Letters to the editor

Reply to Kayauchi et al.’s questions regarding the mental health of Japanese male registered nurses

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We investigated predictors associated with the Japanese version of the 12-item General Health Questionnaire (GHQ-12) among Japanese male registered nurses¹. We reported that the mental health was significantly poor of the male registered nurses who did not feel recognized as important partners on the job by female registered nurses and who felt that female registered nurses’ manners toward them were bad. Thus, we concluded that female registered nurses should recognize that their attitudes toward male registered nurses affect the mental health of male registered nurses. Kayauchi et al. showed their interest in this study and provided us with an opportunity to comment on the results of the study². We are grateful for and are responding to their requests.

Kayauchi et al.² asked us to comment on how we disseminated the findings of our study and shared the information for clinical practice. They also asked us to comment on who would be responsible for organizational activities and how they work. Thus, we offer our opinions as follows.

Female registered nurses are a majority in the nursing department of hospitals. Therefore, improving female registered nurses’ attitudes toward male registered nurses as a minority could be an important issue. However, there is also a possibility that male registered nurses have inappropriate attitudes toward female registered nurses in reverse. If so, they must also reflect on their attitudes. Both female and male registered nurses should be considerate toward each other.

We believe that developing female and male registered nurses’ attitudes toward each other is necessary to effectively utilize the results from this study in clinical practice. To achieve this purpose, we believe that it is important to create various educational opportunities (e.g., workshops regarding harassment and manners) for all registered nurses within the organization. Moreover, providing opportunities to discuss how to cooperate regarding the gender difference can be useful to promote understanding. We believe that these educational opportunities and discussions will develop female and male registered nurses’ attitudes toward each other.

We think that the people responsible for providing such organizational activities should be hospital management personnel (e.g., the hospital director and the director of nursing). Moreover, those organizational activities should be conducted under the leadership of hospital management personnel and be performed periodically. If such an organizational environment can be established in the nursing department of hospitals, all registered nurses will be able to work comfortably.

In our study, there were 40.1% of male registered nurses with poor mental health¹. Because of this percentage being high, Kayauchi et al. asked us to comment on the GHQ-12 cut-off value for nurses². Thus, we have given our opinions.

Sumi et al. investigated the current situation of the mental health of Japanese male registered nurses by using the Japanese version of the 30-item GHQ (GHQ-30)³. According to the guidance for using that version, a study of Japanese participants found that a score of ≥7 indicated poor mental health⁴. Sumi et al. used the above cut-off value in their study and reported, in an academic conference, that there were 42.9% of male registered nurses with poor mental health⁵. Because we used the GHQ-12 in our study, a simple comparison is impossible. However, it is highly likely that 40% or more workers have poor mental health in stressful workplaces.

To the best of our knowledge, studies regarding Japanese
male registered nurses’ GHQ scores are scarce. Therefore, further investigation is warranted. If individual researchers arbitrarily change the GHQ cut-off values, it will become difficult to compare scores between male and female registered nurses and to compare them with various prior studies. According to the guidance for using the Japanese version of the GHQ-12, a study of Japanese participants found that a score of $\geq 4$ indicated poor mental health\(^4\). When researchers use the GHQ-12, we think it is best to use this cut-off value. However, it is also important to investigate whether or not there is a more appropriate cut-off value of the GHQ-12 for registered nurses. We thank Kayauchi et al. for asking this question and their intellectual curiosity regarding the cut-off value.

**Conflict of interest:** None.

References

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