' society.

It must be noted that the effect of social determinants of health is not only obvious between the very top and very bottom of 'Makenian' society. Rather this network between social rank and health occurs at all levels of 'Makenian' society in a step like a pattern. The World Health Organisation (2018) describes this socio-economic gradient in health as a global phenomenon in which the lower an individual's socio-economic position within the country, the worse his or her health. In a historical overview, Willms (2003) described the socio-economic gradient as "the relationship between social outcomes and socio-economic status (SES) for individuals in a specific community". In other words, not only are those at the top healthier than those at the bottom, but they are also healthier than those in the middle. While 25% of excess deaths occur among the poorest 70% of the 'Makenian' population, the majority occur in lower class families making less than a dollar per day (Borgen Project, 2018).

While the prevalence of the socio-economic gradient is apparent, the means by which social status impacts health is complex. First, there is a network between wealth and resource availability. Those higher up along the gradient have access to better foods, more education, safer neighbourhoods, recreation, higher paying jobs, and health care. These serve as protective barriers against chronic disease, injury, and mortality. Those lower on the gradient have fewer resources and, therefore, less protection against poor health outcomes. Brown and others describe a cyclical vulnerability network among resources, risk, and health (Brown et al., 2018). Populations lacking socio-economic and environmental resources have a higher exposure to risk elements such as violence, malnutrition, and environmental toxins. This increases the population's relative risk for poor community health. Declining health rank further depletes resources continuing the cycle of increased risk and decreased health status for 'Makenians'. For example, an individual with poor health may be unable to continue working. The loss of a job means loss of income, lack of health care access, and downward movement on the socio-economic gradient of community health.

The network between social rank and resource prevalence is only one component of the impact of social determinants of health. 'Makenian' social researchers are now beginning to understand the biological pathways linking social status directly to health status. Individuals living lower on the socio-economic gradient experience higher levels of chronic stress. The body is designed to respond to stress and maintain homeostasis, but chronic stress results in system overload and disease (McEwen, 2017) described this stress-related neurobiological procedure as the psychobiological procedure through which psychosocial elements stimulate the activation of autonomic, neuroendocrine, and immunological responses. The chronic stress of psychosocial elements such as poverty, unemployment, and poor education results in maladaptive physical responses and disease. This psychobiological process has been linked to cardiovascular disease (Pina et al., 2018), premature birth (Purisch et al., 2017), and hypertension (Carey, 2018). Even more disconcerting is the fact that these procedures start early in life. Socio-economic rank (SER) in infancy and early childhood creates biological changes which limit developmental capacity (Haddad, 2020). Children of lower socio-economic rank begin life with a biological demerit which sets them up for poor health upshots as adults. In addition, low social position early in life is an important determinant of adult health behaviours such as smoking and psychosocial risk elements, including mental health illness (Prochaska, 2017).

The influence of the socio-economic gradient on health status is prevalent, stretching across the lifespan of 'Makenians'. In addition to its prevalence, social determinants of health are specifically challenging to 'Makenian' healthcare providers because they lie outside of the traditional healthcare system. Healthcare providers now face a devastating social reality. Regardless of improvements in technology, evidence-based practice, and patient care, health disparities and poor health outcomes will persist in Makeni unless the social determinants of health are addressed.

2.2 Understanding Health Care Challenges in Makeni

Makeni is just one of the districts in Sierra Leone that carries the largest burden of disease and experiences or social observations, the most severe shortage of healthcare workers. Across the country, accessibility to primary healthcare is one of the greatest challenges. A possible solution is the implementation of nationwide healthcare, such as the recent establishment of national health insurance in Freetown. This has provided access to treatment for more common ailments to the entire Municipality, and simple tests and systems have been made more readily available. However, with limited health advocacy groups or cohorts to push for further development of national health insurance and more advanced treatment, such as chemotherapy or kidney dialysis, access still remains limited.

The right to nationwide health coverage means that all folks, regardless of where they live, have an inherent right to adequate and reliable healthcare provisions. This should include access to healthcare providers, access to essential medicines, and access to preventative intervention and treatment services. In most districts in Sierra Leone, professional healthcare services are concentrated in urban areas, leaving those living in rural areas (56.2 percent of Sierra Leone's population) unable to access even the most basic levels of preventative healthcare.

Throughout the pandemic, some districts – take Bombali in Northern Sierra Leone, for example – have struggled with the financial and logistical costs of testing and tracing, and inaccessibility to treatment for those living in rural areas has once again been highlighted.

2.3 Makeni Demographic challenges

Makeni is currently experiencing the district's highest rate of urbanisation, with roughly one million additional urban residents per year. Many of those moving to the district live in informal housing, where access to clean water and sanitation is limited. The consequences of this when it comes to curbing the spread of COVID-19 and other diseases are clear.

Sub-Saharan Africa is home to more than 17 million internationally displaced persons, according to the United Nations Refugee Agency. These displaced people are more likely to live in close quarters and in conditions with poor sanitation and hygiene and have very little access to healthcare, particularly preventative primary care. In these environments, communicable diseases spread quickly, as physical distancing is near impossible. Once again, the pandemic has furthered these divisions between the privileged and those in poverty, exacerbating the need for immediate intervention.

2.4 Gaps in the Literature

This review presented literature that depicts that community nursing is perceived as women's work based on socially constructed gender functions. In the 21st century, legal frameworks bolster women's rights and empowerment, at the same time indirectly discriminating against men. Some women resist involving men in gender and development work, as they are motivated by anxiety over the diversion of limited resources away from women's empowerment initiatives into the hands of men who previously were

in power. However, not engaging with men may limit the effectiveness of development interventions and may intensify gender inequalities. As society learns that nursing is a valued and rewarding profession for both men and women, the increase in the number of male nurses in the vocation will direct society towards change in social functional function, and gender equity will be achieved. Acceptance of men in the nursing vocation will allow men to freely opt for nursing as a career alternative and excel in their vocation; this will increase the number of role models for future male nurses in Makeni.

3. Methodology

The intent of this research was to identify and describe male and female employed nurses' insight and recognition of the socio-cultural influences on the enlistment and powers of recall of men in the nursing vocation. And also to identify intimate procedures and the employed nurses' observations in imparting these procedures. In an attempt to answer the research inquiries, a qualitative research approach was deemed relevant for this research as qualitative research inquiry study participants in their natural settings attempt to make sense of the social phenomena in terms of meanings 'Makenians' attach to them.

Sampling is the procedure of selecting members who are representatives of the population being studied (Majid, 2018). In qualitative research, sampling is conducted to gain insight into and discover the meaning of a specific social phenomenon, circumstance, cultural factor or historical event. It aims at understanding the selected sample and not the generalisation of the findings. The researcher attempts to select members who are considered experts in the area of research and who are willing to share rich, in-depth social information about the phenomena (Hartanto, 2020).In this research, the individuals whom the researcher considered experts were male and female nurses employed by the Sierra Leone Ministry of Health and Sanitation.

Qualitative sampling is characterised by members not being selected randomly; the sample size is small and explored intensively, with each participant providing a wealth of data. Sample selection is driven by conceptual requirements rather than by a desire for representativeness (Koivula et al., 2020). A non-probability sampling approach is a sampling process in which a sample is selected from elements or members of a population through non-random methods. Members of the population do not have an equal chance to be in the research. The researcher may use convenience, quota or purposive sampling. The prime criterion for member selection is whether an individual has observed the social phenomena under study and is able to provide good information about the social phenomena, and is willing to participate in the research (Kelly, 2017) and contribute to generalisation as transferability is emphasised, the extent of sample error cannot be estimated and biased may be present (Simundic, 2013).

4. Results and Discussion

This sub-theme attempts to answer the research inquiries and objectives, which aimed at identifying and describing male and female employed nurses' insight into and recognition of the socio-cultural influences on the enlistment and powers of recall of men in the nursing vocation. It also describes their observations in providing intimate procedures to patients of the opposite gender. This sub-theme presents the data management and analysis research results and the overview of the findings.

This research adopted a generic qualitative design allowing the researcher to study members in their natural settings and attempt to make sense of the social phenomena in terms of the meaning the employed nurses brought to the research (Atkinson, 2017). Data management in qualitative research is reductionist in nature, involving converting masses of data into smaller, manageable segments. Data analysis is constructional because it involves putting segments together into meaningful conceptual patterns. It involves discovering persistent ideas and searching for general concepts through inductive procedures (Liu, 2016).

Data collection was done in the natural setting of the employed nurses at the University of Sierra Leone Teaching Hospitals (Connaught, Cottage and Macueley Street Satellite). Semi-structured interviews were conducted, and the infrastructure was observed for male friendliness.

Spiggle (1994) describes qualitative research data analysis as the process of interpreting data that begins with the development of the codes, the formation of themes from the codes and then the organization of themes into large units of abstraction to make sense of the data. Data analysis reports on how the data was managed, organised and analysed in preparation for writing up and presenting data. In qualitative research, data analysis is the non-numerical examination and interpretation of interviews and observations for the purpose of discovering underlying meanings and patterns of relationships. It takes the form of narrative material as the verbatim dialogue between an interviewer and a respondent and field notes or diaries kept during the research. The intent of data analysis is to organise, provide structure to and elicit meaning from data (Coussens, 2020).

The researcher analysed each question separately, and two categories were developed: socio-cultural recognition of nursing and intimate care. Under socio-cultural recognition of nursing, four themes emerged: nursing as women's work, low status, stigma and caring or helping others. Four themes emerged from the intimate care category: embarrassment and discomfort, fear, refusal of care and strategies. This category aimed at exploring the observations of male and female employed nurses when providing intimate care to opposite gender patients.

5. Findings

The researcher attempted to address the problem of the low number of male nurses in Makeni Bombali District, Northern Sierra Leone. Sierra Leone statistics at the end of 2013 indicated that there were only 8% of male professionals. This low percentage indicates the major function of women in the caring vocation and the socio-cultural influences on career alternatives for individuals, especially men.

The ideology of nursing in Makeni, Bombali District, Northern Sierra Leone, as a gender social function occupation exclusive to females is a deep-rooted societal belief which is based upon the traditions that nurses are females in white, blue and pink uniforms and caps (Mudonhi et al. 2021). This idea of nursing is well supported by the media and reinforced through the images of nursing solely based on feminine attributes. Many people rush home from work to sit comfortably and watch their favourite soapy ('Wan Pot'), and in all these series, a nurse is portrayed as a woman:

Nurse Rosaline drama series female vocational nurses toiling hard to make a community clinic function (Sierra Leone Broadcasting Corporation 1, Saturday 20:00)

This portrayal in the media strengthens society's beliefs of nursing as a women's work and perpetuates the cycle of bias that limits the role of men in the nursing vocation.

The male participants in this research still perceive nursing as women's work; their recognition is based on their cultural socialisation, which segregates male and female gender roles and status in their society. This is well enforced in the Sierra Leonean culture, where a man is seen as the head of the family, the provider and a woman as the handmaid of the man (Boyle, 2016). Therefore, few men opt for nursing as a career alternative, allowing female dominance in the vocation.

Sahu (2020) acknowledge the vital role of society in developing the status of women in the wider community; they state that when women are assigned a low status in a community, this directly affects the development of nursing and the types of nurses that emerge. Sahu (2020) indicates that the ministering angel and good nurse image is rooted in the history of nursing in Makeni, Bombali District, Northern Sierra Leone, and this image supports society's recognition that nursing is not only a woman's job but is also religious, unselfish, obedient, unquestioning, submissive and compassionate in social nature.

Currently, the nursing vocation in Makeni, Bombali District, Northern Sierra Leone, is female-dominated, and women in society are classified as subordinate to men; this places them in a low social rank. Women's low rank in the 'Makenian' society is based on gender and automatically subjects female-dominated vocations to a low rank. The findings of this research suggest that nursing is still undermined by the 'Makenian' society. The respondents believe that Makeni society still perceives nursing as a job that can be done by anyone, and when people fail to pursue their dream careers, they come to nursing as something to fall back on. These findings are congruent with those of Abdulghani (2014), whose research respondents were high academic achieving school pupils. These respondents viewed nursing as not having high levels of cognitive aspects related to it but as very pragmatic in nature; therefore, nursing did not require any degree of brainpower.

The salaries earned by nurses are disappointingly low while; they have to work long hours caring for the sick in overcrowded Makeni community health facilities under poor physical working conditions. These aspects also lead people to perceive nursing as an undignified vocation (Richards, 2018).

When an individual is sick, and family members are unable to cope with the ailment, they automatically seek medical assistance in health care institutions. They expect their loved ones to be taken care of by employed nurses who ought to provide basic nursing care, including physical or hygienic needs (serving bed pans, changing linen, and pressure care). Interestingly, this basic nursing care is classified by the 'Makenian' society as grimy toil.

Employed nurses are bound by their Scope of Practice (Ministry of Health and Sanitation) to provide basic nursing care to patients or clients in order to meet their physical, social and psychological needs. Should employed nurses fail to meet the stipulations of

these regulations, they automatically violate the Sierra Leone Nurses' Ethical Code of Conduct. The audacity of the 'Makenian' society to classify nursing responsibilities or procedures as grimy toil may influence nurses to question their commitment to impart these responsibilities resulting in ethical dilemmas. The Ministry requires employed nurses to maintain the personal hygiene, elimination and nutritional rank of the patient and should an employed nurse fail to perform such responsibilities because of unfair societal influences, there are possibilities of her or him being charged by the Ministry for negligence.

The 'Makenian' society has slowly begun to tolerate cross gender occupations for women but not for men. When men are sensitive, they run the risk of being called soft, exposing their vulnerability, and having their manhood questioned. This deters men from sharing their feelings and emotions (Sam and Hearn, 2017). Nursing is considered an emotional labour because a patient is nursed holistically, physically, socially and psychologically. In this research, male respondents strongly believed that the 'Makenian' society would still judge them as gay because of their choice of work. This made them feel that they had to constantly prove themselves as employed nurses.

5.1 Recommendations

Firstly, economic investment in healthcare workers and infrastructure can help build a more resilient medical landscape, one that is ready to withstand future healthcare challenges, such as what 'Makenian' have been experiencing for the past year.

However, it is through human development, education and improved governance that we can continue to build healthcare systems across the country even beyond the pandemic. If the central government can give every person in the district a certain minimum level of education, they can become the catalyst for developing our systems.

'Makenian' medical workers are also in need of training to address the district's general shortage of highly-skilled experts, and international collaborations could help bring knowledge from outside the district as well as allow us to share our own developments and perspectives.

Healthcare needs to be seen as an investment rather than being seen as solely a financial and environmental resource. Health, wealth and societal wellbeing can all be improved by investing in healthcare with a future concentration and improving entire economies. Leadership needs to renew conversation with the sector and reassess the role of health systems in society. By addressing the healthcare sector's needs of Makeni, 'Makenians' are enabling healthcare and innovation not just for the present but the inevitable future that will require it.

Strengthening Makeni's healthcare systems needs to be more than just rebuilding post-pandemic. It is about building new systems that will ensure functionality and sustainability in the future.

The United Nations 2010-2013 issued the National Gender Strategic Plan for Sierra Leone, which aimed at creating an enabling social and cultural environment, equality of opportunities and creating a barrier-free workplace. The framework proposed that each department establish women's and men's forums at a provincial, district and institutional level (United Nations 2013). Therefore, men in the Makeni nursing vocation can also form their forums at national educational institutions and health institutions in order to discuss issues that affect them as men in nursing. As it will be long before they have visible role models, this forum will assist them in being role models for one another. This will also make male employed nurses visible to the 'Makenian' public and media, eliminate the recognition that nursing is a woman's job and encourage more males to opt for nursing as a career of choice.

This research was conducted in one district or province and in public rural community educational institutions. Future studies are recommended in different districts or provinces and inclusive of private national urban educational institutions. There is no available literature that deals with the preparation of male and female employed nurses in Makeni when providing intimate care to patients of the opposite gender. The experiences of female nurses– the dominant gender in the vocation– in providing intimate care to male patients are not well researched, and it is of vital importance to explore their experiences in order to assist them in developing strategies or methods for providing intimate care to male patients.

6. Conclusions

The image of any vocation can only be shaped or converted by the members of the vocation. This research presented the members' insights and socio-cultural community recognitions of the nursing vocation and their observation in providing intimate care to patients of the opposite sex. The identified community recognitions display negative images, which will consequently limit the enlistment and powers of recall men in the nursing vocation. Even the Public Health Units (PHUs) do not provide male friendly milieus. This view is based on the use of feminine pronouns, lack of role models and inadequate facilities. These elements also

contribute to male employed nurses not opting for nursing as a career of choice and not remaining in the vocation. Society needs to be educated about the complexity of the nursing profession in order to elevate the status of nursing and introduce diversity into the profession. Provision of intimate care or processes is problematic for all employed nurses regardless of their gender, but as indicated, vast research has focused on men who are a minority in the vocation. Therefore, this research suggests that female employed nurses need to be supported in their endeavours to provide holistic and intimate care to male patients.

It is only human for one to expect appreciation from one's clients or even from society in general for a job well done. An expression of gratitude affirms and boosts the self-confidence and self-worth of an individual in the vocation and society. White (2002) believes that the nursing vocation has been transformed from negative images such as the angel of mercy and religious and servant images to independent nursing practitioners who work in partnership with other community health practitioners. White (2002) further states that nursing has become a highly skilled vocation, and employed nurses are extensively prepared in education, which is rooted in human sciences and research. It was interesting to watch a short presentation of "Makenian Heroes", in which five nurses are regarded as heroes. None of these nurses is a vocational employed nurse. One is an enrolled nurse auxiliary, and four are enrolled nurses. This snap presents nurses who are passionate and caring. Male employed nurse Kalokoh depicts that male nurses have the ability to care (Interview 12 October 2022, 9:00).

The first aim of this research was to identify and describe male and female employed nurses' insight into and recognition of socio-cultural influences on the enlistment and powers of recall of men in the nursing vocation. Sadly, the findings of this research suggest that 'Makenian' society, on the whole, still maintains the cultural recognition that nursing is a feminine vocation of low rank and with a 'Makenian' stigma attached. This is disheartening because the participants are the future of the nursing vocation. If they believe in such negative recognitions, there is a high possibility of their leaving the nursing vocation soon. At present, nursing is not appreciated as a profession but is seen as cleaning up after patients who have messed themselves up, serving bed pans and providing intimate care.

These negative recognitions suggest that folks in the nursing vocation embrace feminine traits of being weak, submissive, nurturing and sensitive, whereas men ought to portray masculine traits of independence, self-confidence, dominance and competitiveness (Sumra, 2019). This recognition negatively influences the enlistment of men to the nursing vocation; men will continue to be discriminated against not because of their lack of skills and competencies but because of their gender; and because they are in a vocation which is not congruent with their gender roles and rank in the 'Makenian' society. The stereotypical image of nursing, which classifies men in nursing as gay (Weaver et al. 2014), will lead to an increased dropout and failure rate related to their sense of manhood or masculinity. Scholars such as Raiapaksa (2009) and Rothstein (2009) indicate that more men are leaving nursing for better salaries and working conditions. Therefore, the vocation is losing competent and capable employed nurses, leading to a shortage of community nurses.

The second aim was to identify intimate processes and the employed nurses' experience in providing this care. Bed baths, catheterisation and wound dressing (groin, scrotum and vagina) were the procedures identified by the participants as intimate procedures. These procedures are the basic needs of patients; hygiene, wound healing, and elimination form part of nurses' scope of practice (Sierra Leone Ministry of Health and Sanitation). Therefore, nurses ought to provide such care to all patients regardless of their gender. The experience of male nurses regarding intimate care is well researched compared with that of female nurses. This poses a challenge to female nursing scholars to research their experiences in the vocation.

Both male and female members in this research experienced embarrassment and discomfort, fear and refusal of care with regard to intimate care. This research suggests that intimate care is problematic for all nurses, regardless of gender. The feeling of embarrassment and discomfort when young nurses encounter the nakedness of an elderly patient brings about a feeling of reassurance because this suggests that employed nurses still uphold the value of respect for elderly persons in the 'Makenian' society. Male employed nurses fear being wrongly accused of sexual assault during their caring services, whereas female employed nurses are afraid to be alone with a naked male patient because of the possibility of the sexual arousal of the patient during the procedure.

Based on the nature of intimate care, the Sierra Leone Ministry of Health and Sanitation have formulated policies and legal frameworks which guide the actions of employed nurses and protect the patient and nurse during a procedure. In this research, the male participants developed strategies in order to protect themselves (Proudfoot et al. 2015). Cole et al. (2022) also provide nursing education recommendations for when male employed nurses touch female patients. But they warn against automatic chaperonage because it could give the idea that male employed nurses are sexual perpetrators. The challenge with these strategies is the maintenance of confidentiality and trust between male employed nurses and their patients and society at large. Male nurses must remember that female employed nurses also need support when they provide intimate care to male patients. Male employed nurses should be thinking of ways to improve society's understanding of their presence in the nursing vocation.

Funding: This research received no external funding.
Conflicts of Interest: The authors declare no conflict of interest.
Publisher's Note: All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers.

References

[1] Abdulghani, H.M (2014) What Factors determine academic achievement in high-achieving undergraduate medical students? A qualitative Approach. See:https:www.tandfonline.
[2] Ahmed S. (2010) *The promise of happiness*. London, United Kingdom: Duke University Press.
[3] AFP (2020) Alone and at risk: Sierra Leone baby Faced Mothers. See: https//www.digitaljournal.com.
[4] Aiello, A.E (2008) Against Disease: Impact of Hygiene and Cleanliness on health. See https://pubmed.ncbi.nlm.nih.gov.
[5] Andrews, M. M & Boyle, JC. (2008) *Transcultural concepts in nursing care*. New York: Lippincott Williams & Wilkins
[6] Atkinson, P (2017) *The Design Journal and the Meaning of Design*. See: https://www.tadfonline.com.
[7] Babbie, E & Mouton, J. (2012) *The practice of social research. Cape Town*: Oxford University Press.
[8] Simundic, A. M (2013) Bias in Research. See: https://www.pubmed.ncbinlm.nih.gov.
[9] Brown, K (2017) The Many Faces of Vulnerability. Cambridge University Press.
[10] Boyle, E (2016) The Role of Women in the Development. See: www.google.com.
[11] Boize, S de and Hearn, J (1993) Are men getting more emotional? Critical sociological Perspectives on Men, Masculinities and Emotions. See: https//www,journals.sagepub.com.
[12] Carey, R. M (2018) Prevention and Control of Hypertension: JAC Health Prevention Series. See>https// pubmed.ncbi.nih.gov.
[13] Caviaglia, M (2021) Improving Access to Healthcare in Sierra Leone: The Role of the Newly Developed National Emergency Medical Service. See: https:pubmed.ncbi.nlm.nih.gov. Retrieved on the 19th of December, 2022.
[14] Cole, M. (2021) Implementation of Just Culture Policy in Nursing Programmes to Quality Safety Competency. See https://journal.healio,com. Retrieved on the 19th of December, 2022.
[15] Coussens, M (2020) A Qualitative Photo Elicitation Research Study to elicit the perception.
[16] Dilliard, V. (2021) Attitudes, beliefs and behaviours of religiosity, spirituality, and cultural competence in the medical profession: A cross-sectional survey study. See: https://journals.plos.og. Retrieved on the 19th of November, 2022.
[17] Graber, M (2018) Improving Diagnosis by improving education in health care professionals. National Library of medicine. See: https://pubmed.ncbi,nlm.nih.gov.
[18] Haddad, D (2020) Biological Factors That Influence Child Development. https://www.verywellfamily.com.
[19] Harding, T. (2007) The construction of Men who are nurses gay. *Journal of Advanced Nursing, 60*(6):636-644.
[20] Harding, T, North, N & Perkins, R. (2008) Sexualising men's touch: male nurses and the use of intimate touch in clinical practice. Research and Theory for Nursing Practice: *An International Journal, 22* (2):88-102.
[21] Hartel, C and O'Connor J.C (2014) Contextualising research: Putting context back into organisational behavior research. *Journal of Management and Organisation*. See: https//www.reserachgate.com.
[22] Hartanto, D (2020) Sociology Review, Social Phenomenon, Social Rules and Social Technology. See: www.bircu-journal.com.
[23] James, P.B (2019) Pattern of health care utilisation and traditional and Complementary Medicine Among Ebola Survivors in Sierra Leone. See: htttps://journals.plos.org.
[24] Kaiyum, J (2019) Childbirth in Sierra Leone. See: https://prezi.com. Retrieved on the 2 of October 2022.
[25] Kelechi, O and Nwankwo I.U (2015) Social Institutions: Meanings, Characteristics, [Process of emergence and Theoretical Perspectives and their Role in Society. See https>//www.researchgate.net.
[26] Kelly, B (2017) What Affects People's Willingness to Participate in Qualitative Research.
[27] King, M.L (2013) Affordability, accountability, and accessibility in healthcare reform: implications for cardiovascular and pulmonary rehabilitation. See: https://journals.lww.com/jcrjournal/Abstarct/2013/0.
[28] Koivula, A. (2020) Social and Ideological representativeness: A comparison. See: https://www.scholarsportal.info.
[29] Liu, L (2016) Using Generic Inductive Approach in Qualitative Research: A Case Study of Analysis.
[30] Macro Trend (2021) Sierra Life Expectancy 1950-2021. See: https//www.macrotrends.net.
[31] Markey, J.F (1926) A Redefining of Social Phenomenon: Giving a Basis for Comparative Sociology. See: https://www.semanticscholar.org.
[32] Majid, U (2018) Research Fundamentals: Study Design, Populations, and Sample Size. See: https://www.researchgate.net.
[33] McEwen, B.S (2017) Neurobiological and Systemic Effects of Chronic Stress. See: https: www.ncbi.nlm.nih.gov.
[34] Mudonhi, N (2021) Traditional Practices and Nurses' Perspectives in Traditional Medicine Utilisation During Antenatal Care.
[35] Newman, L (2022) Bodies of Knowledge: historians, health and education. See: https://doi.org/10.1080/ 00046760x2022.2112707.
[36] Ogurinde, F.D (2006) African Mother–In–Law and The Circle of Abuse. See:https://www.inigerian.com.
[37] Ozdemir, A,Akansel, N &Tunk, GC. (2008) Gender and career: female and male nursing students" perceptions of male nursing role in Turkey. *Health Science Journal,2*(3):153-161.
[38] Pera, S & Van Tonder, S. (2011) *Ethics in healthcare.3rd edition*. Lansdowne: Juta &Co. Ltd.
[39] Polit, DF & Beck, CT. (2012) Nursing research: *generating and assessing evidence for nursing practice.9thedition.London:* Lippincott Williams &Wilkins.
[40] Rajapaksa, S.M.A & Rothstein, W. (2009) Factors that influence the decisions of men and women nurses to leave nursing. *Nursing Forum, 44*(3):195-206.
[41] Pina K (2018) Psychopharmacology and Cardiovascular Disease. See: https://Sciencedirect.com.
[42] Proudfoot, J (2015) Positive Strategies Men regularly Use to Prevent and manage Depression: a national survey on Australian men. See:

https //www.ncbi.nlm.nih.gov. Retrieved on the 19 of December 2022.
[43] Procheska, J.J (2017) Smoking, Mental Illness, and Public Health. See: https//pubmed.ncbi.nlm.
[44] Purisch, S. E (2017) Epidemiology of Preterm birth. See: https//pubmed.ncbi.nih.gov. Retrieved on the 11 of November 2022.
[45] Raghupathi, V and Raghupathi, W (2020) The Influence of Education on Health: an empirical assessment of OECD countries for the period 1995-2015. See: www.researchgate.net/publication/340456396.
[46] Rajapaksa, S and Rothstein, W (2009) Factors that influence the decisions of men and women nurses to leaving nursing. See https.pubmed.ncbi.nlm.nih.gov/19691656. Retrieved on the 13th of October, 2022.
[47] Richards, D.A (2018) Fundamental Nursing care: A systematic review on the influence on the effect of nursing care interventions for nutrition, elimination, mobility and hygiene.
[48] Rusto, J.E (2014) Decision Making. See: https:// www.research gate.net.
[49] Sahu, G (2020) The Role of Women in the Development of Sociology. See: https://www.google.com
[50] Sam, D.B and Hearn, J (2017) Are men getting emotional? Critical sociological perspectives on men, masculinities and emotions. Sociological Review. See: www.researchgate.net
[51] Saiyed, S.S (2014) A Study of Attrition of Nursing Staff (with Special Reference to Private Hospitals) See: https://www.reserachgate.net
[52] Sheriff, V and Barzyk, G.A (2020) narrative Case Study: The essential determinants to child and maternal health in Sierra Leone. European Journal of Public Health, Volume 30, Issue Supplement_5. See: https://doi.org 10.1093/eurpub/ckaa166.985.
[53] Sherwood, C (2018) Borgen Project Sierra Leone. See https://burgenpoject.org.
[54] Sierra Leone Institute of Governance Reform (2020) See: https:www.igr.sl.org.
[55] Sierra Leone Ministry of Health and Sanitisation. See: https://mohs.gov.sl.
[56] Sierra Leone Broadcasting Corporation. Wanpot.2016 Fridays and Saturdays, 7:30.
[57] Sierra Leone (1973) Citizenship Act. See:hhttps://www.slid.gov.sl
[58] Statistics Sierra Leone (2013) See: https//www.statistics.sl
[59] Spiggle, (1994) Analysis and Interpretation of Qualitative Data.
[60] Sumra, K.M (2019) Masculinity, Femininity and Leadership: Taking a close look at the alpha male. See: ploscone.org. Retrieved on the 18th December 2022.
[61] Treacy, B (2018) Distance, accessibility and costs. Decision making during childbirth in rural Sierra Leone. See: https//journals.plos.org.
[62] Quayeee, A (2021) Women Socio-economic Status: The Repercussions of Illiteracy, case study: Charlotte Sierra Leone.
[63] United Nations (2010-2013) National Gender Strategic Plan for Sierra Leone. See: https//www.un.org
[64] United Nations International Children Education Fund (UNICEF) Infant Mortality Rate. See: https://www.unicef.org
[65] Willms, D.J (2003) Literacy and Proficiency of Youth. The evidence of converging socio-economic gradients. *International Journal of Educational Research*. See: www.sciencedirect.com. https://doi.org/10.1016/j.ijer.2004.04.005.
[66] World Health Organisation (2018) Defining Social Determinants. See: https://www.who.int. Retrieved on the 19th of November, 2022.
[67] Weaver, R (2014) Men ion Short on television exposing and reinforcing stereotypes.
[68] White, K (2002) Nursing as Vocation. See: https// pubmed.ncbi.nlm.nih.
[69] Zajacova A and Lawrence E.M (2018) The Relationship Between Education and Health: Reducing Disparities through Contextual Approach. Annual Review. See: https://www. annual review.com
[70] Zellweger, T (2018) Social Structures, Social Relationships and Family Firms. See https://www.semanticscholar.org.paper/