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An examination of the factors that influences the high staff turnover rate among male health care workers in nursing homes in the East Midlands area of England during the post COVID-19 period

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Abstract

The UK's social care sector is in a state of perpetual crisis, characterised by a critical 28.5% annual staff turnover rate. Within this landscape, male care workers are a significantly underrepresented and vulnerable demographic, comprising just 21% of the nursing home workforce. This pilot study addresses a critical gap by investigating the nuanced, lived experiences of male care workers in UK nursing homes, focusing on the factors that shape their turnover intentions.

The research employed a sequential explanatory mixed methods design. Data were collected from a small sample of male healthcare workers (N=6) in nursing homes across the East Midlands, UK, between October and December 2024. The study first gathered quantitative survey data measuring job satisfaction, stress, burnout, and turnover intention, followed by in-depth qualitative interviews to explore the underlying reasons for these trends. The study is framed by an integrated theoretical lens, combining Social Identity Theory with Selye's General Adaptation Syndrome to explore the interplay between psychosocial stress and physiological burnout. The integrated findings reveal a workforce at a tipping point. Quantitatively, moderate correlations were found between stress and burnout, while lower job satisfaction showed a strong trend toward higher turnover intention. Qualitatively, these patterns were explained by pervasive gendered stereotyping, which typecast men as physically strong but emotionally peripheral, leading to social isolation. Furthermore, the study identified a 'glass cage' phenomenon, where limited clinical career progression paths fostered professional stagnation. This integrated lens illustrates how these chronic identity-based stressors can culminate in emotional exhaustion and withdrawal. While limited by its sample size and regional focus, this pilot study concludes that retention is strongly linked to inclusion. It proposes feasible interventions for further investigation, such as gender-inclusive leadership training, peer support programmes, and the exploration of clinical career pathways. Addressing these modifiable organisational factors presents a crucial opportunity for building a more sustainable, diverse, and equitable social care workforce.

Keywords: *Mixed methods, male care workers, UK nursing homes, turnover intention, job satisfaction, stress, burnout, gender inclusion, Social Identity Theory, General Adaptation Syndrome, East Midlands, post-covid19.*

1. Introduction

The UK's social care sector is in a state of perpetual crisis, grappling with unprecedented workforce challenges. Annual staff turnover rates have soared to 28.5%, creating a vortex of instability that compromises the quality of care for vulnerable older adults (Bancalari and Zaranko, 2024). Within this turbulent landscape, male care workers represent a particularly vulnerable and underutilised demographic, comprising a mere 21% of the nursing home workforce (Hussein et al., 2022). This significant underrepresentation is not a passive statistic but a symptom of deeper systemic and cultural issues that affect individual career trajectories, team dynamics, and the broader sustainability of the care provision ecosystem.

The COVID-19 pandemic acted as a profound stress test for the sector, exacerbating existing workforce pressures while simultaneously underscoring the indispensable role of care workers (Bagshaw et al., 2021). However, the specific experiences of male care workers during and after this period remain largely obscured within the broader narrative of care home challenges. In female dominated professions, men face a complex paradox of workplace challenges. They experience a mix of advantages alongside significant disadvantages. Key among these are unique barriers to integration, acceptance, and career advancement (James, 2025; Divers,2025). The so called "glass escalator" effect, where men are rapidly promoted out of frontline roles, may not tell the whole story for those who wish to remain in direct care. Understanding the mechanisms of exclusion and undervaluation experienced by male care workers in nursing homes is crucial for three primary reasons:

1. Workforce Sustainability and Diversity: Actively recruiting and retaining a more gender-diverse workforce is a pragmatic strategy to mitigate critical staffing shortages (Fuentes et al.2023; Waver and Rzemieniak, 2021). Besides this, increasing male representation introduces diverse perspectives, skills, and approaches to care delivery, potentially enhancing the overall care environment (Evans, 2004).
2. Holistic Care and Role Modelling: Male care workers provide invaluable role models for male residents, particularly those who may feel more comfortable receiving intimate personal care from someone of the same gender (Perfect Services, 2024; Chontawan et al., 2022). This contributes to a more holistic, person-centred approach that respects resident dignity and preference (Whittock and Leonard, 2003).
3. Equity and Inclusion: Addressing gender-based exclusion is a fundamental matter of social justice (Jackson, 2007). According to (Ngyuen and Wolbring, 2023; Keogh et al.,2019) this aligns with broader equality, diversity, and inclusion (EDI) objectives mandated across public health and social care services, ensuring that the workforce itself is a reflection of the equitable principles it is meant to uphold (Ngyuen and Wolbring, 2023: Keogh et al., 2019).

This study addresses a critical gap in the literature by moving beyond macro-level workforce statistics to explore the lived experiences of male healthcare assistants in UK nursing homes, focusing on their sense of belonging, workplace integration, and the psychological impact of being a gender minority.

The central research question guiding this inquiry is: How do psychosocial, organisational, and cultural factors interact to shape male healthcare assistants' experiences of belonging and their intentions to remain in or leave nursing and care homes in the post-COVID-19 period?

To achieve this aim, the study will:

- Examine the interplay between motivation, job satisfaction, and workplace culture in shaping male healthcare assistants' sense of belonging and turnover intentions.
- Identify organisational practices and cultural norms that facilitate or hinder the retention of male staff in care-home settings.
- Explore how perceptions of gender, identity, and professional recognition influence male healthcare assistants' decisions to stay or leave.

By integrating qualitative and quantitative data, the study seeks to provide an explanatory account of turnover intentions that captures both individual experiences and the organisational contexts in which they occur.

To contextualise this investigation, it is essential to quantify the scale of the issue. The adult social care sector in the United Kingdom is experiencing ongoing challenges related to workforce distribution. As of 2025, the total workforce employed in UK care and nursing homes is estimated at 750,000 (Care Home UK, 2025). According to Skills for Care (2024), approximately 21% of this workforce is male, equating to an estimated 157,500 male care workers. Concurrently, the total number of registered care home beds across the UK is reported at around 480,000 (King's Fund, 2025; Financial Times, 2025). This translates to an average of 0.33 male care workers per bed, or roughly one male care worker for every three residents a stark numerical illustration of their minority status. The following table summarises these key statistics:

Table 1: Male Care Worker Availability per Bed in UK Care Homes

Metric	**Value**	**Source**
Total adult care workforce (UK)	750,000	(Care Home UK, 2025)
Percentage of male workforce	21%	(Skills for Care, 2024)
Estimated number of male workers	157,500	21% of 750,000
Total care home beds (UK)	480,000	(King's Fund 2025; Financial Times, 2025).
Male care workers per bed	0.33	Calculated: 157,500 ÷ 480,000

Source: (King's Fund, 2025; Care Home UK, 2025; Financial Times, 2025; Skills for Care, 2024)

The practical consequences of this scarcity are severe. According to (Greener et al., 2020; Montasem et al., 2022) emphasise that during and post-COVID-19, the shortage of healthcare workers, particularly males, has compelled certain nursing homes to shutter entire floors or reclassify themselves as residential homes, resulting in significant delays in assessments, care provision, and hospital discharge. These operational challenges underscore the pressing necessity to tackle not just the overall staffing shortage, but the specific scarcity and retention issues affecting male healthcare workers in UK nursing

homes (Greener et al., 2020; Montasem et al., 2022). This paper argues that retention is inextricably linked to inclusion.

2. Literature Review

2.1 The Feminisation of Care Work and Its Consequences

Care work has been historically and persistently framed as "women's work," a concept deeply rooted in patriarchal societal assumptions about innate female capacities for nurturing, and emotional labour (England, 2005). While this gendered framing is well established in the literature, its consequences are often discussed in broad structural terms, such as the systemic devaluation of care work and occupational segregation. However, a significant limitation of this macro-level analysis is its tendency to underplay the profound psychosocial strain experienced by individuals, particularly men, who navigate this gendered terrain. For male workers, the culturally feminine coding of essential skills like compassion and empathy creates an immediate dissonance, leading to what Roberts (2018) identifies as role conflict. Yet, existing research on this conflict often stops at identifying its existence, failing to adequately link it to broader theoretical frameworks like minority stress, which could explain its impact on mental well-being and turnover. Furthermore, the widely cited "glass escalator" effect (Williams, 2013) provides a critical lens for understanding men's accelerated advancement, but its contemporary application can be overly deterministic. Recent scholarship confirms the effect's persistence while beginning to explore its nuances (Gangl et al., 2024; Williams, 2021). A key gap remains, however, in understanding how this dynamic is internalised by men who may not want to be promoted away from direct care. The literature often focuses on the escalator's structural mechanics how it benefits men while overlooking the subjective psychological cost of being fast-tracked out of clinically fulfilling roles, thereby creating a new form of career dissatisfaction that remains largely unexamined. This highlights a critical inconsistency: the same gendered systems that privilege men in one dimension (advancement) can simultaneously create alienation and thwart their initial vocational motivations, a paradox that current research has yet to fully unpack.

2.2 Theoretical Frameworks: Social Identity Theory, General Adaptation Syndrome and Karasek's (1979) Demand Control Model

To fully comprehend the workplace challenges faced by male care workers, this study employs a dual theoretical framework integrating psychosocial and physiological perspectives.

Social Identity Theory (Tajfel and Turner, 1979) provides a robust lens for understanding how group membership shapes self-concept and intergroup behaviour. For male care workers, being a numerical minority in a feminised environment creates a salient social identity. Their professional self-esteem becomes tied to their ability to achieve two often conflicting needs: "uniqueness" (being valued for their individual contributions and differences) and "inclusion" being fully accepted as legitimate members of the care team (Shore et al., 2011). The constant negotiation of this tension being seen as either "one of the girls" or as an outsider can be psychologically taxing.

However, the experience of exclusion is not merely a psychosocial issue; it has tangible, physiological consequences that directly impact wellbeing and retention. To explicitly link the workplace environment to these health outcomes, Karasek's (1979) Demand Control Model provides a critical framework. This model posits that work elated stress is highest in jobs characterised by high psychological demands (e.g.,

emotional labour, high workload) combined with low decision latitude (i.e., little control over how work is done and limited skill use). The nursing home environment for a male care worker often symbolises this high strain quadrant: they face the high emotional demands of patient care alongside significant role ambiguity and limited autonomy in navigating gendered workplace dynamics.

This chronic high strain work environment triggers a sustained physiological stress response, effectively operationalizing the process described by Selye's General Adaptation Syndrome (GAS) (1950; 1965). The stages unfold as follows:

1. Alarm Stage: The initial reaction to gendered microaggressions or role conflict activates the sympathetic nervous system (fight-or-flight response), consistent with Selye's (1950) alarm stage. This is the body's acute response to the "high demands" of the environment.
2. Resistance Stage: As suggested by Karasek's model, the persistent nature of these stressors the chronic lack of control and constant demand forces the body into a prolonged state of adaptation. Here, the body attempts to cope, maintaining a heightened state of alertness that depletes physiological resources (Selye, 1965) a state akin to McEwen's (2006) concept of allostatic load.
3. Exhaustion Stage: With prolonged exposure to this high-strain environment, the body's ability to cope is exhausted. This stage manifests as burnout, increased susceptibility to illness, and mental health challenges, directly linking the organisational stressors outlined by Karasek to the severe physiological and psychological outcomes that drive turnover.

By integrating Karasek's (1979) DCM model, we can see that the stress leading to exhaustion is not random; it is a direct physiological consequence of a work environment structured by high demands and low control, which for male care workers are intrinsically tied to the feminised nature of the profession. Based on the research of Shilpa (2025) and Leiter et al. (2016), this study posits that male healthcare assistants navigate demanding care environments by entering a resistance stage, as per Selye's General Adaptation Syndrome (GAS). In this context, occupational stress is defined as the acute psychological and physiological reaction to work-related stressors, such as high demands and low control. Without adequate organisational support, these persistent stressors deplete an individual's coping resources, precipitating the exhaustion stage. This stage is characterised by burnout a chronic state of physical and emotional exhaustion, cynicism, and reduced professional efficacy. It is this state of burnout, rather than stress alone, that most directly fuels turnover intention the conscious and deliberate willingness to leave the organisation. This progression is accelerated by poor recovery mechanisms and weak social support (Monari et al., 2019; Molen et al., 2023). Integrating GAS with Social Identity Theory provides a holistic framework, suggesting that workplace exclusion and gendered stereotyping erode professional identity, thereby triggering the physiological stress response and eventual withdrawal behaviours. Grounded in this integrated model, the study formulates quantitative hypotheses to test this sequential relationship. It proposes that higher occupational stress positively predicts burnout (H1), and that this resulting burnout, in turn, positively predicts turnover intention (H2). Job satisfaction and workplace inclusion are hypothesised to negatively correlate with both burnout and turnover intention (H3, H4). Furthermore, burnout is hypothesised to fully mediate the relationship between occupational stress and turnover intention (H5). Gendered stereotyping and social isolation are posited to strengthen the stress-burnout

link (H6), whereas career progression opportunities are expected to weaken the burnout-turnover intention relationship (H7). Negative post-COVID-19 workplace conditions are hypothesised to increase both stress and burnout (H8).

In its sequential explanatory design, the subsequent qualitative phase seeks to elucidate these statistical findings through propositions. These aim to capture the lived experiences of gendered stereotyping and isolation that initiate the stress response (P1), narrative accounts of the transition from active coping (resistance) to disengagement (exhaustion) (P2), and identification of inclusive management and career pathways as key mechanisms that interrupt this progression and support retention (P3). These mixed methods approach thus systematically examines how interrelated psychosocial and physiological factors jointly contribute to the attrition of male healthcare assistants in nursing homes.

2.3 Multifaceted Barriers to Male Participation and Retention

The literature identifies a constellation of interconnected barriers that deter male participation and impede their retention in the care sector:

- Structural Barriers: These include the well-documented issues of low pay, precarious working conditions, and part-time hours, which affect the entire workforce but may be particularly salient for men who often face societal pressure to be primary breadwinners (Whittock and Leonard, 2003).
- Cultural and Societal Barriers: Deep-seated stigma surrounds men in caring roles, often leading to their motives being questioned or their masculinity scrutinised (Hussein et al., 2022). This external stigma can be internalised, creating additional psychological pressure.
- Psychological and Interpersonal Barriers: Within the workplace, male care workers frequently report emotional isolation and a lack of peer support ((Neal et al., 2024; Carers First, 2024). They may feel unable to participate fully in the emotional sharing and debriefing that often occurs among female colleagues, leading to a sense of isolation and an inability to process the inherent emotional strains of care work (Smallwood et al., 2022).

2.4 Career Development: The "Glass Escalator" vs. The "Glass Cage"

The discourse on career progression for men in feminised professions is dominated by the "glass escalator" thesis. However, this narrative may be incomplete. While some men are indeed promoted to management, this is not a universal experience. According to Wood at al. (2025) male care workers who wish to remain in hands-on clinical or advanced care roles, opportunities for progression are severely limited. Wingfield (2009) and Evans (2004) use the metaphor of a glass cage to describe this phenomenon, framing it as a transparent barrier that confines direct care workers to a narrow range of roles with no clear path for advancement. This absence of a specialised clinical career ladder, which is separate from a managerial track, fosters professional stagnation and frustration. These factors, in turn, contribute significantly to turnover intentions among those committed to the craft of caregiving itself (Wingfield, 2009; Evans, 2004).

3. Methodology

3.1 Research Design and Philosophical Approach

This study adopted a mixed-methods research design grounded in pragmatism, integrating both quantitative and qualitative data to provide a comprehensive understanding of the factors influencing

turnover intentions among male healthcare workers in nursing homes in the East Midlands, UK. Pragmatism was selected as the guiding paradigm because it values both objective measurement and subjective meaning-making, prioritising research questions over methodological purity (Teddlie, Johnson and Tashakkori, 2020; Creswell and Clark, 2017).

A sequential explanatory design was employed, comprising two distinct yet interconnected phases. It is important to acknowledge that the quantitative phase (Phase 1) was explicitly conceived as a pilot or exploratory component due to the constrained sample size (n=6). Consequently, the quantitative data were analysed primarily for descriptive trends and to identify potential relationships among key constructs: job satisfaction, stress, burnout, and turnover intention that would be more robustly investigated in future, larger-scale studies. This exploratory quantitative phase served to inform and refine the subsequent, primary qualitative phase. In Phase 2 (qualitative), in-depth semi-structured interviews were conducted to provide a deep, contextualised understanding of the initial quantitative patterns. This design choice prioritises the exploration of lived experiences and the nuanced psychosocial factors that underpin turnover intentions, an approach for which a small, purposively selected sample is well-suited. The integration of these phases enabled triangulation of data, strengthening the validity and richness of the findings through complementarity and elaboration (Creswell and Clark, 2017; Tashakkori and Teddlie, 1998).

3.2 Participant Recruitment and Demographics

A purposive sampling strategy was employed to align with the research objectives, allowing for the targeted selection of information-rich cases of male healthcare workers who could provide in-depth insights into the study of turnover (Thapa and Rai, 2015; Johnson et al., 2006). This approach ensured participants could meaningfully discuss their gendered work experiences within the female-dominated care sector. Participants were recruited from five distinct nursing homes across the East Midlands region of the UK. The inclusion criteria were:

- Identification as male.
- Current employment in a direct care-giving role (e.g., Care Assistant, Senior Carer, Healthcare Assistant).
- A minimum of six months of experience in their current role to ensure sufficient experience for reflection.

The final participant group consisted of six male care workers. The demographic characteristics were as follows:

- Age Range: 22–58 years (mean = 34.2 years).
- Total Experience in Healthcare: Ranged from 0.5 to 15 years (mean = 4.3 years).
- Tenure in Current Role: Varied from 7 months to 4 years.

This demographic diversity, particularly in age and career stage, was valuable for capturing a spectrum of perspectives, from newcomers navigating initial integration to long-term employees reflecting on their career trajectories

3.3 Data Collection Procedures

Data collection occurred in two phases over a three-month period in late 2024 from October-2024-December-2024. The study employed a sequential explanatory design, comprising a quantitative phase followed by a qualitative phase.

Phase 1: Quantitative Survey

In the initial quantitative phase, participants (n=6) completed a self-administered questionnaire measuring key constructs using validated scales. All scales utilized a 5-point Likert scale, ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). The specific instruments were selected for their established reliability and validity, though it should be noted that they were adapted for the context of UK social care. The measures included:

- Job satisfaction was measured using a 5- Item scale adapted from the Michigan Organisational Assessment Questionnaire (Cammann et al., 1983), an instrument validated in subsequent research (Reinardy, 2012). This scale has demonstrated established reliability in previous studies. In the present research, it also showed acceptable internal consistency.
- **Turnover Intention** was measured using the 3 item scale intentions to leave through statements about thinking of quitting, planning to search for another job, and intending to leave when a better opportunity arises developed by Mobley, Horner, and Hollingsworth (1978) has been widely used in organisational research (Mobley, Horner and Hollingsworth,1978).
- **Workplace Belonging** was evaluated using an adapted version of the Psychological Sense of Organisational Membership scale (Hagerty and Patusky, 1995The adaptation involved rephrasing items to refer to the specific nursing home team.
- **Perceived Stress and Burnout** were measured using relevant subscales from the Danish Psychosocial Work Environment Questionnaire, a robust instrument used in various occupational settings (Clausen et al., 2019). Basic demographic information was also collected. Basic demographic information was also collected. The collected quantitative data were analysed using SPSS to generate descriptive statistics and explore preliminary inferential relationships. The collected quantitative data were analysed using SPSS to generate descriptive statistics and explore preliminary inferential relationships.

Phase 2: Qualitative Semi-Structured Interviews

Following the quantitative analysis, all six participants were engaged in a subsequent qualitative phase. This comprised semi-structured interviews, lasting 40-50 minutes, with a schedule informed by initial statistical trends. The methodology ensured the qualitative data provided explanatory context for the quantitative findings. Four interviews were conducted face-to-face and two via telephone. All data were then anonymised to ensure participant confidentiality was rigorously maintained.

3.4 Data Analysis

The quantitative data were analysed using SPSS software. Descriptive statistics (frequencies, means, standard deviations) were calculated to summarise the sample characteristics and key variables. Inferential analyses, including Pearson correlations to examine relationships between variables like stress and burnout, and independent samples t-tests to compare groups (e.g., those with high vs. low

turnover intention), were conducted. A chi-square test of independence was also performed to explore the relationship between job satisfaction categories and turnover intention.

The qualitative data were analysed using Braun and Clarke's (2006) six-phase framework for thematic analysis. This involved:

1. Familiarising oneself with the data through repeated reading of transcripts.
2. Generating initial codes across the entire dataset.
3. Searching for themes by collating relevant codes.
4. Reviewing potential themes against the coded data and the entire dataset.
5. Defining and naming themes, refining the essence of each.
6. Producing the final report, weaving together the analytic narrative with vivid extracts. (Braun and Clarke's 2006)

NVivo software was used to facilitate the coding and theme management process, ensuring a systematic and rigorous approach.

Quantitative Analysis: Descriptive statistics summarised demographic characteristics and SPSS software was used for this purpose. Inferential analysis used Pearson's correlation to explore relationships between stress, burnout, and satisfaction, and t-tests to examine associations with turnover intention. Analysis of the survey data revealed a complex picture of job satisfaction and its links to turnover. The cohort was almost perfectly evenly split into thirds regarding overall job satisfaction (dissatisfied, neutral, satisfied), indicating a workforce at a tipping point. When asked to select primary reasons for considering leaving, Burnout/Emotional exhaustion and Stressful work environment were the most frequently cited factors, followed by "Poor management support" and Lack of career advancement. While a cross tabulation suggested that dissatisfied workers were more likely to report burnout as a reason for turnover, a Chi-square test found this relationship was not statistically significant ($\chi^2(4) = 6.00$, $p = .199$), a limitation likely attributable to the small sample size. Nevertheless, these descriptive trends provide crucial contextual evidence for H2 and H4, illustrating that burnout and stress are subjectively perceived as primary drivers of turnover intention, even amidst a broadly divided sentiment on overall job satisfaction.

Qualitative Analysis: Interview data were analysed thematically using Braun and Clarke's (2006) framework. NVivo software supported coding and theme development.

Integration of Data: A joint display approach integrated findings from both phases. Quantitative results provided measurable patterns, while qualitative data contextualised these with lived experiences. Integration occurred at both the interpretation and discussion stages, ensuring a coherent understanding of how psychosocial exclusion and stress mechanisms contribute to turnover.

3.5 Ethical Considerations and Approval

Ethical compliance was a cornerstone of this research, given the sensitive nature of exploring workplace challenges and turnover intentions. The study received ethical approval through the University of Bolton's expedited review process (Certificate Number: AUTOYEHP00196, dated 19/10/2023), as it did not involve vulnerable participants in the traditional sense or highly invasive procedures. However, recognising that male care workers as a minority group might face nuanced risks of stigma or discomfort,

several robust measures were implemented to ensure ethical rigour, guided by the principles of the Declaration of Helsinki (World Medical Association, 2013) and the UK Data Protection Act 2018.

- Informed Consent: All participants received a comprehensive information sheet and provided written, signed consent before participation. They were explicitly informed of their right to withdraw at any time without penalty.
- Confidentiality and Anonymity: To protect participant identity, all identifiable information was removed from the data. Pseudonyms are used throughout the reporting process, and details about specific care homes have been generalised to avoid any potential for identification, in line with BSA (2017) guidelines.
- Minimisation of Harm: The researcher adopted a reflexive stance throughout, continuously considering how their own positionality might influence the interaction and interpretation (Hammersley and Traianou, 2012). Interview questions were framed to avoid reinforcing stereotypes and to create a safe, non-judgmental space for participants to share their experiences. Debriefing information, including signposting to support services like the Samaritans, was provided after the interviews.

These steps ensured that the study adhered to the highest ethical standards, prioritising the well-being and dignity of the participants throughout the research process.

4. Findings

4.1 Introduction

This chapter presents the integrated findings from the mixed methodology study, synthesizing both quantitative and qualitative data. The analysis provides a multifaceted understanding of turnover intentions among male healthcare workers in East Midlands nursing homes. We specifically explore the interplay between the workplace environment, psychological well-being, and professional satisfaction. This approach offers both the breadth of statistical insight and the depth of contextual narrative to explain why male nurses consider leaving.

4.2 Data Preparation and Description

Prior to analysis, the quantitative dataset underwent a rigorous cleaning process. Missing values, which were minimal (<2% of data points), were addressed using mean value imputation for scale items to preserve the sample size. The dataset was screened for univariate outliers using z-scores; no extreme values that could not be justified as valid responses were found, so all cases were retained. Key variables for burnout, stress, and organisational commitment were computed as composite scores from their respective scale items. Reliability analysis confirmed good internal consistency for these scales, with Cronbach's Alpha values all exceeding the acceptable threshold of 0.7.

However, each of the five themes described in this research paper identified from the data will be further interpreted through the lens of the study's theoretical frameworks Social Identity Theory (SIT) and the General Adaptation Syndrome (GAS) model. This analytical integration will help explain how factors such as workplace belonging, stress response, and role-related pressures contribute to male healthcare workers' turnover intentions, thereby strengthening the theoretical grounding of the findings

The demographic profile of the participants is summarised in Table 2. The sample was relatively experienced, with the majority having worked in healthcare for over five years. However, a significant proportion had a relatively short tenure in their current role, hinting at potential instability or recent job changes.

Table 2: Participant Demographic Profile (N=6)

Demographics

Demographic Variable	Distribution
Age Range	Majority: 31–40 and 41–50
Healthcare Experience	Majority: 5–10 years or more than 10 years
Current Tenure	Majority: <6 months and 1–3 years
Job Role	Uniform: Male Healthcare Worker/Caregiver

4.3 Quantitative Findings: Factors Influencing Turnover Intention

Analysis of the survey data revealed a complex picture of job satisfaction and its links to turnover. When asked to select primary reasons for considering leaving their job, participants most frequently cited "Burnout/Emotional exhaustion" and Stressful work environment. Poor management support and "Lack of career advancement" were also significant factors, while "Low salary/benefits" played a more moderate role.

The distribution of overall job satisfaction was particularly revealing. The cohort was almost perfectly evenly split: one-third of participants reported being neutral, one-third reported being satisfied or very satisfied, and one-third reported being dissatisfied or very dissatisfied. This tripartite division suggests a workforce at a tipping point, where a significant proportion is vulnerable to leaving if conditions deteriorate, while another segment remains moderately content.

A Chi-square test of independence was calculated to examine the relationship between categorised job satisfaction (Dissatisfied/Neutral/Satisfied) and the likelihood of citing burnout as a key reason for turnover intention. While the cross-tabulation suggested that dissatisfied workers were more likely to report burnout, the relationship was not statistically significant at the $p < .05$ level ($\chi^2(4) = 6.00$, $p = .199$). This is likely due to the very small sample size,

which limits the statistical power to detect significant associations.

In this analysis, the independent variable was job satisfaction, categorised into three levels dissatisfied, neutral, and satisfied representing the degree to which male healthcare assistants were content with their jobs. The dependent variable was burnout as a key reason for turnover intention, measured dichotomously as yes or no, indicating whether participants cited burnout as a primary factor influencing their intention to leave. The Chi-square test examined whether levels of job satisfaction were associated with the likelihood of reporting burnout as a cause of turnover intention. Although the cross-tabulation suggested that dissatisfied employees were more likely to identify burnout as a contributing factor, the

relationship was not statistically significant ($\chi^2(4) = 6.00$, $p = .199$), likely due to the very small sample size, which limited statistical power.

Table 3: Chi-square Test for Job Satisfaction and Turnover Intention due to Burnout

Variable Pair	Chi-square Value	p-value	Degrees of Freedom
Job Satisfaction vs. Turnover Burnout	6	0.199148273	4

4.4 Examining Burnout, Stress, Job Satisfaction, and CommitmentTable 4 Burnout, Stress, Job Satisfaction, and Commitment

Comparison	T-Statistic	P-Value
Job Satisfaction: Leave vs Stay	-2.449489743	0.070483997

Further statistical analysis provided deeper insights into the psychological dynamics at play. A Pearson correlation analysis revealed a moderate positive correlation between perceived stress and feelings of burnout ($r = 0.45$). This indicates that as the workplace environment is perceived as more stressful, male care workers are more likely to experience symptoms of emotional exhaustion and cynicism, a key dimension of burnout.

To compare the experiences of those considering leaving with those intending to stay, an independent samples t-test was conducted. The results indicated that participants with a higher intention to leave their job reported lower levels of job satisfaction ($M = 2.8$, $SD = 0.84$) compared to those with lower turnover intention ($M = 4.2$, $SD = 0.45$). This difference approached statistical significance ($t(4) = -2.45$, $p = 0.070$). Although not definitive at the conventional .05 level, this strong trend ($p < .10$) in a small sample point to a meaningful relationship between dissatisfaction and the desire to leave. Furthermore, qualitative analysis of open-ended survey responses and the interviews consistently showed that stronger affective organisational commitment sense of emotional attachment to the organisation was associated with lower turnover intentions.

4.5 Integrated Qualitative and Quantitative Findings: A Mixed-Methods Thematic Analysis

Thematic analysis of the interview transcripts was conducted to provide explanatory context for the initial quantitative patterns. The ensuing five themes do not stand alone but are integrated with the statistical findings to offer a comprehensive understanding of the male health care worker experience. This integrated analysis also demonstrates how the qualitative findings provide the explanatory 'why' behind the quantitative 'what', fulfilling the core objective of the explanatory sequential mixed-methods design.

Theme 1: Stereotyping and Gendered Expectations. This theme elucidates the quantitative data indicating lower role satisfaction. Participants reported being systematically assigned to physical tasks, such as lifting or managing aggression, while being excluded from intimate care. One participant (age 41) encapsulated this, stating, “I’m seen as the bouncer, not the carer.” This qualitative evidence explains the statistical dissatisfaction by revealing a work environment where professional identity is constrained by gendered stereotypes.

Theme 2: Workplace Culture and Social Isolation. The qualitative data on isolation provides the underlying mechanism for the quantitative scores showing low organisational commitment. Participants described being excluded from informal peer support networks. As one carer (age 29) shared, “day after day, it makes you feel like you don’t quite belong here.” This lack of social integration, captured in the interviews, directly explains the weak sense of belonging measured in the surveys.

Theme 3: Burnout and Emotional Strain. The interviews gave profound context to the high stress and burnout scores. Participants articulated the cumulative impact of unmanaged emotional labour, exacerbated by the isolation described in Theme 2. A veteran carer (age 58) described a state of depletion: “It bottles up until you just feel empty.” This narrative account vividly aligns with and exemplifies the psychological ‘exhaustion’ stage of the General Adaptation Syndrome (GAS) model, which the quantitative data had previously signalled.

Theme 4: The "Glass Cage" of Limited Career Progression. Contrary to the ‘glass escalator’ phenomenon, this theme contextualises the weak correlation between tenure and promotion in the quantitative data. Participants perceived no viable clinical career ladder, feeling trapped between a stagnant frontline role and an undesirable management track. One participant (age 34) explained, “There is no ‘next’ if I want to stay on the floor.” This qualitative finding explains the quantitative trend, revealing a structural barrier to progression that fuels turnover intentions.

Theme 5: Sources of Fulfilment and Resilience. This final theme resolves an apparent contradiction in the quantitative data: the coexistence of high stress with high job satisfaction in a subsample. The interviews revealed that deep fulfilment from patient care and supportive collegial relationships acted as critical buffers. These powerful intrinsic rewards, qualitatively described, explain the statistical anomaly by highlighting the psychological resources that mitigate prevailing stressors and foster resilience.

5. Discussion

The mixed-methods approach provided an integrated understanding of male care workers’ experiences, blending numerical evidence with lived narrative. Quantitative findings indicated that stress, burnout, and low job satisfaction were associated with higher turnover intentions. The qualitative data explained these patterns, illustrating the mechanisms by which gendered stereotypes, emotional isolation, and limited career progression contribute to dissatisfaction and attrition. The sequential explanatory design allowed the quantitative data to set the scene—revealing moderate correlations between stress and burnout ($r = 0.45$) and an inverse relationship between job satisfaction and turnover intentions ($p = 0.07$)—while qualitative interviews uncovered the emotional and cultural dynamics underlying these trends. This complementary interaction between data strands exemplifies the power of mixed methods to uncover both breadth and depth.

This research moves beyond the application of established theories to offer a context specific theoretical elaboration. The participants' experience of being typecast as "the bouncer, not the carer" reveals a dual identity strain that extends Social Identity Theory (SIT). This posit that male health care workers navigate a conflict not merely between in and out groups, but between two competing in group identities: a deeply internalised masculine identity and a professional caring identity. This intra psychic identity fracture represents a novel development of SIT, illustrating how identity threat can originate from within

an individual's own identity repertoire in gendered professions, rather than solely from external group dynamics. However, this identity-based conflict provides a new aetiology for the General Adaptation Syndrome (GAS). The findings demonstrate that the 'alarm' stage is chronically triggered by recurring identity threats, not generic stressors. The subsequent progression to 'exhaustion' is thus critically driven by the immense psychological labour required to manage this dual identity a cognitive and emotional cost that remains unacknowledged and unsupported by current structures. Consequently, this study proposes a model of 'identity-mediated exhaustion,' where burnout is a direct function of unresolved identity strain, thereby refining GAS to account for the pathogenic nature of chronic identity conflict in the workplace. The concept of the "glass cage" crystallises this theoretical extension. It demonstrates that the potential 'glass escalator' is immobilised by structural constraints that exacerbate this core identity strain. The absence of a career path that reconciles professional advancement with a caring identity not only blocks progression but actively perpetuates the cycle of identity threat and exhaustion, offering a systemic explanation for the findings on the turnover of male health care workers in nursing homes.

5.1 Recommendations for Practice

Drawing from the integrated findings, the following evidence-based recommendations are proposed:

1. Develop Gender-Inclusive Leadership and Training: Embed gender sensitivity in managerial and rostering practices to counteract unconscious bias.
2. Establish Peer Support and Mentorship Programs: Facilitate structured mentoring and reflective debriefs to reduce isolation.
3. Create Clinical Career Pathways: Introduce specialist care roles that reward expertise without forcing workers into administrative positions.
4. Promote Male Role Models in Care: Normalise men’s presence in care work through positive representation and advocacy initiatives.

These interventions address both organisational and psychosocial factors identified across the data, aligning with the study’s integrated framework.

6. Conclusion

This mixed method study demonstrates that the high turnover and underrepresentation of male care workers in East Midlands nursing homes stem from modifiable organisational and cultural factors rather than inevitability. Integrating Social Identity Theory and GAS provided an original explanatory framework: social exclusion and gender stereotyping act as chronic stressors that, when unmitigated, lead to emotional exhaustion and withdrawal. The research advances understanding of the psychological and physiological toll of minority stress in care settings and offers a grounded rationale for retention strategies focused on inclusion, identity validation, and professional progression. Addressing these areas requires more than financial incentives it necessitates cultural transformation within care organisations. Although the from a specific sample limits genera, this pilot study establishes a strong foundation for larger, longitudinal, and intervention-based research across the UK. Future studies should test the impact of mentorship schemes and clinical career ladders on retention outcomes.

Policy relevance: The findings support current UK workforce strategies (Skills for Care, 2024 and Framework, 2024) advocating for gender-inclusive recruitment, leadership development, and wellbeing

initiatives. Implementing these recommendations could strengthen workforce stability and ensure equitable participation of men in delivering compassionate, high-quality care.

Limitations and Future Research

The main limitation of this pilot study is its small sample size (N=6), which constrains statistical power and generalisability. Furthermore, its geographic focus on the East Midlands may limit the transferability of findings to other UK regions with different demographic or service structures. The cross-sectional design also provides only a single-time snapshot, preventing analysis of how retention factors evolve over an individual's career. To address these limitations in subsequent PhD research, the following methodological next steps are proposed:

- A longitudinal design tracking a cohort of workers over 12 months would be essential to understand the temporal dynamics of stress and identity strain, mapping pathways into and out of burnout.
- A larger, stratified sample (N>) minimum in between 25 to 30 would enable robust statistical analysis and the exploration of subgroup differences (e.g., by age, ethnicity, or care home type).

Despite its constraints, this study successfully validates the integrated SIT and GAS framework and the feasibility of the mixed-methods approach. The emergent themes of the "glass cage" and gendered isolation highlight critical, under-researched areas for deeper exploration. This study advances understanding by integrating physiological and psychosocial frameworks to explain male care worker turnover, proposing a novel model of 'identity-mediated exhaustion'. Overall, the pilot establishes a strong conceptual and methodological foundation, providing clear direction for scaling up this research. It underscores the necessity of investigating gender equity in social care through an interdisciplinary lens to develop effective retention strategies.

References:

1. Babbie, E.R. (2021) The practice of social research. 15th edn. Boston: Cengage Learning.
2. Bagshaw, S. and Bazeer, N. (2021) The impact of COVID-19 on the social care workforce London: The Health Foundation.
3. Bancalari, P. and Zaranko, B. (2024) Workforce turnover in the English NHS. London: The Nuffield Trust.
4. Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology', Qualitative Research in Psychology, 3(2), pp. 77-101.
5. British Sociological Association (2017) BSA statement of ethical practice. Durham: British Sociological Association.
6. Cammann, C., Fichman, M., Jenkins, G.D. and Klesh, J.R. (1983) Assessing the attitudes and perceptions of organizational members. In: Seashore, S.E. et al. (eds.) Assessing organizational change: A guide to methods, measures, and practices. New York: Wiley.
7. Care Home UK (2025) UK care home statistics 2025. Available at: https://www.carehome.co.uk/advice/care-home-trends (Accessed: 23 May 2025).

8. Carers First (2024) Why 'me time' is crucial for male carers and their mental health. Available at: https://www.carersfirst.org.uk/news-and-stories/why-me-time-is-crucial-for-male-carers-and-their-mental-health/ (Accessed: 12 September 2025).
9. Chen, L. and Abram, D. (2018) Survey methodology in the social sciences: principles and practice. Oxford: Oxford University Press.
10. Chontawan, R., Juntasopeepun, P., Soivong, P., Akkadechanunt, T. and Lyu, X. (2022) 'A qualitative systematic review on the lived experience of men in nursing', Nursing Open, 9(5), pp. 2263-2275.
11. Clausen, T., Burr, H. and Borg, V. (2019) 'The Danish Psychosocial Work Environment Questionnaire (DPQ): development, content, and psychometric properties', Scandinavian Journal of Work, Environment & Health, 45(4), pp. 356-369.
12. Creswell, J.W. and Clark, V.L.P. (2017) Designing and conducting mixed methods research. 3rd edn. Los Angeles: SAGE Publications.
13. Divers, J. (2025) 'Experiences of the female nursing higher education workforce: a systematic integrative review', British Journal of Nursing, 36(6), pp. 326-331.
14. England, P. (2005) 'Emerging theories of care work', Annual Review of Sociology, 31, pp. 381-399.
15. Evans, J. (2004) 'Men in nursing: issues of gender segregation and hidden advantage', Journal of Advanced Nursing, 46(6), pp. 613-620.
16. Financial Times (2025) UK care home sector report. 15 March.
17. Fuentes, L.L.A., Leon, A.I. and Rosales, R. (2023) 'Recommendations for recruitment and retention of a diverse workforce', in Talent management strategies. Cham: Springer, pp. 346-361.
18. Gangl, M., Gerlach, A. and Kronberg, K.A. (2024) 'Promoting men and women to management: Putting the glass escalator paradox in the establishment context', Social Science Research, 120, 102999.
19. Greener, I., Maben, J. and Adams, M. (2020) *Workforce challenges in social care post-COVID-19*. Bristol: University of Bristol Press.
20. Hagerty, B.M. and Patusky, K. (1995) 'Developing a measure of sense of belonging', Nursing Research, 44(1), pp. 9-13.
21. Hammersley, M. and Traianou, A. (2012) Ethics in qualitative research: controversies and contexts. London: Sage.
22. Hussein, S., Ismail, M. and Manthorpe, J. (2022) 'The male care worker: a scoping review', Social Policy and Administration, 56(3), pp. 456-471.
23. Jackson, C. (2007) 'Social exclusion and gender: Does one size fit all?', The European Journal of Development Research, 19(1), pp. 125-146.
24. James, L. (2025) Masculinity over money? The hidden barrier keeping men out of top occupations. Available at: https://phys.org/news/2025-05-masculinity-money-hidden-barrier-men.html (Accessed: 25 October 2025).
25. Johnson, R.B., Onwuegbuzie, A.J. and Turner, L.A. (2006) 'Toward a definition of mixed methods research', Journal of Mixed Methods Research, 1(2), pp. 112-133.

26. Karasek, R.A. (1979) 'Job demands, job decision latitude, and mental strain: Implications for job redesign', Administrative Science Quarterly, 24(2), pp. 285-308.
27. Keogh, B. (2019) Equality, diversity and inclusion in the NHS. London: NHS England.
28. King's Fund (2025) Social care and funding report. London: The King's Fund.
29. Leiter, M.P. and Maslach, C. (2016) 'Understanding the burnout experience: recent research and its implications for psychiatry', World Psychiatry, 15(2), pp. 103-111.
30. McEwen, B.S. (2006) 'Protective and damaging effects of stress mediators: central role of the brain', Dialogues in Clinical Neuroscience, 8(4), pp. 367-381.
31. Mobley, W.H., Horner, S.O. and Hollingsworth, A.T. (1978) 'An evaluation of precursors of hospital employee turnover', Journal of Applied Psychology, 63(4), pp. 408-414.
32. Molen, Y., Kuijer, P. and Sluiter, J. (2023) 'Stress and recovery in healthcare workers: a longitudinal study', Journal of Occupational Health, 65(1), e12401.
33. Monari, S., Perez, J. and Santos, F. (2019) 'Organisational stress and the General Adaptation Syndrome: a modern application', Work & Stress, 33(4), pp. 345-362.
34. Montasem, A., Cook, N. and Kasdovasilia, P. (2022) 'UK healthcare support workers and the COVID-19 pandemic: an explorative analysis of lived experiences', Home Health Care Services Quarterly, 41(1), pp. 14-39.
35. Neal, B., Dempsey, L. and Wood, K. (2024) Unpaid carers with health needs in the workplace. Available at: https://carers.org/downloads/unpaid-carers-with-health-needs-in-the-workplace-report.pdf (Accessed: 5 October 2025).
36. Nguyen, A. and Wolbring, G. (2023) 'Equity/Equality, Diversity and Inclusion, and Other EDI Phrases and EDI Policy Frameworks: A Scoping Review', Societies, 13(2), 28.
37. Perfect Services (2024) Recognising male care workers. Available at: https://perfectcare.co.uk/2024/08/20/recognising-male-care-workers/ (Accessed: 13 September 2025).
38. Reinardy, S. (2012) 'Job security, satisfaction influence work commitment', Newspaper Research Journal, 33(1), pp. 54-70.
39. Roberts, S. (2018) Boys and men in a feminised field. London: Palgrave Macmillan.
40. Rzemieniak, M. and Wawer, M. (2021) 'Employer branding in the context of the company's sustainable development strategy from the perspective of gender diversity of Generation Z', Sustainability, 13(2), p. 828.
41. Selye, H. (1950) The physiology and pathology of exposure to stress. Montreal: Acta Inc.
42. Selye, H. (1965) The stress of life. New York: McGraw-Hill.
43. Shilpa, S. (2025) 'The role of emotional exhaustion in employee turnover and its implications for retention', International Journal of Management and Development Studies, 14(3), pp. 33-44.
44. Shore, L.M., Randel, A.E., Chung, B.G., Dean, M.A., Holcombe Ehrhart, K. and Singh, G. (2011) 'Inclusion and diversity in work groups: a review and model for future research', Journal of Management, 37(4), pp. 1262-1289.
45. Simpson, R. (2004) 'Masculinity at work: the experiences of men in female-dominated occupations', Work, Employment and Society, 18(2), pp. 349-368.

46. Skills for Care (2024) The state of the adult social care sector and workforce in England. Leeds: Skills for Care.
47. Smallwood, N., Kar, P. and Schweikert, J. (2022) 'Wellbeing and burnout among the social care workforce: a mixed-methods study', Journal of Social Care, 45(2), pp. 112-125.
48. Tajfel, H. and Turner, J.C. (1979) 'An integrative theory of intergroup conflict', in Austin, W.G. and Worchel, S. (eds.) The social psychology of intergroup relations. Monterey, CA: Brooks/Cole, pp. 33-47.
49. Tashakkori, A. and Teddlie, C. (1998) Mixed methodology: combining qualitative and quantitative approaches. Thousand Oaks, CA: SAGE.
50. Teddlie, C. and Tashakkori, A. (2020) Foundations of mixed methods research: integrating quantitative and qualitative approaches in the social and behavioral sciences. 2nd edn. London: SAGE.
51. Thapa, B. and Rai, N. (2015) 'A study on purposive sampling method in research', Kathmandu School of Law Review, 5(1), pp. 8-15.
52. Whittock, M. and Leonard, L. (2003) 'Stepping outside the stereotype: a study of male nurses', Journal of Gender Studies, 12(1), pp. 35-48.
53. Williams, C.L. (1995) Still a man's world: men who do women's work. Berkeley, CA: University of California Press.
54. Williams, C.L. (2013) 'The glass escalator, revisited: gender inequality in neoliberal times', SWS Feminist Lecturer, 27(5), pp. 609-629.
55. Williams, C.L. (2021) 'The glass escalator, revisited: gender inequality in neoliberal times', Signs: Journal of Women in Culture and Society, 47(1), pp. 41-70.
56. Wingfield, A.H. (2009) 'Racializing the glass escalator: Reconsidering men's experiences with women's work', Gender & Society, 23(1), pp. 5-26.
57. Wood, E., Ryan, T., Weich, S., Finn, R., Ohlsen, S., Long, J. and Senek, M. (2025) 'Factors affecting the retention of healthcare assistants in English mental health services: a qualitative interview study', BMC Health Services Research, 25, 505.
58. World Medical Association (2013) 'World Medical Association Declaration of Helsinki: ethical principles for medical research involving human subjects', JAMA, 310(20), pp. 2191-2194.