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# Ways of Knowing, Learning, and Being: Exploration of the Educational Culture, Learning Experiences, and the Persistence of Male Students in Associate Degree Nursing Programs in New York State

Loretta G. Quigley

St. John Fisher College, lgq03496@students.sjfc.edu

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# Ways of Knowing, Learning, and Being: Exploration of the Educational Culture, Learning Experiences, and the Persistence of Male Students in Associate Degree Nursing Programs in New York State

## **Abstract**

Currently, studies show that men are underrepresented in the nursing profession. The Health Resources and Services Administration (2013) found that although men comprise 49% of the population, only 9% of the nursing workforce is male. Additionally, there are predictions of an impending nursing shortage, related in part to an ageing nursing workforce and health care reform. Increasing the number of men could be a possible solution to the shortage. This may be accomplished by retaining male students in nursing education, although studies have identified many factors that impact negatively on their retention. The National Advisory Council on Nurse Education and Practice (2000) reported that a diverse workforce is vital in order to reflect the changing characteristics of the general population. Given the projections of an impending nursing shortage, cultural and gender diversity becomes even more imperative. The research study used a qualitative phenomenological research design to explore the educational culture surrounding the male student in associate degree nursing programs in New York State. The findings revealed four major categories including: (1) navigating through the educational process, (2) redefining the nursing role, (3) ways of knowing, and (4) fulfilling destiny. Male nursing students are still blazing a trail that must be conquered, and much can be learned from their lived experiences. The retention of men during their nursing education program is key to reducing the proposed shortage of nurses and increasing the diversity of the profession. This study adds to the knowledge base of the male experience in nursing education, and the results could change the nursing educational culture.

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## **First Supervisor**

Theresa L. Pulos

## **Second Supervisor**

Cathleen McColgin

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Ways of Knowing, Learning, and Being: Exploration of the Educational Culture,  
Learning Experiences, and the Persistence of Male Students in Associate Degree Nursing  
Programs in New York State

By

Loretta G. Quigley

Submitted in partial fulfillment  
of the requirements for the degree  
Ed.D in Executive Leadership

Supervised by

Dr. Theresa L. Pulos

Committee Member

Dr. Cathleen McColgin

Ralph C. Wilson, Jr. School of Education

St. John Fisher College

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2015

## **Dedication**

I dedicate this dissertation to my husband, Jim, and son, John, who have been with me every step of the way with their unwavering support, encouragement, love, assistance, and humor. They are very special, and I owe them my gratitude and so much more. To my parents, who taught me at an early age the magic of learning; to my mother, who would be so proud of this accomplishment; and to my Dad, who inspires with unconditional love and humor.

I also dedicate this work to my colleagues at St. Joseph's College of Nursing and St. Joseph's Health. To Anne Marie Czyz and Marianne Markowitz, who have supported me throughout this process, and to Ann, Cheryl, and Susan, who helped me in ways too numerous to count. To Abby, Sarah, Peter, Andy, and Matthew, whose assistance was immeasurable, and to the St. Joseph's faculty, who inspire me every day to be a better leader, person, and scholar.

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### **Biographical Sketch**

Loretta Quigley is currently Academic Dean at St. Joseph's College of Nursing in Syracuse, NY. Mrs. Quigley graduated from Villanova University in 1975 with a Bachelor of Science degree in Nursing. She completed her Master of Science degree in Nursing at Syracuse University in 1985. She then received a Postgraduate Certificate in Nursing Administration in 1995 from Syracuse University. Mrs. Quigley began her doctoral studies in the fall of 2013 at St. John Fisher College in the Ed.D. Program in Executive Leadership. Mrs. Quigley pursued her research on factors influencing the retention of male nursing students in associate degree nursing programs under the direction of Dr. Theresa Pulos and received the Ed.D. degree in 2015.

## **Abstract**

Currently, studies show that men are underrepresented in the nursing profession. The Health Resources and Services Administration (2013) found that although men comprise 49% of the population, only 9% of the nursing workforce is male. Additionally, there are predictions of an impending nursing shortage, related in part to an ageing nursing workforce and health care reform. Increasing the number of men could be a possible solution to the shortage. This may be accomplished by retaining male students in nursing education, although studies have identified many factors that impact negatively on their retention.

The National Advisory Council on Nurse Education and Practice (2000) reported that a diverse workforce is vital in order to reflect the changing characteristics of the general population. Given the projections of an impending nursing shortage, cultural and gender diversity becomes even more imperative.

The research study used a qualitative phenomenological research design to explore the educational culture surrounding the male student in associate degree nursing programs in New York State. The findings revealed four major categories including: (1) navigating through the educational process, (2) redefining the nursing role, (3) ways of knowing, and (4) fulfilling destiny.

Male nursing students are still blazing a trail that must be conquered, and much can be learned from their lived experiences. The retention of men during their nursing education program is key to reducing the proposed shortage of nurses and increasing the

diversity of the profession. This study adds to the knowledge base of the male experience in nursing education, and the results could change the nursing educational culture.

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## **Chapter 1: Introduction**

### **Introduction**

A study investigating the barriers existing for men pursuing nursing education may best be introduced by noting the challenges facing the nursing profession. The nursing profession is facing many challenges, one of which is the impending epidemic shortage of nurses. Nurses represent the largest segment of the American health care workforce with more than 3 million members. The National Sample Survey of Registered Nurses (RNs) (2008), reported the average age of RNs was 46.8 years. Additionally, according to a 2013 survey conducted by the National Council of State Boards of Nursing and The Forum of State Nursing Workforce Centers, 55% of the RN workforce is age 50 or older. In order to address this challenge, nursing colleges across the country are struggling to expand their enrollment, but they cannot grow fast enough to meet the projected demand for nurses (American Association of Colleges of Nursing, 2014).

According to the Bureau of Labor Statistics' Employment Projections (2012) the RN workforce will be the top occupation in terms of job growth through 2020. It is predicted that by 2020, there will be a shortage of 285,000 nurses in the United States alone (Evans, 2004). Similarly, Buerhaus (2008) stated that the demand for nurses will begin around 2015, grow to the estimated 285,000 by 2020, and escalate to a shortage of 500,000 by 2025. Nursing shortages have been cyclical in nature. Throughout history, the United States has experienced a series of nursing surpluses and

shortages. In the last 50 years, nurse shortages and surpluses have cycled mainly on the side of the shortages.

Mason, Leavitt, and Chaffee (2012) noted that the U.S. endured two nursing labor shortages in the 1980s, caused primarily by wage control and cost-cutting measures. Solutions were readily achieved by increasing wages, including sign-on bonuses, and arranging flexible scheduling. However, the current shortage has been characterized as being unlike those experienced in the past. This current shortage is different in that it isn't driven by economic cycles. Past strategies accomplished temporary solutions as the supply of nurses was simply redistributed as opposed to increasing the number of nurses (Nevidjon & Erickson, 2001).

Trends of an ageing RN workforce, a limited number of students to fill the impending vacancies, the growing health care needs of the ageing baby boomers, and health care reform, which will increase the access of health care to millions of Americans, are some of the unique aspects that bring a new dimension to an old problem. O'Lynn (2004) stated that unlike previous shortages, the profession can no longer rely on an unlimited supply of women to become nurses. Successful strategies to reduce the present nursing shortage and its impact on health care will need to be creative and have long-term implications.

This projected shortage of nurses is expected to intensify as an ageing nurse population retires, baby boomers increase in age, and more Americans have access to health insurance. There has also been an increasing demand for consistent, high-quality, cost-efficient care in a rapidly changing and uncertain environment (Aiken et al., 2001). These factors present a great challenge to health care, as an insufficient number of RNs

will become a critical stressor for health care institutions. Studies have reinforced the significance a nursing shortage can have on the quality of care and the health of a nation. Tubbs-Cooley, Cimiotti, Sloane, and Aiken (2013) and Needleman, et al (2011) noted a direct link between insufficient RN staffing, the spread of hospital-acquired infections, poor outcomes, and higher patient mortality rates.

To alleviate the nursing shortage, nursing needs to recruit more men and change the stereotypes involving male nurses. Nursing scholars have recommended that the profile of nursing needs to change to meet the diversity of the changing population and the impending crisis of the worldwide nursing shortage. Nursing recruitment should be increasingly directed toward individuals from minorities, including men, to help fill the profession's present and future vacancies. The ability of the nursing profession to attract and retain significant numbers of men has been mentioned as a possible solution to the impending nursing shortage. However, efforts to increase the recruitment and retention of men, such as media campaigns and scholarships, have been minimal. Nursing education must engage in strategies that encourage the recruitment and retention of the male student.

Studies show that men are underrepresented in the nursing profession. The Health Resources and Services Administration (2013) found that although men comprise 49% of the population, only 9% of the nursing workforce is male. This is an increase, as O'Lynn and Tranbarger (2007) reported, that in 2000, men represented 5.4% of the total RN population. In contrast, according to the U.S. Bureau of Labor Statistics (2012), men comprise 42% of the population of secondary school teachers. Meadus and Toomey (2011) stated that although men continue to remain a minority within the nursing

profession, efforts by nursing schools have been conservative toward their recruitment. Jeffreys (2007) conducted a retrospective evaluation study to assess the entry and graduation characteristics of associate degree nursing students on entry into the first clinical nursing course and stated that in the escalating nursing shortage, male nursing student recruitment and retention is a priority. Bartfay, Bartfay, Clow, and Wu (2010) stated that increasing the male population in nursing will help address the shortage of nurses and also increase diversity in the profession. However, male students' experiences in nursing academia may affect their willingness to remain in an undergraduate nursing program.

### **Problem Statement**

Studies of male nursing students have indicated there are many factors that impact negatively on retention in undergraduate nursing programs. Anthony (2004), Stott (2006), Keough and O'Lynn (2007), O'Lynn and Tranbarger (2007), and Bartfay et al. (2010) identified barriers male students face including role strain, gender bias, gender discrimination, societal perceptions, stereotyping, intimate care issues, and decreased retention that their female peers did not encounter. O'Lynn (2006) also noted that the barriers men face in nursing school are pervasive, consistent, and have changed little over time. These findings suggest the educational environment in nursing remains challenging for men, so they remain underrepresented.

Oermann and Heinrich (2006) reported attrition data in nursing academia is difficult to obtain because it is not reported through any one source. The American Assembly for Men in Nursing (AAMN) (2011) noted that although solid national data on nursing student attrition by gender is lacking, the poor retention of men in nursing

academia has been well documented in the literature. Brady and Sherrod (2003) noted men in nursing educational programs had higher rates of attrition than women in traditionally male-dominated professional education programs. Similarly, Wolfenden (2011) reported drop-out rates for most university professional programs at 46%, contrasting with the drop-out rates for men in nursing education programs, which can approach 100%. These low retention numbers are concerning for nursing education and the nursing profession, and they present opportunities for nurse educators to develop strategies for the recruitment and retention of men in nursing.

Berger and Lyon (2004) described undergraduate retention as the ability to retain a student from admission to graduation. College student retention has been a concern for many years, and there are numerous factors that influence retention and completion rates. Seago and Spetz (2003) stated there was little research regarding the retention of associate degree nursing students, which is more concerning now when a nursing shortage is looming. This makes exploring reasons for increased retention even more compelling. Tinto (1993) proposed the sources of student departure are primarily in three specific areas: academic problems, failure to integrate socially and intellectually with the culture of the college, or a low level of commitment. Issues of social identity, the cognitive and motivational basis of intergroup differentiation, should also be explored. For all of the reasons already noted, nursing programs have become more focused on the retention of their students. The predicted nursing shortage, along with the dearth of research regarding the retention of male nursing students, reveals the need for further study of the topic.

**Historical background.** The history of men in nursing may provide perspective into the role that gender has played in the nursing profession. Historically speaking, men were nurses long before nursing became a female-dominated profession. The early history of men in nursing revolves around religious orders during the Crusades and evolved into military nursing care where only men tended to the sick and wounded (Evans, 2004). In the 14th and 15th centuries, men and women both performed nursing care. Florence Nightingale, in the mid-19th century established nursing as singularly the work of women. O'Lynn (2006) reported that this feminist notion was a consequence of the Victorian philosophy that there should be a separation of labor based on gender, which separated men and women almost completely in work and education. In conjunction with the social norms of this time, women were seen in domestic roles with lower values than male occupations. Evans (2004) postulated this perceived lack of social status has contributed to the undervaluing of the nursing profession and may be one of the reasons men still have reservations regarding a career in nursing.

According to O'Lynn and Tranbarger (2007), in 1890, men comprised approximately 13% of the nursing workforce. The number has fluctuated over the years and, in 1940, men represented only 2% of all nurses, possibly explained by Florence Nightingale's efforts to recruit only women into nursing. In the 1970s, the number of men in nursing increased slightly to 2.7%. In 2013, the number of men in nursing has risen to 9% of the total population of three million nurses in the United States. As with any minority status, barriers and difficulties can be present. O'Lynn (2006) presented an historical perspective on men in nursing, describing the societal stereotypes associated with nurses and nursing, and the gender-based barriers facing males in the profession and

those considering nursing as a career. These barriers still include role strain, gender issues, societal perceptions, stereotyping, and intimate care issues.

**Recruitment and retention.** Bartfay et al. (2010) reported the recruitment and retention of men in nursing has been a challenge due to a variety of educational and social barriers, including the understanding that nursing is a traditionally female profession. Stott (2006) studied attrition by males from nursing courses and stated that this continues to be problematic. Prymachuk, Easton, and Littlewood (2009) reported male students are at particular risk for failing.

Sullivan (2000) stated that although nursing has been somewhat successful in increasing racial, ethnic, and cultural diversity, it has ignored gender diversity. As a result, nursing programs have given little consideration to recruiting and retaining men in nursing education programs (Meadus, 2000). Just as racial and ethnic diversity is essential for nursing's future, so is gender diversity. Just as increasing cultural and ethnic diversity requires action, advancing gender diversity requires a proactive approach.

O'Lynn and Tranbarger (2007) noted the societal stereotypes associated with nurses and nursing and the gender-based barriers facing males in the profession and those considering nursing as a career. Subtle incidents of gender bias may significantly impact male students' learning and success. Men face barriers as a gender minority and, once in school, they continue to face barriers their female counterparts do not encounter. As nursing programs continue to expand and admit more students to address the impending shortage, barriers must be addressed to help decrease the attrition of men in nursing education.

**Gender-based barriers.** Male nursing students face discrimination and barriers before they even enter nursing school. Bartfay et al. (2010) found that 93% of the female nursing students questioned agreed that nursing is a more appropriate profession for females. Their reasoning was because women tend to be more caring and compassionate by their inborn nature when compared to males. Similarly, Evans (2004) stated that the current societal perception between nursing and women is so dominant that merely reading the word nurse automatically activates the concept of the caring compassionate female.

The lack of acknowledgment for male nurses is partly the result of gender roles and stereotypes. Baker (2001); Kelly, Shoemaker, and Steele (1996); Keough and O'Lynn (2007); McLaughlin, Muldoon, and Moutray (2010); and O' Lynn (2004) researched gender-based barriers in nursing schools and identified the following: there is virtually no male role model, faculty member, or male student mentor in the nursing program, and there is a lack of instruction on the history of men in the nursing curriculum, a nurse in the nursing educational textbooks is always referred to as *she*, and there is preferential treatment of the female students.

Similarly, Anthony (2004) and Stott (2006) stated that gender bias and role stereotyping exist in nursing educational programs because nursing faculties are often composed mainly of women. Some of the same perceptions were uncovered by Ellis, Meeker, and Hyde (2006) in a study through face-to-face audiotaped interviews with 13 male nursing students in their last semester of a baccalaureate program. Using qualitative methods to analyze responses, the findings showed a lack of enjoyment in nursing school, frustrating communication differences, and the desire for more male educators.

Additionally, Meadus and Twomey (2011) conducted a study using Giorgi's (2009) method with students from a nursing program who were taking part in a qualitative, phenomenological study. Issues were revealed that related to gender bias in nursing education, practice areas, and societal perceptions that nursing is not a suitable career choice for men. Furthermore, O'Lynn (2004) found that 30.9% of male respondents surveyed at 90 different schools of nursing in the United States reported the nursing faculty emphasized feminine ways of providing care and knowing, and 46.4% of male students perceived this to be a significant barrier. Stott's (2006) qualitative research with male nursing students enrolled in a Bachelor of Arts nursing program revealed that male nursing students face barriers from an academic and clinical practice perspective.

Meadus and Toomey (2011) and Bartfay et al. (2010) used a comparative study to investigate societal attitudes and perceptions toward males enrolled in a school of nursing. A convenience, non-random sampling method revealed both nursing and non-nursing students have less favorable perceptions and negative attitudes toward male nursing students. Anthony (2006) reported that the outcomes of gender bias are harmful to the profession and create a cycle that perpetuates bias and limits the role of men in nursing. This cycle results in different learning experiences for men and women as nursing students, limits recruitment and retention of men, and perpetuates traditional male-female stereotypes that make the profession irrelevant to the diverse population the profession claims to represent and serve. O'Lynn (2004) reported that the barriers men face in nursing school are pervasive, consistent, and have changed little over time. These findings suggest the environment in nursing education remains inhospitable to men.

## **Theoretical Rationale**

The majority of studies emphasize the role of a potential nursing candidate's gender in the decision to choose nursing as a career and the experiences of male students in nursing academia. Although all agree that recruiting more men into nursing is viewed as a way to address the increasing critical shortage of nurses, many studies highlight sexual stereotypes and negative attitudes toward men in nursing as barriers to the ability of nursing education programs to attract and retain male nursing students. The construction of gender for men in nontraditional domains remains largely unexplored, and necessitates an understanding that can decrease an inhospitable environment.

While Kanter (1977) developed the first major group composition theory based primarily on gender, subsequent research has noted that men and women have quite different experiences of working together in opposite gender-dominated occupations. Token theory does not appear generally applicable to men in female-dominated workplaces, especially in nursing; therefore, it does not seem applicable to male nursing students. In fact, token theory works in the men's favor, as it is described as the process of having a glass escalator to the top as opposed to the glass ceiling in the woman's world. Heikes (1991) argued that while male nurses do experience the interaction dynamics associated with tokenism, their experience is substantially different from that of female tokens because of socio-cultural factors of masculinity and femininity as well as gender-based issues of status rather than group proportions alone.

Looker and Magee (2000) suggested that men who choose nursing as a career risk challenging the traditional roles of their gender stereotypes. Connell (1995) stated that masculinity for men has traditionally been defined by the labor they perform. This notion

of masculinity means that it may be all right for women to enter traditionally men's occupations, but it is still seen as unusual for men to enter women's traditional roles. Connell (1995) also suggested that an individual constructs his or her gender identity not purely on a biological difference but by internalizing the social meaning given to that biological difference. The concept of gender as a socially constructed identity has a relatively recent origin.

Tajfel and Turner (1979) developed social identity theory (SIT) as a reaction to earlier reductionist theories of intergroup relations. These theories tended to concentrate on individuals' behaviors within groups, or they tried to convey group behavior using the principles developed to understand individuals' behavior. SIT, on the other hand, explains how the group can contribute to an individual's identity and focuses on the group in the individual, thus forming a socially constructed identity. Steffens et al. (2014) described SIT as an approach that builds on the idea that we are able to think of ourselves and others not only as individuals in terms of personal identity (me and you) but also as members of a group in terms of social identity (we and us).

Ho (2007) proposed a framework to identify how popular theories apply to diversity research in order to understand behaviors that manifest from differences in the workplace. She argued that social identity theory does not operate on an individual level, but it acts as a social construct. Additionally, she inferred that individuals, even though they are acting in accordance with in-group norms, may be assisted to modify their behavior by becoming aware of their own behavior as well as the behavior of others. Social identity theory was used in this study as a framework within which to explore and understand gender-related attitudes and behavior.

In a profession that is anticipating impending critical staff shortages, it should be imperative to investigate the reasons contributing to the attrition of male nursing students enrolled in undergraduate nursing courses. The issues may lie within the socialization process of the male student nurse as opposed to within the context of the organization.

The recruitment and retention of men has been a challenge due to a variety of educational and social barriers, including the understanding that nursing is a traditionally female profession. Examination of the literature offers insights that can increase understanding of the impact of the nursing shortage and the barriers that impact the recruitment and retention of men in the profession (Evans, 2004). Studies that have explored men's experiences in nursing educational programs demonstrate that gender bias and discrimination do exist. Many studies agree that our society is increasingly diverse, and despite small increases in the proportion of nurses who are male, the RN workforce does not yet represent society in this respect.

### **Statement of Purpose**

If gender bias remains an unrecognized, unaddressed component of nursing education programs, the outcomes are clearly detrimental to the profession and will limit the ability to recruit and retain a robust workforce (Anthony, 2006). An examination of men in nursing will increase the understanding of barriers impacting their recruitment and retention (Evans, 2004).

The purpose of the study is to add to the literature an increased understanding of men's perceptions of their nursing educational experiences in order to address decreased retention issues. The qualitative phenomenological research process is a practical method to perform an investigation of this particular phenomenon. Previous studies have shown

little progress to reduce barriers that prevent male success in nursing education. Bell-Scriber (2008) noted the educational environment does not exist in isolation and reflects the culture, values, and beliefs of the greater society in which education is positioned. Continued study of barriers, and educational and societal issues that affect men in nursing education, will raise awareness of these challenges among nurse educators so that strategies may be developed to provide a welcoming climate in the educational environment.

Men still constitute a small minority of the nursing population. Although the literature has identified an impending nursing shortage and barriers that deter men from entering the profession, nursing schools and other stakeholders have been conservative in their efforts to recruit men. Active recruitment and retention of young men may be the means of addressing nursing shortages. The research problem of how to increase the number of men in nursing must address recruitment and retention issues. The issue of a higher rate of attrition as it relates to gender and program type must be explored. If nursing is to become more diverse, as well as able to prevent a shortage, affirmative action is needed to close the gender gap.

The information presented discusses the nursing shortage, the need to increase the recruitment and retention of men in nursing, and the barriers that affect men in nursing. A brief literature review introduced research related to the nursing shortage, recruitment and retention of men in nursing, along with the gender-based barriers and educational experiences of men in nursing education. Greater efforts need to be taken to recruit more males into nursing and heighten awareness of the educational environments that encourage their retention. Considering a national shortage of nurses and an increase in

demand for quality nursing care for an ageing population, it is imperative to address these critical challenges with innovative action.

### **Research Questions**

The research design for the study of exploring the experiences that affect male retention in nursing academia is a qualitative method with phenomenological inquiry. The purpose of the study is to understand the lived experience of male students in undergraduate nursing programs. The term *lived experience* is used in phenomenological studies to highlight the importance of experiences of study participants as perceiving human beings (Moustakas, 1994). Phenomenology seeks to explore the shared meaning of an experience from the perspective of several different individuals (McCaslin and Wilson Scott, 2003). A phenomenological approach, using semi-structured, in-depth interviews of male nursing students in the second year of their associate degree program, was selected to best describe and understand the aspects of the male experience in nursing academia. Patton (1990) emphasized that the focus on the essence of the shared experience is what defines true phenomenological methodology.

The research study attempts to answer the following questions:

1. What is the lived experience of the male nursing student in associate degree programs in New York State?
2. What is the nature of the relationship between male nursing students, their peers, and the faculty?
3. What is the nature of the factors that may impact persistence of the male nursing student to stay in his nursing program?

## **Potential Significance of the Study**

Considering a national shortage of nurses and a rapid increase in demand for health services across the country, the nursing profession must engage in strategies that encourage the recruitment and retention of the male student. Although recruiting more men into nursing is viewed as a way to address the critical shortage of nurses, significant barriers deter male entry into the profession. Delivering quality care for an increasingly diverse and ageing patient population means the nursing profession must continue to work toward achieving a workforce that is more balanced in age, gender, race, and ethnicity. Understanding the centrality of gender in relation to men in nursing is essential if nursing is to address longstanding gender inequalities that impact male nurses. The issue of a higher rate of attrition, as it relates to gender, program type, and social justice, should be explored. The research problem of how to increase the number of men in nursing must address these recruitment and retention issues. Information generated from this research could help reshape nursing education and enhance gender equity and social justice.

## **Definition of Terms**

The following are definition of terms addressed in the study:

*Gender* – refers to the attitudes, feelings, and behaviors that a given culture associates with a person’s biological sex.

*Nursing Shortage* – a widespread and dangerous lack of skilled nurses who are needed to care for individual patients and the population as a whole.

*Barriers* – structures and perspectives that reinforce hegemonic gendered constructions that result in gender role conflict (Thompson, Pluck, & Ferrara, 1992).

*Caring (Intimate Care)* – care tasks associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the sexual parts of the body (Cambridge & Carnaby 2000).

*Retention* – year-by-year retention or persistence rates as well as graduation rates.

*Associate Degree Education* – undergraduate academic degree awarded by community colleges, junior colleges, and technical colleges upon completion of a course of study usually lasting 2-years.

*Discrimination* – a showing of partiality or prejudice of treatment, action, or policies directed against the welfare of minority groups.

## **Chapter Summary**

This chapter discusses how an examination of men in nursing will increase the understanding of barriers impacting their recruitment and retention. The American Association of Colleges of Nursing (2011) called on nursing education programs to increase diversity by strengthening their recruitment and retention efforts in order to increase the number of men. But studies increasingly show that after years of efforts to understand the barriers that men face, little progress has been made in developing strategies to reduce barriers that prevent male student success in nursing education and in a female-dominated profession. The remainder of the document is organized into four chapters.

Chapter 2 summarizes the relevant literature and current research pertaining to the difficulties encountered by men in nursing education programs, and it explores issues related to retention/attention, role strain, gender-based barriers, educational, and societal perceptions that influence the male nursing student experience. The research design

methodology, context, participants, data collection, and analysis processes used in this study are detailed in Chapter 3. Chapter 4 includes an explanation of how the findings addressed the research questions using the participants own words as the primary data source. The chapter delineates the study findings into categories and themes related to issues that impact the persistence and retention of male nursing students. The final chapter, Chapter 5, discusses, summarizes, and interprets the results to describe implications of the findings, to address the limitations of the study, and to offer recommendations for future research and actions, and the chapter concludes with a summary of the entire dissertation.

## **Chapter 2: Review of the Literature**

### **Introduction and Purpose**

Retaining more men in nursing education programs may be a possible solution to the projected shortage of nurses. Currently, studies show that men are underrepresented in the nursing profession. The Health Resources and Services Administration (2013) found that although men comprise 49% of the population, only 9% of the nursing workforce was male. In contrast, according to the U.S. Bureau of Labor Statistics (2012), men comprise 42% of secondary school teachers, even though teaching has been considered a female-dominated profession. Although many changes have occurred in nursing education and practice, including an increased emphasis on increasing diversity, there remains a striking gender imbalance in the profession. Gender diversity in nursing education programs is vitally important and would contribute to a rich environment for teaching and learning. The Institute of Medicine (2010) noted in its report, *The Future of Nursing: Leading Health, Advancing Change*, that men add unique views, talents, and abilities that are valuable to the nursing profession and to society in a larger sense. As previously noted, men comprise less than 10% of the nursing profession, but even when men are interested in nursing and enroll in nursing programs, they drop out at rates much higher than women.

The purpose of the study is to add to the literature an increased understanding of men's perceptions of their nursing educational experiences in order to address decreased retention issues. The problem of decreased male student retention in nursing programs is

an issue of social justice and equality. The nursing profession is grounded in the values of social justice, caring, and equal opportunity for all. Greater efforts need to be taken to recruit more men into nursing, heighten awareness of the educational environments that encourage their retention, and find solutions that will improve the high attrition of the male student. The goal is to investigate the barriers and uncover strategies to increase the retention of males in nursing programs and ultimately increase the number of men in the profession. If gender bias remains an unrecognized, unaddressed component of nursing education programs, the outcomes will be harmful to the nursing profession and restrict the potential to recruit and retain a vital workforce (Anthony, 2006). An examination of the experiences of men in nursing education will increase the understanding of barriers that may impact their recruitment and retention (Evans, 2004). MacWilliams, Schmidt, and Bleich (2013) also noted that in order for the nursing workforce to reflect the gender characteristics of the population, nursing programs must recruit and retain increased numbers of male students. Assuring quality care for an increasingly diverse and ageing patient population means the nursing profession must be committed to developing a workforce with a greater balance of age, gender, race, and ethnicity. Understanding the centrality of gender in relation to men in nursing is essential if nursing is to address longstanding gender inequalities that impact male nurses. Considering a national shortage of nurses, an ageing population, health care reform, more diversity, and an increase in demand for effective, efficient health care across the country, the nursing profession must engage in strategies that encourage the recruitment and retention of the male student. Although recruiting more men into nursing is viewed as a way to address

the critical shortage of nurses, significant barriers continue to deter male entry into the profession.

### **Literature Review**

O'Lynn (2004) identified barriers that male nursing students face as a result of their minority status, and reported that male nursing students faced discrimination and barriers before they even entered nursing school. Anthony (2006), Bell-Scriber (2008), and McLaughlin et al. (2010) added that once in school, male students continued to face barriers, such as role strain, gender issues, societal perceptions, educational perceptions, intimate care issues, and decreased retention, which their female peers do not encounter. Efforts by various nursing organizations to increase the recruitment and retention of men in nursing have not been effective as studies show that little progress has been made in developing strategies that reduce the barriers preventing male attrition in nursing education. Historically speaking, men were nurses long before nursing became a female dominated profession. According to O'Lynn and Tranbarger (2007), in 1890, men comprised approximately 13% of the nursing workforce. The number has fluctuated over the years, but in 1940, men represented only 2% of all nurses; in 2000 men represented 5.4% of the total RN population; and, in 2014, men only made up 9% of the nation's nursing workforce (HRSA, 2013). A supportive, encouraging nursing educational environment that socializes men into the nursing profession and creates a rich, inclusive teaching/learning atmosphere and assists men in bridging the gender gap and increases retention rates is vital to the profession.

Similar to the concept of socialization is Tinto's (1993) research predicting college student persistence and success by the extent of their academic and social

integration. His study revealed that the classroom can act as a community that, if positive, can influence persistence. The socialization of men in the female-dominated field of nursing education and how this affects their retention should be addressed. Awareness of gender issues and barriers, and challenges concerning academic and social assimilation is an important beginning to the ability to decrease their impact on the success of the male nursing student.

Tajfel and Turner's (1979) social identity theory posited that when one has a social identity, others are categorized as either *similar* or *different*, depending on whether others are classified as part of the in-group or out-group. Social identities allow an individual to create a sense of unity with others, share common bonds, and provide mutual reinforcement to act in various ways. Social identities also allow good feelings about self as well as reducing uncertainty about the environment. Social identity theory provides a general framework for describing the dynamics of group membership, categorization, and behavior. Cameron and Lalonde (2001) added that with gender-derived identities there is an important intergroup dimension underlying gender relations.

Ho (2007) built on SIT as a social construct to explain individuals' behavior in diverse workplace settings as members of a group, a complex dynamic. Additionally, Anker (1998) and Connell's (1995) works were examined to explore the social construct of masculinity and the gender segregation of occupations. These reviews led to the examination of how essentialism, stereotyping, and categorization influences prejudice and perceived group differences (Bohan, 1993; Smiley & Gelman, 2008). These issues are important in the research of male student nurses as men represent the minority group in their nursing programs, and can raise other essentialist gender related differences.

Research regarding gender differences in ways of knowing (Ashbrook, 1989; Belenky, McVicker, Godberger, & Tarule, 1997; McLean, Cary, & White, 1996; Rew & Barrow, 2007; Ryan & David, 2003; Severiens, Ten Dem, & Nijenhuis, 1998) were studied because essentialist gender philosophy upholds that men and women are fundamentally different, with differing perceptions and ways of thinking, learning, and communicating, related to the brain more than culture. Additionally, research was reviewed regarding the communication-based behavior of men in traditional female careers (McDowell, 2015). Males usually rely on physical skills as opposed to the linguistic skills of the female, which could have implications for the nursing education process for the male student.

The studies analyzed for this literature review emphasized the experiences of male students in nursing academia. In order to identify pertinent literature, phrases, such as *men in nursing education, men and nursing, nursing and gender diversity, nursing education and men, male nursing students, retention and male nursing students, gender barriers and nursing education, nursing education barriers, and male students*, were key words used as input to electronic database, such as the Cumulative Index to Nursing and Allied Health Literature (CINAHL), PROQUEST, and Education Resources Information Center (ERIC). The search was confined to a 20-year period of current research.

Qualitative, quantitative, and mixed method studies were included. Searches limited to English-language, peer-reviewed research studies and literature reviews initially yielded 2,275 articles. Excluded articles that did not have gender as a variable in the nursing educational experiences brought the number of pertinent articles to 485. When duplicate articles and literature reviews were eliminated, 152 articles remained.

Researchers have investigated these issues and recognized decreased male retention, role strain in male nursing students, gender-based barriers, educational perceptions of students and faculty, intimate care issues, and societal perceptions of men in nursing. Few, if any, investigations have addressed solutions to men's perceptions of their nursing educational experiences in order to address barriers that contribute to decreased retention. This gap can be addressed by an increased understanding of the barriers that men encounter in their nursing programs. These barriers may put men at higher risk for not completing their nursing program. Brady and Sherrod (2003) noted men in nursing education programs had higher rates of attrition than women in traditionally male-dominated professional education programs. Similarly, Wolfenden (2011) reported dropout rates for most university professional programs are 46%. This contrasts with the dropout rates for men in nursing education programs that, at times, can approach 100%. Anthony (2006) noted that even subtle incidents of gender bias may significantly impact male students' learning and success.

Additionally, Anthony (2006) stated that gender bias and role stereotyping exist in nursing educational programs because nursing faculties are often composed mainly of women. O'Lynn (2004) agreed that the barriers men face in nursing school are pervasive, consistent, and have changed little over time. These findings suggest the educational environment in nursing remains challenging for men, so they remain underrepresented. This environment includes barriers that impact the retention of men, including role strain, gender bias, educational and societal perceptions, and issues regarding caring and intimate touch.

**Attrition/retention.** As previously noted, men comprise less than 10% of the nursing profession, but even when men are interested in nursing and enroll in nursing programs, they drop out at rates much higher than women. Bell-Scriber (2008) conducted a study that explored perceptions of the educational climate and compared the perceptions of male and female nursing students. Allan (2002) defined *climate* as the social and psychological context within which faculty and students form relationships and, when positive, will most likely result in student achievement of outcomes.

Bell-Scriber (2008) explored how comparatively equal male and female students may have different experiences that could affect the successful completion of the same course. The goal was to discover if there were specific factors that affected male students differently than the female students. If the educational climate is perceived as cool or unsupportive, a student may fail or choose to drop out. The study utilized a constructive, qualitative case study strategy in a senior-year baccalaureate nursing course at a public university in the Midwest United States. Three methods were used to collect data: classroom observation, semi-structured interviews, and review of textbooks. Although the sample of four men in Bell-Scriber's (2008) study was small, it is numerically representative of men in nursing, reflecting a nursing education environment typical for men. Because the purpose of the study was for participants to provide a firsthand description of their perception of the classroom climate, the interviews provided much of the data and analysis that revealed five themes.

The first theme described by Bell-Scriber's (2008) study, *nurse educator's characteristics and behaviors*, was described by the men as the most important factor and has been noted in other studies by Stott (2006) and Callister, Hobbins-Garbett, and

Coverston (2000). There were descriptions of discriminatory behaviors including not getting any attention from the clinical instructor except for negative comments.

Conversely, the female students reported mostly positive attention from the faculty. A climate of discrimination was also reported in the faculty interviews, with educators stating they were not sure how to deal with male students, were not clear on why a man would want to be a nurse, and they did not think men should be in nursing at all.

The second theme of *meaningful experiences* was described by the men as usually occurring with their patients when they were away from faculty. Again, this perception differed from the female perspective of having meaningful experiences mostly with faculty members.

The third theme identified, *peer learners' characteristics and behaviors*, and it was perceived similarly by male and female students. The male students felt readily accepted by their female peers. The fourth theme, *additional education environment factors*, appeared to be especially unsupportive toward men. Most importantly, the men reported a diminishing male population as they progressed in the program as being especially challenging in an environment where they were already in the minority. Women, on the other hand, were quite comfortable in the nursing education environment. The textbook review also reinforced the stereotypical feminine imagery usually associated with the nursing profession. The fifth and last theme, *influences outside of the class environment*, demonstrated that the male students reported experiences that contributed to their feeling of uncomfortableness. These included a lack of social support and being questioned about nursing as their career choice, especially by younger peers. The women reported more caring, connection, and social support. All of the faculty

members in this study were female. Carpenter and McIntyre (2014) noted that many nursing schools have some difficulty recruiting a high number of male faculty. Since only 9.6% of nurses are male, this presents a great challenge to the recruitment of male faculty. Research by Stott (2006) and Meadus and Twomey (2011) also identified that male nursing students felt isolated by the lack of male faculty role models and mentors.

Stott (2006) reported qualitative research investigating factors that influence both didactic learning and the clinical experience of eight male nursing students at a university in Australia. Purposive sampling was utilized and eight male participants between the ages of 21 and 53 chose to participate. Within a triangulation method that included in-depth, guided question interviews and a written narrative diary, guided-question interviews lasted up to one hour, and the participants were then instructed to write in diary form for at least 30 days. After thematic analysis, the major theme identified was that male students had greater difficulties than female students in both academic and clinical placements. These difficulties included feelings of isolation or exclusion from both settings, causing feelings of uncertainty in the choice of nursing as a career.

The ambivalence regarding choice of career reported by the male students is very relevant to the issue of attrition. The men felt uncomfortable engaging in both classroom and clinical situations in the female-dominated educational environment, which led them to question their decision to become a nurse, and the recognition that caring, a central concept in nursing, was identified as a feminine trait. At the time of Stott's (2006) research, there were no male nurse educators on staff who were providing role models for the male students, a theme reported in many studies mentioned earlier.

Bell-Scriber (2008) and Stott's (2006) research reinforced the need to more deeply explore how diversity variables, especially gender, can affect the educational climate for men and, eventually, their retention. Mulholland, Anionwu, Atlins, Tappern, and Franks (2008) noted a lack of internationally standardized data on nursing student attrition that makes comparisons difficult. Additionally, minimal data exist regarding the relationship between attrition and diversity variables—both outside and inside the nursing education environment. This information can have implications for cost, social justice, and the demographic representation, which is so lacking in the profession of nursing. The goal of the study was to explore if there was a relationship between diversity variables and retention. Data were collected regarding four variables including country of birth, gender, educational level, and age. Analysis used approximate quartiles to identify trends without assuming linear effects. Binary logistic regression models were employed to examine how those four variables might affect the outcome of program completion. Results showed that all four variables were significant predictors of success.

First, *age at start of program* was the most statistically significant result. As age increased, so did the odds for program completion. The next significant finding was country of birth because those born in English-speaking countries tended to complete at higher rates. Next, another predictor of success was *educational level*. Lastly, gender was statistically significant as a predictor of retention because males had lower odds of success and female students were more likely to achieve program completion.

Mulholland et al. (2008) noted the difficulties they encountered obtaining difficult information regarding sensitive social constructs through longitudinal quantitative data collection in terms of themes associated with student retention. The themes might not

reflect a complete understanding of the participants' reasons for attrition, and the information gathered might be too abstract for generalization purposes.

McLaughlin et al. (2010) began an investigation of the effects of psychological attributes, constructions, and gender identities on the retention of male nursing students. They noted the nursing shortage and decreased retention of nursing students remained a challenge, revealing the need for more effective strategies to decrease the attrition of these students. Their study explored psychological factors affecting nursing students and the relationship to program completion. A questionnaire included a question with two additional measures of gender role identification and gender views of nursing careers. The first, gender role identification, was measured using the Bem Sex Role Inventory (BSRI) (Bem, 1974), a tool with 60 items designed to measure psychological characteristics that are consistent with traditional sex role attributes. The BSRI characterizes personality as masculine, feminine, androgynous, or undifferentiated. Based on gender stereotypes, it measures how well one fits into their traditional sex role. Scoring of the BSRI utilized the t-ratio method and assessed whether the means of two groups (males and females in a nursing course) are statistically different from each other.

The second measure in the McLaughlin et al. (2010) study, *gendered views of nursing careers*, utilized a seven-point Likert scale to identify the perceived gendered nature of nursing careers for men and women. Each career was rated from 1-7; 1 indicated a male-appropriate career, 7 indicated an appropriate career for women, and a rating of 4 indicated careers appropriate for both women and men. Of the 43 students that withdrew from the nursing program, nine were male. Gender was found to be the most statistically significant finding. Of males, 28% were more likely to withdraw from

a nursing course, which is almost three times as many as female students. Among the non-completers, the perception was that nursing is more suitable for women. Therefore, a students' gendered view of nursing could be a significant predictor of male attrition, a finding that is repeated in many studies including Stott (2006) and McLaughlin et al. (2010).

Additionally, identity with a gender role was not found to be a predictive factor for completing the course. These findings were in contrast to Muldoon and Reilly's (2002) previous research that had shown the identity of gender role to be of central importance, but similar to the Mulholland et al. (2008) study, a limited number of factors were assessed to predict completion of a nursing course. Not every factor can be assessed, and others undoubtedly may contribute to retention of the male student. Because many factors can impact retention, it is important to investigate different factors that may also affect the decision of male students to remain in nursing programs.

Continuing the investigation of factors related to improving the retention rates of male nursing students is essential to nursing education. Prymachuk et al. (2009) also noted poor retention of males in nursing education programs as relevant around the globe. Upon review of the literature, they discovered scant information regarding the reasons why male students leave. Their study sought to identify factors influencing completion rates in four cohorts of university nursing students in Australia. The design was a quantitative, retrospective cohort study of completion and demographic data (age and sex) routinely collected from 1,259 students. The proportion of men varied from 13% to 18% across the four cohorts, somewhat larger than the percentage of male nurses in the profession. When completion data were collected for 1,173 students, the dropout rate for

males in all cohorts exceeded 25%, which was greater than expected. Almost twice as many male students left the program, while there were fewer withdrawals than expected among females. Again, only age and sex were explored when there may be many other variables that have an impact on male retention.

Summarizing the issues of attrition and retention, according to Bell-Scriber (2008), Mulholland et al. (2008), and Stott (2006), student retention, in general, is one of the biggest challenges to educational and workforce development in the nursing profession. Whether the research was performed qualitatively, quantitatively, or retrospectively, the theory is supported that men in nursing programs drop out at a much higher rate than women, and younger men were even more likely to leave. McLaughlin et al. (2010) noted that the retention of men was lower than females, which is due to the perception of nursing as a female-dominated profession and not suitable for men. Mulholland et al. (2008) also noted that more male students leave nursing programs, but no significant reasons were noted. Pryjmachuk et al. (2009) reported that male students were, indeed, more likely to leave, but this might be due to unsatisfactory progress.

As previously reported, the topic of attrition has generated much interest and remains a challenge for those involved in nursing education. According to MacWilliams et al. (2013), even though there have been attempts to understand the factors that contribute to attrition and failure, there appears to be a very small body of published research on these concerns and even less regarding strategies to retain the male learner. Although the challenge of male retention is extremely complex, some studies suggest that role strain may occur as a result of the female-dominant educational environment.

**Role strain.** Role strain, the felt difficulty in fulfilling role obligations, as defined by Goode (1960), is a barrier that has been investigated as a potential obstacle for male nursing students. Experiencing role strain while enrolled in nursing school may discourage men and lead to their attrition. A qualitative, descriptive study conducted by Sherrod (1991) investigated the degree of role strain experienced in a clinical obstetrical area by 18 male and 18 females to examine if male nursing students experienced greater levels of role strain. Participants were nursing students who had completed an obstetrical experience within the last year. The Sherrod Role Strain Scale (SRSS) (Sherrod, 1991) created by the author, a 40-item Likert-type scale with subscales, where high scores indicated a high degree of role strain, was used to collect data.

The results of the independent sample t-test for this study indicated a statistically significant greater role strain for males on the overall role strain scale and on the subscales of conflict, incongruity, and ambiguity. Therefore, the hypothesis that male role strain would be greater than female role strain was supported, even though scores for both male and female strain were relatively low, suggesting that neither perceived high degrees of role strain. The Sherrod (1991) research in the clinical setting seemed to just scratch the surface of the issue of male nursing student retention as this was the first study of its kind, and it prompted further research that will be explored.

As men in nursing education have increased, there have been an increasing number of studies describing the difficulties men experience in clinical settings. Callister et al. (2000) also explored gender differences in role strain in a descriptive, qualitative, phenomenological study of male and female nursing students attending a large, private university in the western United States and sought to answer the question: What are the

similarities and differences in perceived role strain experienced on clinical obstetrical units by male and female students? A convenience sample was employed with 20 male and 20 female, Caucasian students with a mean age of 24.5 (20-37) who had completed their maternal/newborn clinical experience within the past semester at three clinical sites. The Sherrod Role Strain Scale (Sherrod, 1991) employed in the Sherrod (1991) study was, again, utilized to collect data. In addition, clinical journals were also incorporated and provided descriptive qualitative information regarding perceptions of role strain.

Perceived role strain, again, was a significant finding, with male students reporting higher levels of role stress than their female counterparts. When the researchers analyzed the clinical journals, two themes emerged that contributed to role strain in the male students. The first, *feelings of inadequacy in caring for child-bearing families*, was reported by the men as occurring mostly at the beginning of their clinical obstetric experience. They noted feeling overwhelmed, afraid, uncomfortable, and somewhat like an intruder in a foreign country. The second theme, *fears of gender stereotyping by hospital staff members*, left the men feeling awkward, inadequate, and embarrassed, especially when mistaken for a physician.

Subsequent to the Callister et al. (2000) research, Patterson and Morin (2002) studied the experience of male nursing students in a maternal-child clinical experience. Eight male students from 22 to 46 years of age, attending a private university in Pennsylvania, participated in this descriptive, qualitative phenomenological study. After interviews were conducted, three categories were developed from eight themes, reflecting the experiences of the men in stages. The first category was *preconceptions of the experience*. This included fear of the unknown, anticipating rejection by female patients,

and the belief that gender stereotypes for this type of nursing was for female nurses only. The second category included the feeling that they were *just trying to get through the entire experience*. The men were very careful to not be alone while performing care, and they depended on their female peers for support and guidance. They reported becoming more comfortable as the experience progressed. The men were also careful to take care of their patients in the most professional manner so as not to have their actions misinterpreted. As reported earlier, there was also the realization that faculty demeanor could make or break the learning experience. Some reported a supportive learning environment while others felt unsupported by faculty. The theme of unsupportive faculty, mentioned previously in many studies, supports the issue of nursing education environments that are not conducive to male retention.

The last category, *surviving the experience*, noted that, overall, the men described the experience with obstetrical patients as a good one, and there was relief and pride related to successfully completing the clinical rotation. Even though they ultimately enjoyed the experience, none of the men would consider working in that particular area. This research was only conducted on male students and the findings might be reinforced by a comparison to the female students and their perceptions of the obstetrical experience.

Continuing the emphasis on evidence indicating that male nursing students face more gender-based role stress than their female peers, a study was conducted by Tzeng, Chen, Tu, and Tsai (2008). The researchers discovered a gap in the literature regarding male nursing student role strain and found earlier studies utilized small sample groups and had little comparative data. Their study, again, explored differences between male

and female nursing students during their obstetrical clinical placements. The study design was a quantitative, cross-sectional survey with 151 female and 59 male baccalaureate nursing students from two Taiwanese universities who completed a three-part structured questionnaire. Part one contained demographic data, and part two, developed from the literature, asked questions related to perceptions of personal attitudes that influence student thinking. Part three utilized the Role Strain Scale (Sherrod, 1991) used in previous studies to measure obstetrical nursing students' role strain, although modified to account for language and cultural differences. Analysis was based on 150 completed surveys, 95 female and 55 male. Findings for role strain in males was significantly higher than in female students, as shown by the results of the four role-strain subscales including *overload*, *conflict*, *incongruity*, and *ambiguity*. As this finding has been mentioned in numerous studies, it seems role strain can be a significant contributor to decreased self-concept and retention.

Previously, Baker (2001) focused on role strain when he noted there had been several studies to investigate role strain of women in professions dominated by men, but the same amount of attention has not been given to males in female-dominated professions. The focus of the study was to investigate role strain in male nursing students. The participants attended a diploma program, differing from previous studies that included students from baccalaureate or associate degree programs. The purposes of this descriptive, quantitative study were to measure the degree of role strain experienced by men and to determine whether role strain was related to sex-role characterization (the degree to which an individual identifies with female or male sex-role characteristics), age, and years in a nursing program. A convenience sample was obtained after mailing

476 questionnaires to students in 15 Ontario, Canada diploma nursing programs resulting in 184 participants ranging in age from 19-49.

The BSRI (Bem, 1974) was used to collect data, similar to the O'Lynn (1974), Baker (2001), Loughrey (2008), and McLaughlin et al. (2010) studies to measure sex-role characteristics. Again, the SRSS (Sherrod, 1991) was also used to measure role strain by identifying gender behavior conflict and expected behavior of a student on an obstetrical clinical unit. Significant findings included 13% of the participants reporting high levels of role strain, while 87% reported just mild to moderate levels. Participant age and educational level had no correlation to role strain, although there was not a large variation in respondent age or education. Female sex-role characteristics and role strain were found to have a negative relationship, the more an individual identified with traditional female sex-role characteristics, the less role strain he or she experienced. These findings supported the premise that, in a nursing program, men experience higher role strain, as reported in previous studies.

Dyck, Oliffe, Phinney, and Garrett (2009) also noted that retention rates of men in nursing education are much lower than their female peers, as did Brady and Sherrod (2003), Wolfenden (2011), Anthony (2006), and O'Lynn (2004), and they explored the role of gender in the educational experience. Their study was guided by the research question: How does gender inform and influence the experience of male students and female faculty in the nursing education environment? This ethnographic study took place at two large Canadian baccalaureate nursing programs. Participants who completed interviews included six male nursing students from 22 to 44 years of age and purposely recruited faculty members, including six females, 28-59 years of age. Dyck et al. (2009)

collected data using two sequential methods: observation of students and faculty during class sessions, and individual interviews with the six male students and six female faculty. Findings revealed that males have different learning preferences than their female counterparts. Many classroom interactions centered on feelings, expressions of caring, and relationships, which are important from a feminine perspective, but not from the perspective of males. Feelings of not fitting in and being uncomfortable in many instances were noted, similar to previously mentioned research findings, which may impact the decision as to whether men choose to remain in a nursing program.

It is clear in qualitative and quantitative studies, including Callister et al. (2000), Patterson and Morin (2002), Sherrod (1991), and Tzeng et al. (2008), that there is higher role strain in male students in nursing school than female students, all measured on the Sherrod (1991) Total Role Strain Scale. Additionally, Dyck et al. (2009) noted that classroom interactions may impact the retention of male nursing students. As Baker (2001) pointed out, the female-dominated environment of nursing results in male students questioning their choice of nursing, producing significant role strain. Callister et al. (2000) also noted that in order to enhance the educational climate, it is important to understand the experiences of male nursing students. It can be concluded that there is a need for further investigation regarding role strain in classroom and clinical experiences and interventions needed to address this barrier. Researchers have suggested strategies that should be explored, although few studies have done so. In addition to role strain, some research suggests that men also face additional gender-based barriers during their nursing education programs.

**Gender-based barriers.** O'Lynn (2004) noted the need to identify gender-based barriers in order to reduce these barriers, and he investigated a way to measure the perceptions of male students. Therefore, O'Lynn developed and piloted a tool, the Inventory of Male Friendliness in Nursing Programs (IMFNP), to measure gender-based barriers and the relative importance of these barriers as perceived by the respondents. This survey tool consists of 30 barriers identified in the literature and by nursing professionals and male students. Participants in this quantitative study included a random sample of male nurses from the American Assembly of Men in Nursing and Registered Nurses in Montana. Responses from 111 surveys were analyzed using descriptive, nonparametric statistics.

After analysis, the researcher concluded that items rated as important by 30% of the participants would be included on the final measurement tool. The highest rated barriers included: (a) male students had no mentorship, (b) history of men not presented in classes, and (c) textbooks using discriminatory language. Barriers perceived as important were: (a) the males felt unwelcome in the clinical area, (b) they felt uncomfortable when providing intimate care, and (c) the men found themselves questioning the decision to pursue nursing. Many previous studies have found exactly the same barriers. In a follow-up study of perceptions and importance of gender based-barriers on a global level, Keough and O'Lynn (2007) compared the nursing school experiences of men in Ireland and the United States. Participants in these studies included 100 Irish and 189 American males who had graduated from nursing school within the past ten years. O'Lynn's (2004) Inventory of Male Friendliness was utilized

to gather data. The results in both countries were very similar especially regarding barriers that were consistently identified.

The first barrier identified was that there was no mention of the history of men in nursing at any point in the educational experience. The lack of discussion of the history of men in nursing curriculum has been mentioned in many studies as an obvious barrier to men feeling welcome, valued, and accepted in the educational environment. The next was that no guidance was given regarding the appropriate use of touch, especially during the obstetrical rotation. The experience of men and the use of intimate touch in nursing has been noted in subsequent studies. Perceived as most important was that the men felt unwelcome by the nursing staff in hospitals, and they were concerned that intimate touch, which is required in the care of their patients, could be misinterpreted. In addition to the quantitative results, qualitative information regarding the importance of these barriers was gathered from comments written by over half the respondents. Four themes were identified including: *feeling visible by standing out as a minority, being asked to perform typically masculine actions such as heavy lifting, having fear and anxiety about performing intimate care, and awkward obstetrical experiences.*

Although, upon comparison, the Irish and American themes were similar, there were some differences. The American men were more negative when describing what they perceived as discriminatory practices. These included grading discrepancies by faculty, which seemed to hold the men to a higher standard; faculty questioning the reasons why men would chose nursing as a career; and increased disciplinary action against the men. Overall, the men from both countries reported that the nursing faculty was much more negative in their response than their female peers or patients. These

findings, although similar to O'Lynn (2004), reflect the variability of perceptions and the importance of barriers from one program to another. Limitations include no comparison data with female students as to whether they would report the same perceptions as the men. There also was no exploration of why the American men were more negative in some of their comments. A subsequent Irish study by Loughrey (2008) investigated perceptions of male nurses in regard to their gender role and how this might impact their acceptance into the nursing profession. A quantitative study design explored perceptions of the gender role for men in nursing. The Bem Sex Role Inventory (Bem, 1974) was again utilized to collect data, similar to the Baker (2001) and McLaughlin et al. (2010) studies mentioned previously. This instrument measured how strongly an individual identified with a masculine or feminine role. The scale measured from always to never. Surveys were completed by male nurses, a 41.6% rate of response.

High scores indicated how strongly the respondent identified with either the masculine or feminine role. Overall, the mean score identifying the respondents with a feminine role was 5.49. In contrast, the mean score for respondents identifying with a masculine role was 4.76. Of the total participants, 78% identified more strongly with feminine gender roles, while 21 participants (20%) identified most strongly with the masculine role. The author questioned the Bem (1974) instrument itself as using stereotypical constructs that may be biased in the identification of what constitutes masculine and feminine traits. Also, the results do not identify if the men would strongly identify with the same traits prior to their attending a nursing program, or if being in a nursing program changed their perceptions.

In the discussion of the impending shortage of registered nurses and the stereotypes that may affect the retention of male nurses, another study was initiated to uncover if the gender role perceptions of men affected their retention in nursing. Kada (2010) researched differences in orientation of gender role between male and female nurses and stressors that they experienced. The BSRI was utilized similar to the Baker (2001), Loughrey (2008), and McLaughlin et al. (2010) studies, reported previously, to measure gender self-concept. A short questionnaire of work analysis was used to measure stressors. This instrument had 26 work stressors that had to be answered on a five-point scale from *applies very little* to *applies completely*. Both questionnaires were mailed to all nurses in one hospital in Austria. Analysis was based on 212 completed questionnaires, including 30 men. Parametric statistics were calculated and analysis revealed that males and females had no significant differences when measuring masculinity but female scores were significantly higher in regard to masculinity. These results were similar to results in the previous studies that utilized the BSRI.

At least 2-years before Kada (2010), Keough and O'Lynn (2007), Loughrey (2008), and O'Lynn (2004) researched men in nursing education, there were few studies that explored why men chose the nursing profession and less studies that investigated the perceptions of male nursing students. Kelly, Shoemaker, and Steele (1996) intended to uncover the perceptions of men in nursing education programs related to barriers, problems, feelings, attitudes, and frustrations. A qualitative method was employed utilizing focus groups with 18 men from 20-63 years of age. The participants included four men from an associate degree program, two men representing a diploma program,

and 12 who attended two different bachelor degree programs. Open-ended questions were used during four interview sessions.

Findings included many negative perceptions regarding the image of nursing. The men reported feelings of isolation and the overall perception of nursing as a feminine occupation, again, similar findings in previously reported research. When questioned about motivational factors, the men described many reasons why they chose nursing. These included a desire to take care of people, the many opportunities that nursing offered in the job market, and job stability. Again consistent with previous research findings, the men then identified the many barriers encountered during their time as students. They reported receiving little encouragement to continue with their education to become a nurse, fear about care of patients, anxiety related to pursuing a career in a perceived feminine profession, and the fear of leaving a job to become a student, along with the loss of income. The men also perceived the educational setting as having many challenges. They explained their feelings of extreme stress, frustration, self-doubt, and the thought that it might be best to drop out of school. They mentioned having few male role models, and the public perception of nursing as not an appropriate profession for men brought on feelings of isolation.

Continued exploration into gender-based factors regarding male retention is important if the nursing profession is to reflect the overall population and studies are needed that explore the male experience in different settings. Kirk, O'Lynn, and Ponton (2013) noted that, at the time of their research, no study had investigated online nursing programs for possible gender issues. In order to compare traditional nursing programs to the online environment, the authors adapted O'Lynn's (2004) Inventory of Male

Friendliness (IMFNP). Male RNs (49) enrolled in an online baccalaureate degree-granting nursing program completed the survey. Analysis revealed significant findings for individual barriers, even though there was no significant difference in total scores, with traditional programs showing 11 barriers (55%), and the online setting revealing 14 barriers (70%). Participants perceived the non-acceptance of male students in both programs. More revealing is that these results show at least the same perceived barriers that were reported in O'Lynn's (2004) study more than 5 years earlier, suggesting there had been little to no improvement in the educational environment for men in the 6 years since the research was first presented.

An additional barrier to men in nursing education may be gender stereotyping. Evans (2002) explored the experience of male nurses and the gender relations that structure different experiences for women and men in the same profession. Gender issues related to caring and intimate touch, so vital in nursing, need further exploration. Participants in this qualitative, descriptive study using convenience sampling included eight men, aged 20-50, licensed as RNs and working in Nova Scotia. Semi-structured interviews were conducted, data analyzed for themes, then a second round of interviews conducted to further explore the identified themes. This thematic analysis produced four themes related to the male student experience. The first was *affirmation of caring*, second was *the problematic nature of male nurses' touch*, third was assessing *when it is safe to touch*, and fourth, strategizing to protect oneself from accusations.

Exploring these themes more closely revealed the perception that caring behaviors of men and women were different, with men being described as "cautious caregivers" (Evans, 2002, p. 443). Although touch was identified by men and women as important,

men described being uncomfortable with intimate touch and reported the risk of their touch being misinterpreted. The perceived sexualization of male nurses' touch is particularly evident in the area of obstetrics, reinforcing the previously mentioned findings in studies reported by Sherrod (1991), Callister et al. (2000), Patterson and Morin (2002), and Tzeng et al. (2008) of men in their obstetrical clinical experience. Interestingly, the older the man, the more acceptance they perceived from female patients. Age of the male student has been mentioned in previous studies as a variable that may affect retention; the older the student, the higher the retention. The researchers remembered feeling the same way when they were students in their nursing programs.

An additional challenge to the male nursing student includes gender-based linguistic differences. Villeneuve (1994) regards language as a significant barrier to male nursing students after reviewing the literature to examine barriers that affect men in nursing education. McDowell (2015), in order to address a gap in the literature regarding the linguistic behavior of men working in feminine occupations, collected empirical data from hospital staff in Northern Ireland. A social constructionist approach was used to study authentic spoken data by having three male nurses wear audio recording equipment for 6 months. The researcher's interest was to investigate whether the men used language to reflect their masculine identity in a feminized environment. Themes that emerged from the data included an "us versus them" binary to emphasize the differences between groups, creating an in-group and our- group mentality, much like that described in Tajfel and Turner's (1979) social identity theory. Other themes included the creation of both a professional and a gendered identity that utilized gendered language patterns. A point made by the author is that continuing to describe nursing as a female occupation will

continue to discourage men. The language of nursing also needs to be de-gendered. These changes will enable an increased interest and retention in the nursing profession and nursing education.

In summary, these studies confirmed the barriers that exist for men in nursing education, and according to Dyck et al. (2009), nursing education remains highly gender differentiated and those gender barriers may influence the retention of men in nursing classes and clinical areas. The Kada (2010) study contradicted some of the findings of the Meadus and Twomey (2011), Evans (2002), and Loughrey (2008) research that indicated that male nurses had higher scores on the feminine scale. It is interesting to note that the findings of Evans (2002), O'Lynn (2004), and Keough and O'Lynn (2007) are very similar to the results of the Kelly et al. (1996) study conducted 10 years previously. These studies all reported the same themes of having no male role models, concern regarding intimate touch and caring behaviors, textbooks with stereotypical discriminatory language, and general perceptions of feeling uncomfortable in a predominately female profession. Little had changed in 15 years, and the gender-based barriers identified in 1996 were still overwhelmingly perceived by male nursing students in 2010. O'Lynn (2004) noted these findings suggest that educational experiences in nursing have failed to provide an environment equally conducive to retaining men.

Anthony (2006) reported the outcomes of gender bias are detrimental to the profession and create a cycle that supports bias and limits the role of men in nursing. This cycle results in different learning experiences for men and women as nursing students, limiting the recruitment and retention of men, and perpetuating traditional male-female stereotypes that make the profession irrelevant to the diverse population that the

profession claims to represent and serve. But it all begins with the experiences and socialization of men into the profession in their nursing education programs.

**Educational perceptions.** Ierardi, Fitzgerald, and Holland (2010), while examining the perceptions of men seeking careers in nursing, discovered a gap in the literature regarding the understanding of the experiences of male students in nursing school. The purpose of this study was to add to the literature an increased understanding of men's perceptions of their educational experiences. A qualitative descriptive design was used with seven male students, aged 23 to 47, in an associate degree nursing program in the northeastern United States. Using a semi-structured interview guide with 12 open-ended questions, there were four themes that formed the basis of the male perspective. First, *wanting to care for others*, with caring identified as the major reason for pursuing a nursing career. Next, *leaving another career* to pursue nursing was identified by all the participants, as they had previous careers and left to pursue their dream. Also, the *ability to have positive experiences in school* was reported as quite important for every student. Lastly, the men reported their surprise when very often *they were mistaken for physicians*, which had been reported in previous studies.

This study both reinforced and challenged the findings of previous research. Gender issues were not as prevalent and the men reported mostly positive experiences in their program. Caring was still identified as a feminine trait and this was reported as a concern. Another study, more than 15 years earlier than Ierardi et al. (2010), Okrainec (1994) noted very similar themes related to male nursing student clinical experiences.

Recognizing the paucity of comparative studies, Okrainec (1994) examined perceptions of 264 men and 164 females in 13 basic nursing programs located in Alberta,

Canada. As mentioned previously, Okrainec noted the focus of most studies was usually on very small samples of males from just one setting and that comparative studies were lacking as well. For comparative purposes, female nursing students in the same year and programs as the male students were included. Completed questionnaires were returned by 117 males (44.3%) and 121 females (73.7%). In regard to interest in a nursing career, findings revealed that women contemplated nursing at a much earlier age than did the men. Both genders identified the nursing program as more challenging than they had expected. Interestingly, more men (92.3%) than women (84.3%) reported they would encourage other men to pursue a nursing career. The males in this study reported a higher satisfaction (81%) with their faculty than the females (75.8%), very different results than previous studies. In regard to caring, 25% of both groups identified that caring is perceived a feminine characteristic.

Another similar study investigating the perceptions of men during their time in a nursing program was completed by Ellis et al. (2006). The study examined negative and positive experiences of 13 male nursing students in three different university programs in the southeastern United States. The authors were intent on discovering reasons why there continued to be so few men in nursing. This qualitative descriptive study utilized a 12-question guide to conduct face-to-face audiotaped interviews that lasted up to one hour. The first theme identified was *survival*. Similar to Okrainec's (1994) findings over 10 years earlier, the men found the nursing program to be so much more challenging than they expected. All commented that they were just trying to survive the ordeal and make it to graduation. The next theme, *differences*, was connected to the differing basic communication styles between men and women. The men described both their women

peers and the women faculty as discussing psychosocial aspects of nursing as opposed to the men being more interested in the scientific aspects. This caused much frustration and a feeling that time was wasted when time was so valuable. The participants consistently felt that this was an extension of the overall curriculum that had been developed and taught by women, again mentioning the issue of no male faculty as role models or mentors. Thirdly, *nursing school requirements* were mentioned as time consuming and contributing to feelings of pressure and increased stress. *Career goals* were the last theme identified and mentioned by many that being a nurse was not their final goal. The men talked about pursuing advanced education in medical school or anesthesia.

Some themes were also discovered in relation to the research questions. These included *why they made the choice of nursing in the first place* and *job opportunities and the choices nursing could offer* were the most frequent answers. Unfortunately, the men could not state any positive experiences in nursing school, which was the second question. They mentioned good experiences with patients and their peers, but only students from one program could recall positive experiences from faculty. The next question regarding negative experiences resulted in many comments, usually in relation to the obstetrical experience and feeling visibly in the minority. Again, communication, workload, and stress were cited as common problems. The last question inquired what caused men to complete the program. The most prevalent answer was related to finishing what they had started, especially with the large time and financial commitment that had already been invested. No comparisons to the perceptions of the female students were obtained. Acquiring the perceptions of the female students might have added a rich dimension of comparison.

As there are many factors that influence retention, the research of Lou, Chen, Yu, Li, Yang, and Eng (2010) was focused on male student nurses' personal, social, and psychological characteristics, to determine if they affected life stresses. Participants included 145 male nursing students attending a junior college in Taiwan. The study design was cross-sectional, utilizing convenience sampling, and using questionnaires with three structured, self-administered scales. These included a personality traits scale with 11 items, a social support scale of 14 items, and a life stress scale with 10 items. All three scales employed a five-point Likert-type scoring system. Findings revealed that when predicting life stress, personality traits were not a significant predictor. A significant negative correlation was found between life stress and family support.

Similarly, Smith (2006) noted that while there have been many studies regarding male nursing students; the research usually views men as a single entity, ignoring other factors such as experience and age. Smith examined the gender complexity affecting male students in a nursing program, utilizing the theoretical approach of critical demography to explore how men might interpret the balance of power within a female-dominated field. For the first part of the study, a survey containing 50 items was given by faculty early in the fall semester to the entire student body attending a private college in the northeastern United States. Nontraditional male students ( $\geq 25$  years of age) were the purposeful, criterion sample for the second part of the research, and 29 men were invited to participate in a semi-structured interview to discuss their experiences in the program, opportunities, and challenges, the public's view of nursing, and what it means to be a male in the nursing program. Participants between the ages of 25 and 60

represented 80% of the male nursing students. Saturation was reached after six interviews.

After analysis, three themes emerged, including *family pressures*, with the men describing the challenges of balancing school with family responsibilities. The next theme was *perceptions of nursing*, and the men reported the perception of nursing as a female profession, and that caring was associated mostly with women. The last theme, *refusal by clients to be cared for by a male*, had each respondent describing at least one incidence of feeling uncomfortable and incompetent after this rejection. Some other findings confirmed earlier studies that reflected no male role models and the discriminatory language in textbooks.

Within the educational experience focus, research has noted some of the challenges faced by male students although some studies did not confirm the difficulties reported earlier and even described positive experiences. The male students in Okraimec's (1994) study reported positive perceptions in nursing experiences, and this positive educational experience also emerged as a major theme in the study by Ierardi et al. (2010). Alluded to previously, challenges to men in certain clinical experiences may also be related to societal perceptions that could influence the educational climate as well.

**Societal perceptions.** Societal perceptions toward male nurses needs more research in order to uncover how the retention of men in nursing education may be impacted, and how these perceptions may perpetuate the low numbers of men in the nursing profession. Bartfay et al. (2010) investigated societal attitudes and perceptions toward men in nursing in Ontario, Canada. A comparative design was utilized with a non-random convenience sample of 67 non-nursing students, 36 females and 31 males,

from 19 to 25 years of age; and 82 non-nursing students, 70 females and 12 males, 19 to 46 years of age. The Attitudes Towards Men in Nursing Scale (O'Lynn, 2004) consisting of a Likert-type scale of six questions to which participants could respond strongly agree, agree, neutral, or disagree, was used to collect data. Overall results revealed the strong agreement among nursing, non-nursing, male, and female students that caring is a feminine characteristic, supporting previous research findings. Also, the general attitude of the participants reinforced previous findings that the overall perception of nursing as feminine makes it an inappropriate career to be considered by men and that the mass media perpetuates this stereotype of the nursing profession.

O'Lynn (2004) researched gender-based barriers in nursing schools and identified the following: there is virtually no male role model, faculty, or mentor; there is a lack of instruction on the history of men in the nursing curriculum; a nurse in textbooks is always referred to as "she"; and there is differential treatment due to gender. Similarly, Anthony (2004) stated gender bias and role stereotyping exist in nursing educational programs, and further research needs be conducted to discover strategies that might reverse these attitudes and perceptions. Societal perceptions and stereotyping appear to influence the perceptions of men entering and remaining in nursing programs. Many of these perceptions have to do with the issues of caring and intimate touch.

**Caring and intimate touch.** The focus on the challenges of male nursing students regarding caring and intimate touch is vital to explore in order to understand how to approach these areas in nursing programs. As has previously been reported in many studies, stereotyping and gender bias may also be perpetuated by nursing faculty. The purpose of the Grady, Stewardson, and Hall (2006) interpretive phenomenological

study was to explore faculty perception of the unique caring ways of men in nursing. The central research question was: What are the essences and meaning of nursing faculty notions regarding caring in male nursing students? Six nursing faculty members, including one male, in a state-supported 4-year college in the southwestern United States with above average male student enrollment were the participants of the study. Using semi-structured interviews, each faculty member was interviewed twice in order to reveal their experience with male nursing students.

Six themes were identified including *altruism and antecedents to caring*; *the belief that male as well as female nursing students have a natural desire and ability to care for their patients*. Next, in regard to attainment of purposive caring abilities, only the male faculty member acknowledged the *importance of recognizing male students' unique caring behaviors*. *Ambiguity* was the fourth theme, confirming previous studies in recognizing the uncertainty felt by male students when using intimate touch and the second guessing of career choice by the men and their friends and families. The fifth theme, *agency*, occurs when faculty use personal experiences to form perceptions and expectations of caring by the male students. The last theme identified was *anecdotes*, common in phenomenology, where participants recounted caring behaviors by male students, sometimes holding them to the standards of feminine ways of caring. Participants in the Grady et al. (2006) study believed that male nursing students can have an inborn, natural ability to care for others, much like their female peers.

Conversely, Bartfay et al. (2010) found that 93% of the female nursing students sampled agreed that nursing is a more appropriate profession for females, because women tend to be more caring and compassionate by their inborn nature when compared

to males. Similarly, Evans (2004), stated that the current societal perception between nursing and women is so dominant that merely reading the word *nurse* automatically activates the concept of the caring, compassionate female. This lack of acknowledgment for male nurses is partly the result of gender roles and stereotypes.

Continuing the focus of studies that examined the overall difficulties men encounter based on the societal perceptions of males as nursing students is the research by Meadus and Twomey (2011). They noted the continued low numbers of male nurses, and that despite some increases in other types of diversity in the nursing profession, gender has seemingly been ignored. If the profession intends to increase the number of men in nursing, strategies must be proactive. This study explored the experience of being a male nursing student in a female-dominated educational environment. This qualitative phenomenological study was conducted incorporating Giorgi's (2009) method with 27 students from three nursing programs in Canada, using purposive sampling and focus groups utilized to collect data and descriptive information.

Three common themes were presented as findings. Similar to previous studies, two were choosing nursing and caring within the nursing role. Reports were numerous about men being questioned for choosing nursing as a career and once again, uncomfortable feelings underlying intimate touch, so central to caring for patients as a nurse, were reported consistently. Also, similar reports of gender-based stereotypes were the third theme noted in the findings. Several participants shared their stereotypical encounters with patients, staff, and faculty. These included being mistaken for a physician and refusal by patients to be cared for by a male nursing student. The third

theme centers on the perception of feeling *visible* or standing out as different and in the minority. The men identified this as a form of discrimination.

These stereotypical perceptions may impact the overall retention of men in nursing education, in the workforce, and in the profession. Rajacich, Kane, Williston, and Cameron (2013) also noted the continued scarcity of male nurses in Canadian society. Their descriptive, qualitative study investigated how stereotypical assumptions challenged men as new graduates transitioning into the nursing profession. Purposive snowball sampling was used to gather information from 16 male nurses, aged 21 to 48 years, who participated in audiotaped, semi-structured focus groups. The groups included one author as the facilitator and two other individuals as observers. The most consistently noted finding, having a friend or family member already involved in the nursing profession, contributed greatly to the decision of the men to enter and remain in nursing. Several of the participants had a previous career, and some became interested in nursing after experiencing a health crisis themselves or with a family member. Next, most participants described the satisfaction of their work in nursing, love of the challenge, and being able to care for others. All the men discussed the difficult transition from nursing school to practice, including some negative experiences when trying to find a job in their desired area. Another negative was the feeling that they were unsupported by the administration, especially when they were working so closely with the patients and should be heard. The feeling of increased visibility, once again, was reported as a negative by some and a positive by others.

Additional negative aspects included some discriminatory behaviors, while positive aspects tended toward being a good role model for other male students and

nurses. The discriminatory experiences were encountered from staff and patients. Some colleagues voiced their concern with men, in general, in the nursing profession and that patients felt uncomfortable with men performing skills that required intimate touch. Every man disliked the term *male nurse* and only wanted to be known as a *nurse*. The perception of caring as stereotypically feminine also contributed to perceptions of discrimination. They felt these behaviors were a huge challenge to men in the nursing profession, especially in the clinical experiences, noted many times previously.

Streubert (1994) was one of the first researchers to conduct research examining specific challenges of male nursing students during their clinical educational experiences. Nine men from 18 to 35 years of age, attending a large academic institution in the northeastern United States, took part in a phenomenological study to describe their perceptions of recent clinical experiences. Tape-recorded interviews were conducted for approximately one hour, saturation occurred after nine subjects were interviewed, with 11 themes identified from the data. The participants first noted the importance of having the clinical experience apply and evaluate their theoretical knowledge. The next theme identified was the development and ability to practice cognitive, psychomotor, and affective skills. Along with skills, the men agreed it was difficult to overcome the stereotypical identification of nursing as female oriented and associated issues including intimate touch. This led to the next theme of adjustment to working in settings that valued feminine qualities and expectations of the caregiver role. Men were more comfortable working as members of a health care team because socialization of males to teamwork occurs early in their development, affecting their social identity and self-esteem. They also noted a theme of taking advantage of every opportunity, especially

ones that allowed them to practice the various nursing skills that were taught in their program. Another theme was the perception of wanting to gain knowledge quickly in order to act as professionally as the registered nurses they were working alongside.

Eight of the nine participants were second-career students and identified life experience as most important in assisting with interacting with patients and staff. They also wanted to be challenged and were excited to learn and do new things. They felt the student role gave them the opportunity to learn as much as they could and they wanted to take advantage of many experiences. The last theme identified was having many different feelings about what they were learning and doing. Multiple descriptions were mentioned, including the excitement noted earlier, confidence, fear, uncertainty, and incompetence.

Recognizing the difficulties of male students regarding issues of intimate touch, O'Lynn and Krautschied (2014) performed a quasi-experimental study to evaluate the success of an intervention related to the performance of intimate touch by male nursing students in university nursing programs in the northwestern United States. One group of 17 male students at Krautschied's school received an intervention of a 3-hour clinical learning laboratory that simulated the intimate touch experience, while 15 male students attending two separate universities served as the control group. Participants receiving the intervention completed an Intimate Touch Survey after the simulation experience, and then both the intervention and control groups participated in the usual clinical experiences at their respective schools for 11 eight-hour days. Both groups then completed the survey and a videotaped demonstration of two skills involving intimate touch (assessing an apical pulse and genital cleansing).

The Intimate Touch Survey was developed by the researchers and contained 15 questions scored on the level of agreement from one to five. Questions included comfort regarding intimate touch and how skills might be approached. Faculty not involved with either institution assessed the videotapes based on the 11 items that were evaluated as a demonstration of professional behavior that protected the dignity of the patient. The higher the score, the more professionalism was demonstrated. The surveys and videotapes were compared using an independent *t*-test. No coding was performed nor demographic data collected in order to maintain anonymity. The hypothesis was that the students' intimate touch skills would improve after the skills laboratory simulation intervention. This would be evidenced by maintaining professionalism and the self-worth and dignity of the patient. Findings demonstrated that the students in the intervention group did benefit from the experience with significantly improved comfort and less apprehension when performing care. Most significant was the improved perception of the men regarding misinterpretation of their touch while students in the control group had no such improvement.

Interestingly, for the past 20 years, research results have been very similar, suggesting that the nursing profession has not done enough to foster the acceptance and involvement of men. Many men have described continued role strain, gender bias, stereotypical concerns surrounding intimate touch, and the overall perception regarding the masculine concept of caring.

### **Chapter Summary**

The literature review sought to identify research related to the difficulties encountered by men in nursing education programs and explored issues related to

retention/attention, role strain, gender-based barriers, educational, and societal perceptions that influence the male nursing student experience. Bell-Scriber (2008) noted the education environment does not exist in isolation and reflects the culture, values, and beliefs of the greater society in which education is positioned. The negative experiences reported by many male students appear to be similar around the globe, including Canada, Taiwan, Australia, and the United States. With the threat of a growing shortage of nurses to meet the unique demands of a changing world, the nursing profession cannot continue to ignore half the population nor allow such a high level of male student attrition. Studies show that men enrolled in nursing education programs may encounter barriers and gender bias, including increased attrition, role strain, educational and societal misconceptions, and stereotyping. Many studies, including Anthony (2004), Dyck et al. (2009), Stott (2006), and Wolfenden (2011), noted that among the smaller number of men who enter schools of nursing, the rate of attrition far exceeds that of female nursing students. Once accepted, male students experience nursing education as an environment where gender is a significant determinant of the experiences they will encounter and where femininities are predominant. There appears to be some variability in the level and frequency of the barriers experienced. Additionally, there is little useful data regarding the relationship between retention and diversity and the implications for cost, social justice, and the demographic representation needed in the nursing profession.

More information needs to be gathered regarding the lived experience of the male nursing student and specific strategies that might encourage the retention of men in nursing. Continued investigation of barriers including role strain, gender bias, educational issues, and societal perceptions that affect the men in nursing education will

raise awareness of these challenges among nurse educators so that strategies may be developed to provide a welcoming, supportive, encouraging climate in the educational environment.

## **Chapter 3: Research Design Methodology**

### **Introduction**

The purpose of the study is to explore the barriers that men encounter in undergraduate nursing programs in New York State (NYS) and the effect these barriers may have on their retention. A qualitative phenomenological research design was used to gather data regarding the factors that may affect the retention of male nursing students. Studies of male nursing students have indicated there are many factors that negatively impact retention in undergraduate nursing programs. O'Lynn (2004) identified barriers male students face, including role strain, gender bias, gender discrimination, societal perceptions, stereotyping, and intimate care issues that result in decreased retention which their female peers did not encounter. These barriers are pervasive, consistent, and have changed little over time. These findings suggest the educational environment in nursing remains challenging for men, therefore they remain underrepresented.

Oermann and Heinrich (2006) reported that attrition data in nursing academia is difficult to obtain as it is not reported through any one source. The AAMN (2014) noted that although solid national data on nursing student attrition by gender is lacking, the poor retention of men in nursing academia has been well documented in the literature. Brady and Sherrod (2003) and Wolfenden (2011) noted that men in nursing education programs had higher rates of attrition than women in traditionally male-dominated professional education programs. These low retention numbers are a concern for nursing education, the nursing profession, and health care.

## **Research Context**

Retention data on male nursing students was collected and analyzed from 62 associate degree nursing programs in New York State. These nursing programs are members of the Council of Associate Degree Nursing (CADN), a voluntary, non-profit organization that has a leading role in addressing the issues of students, faculty, and administrators of associate degree nursing programs in New York State. The Council was established in the 1970s, and membership is open to the deans and directors of all associate degree nursing programs in the state. The CADN has developed a distribution list for its members, employing it frequently to distribute information including research survey requests. The researcher's place of employment, St. Joseph's College of Nursing, is a member of the CADN and has access to this distribution list. The request for information was sent to 62 of the programs; no information was collected from the researcher's workplace.

## **Research Design**

The research design for the study of exploring the barriers that affect male retention in nursing programs is a qualitative method with phenomenological inquiry. A research design links the purpose or question to an appropriate method of data collection (Andrew & Halcomb, 2009). Research in the qualitative method allows for a deeper understanding of the experiences of individuals and what may be influencing the phenomenon. Merriam (1998) stated that to understand qualitative research, one must understand the socially constructed meaning of an individual's interaction within his or her individual world. This allows the researcher to better understand how each person makes sense of his or her experiences. A phenomenological approach focuses on the

intrinsic nature of an experience. Patton (1990) added that phenomenological study is built upon the assumption that there is some type of intrinsic nature to a shared experience such as being a participant in a particular program.

The purpose of this study is to understand the lived experience of male students in undergraduate nursing programs. The term *lived experience* is used in phenomenological studies to highlight the importance of experiences of study participants as perceiving human beings (Moustakas, 1994). Phenomenology seeks to explore the shared meaning of an experience from the perspective of several different individuals (McCaslin & Wilson Scott, 2003). A phenomenological approach, using semi-structured, in-depth interviews of male nursing students, who are in the second year of an associate degree program, was selected to best describe and understand the aspects of the male experience in nursing academia. Patton (1990) emphasized that the focus on the essence of the shared experience is what defines true phenomenological methodology. Using a phenomenological perspective allowed the male nursing students to describe the meaning of the lived experience of gender-based barriers in nursing education through the interview process. This method allows for an analysis of themes or patterns that emerge from the narrative content (Polit & Beck, 2010). The advantage of a qualitative design is that it generates rich, detailed data that can provide multiple frameworks to understand the phenomenon being studied. Additionally, there is the ability to obtain a view of the lived experience that cannot be experienced through numerical data, yield results that can be helpful in furthering new ways of understanding, and provide a holistic view of the phenomena while interacting with participants on their own terms (Englander, 2012). Drawbacks to qualitative techniques of data collection and analysis are that they tend to

be time consuming, and if not performed correctly, may lack consistency, validity, and reliability.

Both design and method are linked to the purpose and questions of the research study. Qualitative, phenomenological inquiry revealed data related to the research questions:

1. What is the lived experience of the male nursing student in associate degree programs in NYS?
2. What is the nature of the relationship between male nursing students, their peers, and faculty?
3. What is the nature of the factors that may impact persistence of the male nursing student?

## **Methodology**

This study explored the lived experiences of male nursing students in associate degree nursing programs in NYS. First, data was analyzed pertaining to the retention statistics of male and female students for the past three years in the 62 associate degree nursing programs in New York State. This information was used to determine differences in male retention at the different programs to allow the researcher to choose the schools with high and low retention rates for further study. The study proposal was approved by the Institutional Review Board (IRB) of St. John Fisher College in Rochester, New York before any data collection began (Appendix A). Some program deans/directors indicated that IRB review and approval would not be needed from their institutions. Others stated that a cooperation agreement was needed before any information could be completed and sent to the researcher. The researcher contacted the

deans/directors of the schools and requested they forward information that would be provided by the researcher to their male students (Appendix B). A letter was included that was to be sent to students who would be likely to participate, introducing the researcher, the study, and it explained that a follow-up request might be sent for further study once all information was collected and analyzed (Appendix C).

### **Research Participants**

A *population* consists of individuals who have certain characteristics and are of interest to a researcher. The population of interest in the study was male associate degree nursing students in their final semester, and a sample was drawn from the associate degree nursing programs across New York State. Students interested in professional nursing may choose from three different approaches to obtain a registered nurse license.

These choices include:

- a 3-year diploma program,
- a 2-year associate degree program, and
- a 4-year baccalaureate program.

The majority of new registered nurses, about 60%, graduate from associate degree programs, 36% graduate from baccalaureate degree programs, and 3% graduate from hospital-sponsored diploma programs. The associate degree student was chosen because the researcher is employed in an associate degree program and has greater access to these colleges. Also, research has shown that experiences of men in baccalaureate programs would be different than that of men in associate degree programs. Male students in the last semester of their nursing program have a good perception of the issues and barriers they encountered over almost 2-years. The selection of a sample in qualitative research

has a great effect on the eventual quality of the research. Because retention statistics are not separated by gender in New York State or nationally the researcher could not purposefully choose participants from programs that had exceptionally good or poor male student retention. Therefore, a convenience sample was utilized, and participants were chosen based on their interest, availability, and accessibility. Creswell (2013) noted this type of sampling saves time, money, and effort, but it comes at the expense of credibility. This type of sampling is not usually encouraged, but in this study, the phenomenon of interest is homogenous, adding to the validity of the findings.

There is no one answer to how many participants are enough, although Giorgi (2009) suggested three participants as the minimum number. Sample size was guided by saturation, when no new or relevant data emerges (Morse, 2000), and saturation was reached for this study after nine interviews. In previously reviewed qualitative phenomenological studies, saturation was reached between three and 12 subjects. In the 63 associate degree programs in New York State, there are approximately 15,750 total students. Applying the formula that the male population in nursing is approximately 10%, male students would make up 1575 of the population in these nursing programs. The number of men in the second year would be approximately 788 students, if the attrition rate was 0%. Using the generally accepted college student attrition rate of 50%, there would be 394 male second-year students. Because the male nursing student retention rate is usually lower, the population falls to around 300-350 students. In order to obtain this sample, an email was sent to the deans/directors of associate degree programs with reported male retention data. The email included the purpose of the study, a letter of introduction, the interview questions, and consent forms. The deans/directors

were asked to give permission to the researcher to forward the information and invitation to their second-year male students with specific instructions for contacting the researcher via telephone or email. This researcher had no additional communication with the dean/directors once the initial invitation was sent, and information regarding the participants was not shared with the deans/directors. When a student was willing to be interviewed, a meeting time was scheduled at their convenience at a mutually acceptable site. Additional information was then provided to ensure the rich detail of the students' experiences. Duffy (2007) recommended transparency of a study to ensure that each step of the research process is fully described to participants. Participant criteria included:

- must be of the male gender,
- must be in his second year of an associate degree nursing program, and
- must be able to speak English.

The participants were all 18 years of age or greater and consented to participate in the research. No participants were excluded based upon race, ethnicity, or religion. The researcher explained the purpose of the study for which participation was voluntary, and they were instructed that they could withdraw at any time without consequence (Appendix D). No major risks were anticipated for the participants; however, minor risks were anticipated including discomfort, embarrassment, or distress if the participant was recounting difficult situations had been experienced. The participants might also have become distressed if they felt confidentiality might not be maintained. They were asked for written consent and informed that they could choose not to answer a question, and/or they could end the interview at any time (Appendix D). The participants were also assured that anonymity would be maintained by the removal of any identifying

information such as names, schools, locations, and dates. No research was conducted at the researcher's workplace as this might have raised questions as to whether the data collected could be accurate and objective (Creswell, 2013). This researcher, realizing the time commitment of an in-depth interview and the time constraints on undergraduate nursing students, provided a low-value incentive to entice participation in the study.

Ethical considerations also needed to be incorporated when interacting with human subjects. According to The Belmont Report (1979), there are four ethical principles that guide research for the protection of participants of such research. These are:

- autonomy – respecting persons,
- maleficence – do no harm,
- beneficence – doing good while maximizing benefits and minimizing risk, and
- justice – being equitable.

### **Instruments Used in Data Collection**

There needs to be a direct relationship between the research questions and the procedures of data collection. After the participants consented to the study, qualitative data was generated through individual, semi-structured interviews, utilizing a phenomenological approach in order to collect, interpret, and synthesize rich data to assist in the understanding of the phenomenon (Holzemer, 2009). The researcher was the main instrument for data collection and analysis in this qualitative phenomenological approach. Face-to face, semi structured interviews were conducted as they are the most traditional method of survey research and have become the primary data collection procedure in current research. Some concerns with the interview process included that it

might have been difficult to ask personal questions of the participants without some embarrassment, it can be time consuming, and it might have been difficult to obtain a representative sample.

The researcher carefully constructed questions for the interview process. Creswell (2013) advised developing questions that are open-ended, general, and focused on understanding the central phenomenon in the study. The questions were brief and simple. Formulating the interview questions is the most important aspect of the research as the findings are based solely on the information collected during the interviews, and the information collected is dependent upon the questions asked. The quality and validity of the study depends upon the research tool, so the researcher made sure the questions related to the objectives of the study (Kumar, 2005). The goal was to elicit thick, rich, descriptive information regarding the barriers noted in the literature, including attrition, role strain, and isolation, among male nursing students, in addition to perceptions of male advantages and disadvantages in nursing academia, perceptions of gender diversity in nursing, gender stereotyping, gender differences in expressions of caring, and intimate touch. The questions were formulated by integrating Bean and Metzner's (1985) theory of nontraditional student attrition, Tinto's (1993) theory of undergraduate retention, and by using a social identity approach. The researcher attempted to elicit information regarding barriers to retention, reasons for persistence, and self-concept derived from perceived membership in a relevant group.

In a study by Douglas (2009) regarding retention in associate degree nursing programs, this study's interview questions were guided by the four sets of variables

utilized in Bean and Metzner's (1985) study regarding retention rates of the nontraditional student. These included:

1. environmental variables,
2. background and defining variables,
3. academic variables, and
4. social variables.

Based on these variables, the interview questions were based on the internal and external college environment, including encouragement and support from inside and outside the institution. Similarly, Tinto (1993) stated that to persist, students need integration into formal (academic performance) and informal (faculty/staff) interactions, and formal (academic) and informal (peer-group interactions) social systems. Tajfel and Turner's (1979) social identity theory captures the nature of people's self through their role identity based on their group association. Questions and prompts arising from these constructs included:

- Tell me about your experiences as a male nursing student.
- What attracted you to the nursing profession?
- How has your experience been different from what you expected?
- What are some of the more challenging aspects of your school experience?
- How would you describe your relationships with peers and faculty?
- Describe concerns you may have about completing your studies?

Open-ended questions are primarily used in qualitative research to allow participants to answer in their own words and allow the researcher the flexibility to probe more deeply and encourage expansion of responses. These questions were pre-tested in a

pilot study with male students from the researcher's own associate degree nursing program to determine flaws or limitations. The pilot test also allowed for practice and assisted in the revision of the research questions. Validity and reliability were tested during the pilot testing and demonstrated if the researcher-completed instrument was measuring what it was supposed to measure. Content validity was tested at this time also. Both the researcher and the users of the findings need to be sure that the findings reflect what the study set out to answer.

According to Creswell (2013), one must develop an interview protocol for interviewing and recording answers. This protocol included:

- a heading to include date, place, interviewer, and interviewee;
- instructions to ensure procedural consistency;
- the interview questions;
- follow-up questions; and
- a strategy to organize all materials.

All sessions were conducted as individual face-to-face interviews. The researcher explained the purpose of the study and that no demographic data would be collected. The actual interviews were audio recorded and transcribed, verbatim, by this researcher. Even though a recording device was used, notes were taken in the case of equipment failure. Research integrity was maintained by recording and transcribing every spoken word.

Bogdan and Biklin (1998) suggested guiding steps for the interview process: (a) after the first few interviews, narrow the focus; (b) adjust research questions as needed; (c) transcribe the interviews verbatim; (d) quickly transcribe each interview and refine

questions based on reviewing the notes; and (e) record insights as soon as possible to be able to reflect on the collected data. The researcher personally transcribed the interviews in order to familiarize and immerse herself in the information, reading the data during long, undisturbed periods of time.

### **Data Analysis**

Analysis of the data can be undertaken using a variety of methods. The method chosen should be consistent with the type of phenomenological approach. In a qualitative study, analyzing data requires systematic data collection, analysis, more data collection, and more analysis (Holzemer, 2009). Creswell (2013) suggested the researcher must continuously become immersed in the details of all the data collected. Qualitative data analysis enabled the researcher to proceed from the data collected into the formation of explanations, understanding, and interpretation of the experiences being investigated. The data was examined to begin to establish meaningful and symbolic content. The researcher then started to identify:

- the participants' interpretation of their experiences,
- why they have such points of view,
- how the participants came to those views,
- how they described their view of the situations, and
- how they identify themselves in what they say (Patton, 1990).

This process involved writing, coding, and the identification of themes. Writing about the data is imperative in qualitative data analysis. Identifying themes is the major form of analysis performed in qualitative research studies. Validity was established by checking the accuracy of the data with the participants by conducting follow-up

interviews. Reliability was determined by documenting procedures carefully to be sure the procedures were followed closely with every participant (Creswell, 2013).

Moustakas (1994) suggested:

1. List every significant statement relevant to the topic with equal value or horizontalization,
2. cluster the data into themes,
3. bracket the researcher's preconceived experiences to better understand the experiences of all the participants, and
4. reduce the meanings of participant experiences to the essentials of the experience. (p. 114)

Miles and Huberman (1994) recommended beginning to sketch ideas by writing margin notes in the field notes, writing reflective passages while taking notes, summarizing field notes on a summary sheet, making metaphors from the words, identifying codes, reducing the codes to themes, counting frequency of codes, noting relations among variables by relating categories to build a logical chain of evidence, then making contrasts and comparisons. These steps are interrelated and may happen simultaneously. It was also very important to remain organized so the materials could be easily located. Next, the researcher described, classified, and interpreted data into codes, categories, and themes.

Coding involved the identification of passages of text and applying labels that indicated they were examples of some thematic idea. This process enabled the researcher to gather together all the text and other data associated with a thematic idea. Creswell (2013) recommended codes that represent: (a) information the researcher expects to find,

(b) information the researcher did not expect to find, and (c) interesting or unusual information. The data in qualitative studies tend to be large and complex. Although the sample was small, compared with those used in quantitative approaches, the kinds of meaningful data collected were very lengthy and required intense examination, understanding, and reading. In order to not become overwhelmed by the enormous quantity of data and writing, the researcher developed a plan to organize it (Creswell, 2013). Patton (1990) suggested that data analysis tends to be an ongoing and iterative process in qualitative research. This researcher employed the cyclical process of collecting and analyzing data during the research and continued until the topic of interest was understood. Common themes emerged from this process. Thematic analysis was planned as this is the most common in qualitative data analysis. Throughout the entire process of qualitative data analysis, the researcher kept a record of notes, memos, ideas, and insights that provided additional data and were added to the analysis. The researcher also spent time reflecting on all of the information gathered to be able to filter through all the details to get to the relevant pieces. The goal was to be able to manage the large amount of data.

Interpreting the data is the process of trying to make some sense of a large amount of information. This involved going beyond the codes to larger units of abstraction (Creswell, 2013). Berkowitz (1997) suggested using visual devices for better organization. These devices can aid in confirming themes, considering different relationships, and analytic thinking. The data was visually represented using manual methods that organized and guided the analysis using an inductive process that allowed for the condensing of data into a summary. This process assisted in the establishment of

links between the research objectives, questions, and the summary findings. This, in turn, assisted in the identification of the perceptions of the male nursing students and how their social identity might have shaped these perceptions.

### **Summary**

The purpose of this qualitative research study was to add to the literature an increased understanding of men's perceptions of their nursing educational experiences in order to address decreased retention issues. This chapter provided an overview of the methods and an approach that were used to investigate male nursing students' experiences in their undergraduate nursing program. The qualitative, phenomenological research process was a practical method to perform an investigation of the lived experience of the male nursing students. Procedures were outlined to assure a valid, trustworthy study would be conducted as well as the participants would be protected.

Previous studies have shown little progress has been made to reduce barriers that prevent male success in nursing education. Bell-Scriber (2008) noted the educational environment does not exist in isolation and reflects the culture, values, and beliefs of the greater society in which education is positioned. Continued study of educational and societal barriers that affect men in nursing education will raise awareness of these challenges among nurse educators so that strategies may be developed to provide a welcoming, supportive, encouraging climate in the educational environment. Research from this study will add to the literature from the information collected through the use of individual interviews. The findings from this study regarding the barriers men face in nursing education will be described in Chapter 4. Study conclusions are presented in Chapter 5.

## **Chapter 4: Results**

### **Introduction**

The purpose of the qualitative phenomenological study was to explore factors that may affect the retention of male students in associate degree nursing programs in New York State. A convenience sampling method was employed, and nine male nursing students participated in the study, which was approximately 10% of the total number of students that were initially contacted. Data were collected from the students matriculated in six different colleges across NYS in the last semester of their program. Semi-structured interviews using open-ended questions were the sole instrument for the data collection. Each participant engaged in an individual interview with the researcher. Understanding the factors involved in the retention of male nursing students will assist nursing educators to change pedagogical practices that may increase and retain an increased number of men in the profession and impact the impending nursing shortage.

### **Study Findings**

Chapter 4 reports the findings of the study, which are derived from the guiding research questions:

1. What is the lived experience of the male nursing student in associate degree programs in New York State?
2. What is the nature of the relationship between male nursing students, their peers, and the faculty?

3. What is the nature of the factors that may impact persistence of the male nursing student to stay in his nursing program?

This chapter is organized into four categories and 10 themes that emerged from the research questions. The first category, *navigating the nursing education process*, incorporates the three themes: (a) *preparing for the journey*, (b) *obstacles encountered*, and (c) *relationships*. The second category, *redefining the nursing role* incorporates three themes: (a) *sociocultural perceptions*, (b) *social construction of identity*, and (c) *essentialism*. The third category, *ways of knowing*, incorporates the two themes: (a) *acquisition of knowledge*, and (b) *discourse-based barriers*. The fourth and final category, *fulfilling destiny*, incorporates two themes: (a) *resilience* and (b) *retention*. Table 4.1 illustrates a summary of the categories and themes as well as a providing a description or the essence of the themes.

**Category 1: Navigating the nursing education process.** The first category, navigating the nursing education process, emerged as a broad, multifaceted category when the participants described their journey from contemplating the nursing profession to preparing for and navigating the obstacles and relationships encountered in the nursing education process as male nursing students. The three themes identified under this category include (a) *preparing for the journey*, (b) *obstacles encountered*, and (c) *relationships*. Essences were also identified to add quality and increase understanding of the participants' experiences (Husserl, 1998).

Table 4.1

*Summary of Categories and Themes*

Categories	Theme	Essence
Navigating the Nursing Education Process	Preparing for the Journey	Contemplation
	Obstacles Encountered	Challenges
	Relationships	Climate
Redefining the nursing role	Sociocultural Perceptions	Prevalent Stereotypes
	Social Constructions of Identity	Personal/Professional Identity
	Essentialism	Categorization
Ways of Knowing	Acquisition of Knowledge	Intuition
	Discourse-Based Barriers	Communication Styles
Fulfilling Destiny	Resilience	Purpose
	Retention	Determination

The participant descriptions detail the high levels of stress and pressure related to contemplating their lives and education, preparing for the journey to nursing school, the obstacles and challenges they encountered, the relationships with faculty and peers, and the climate within the classroom and clinical environments.

***Preparing for the journey.*** Villaneuve (1994) noted that male nursing students tend to be older, more educated, and have more life experience than their female counterparts, and they go into nursing as a second career. Many of the study participants described previous experiences in life, education, occupation, their thoughtful contemplations, and the long journey in preparing to enter nursing school: “Overall, I went to licensed practical nursing (LPN) school and now registered nursing (RN) school, so this is twice for me” (Participant 2, p. 1). Participant 2 also stated:

Actually, I was in college, and I needed a job, so I started out doing housekeeping, and everybody was just like egging me on to be a certified nursing assistant (CNA). But after a while, helping a resident, I ended up taking a liking to it so I ended up becoming a certified assistant nurse. I did that for about five years, and it was a good experience. (p. 14)

Participant 3 mentioned the spark that ignited his nursing career:

I was working for an ambulance company in Rochester doing transfers. We were the primary transport service for Strong. That was kind of the spark. The other spark was I was taking acute patients and throwing them into a bed in the emergency room, and I might get a chance to go and find the resident or whomever to see if our field diagnosis was appropriate, otherwise we never knew. I gained rapport pretty quickly with patients, and I have always been able to do that, and it kind of bummed me out that I would never know what happened to them. So nursing, obviously, there is all of this other care that goes into it that is really more of who I am. (p. 15)

Participant 5 had a previous degree and profession before contemplating a change:

I have a degree in education and worked briefly as an educator and it didn't work for me . . . . I took a job working with retarded adults. I managed a group home for a bit, and that ended unexpectedly due to funding issues so I was unemployed . . . . I moved home with my mother and got a job as a suicide watch sitter in a hospital . . . . I did that for a couple of months and then got a job as a counselor on the mental health unit . . . it gave me more time to watch the kind of care that was being given . . . . That really peaked my interest. (p. 16)

Some participants described having to travel a long and winding road before they could even qualify for the nursing program: “I did so much to get to this point . . . so it took me a year and a half to get my GPA up before they would even look at me”

(Participant 4, p. 37). Likewise, Participant 1 reflected:

I had to go back and take chemistry and math again before I could start at HVCC to take my prerequisites, so I could apply to Samaritan . . . . I thought nursing was just 2-years and, hey, anyone can do that, right? Then I found out about these things called co-requisites and pre-requisites that weren't really part of the curriculum but needed to be completed for the program. I was just nibbling at those one at a time and doing whatever it takes . . . . I started as a patient care tech being a volunteer for about a year; that's where the challenges were really. (p. 24)

Participant 6 revealed a bit of his history:

It was when I was younger. I was looking for a good, stable career, and I met a male nurse who was a friend of the family, and he shared a lot of information with me, and that's how I got involved . . . . He helped me get a job at the hospital and helped me get started. (p. 17)

Other participants described their long individual journeys, “So after 2-years on the mental health unit, I took a job in the emergency department as a fancy nurse's aide for a lack of a better term. I performed phlebotomy, EKGs, assisted providers with procedures.” (Participant 5, p. 21).

There were participants who knew the nursing profession was meant for them: “I knew this is what I wanted to do” (Participant 1, p. 1). “I applied to this program three times, doing prerequisites for 18 months. I'm here to get my nursing degree” (Participant

4, p. 5). But other participants really weren't sure which direction their lives would take.

Participant 6 reflected:

After high school, I took about three years off to kind of figure out what I wanted to do and to pursue a few passions I had at the time. . . . Personally, I didn't want to go to college until I knew what I wanted to do. (p. 17)

Participant 7 said he, "wasn't quite sure what I wanted to do. . . . I was interested in health care . . . and the possibilities were endless" (p. 17).

The previous experiences the participants described were extremely varied, and the turn to nursing was a huge change in both their personal and professional paths. "I was a fly fishing guide, I had my own business and was very successful . . . but I closed my business and started exploring schools" (Participant 8, p. 18). Participant 9 had an equally as varied background and said,

Well, actually before this, I was a marine for 8 years. Then I was an NYPD detective, and I wanted to help people in a different way, because I felt that when I was younger, it was all about the adrenaline, the action. (p. 18)

Another marine, Participant 1, recounted: "I have a cabinet store, have been doing that for 30 years after I got out of the Marine Corps" (p. 14). Once their various journeys brought the study participants into the nursing education process, the second theme, obstacles encountered, was the next challenge that emerged from the data.

***Obstacles encountered.*** Every nursing student's journey through the educational process is different. The participants' discussions centered on the many challenges facing them in their education program. These included the challenging academic rigor of a nursing curriculum, including formidable academic standards and expectations,

cognitive complexity, psychomotor skill development, and the overwhelming workload. All nursing students are required to not only understand but apply, analyze, and synthesize an increasingly large amount of information. But Anthony (2004) acknowledged that as men think about entering a nursing program, they may feel like pioneers starting a dangerous journey into an unwelcoming territory rather than a well-blazed trail. These negative perceptions decrease the recruitment and retention efforts aimed at the male student. The rigor of the nursing curriculum is difficult enough for any nursing student, but the male student participants anticipated the challenges might be overwhelming when presented among the additional challenges male students face. Participant 8 summarized his feelings about the challenges he anticipated,

We knew from orientation and kind of just looking into nursing school that it was going to be extremely challenging even if we have an undergraduate degree, as I do, and a lot of others do as well. It's a completely different level of study and intensity. (p. 8)

Participant 2 put it quite simply, "I just knew it would be hard" (p. 2). He elaborated on this by stating, "I heard all the nightmare stories about people, especially men, who went to RN school and didn't make it. I did a lot of prayers before I signed up" (p. 2). Participant 1 had a similar sentiment, "I thought it would be a nightmare, to be honest with you" (p. 19).

The men then discussed the increasing rigor and complexity as they progressed in the program. One participant offered, "At the beginning of the first semester, it was a little bit overwhelming to learn all of the information and realizing how much there was to learn" (p. 23). Participant 3 explained that, "a lot of material comes at you very

quickly in 2-years, so there is constant pressure to stay on top of your schoolwork and reading and studying and managing life and everything like that” (p. 48). Participant 8 mentioned “the level of knowledge that nurses have and the level of front line responsibility I was not aware of” (p. 23).

The participants then recounted how the intensity and stress actually increased. Participant 5 described his second year:

We started off the second year just over the top—overdrive—this is acid base, this is fluids, and electrolytes, and that was very difficult. And then it got really hard, there is so much to medicine. The more you learn, the more you understand how little you know. I can’t learn everything; there is just too much. That continued up until the week of finals. (p. 22)

Others participants recounted the rising intensity. “What was most challenging was the intensity and the level and volume of material” (Participant 8, p. 23). Participant 5 described the intensity quite vividly: “It got really hard this last semester. It was the first time I felt I was really fighting tooth and nail to get through it and survive” (p. 49).

Similarly, other participants recounted the increasingly challenging academic environment, “I wanted to be challenged, and I was to a degree. I spent endless hours preparing for different things” (Participant 4, p. 20). Participant 1 realized he had to adjust, “to the classroom, to students of all ages, and educational levels” (p. 25). Participant 1 was also challenged by the fact that other students had already attained higher degrees, “The classroom atmosphere was challenging. A lot of people sitting around me had bachelors and master’s degrees. I was thinking, oh man, I hope I can live up to this” (p. 25).

In addition to the intensity level of the curriculum that all nursing students faced, there were challenges that were specific to the men. Some participants discussed having difficulty with the testing component of the nursing program, which requires students to answer items built upon application, analysis, and synthesis. “We had one bad exam where a good 80% of the class failed” (Participant 9, p. 9). “The testing style was a little different. It was a lot of application-type questions, as opposed to your standard type of testing” (Participant 3, p. 27). “There was one semester I remember very vividly; after tests, even our strongest students were coming out and crying” (Participant 4, p. 49). Participant 6 related the difficulties with testing directly to being male, “Some of the questions, the wording is sometimes a bit difficult to answer . . . these questions are hard to understand from a male perspective” (p. 52). He went on to state:

In our study sessions, sometimes we have a therapeutic communication question that is difficult to answer, and a female can answer it even though she doesn't have the nursing school background. She has a female perspective, so she can look at it and recognize there is no way you would ever say that to anybody. Having a male faculty maybe could help with the way the question is written. (Participant 6, p. 52)

The added difficulty that the male students may experience based on gender-related issues can be factors that reduce retention. Factors that might influence this stress could include relationships with peers and faculty and the climate of the learning environment—if these are positive and supporting.

***Relationships.*** The third theme revealed by analysis of the data was relationships. The relationships male students reported that create the climate of classroom and clinical

settings can be challenging but integral to their success and retention (O'Lynn, 2004). Effective relationships are essential to flourishing in learning environments that are conducive to providing the requisite theoretical and clinical knowledge, attitudes, and skills necessary for success in a nursing program. This is especially true for relationships with peers and the almost exclusively female faculty.

Faculty relationships are extremely important when navigating the nursing education process. Faculty members are in a unique position to recognize and reduce the stressors that may cause male attrition. Preferred faculty characteristics mentioned by the study participants included providing an inclusive teaching/learning environment, a caring attitude, an interest in student success, and empathy with appropriate challenge and support. The participants offered specific information regarding their good relationships with faculty. "Fantastic, never had any issues with my faculty" (Participant 1, p. 34). "Faculty was awesome" (Participant 2, p. 35). "As far as faculty go, they were great" (Participant 3, p. 36). "I loved my faculty, I learned a lot from them" (Participant 4, p. 37). "I had very, very strong relationships with my clinical instructors" (Participant 5, p. 40).

Again, although mostly positive, there were instances of poor, unsupportive relationships that caused a great amount of distress. "They expected us to live up to their standards, yet they were not upholding the same standards for their faculty. There are a lot of women. It's almost like they feel too comfortable in their positions" (Participant 9, p. 9). Participant 6 recounted:

On occasion, a faculty could be hit or miss, they seemed to have mood swings a little bit at times. One person was known for that . . . sometimes faculty would say things that would be more appropriate if said in private to the student. (p. 41)

Participant 9 mentioned faculty treatment:

Sometimes the faculty can be rude and condescending to the men . . . for example, when we moved on to Level II, they told the professors, be careful, these guys are trouble . . . . The faculty would just go in and target one of the male students and not let up. (p. 9)

Having supportive faculty and peer relationships might decrease the stress that males can experience while navigating in the nursing education learning environment.

Peer relationships can also provide the support and encouragement that could make a difference in the success of the male nursing student. The men in this study spoke frequently about the relationships they developed with their peers and how these relationships mostly assisted their learning and success. These positive, supportive relationships were equally satisfying between the male and female students, and it was evident in the data: “fantastic relationships, never had any issues with my peers”

(Participant 1, p. 34). Participant 2 seemed to have had a good time while in school:

I got along with everybody . . . . I can't complain. We had a bunch of good girls, they had a great sense of humor. All from different backgrounds, some nursing, some not and the guys all liked each other. (p. 35)

Participant 4 said he had, “Great relationships with peers . . . the men all kind of hung out with everybody, but we would have our own little group sometimes, the three or four of us” (p. 36), and other participants stated, “. . . my peers, I loved everyone” (Participant 4,

p. 37). “I actually had no problems; no arguments with my peers. I have some good friends from this . . . we socialize outside of school” (Participant 9, p. 44). Participant 3 mentioned the critical importance of the support from his peers in the clinical setting, “I leaned on a lot of my female peers to help me get through—especially in the labor and delivery experience” (p. 27).

As noted previously, although peer and faculty relationships were mostly reported as positive, the men still experienced some conflict due in large part to their minority status in the classroom and clinical areas.

When learning how to acclimate to the nursing educational experience, classroom climate is an intrinsic element of a students’ academic success (Bell-Scriber, 2008). The participants all mentioned the importance of engaging with peers and faculty in a comfortable, safe classroom environment that is conducive to the learning process. The process of engaging in an atmosphere of academic inquiry where students are empowered to be active participants is the ideal. The participants reported that creating an inclusive, positive teaching environment that ensures a welcoming climate for men is of utmost importance. The findings showed mostly positive classroom experiences, as evidenced by the following statements: “Personally, my experience has been very good” (Participant 1, p. 1). “People are always willing to help me out if there was something I didn’t know” (Participant 2, p. 1). “I feel it has been pretty good; I had the help I needed when I needed it” (Participant 3, p. 3). “From my point of view, it has been a wonderful experience” (Participant 8, p. 7). “. . . the entire experience was wonderful, pleasurable” (Participant 1, p. 19). “When I actually got into it, it wasn’t that bad. I was ready for the bumps and bruises, like bring it on, but it really wasn’t that bad” (Participant 2, p. 20). “I

really didn't know what to expect, so as I was learning things, I just took it with a grain of salt. I got all the help I needed; all of my questions were answered" (Participant 3. p. 20).

Some of the participants, though, identified many areas of discomfort. The classroom atmosphere was, at times, quite difficult for some of the male students. For example, one student stated, "On campus, it is not as positive being a man. You are addressed as one of the females in the class. And then, they will be like, 'Oh, that's right—we have two males in the class'" (Participant 4, p. 4). Participant 8 was more detailed in his account of a challenging classroom climate:

The purpose of this interview was to be very honest, and what I found is, as much as the school teaches about bullying, I have never seen so much bullying as I have seen at this school of nursing . . . . We had one professor who came in with an attitude one day because she was not supposed to teach the class. So she was not very nice to anyone in class that day. I pay good money to go to this school, and I expect to be treated the way I'm supposed to be treated. She made a complaint that I was very rude and disrespectful. The professor still will not look at me. (p. 11)

Likewise, Participant 7, stated, "In the second semester, I was not enjoying nursing. Not because of the information but because how it was set up and how the information was given and how they thought about it" (p. 30).

In addition to challenging classroom demands, nursing students are also expected to succeed in the clinical environment, where integrating cognitive, affective, and psychomotor skills involving intimate caregiving is required. As noted previously by

many of the study participants, the academic challenge of a nursing program first includes didactic information that provides a foundation for the nursing curriculum, which is taught in sequence and delivered in a classroom setting. Then the clinical component is added, and the complexity and challenge builds and intensifies. Bell-Scriber (2008) noted that the clinical climate can also play a huge role in the support and success of the male nursing student. The clinical focus in nursing education requires the student to apply theoretical knowledge from the classroom into the practice setting. Wolfenden (2011) contended that firsthand practice with patients is imperative, and pedagogical methodologies must ensure all students are able to learn. This experience provides a context for psychomotor and clinical judgement skill development (IOM, 2011). Caring for patients in intimate ways requires male students to adjust the ways they interact with patients, peers, staff, and faculty. The men noted they were quite adept at the technical skills involved in nursing, but not the intuitive, caring behaviors typically associated with the female gender. Participant 8 revealed that, “The clinical experience, when you have to walk into a patient’s room that I have never seen before, and make myself known and get right in there . . . was very uncomfortable (p. 31). The intimate care issues that are found in the literature were apparent in discussions with the study participants. Participant 3 said that, “maybe some of the care that needed to be provided that I hadn’t done before was the most challenging . . . . It was just a little bit out of my comfort zone” (p. 27).

Mostly, the male students expressed a desire to be given an equal opportunity to learn and be involved in a positive, meaningful, welcoming learning environment in order to develop these needed skills. At times, the participants felt isolated in certain

situations, for example, in the obstetric rotations. “The labor and delivery experience was extremely uncomfortable for me—to the point I didn’t want to be there. My clinical instructor forced me to get through it” (Participant 3, p. 27). Another participant noted that his “entire assignment was changed in the labor and delivery unit and I couldn’t care for that patient when the nurse realized I as a male nursing student” (p. 38).

Again, most of the participants noted their experiences to be generally positive with some notable exceptions. Participant 2 actually stated, “I have had no problems in the clinical setting” (p. 2). Similarly, Participant 3 said,

Just from the stories you hear, because people say people don’t get along, conflicts on the hospital units, nurses that didn’t want to help them, or were mean to them. But I just never experienced any of that so a lot of it was just a false impression. (p. 20)

Participant 4 said that, “Being a male was a blessing, not a curse, in that I got a unique perspective on how patients react differently with a male nurse” (p. 3). But other participants noted, “It would be harder on me, at times, because I am a male; so a lot of times I would get the heaviest patients, always having to help with heavy lifting and pulling” (Participant 2, p. 15). Participant 1 said that, “all of my challenges as far as clinical were with the patients—my first contact with patients” (p. 25). Participant 9 knew himself well and stated,

I was always worried about my bedside manner. I didn’t know how I would be. A lot of times I am very blunt . . . . I can be short fused, so my mother was also worried about my bedside manner. (p. 33)

The complexity of clinically based learning was a concern for the students: “It seemed so distant to try to understand how one would be able to make clinical decisions—it just seemed like an impossible amount of knowledge required” (Participant 6, p. 23). “The level of medical knowledge that nurses have and the level of front-line responsibility I was not aware of” (Participant 8, p. 23).

Students depend on the faculty to provide classroom and clinical learning environments and experiences that are supportive, positive, comfortable, and fair. Treating male and female students the same may not always be fair. The relationships that students develop with faculty could be the deciding factor in their success or failure when the male students are trying to redefine the traditional nursing role.

**Category 2: Redefining the nursing role.** The second category that emerged from the data analysis was redefining the nursing role. The themes identified include (a) *sociocultural perceptions*, (b) *social construction of identity*, and (c) *essentialism*. There is still prevalent gender stereotyping and bias in the nursing field. These perceptions and stereotypes can be distinct barriers when male students are struggling to socialize themselves into the nursing role while establishing their personal and professional identities. Despite some gain in the number of men recruited into nursing, O’Lynn (2006) stated that male nursing students still face the greatest intensity of gender-based stereotyping and barriers during their nursing education. The gender integration of the nursing profession should begin in the educational setting, but as the study participants recalled, their experiences being in the gender minority and being excluded from the in-group made integration a struggle. This is especially true when they are dealing with long-standing sociocultural perceptions and prevalent stereotypes.

***Sociocultural perceptions.*** The sociocultural constructions of masculinity and femininity based on stereotypical expectations contribute to the role strain experienced by male nursing students. Anker (1998) notes gender theory, as well as human development theory, has contributed to the bias in the field of nursing that females are more suitable for the role of nurse over males. These stereotypes can have a harmful effect on the male nursing student.

The participants all reported various instances of subtle and direct gender bias. At times, this could be attributed to a larger societal bias. Male nursing students continue to face unequal treatment and expectations in the profession, especially during their education. These biases present in varying ways. Participant 9 saw bias in a subtle way, “I never went and did any kind of an assessment [or] anything with a female without another female present” (p. 24). He went on to a direct instance of bias:

We don't have a place to change in the locker rooms—that was another whole thing where there isn't much versatility—you have to wait until everyone is out or get there earlier, which isn't such a big deal, but it is a little something. They weren't very accommodating to men at all, which is a surprise to me. Men didn't complain about it but I know if the roles were reversed, they would have accommodations for women. (Participant 9, p. 32)

Participant 6, too, stated his concern of bias:

It is a little bit of a difficult situation in some ways to not be sure if you can walk into the room and to know if the patient and family are going to be comfortable with it. Usually the patient is fine, but the family may have a little bit of an issue. (p. 29)

The study participants who had previous experience in health care seemed to have less difficulty concerning the bias. Participant 2, stated, “Actually, I do work in a nursing home and occasionally you would have some women from older generations say they would prefer to have a female, and that is understandable” (p. 35).

Because of prevalent stereotypes, the men reported that misconceptions associated with being a male in a predominantly female profession still exist. In particular, there is an assumption that a man choosing nursing as a career will be ridiculed because it is not considered a respectable career for a male. Participant 9 explained, “My friends—to this day—still laugh at me. They just never pictured me being a nurse. All of my marine friends are definitely laughing at me. But that didn’t deter me. No, no it didn’t (p. 33).

Participant 5 noted that before becoming a nurse, he really didn’t know what nursing was about:

I realized nurses just don’t put bandages on and give you Tylenol and call the doctor. Nurses work with the doctor and participate in a treatment team, assess patients, triage in the emergency room, and work in the outpatient clinics. Every facet of health care has a nurse in it. Case management and in public health—literally everything. (p. 16)

The study participants noted the most difficult situations still occurred in the interactions they had on the women’s health units. Participant 5 explained:

We are a small town, and there are people with different values and, paradoxically, a woman may be more comfortable with a female obstetrician and not be interested in a male nurse or especially a male nursing student. That was to be expected. (p. 28)

Participant 6 mentioned his misgivings, as well as his patient's and the family's misgivings:

The experience in maternal/maternal child/newborn . . . it is a little bit of a difficult situation, in some ways, to not be sure if you can walk into the room and to know if the patient and family are going to be comfortable with it. I didn't have an issue personally, but I can see where there would be potential for that. (p. 29)

Several participants recounted their stressful experiences in the labor and delivery unit: "The labor and delivery experience was different. I definitely didn't think that would be the right decision for a guy because it's kind of awkward . . . it was an uncomfortable rotation . . . I don't think I will be going down this path" (Participant 2, p. 36). "I was scheduled to go to labor and delivery . . . the nurse was very excited to have a student, but when I walked in, she said she couldn't take me as a student . . . it made me super frustrated" (Participant 5, p. 38). "I've had people tell me, especially when they are in obstetrics and pediatrics, when I was doing my rotation, I actually had a woman tell me that guys shouldn't be in the pediatric unit—they should be in the ER or something like that" (Participant 9, p. 44). "The only times it got difficult, as far as gender issues, is when it's an older adult who still has a stereotypical idea of just women are nurses, although that seems to be changing" (Participant 6, p. 6).

In contemporary society there remains a stubborn stereotyping of nursing as a female profession. Male students struggle against different stereotypes and, in addition to the stress caused by stereotyping, these challenges continue to have a large impact on their physical and psychologic well-being as well as in their retention in the profession.

In the larger sense of sociocultural perceptions of bias, Smith (2006) maintained that in our society, the social construction of what it means to be a nurse, still depicts feminine-dominated characteristics, concept, and identity. The male nursing student challenges the traditional role identities typically assigned to nurses.

*Social construction of identity.* The second theme under the category of redefining the nursing role is social construction of identity. Social identity comprises personal identity, and being able to identify with a group is an important component of one's social identity. Tajfel and Turner (1979) theorized that an individual's self-concept and identity stems from associations with a relevant social group, therefore, when a group is in the minority, as are men in nursing, intergroup behaviors can be difficult. Although not all conflicts between groups arise from competition, people can discriminate against those who are not part of their own group.

The participants in the study seemed to benefit from their social identification with the other male students in both the theoretical and clinical settings, which enhanced their own social network and strengthened their group. This theme, social construction of identity, was repeated often by the study participants who felt much more comfortable within their own group. Participant 3 expressed that, "It always feels more comfortable when you have one other guy or person of the same gender going through the same troubles as you" (p. 3). Participant 2 and 9 recounted concerns and coping mechanisms when addressing their minority status:

Well, luckily, this was the biggest male class we had, so my biggest fear was there wouldn't be any guys. I was like, oh man, what am I going to do, who am I going to talk to about sports, and what will I do? So there was. Luckily, a lot of guys in

the class. My number one concern was just not having anybody to relate to being a man, and a minority in this field, and just being a guy . . . . I felt when I got into school, I might have a couple of difficulties or just feeling uncomfortable at times because there would be no other guys around, but luckily, that wasn't the case because we had the biggest male class ever. (Participant 2, p. 26)

The men all kind of hung out with everybody, but we would have our own little group sometimes where the three or four of us would hang out. Some of us were on night clinical one on days, but we were all generally sat in the same area in the classroom. (Participant 9, p. 23)

Again, according to Tajfel and Turner (1979), a person's self-concept implies both personal and social identity and individuals tend to categorize themselves on the basis of membership in a group, these intergroup gender biases can uncover gender issues that must be addressed and confronted in order to break down gender-based barriers still present in nursing education.

***Essentialism.*** The third theme, essentialism, is the view that categories of people, such as women and men, have intrinsically different characteristic natures (Ashbrook, 1989). This was a strong theme among the study participants. Tajfel and Turner's (1979) social identity theory explains the "categorization effect" by recognizing the need to belong to a group in order to enhance a positive personal and/or social identity. The minority group is labeled the "outgroup." In the case of male nursing students, there is a need to challenge the status quo of the personal and social identification of nurses as female and the categorization of males as the outgroup.

The study participants spoke of the almost subconscious categorization of the male nursing student into a group with certain characteristics and identity. This occurred whether the men were describing their own social identity or within the descriptions of others with whom they interacted. Participant 9 noted, “My mother was a nurse, but I just never thought about it” (p. 19). Participant 4 said, “I was actually on a unit at a community hospital, and they thought I was a doctor” (p.4). Participant 4 had a previous degree, and stated, “I hadn’t thought about nursing before. I have a degree in marketing/management, so a totally unrelated field” (p. 15). Participants 5 and 9 also had previous degrees, and mentioned that, “I have a degree in education and worked briefly as an educator, and it didn’t work for me” (Participant 5, p. 16). Participant 4 recounted:

As far as being the male gender in a program like that, you are hyperaware of how you interact with other students, body language, how you touch them in a clinical situation, on campus, your words. For me, I was accustomed to doing that, being in the business world for such a long time, but as a student, I could see where that would add more stress of being a male student. It’s like how are they going to take what I say. (p. 28)

The fact that they were men was ever present in the participants’ minds.

Participant 9 voiced that, “I found that everybody was glad to have a man around when they had to move a patient. Everybody was like, can you come and help? Everybody would constantly ask for help—even the doctors” (p. 23). Participant 8 stated, “Just being so blatantly aware that I am a male. And I am big—I don’t blend in very well. So being aware that I’m a male and such a big guy” (p. 32), and Participant 7 said that, “I definitely relate more to the men in the class” (p. 42). Participant 9 reflected that:

Personally I think women, for the most part, not all, can relate to children better than men. Women are more patient and mothering. The children would prefer to be with a woman more than a man. During my pediatric rotation, a lot of the kids weren't so warm to me—like nervous—they wanted the women to care for them. (p. 45)

Kalisch and Kalisch (2004) reported these gender categorizations show that the link between females and nursing is a strong one—stronger than in many other occupations, and men can find it difficult to cross this barrier. Gender differences that result in this categorizations of the male nursing student may be captured in the different *ways of knowing* between males and females that can be discerned in varied situations, which include intuition, communication, and learning.

**Category 3: Ways of knowing.** The third and the most unexpected category that emerged from the data is ways of knowing. This included the themes of: (a) *acquisition of knowledge*, and (b) *discourse-based barriers*. There are many theories that speak to gender differences in the ways that information is acquired, processed, and communicated. For example, Belenky et al. (1986) influenced by the work of Gilligan (1982) regarding moral reasoning and caring differences between men and women, discussed two ways of knowing that may be related to gender. The first, *connected knowing*, used most often by women, places the emphasis on understanding, empathy, acceptance, and collaboration. The second, *separate knowing*, relies on objectivity, reason, and analysis, and it is used most often by males. These concepts can have an impact on the ways male nursing students act, learn and communicate.

*Acquisition of knowledge.* Brady and Sherrod (2003) noted the issue of how knowledge is acquired differently by genders when studying male student nurses. They found there is a gender difference in the way men and women approach many things. Women's thinking is described as emotional, intuitive, and personalized. Men tend to rely on abstract, rational, objective, and impersonal thinking, while women try to understand an individual's needs and experiences, which are rooted in connection and relatedness (Belenky et al., 1986). A few examples from the study participants are reflected in their following statements: "I do find a lot of things that are very different on how the way men and women approach things" (Participant 9, p. 33); "how males and females think different—how they think about the hospital setting is huge" (Participant 7, p. 30); "So, I think a lot of guys, who like things in a structured way, I think sometimes they are just not prepared for some of the flexibility that you have to have in nursing" (Participant 2, p. 27); and "I still find it difficult to do the whole collaborative thing and not make decisions on your own" (Participant 4, p. 21).

Other gender-related differences were confirmed by the male nursing students in the study:

We had these simulated clinical experiences, which is the root of what this is . . . they want you to share this emotional stuff, and it's perfectly okay to do a terrible job and just really express yourself. However, even if you do a pretty good job and you don't share, they don't like it . . . the instructor said I didn't share enough and that this was a terrible thing . . . I would not want to share my feelings with co-workers, it's not appropriate, I don't want to bring that to the workplace—I don't think it's appropriate to share with other people. (Participant 7, p. 55)

One of the most interesting comments from Participant 4 was: “Now for me, I’m 50 years old, I’m a duck. Nothing fazes me, I roll with it. I get it” (p. 4). Participant 2 had a similar statement, “I’m just a clock on the wall, I see everything, but say nothing, so I stay out of trouble” (p. 2). These students were referring to the gender differences in the ways men and women approach different situations. Most of the participants spoke about “woman-to-woman conflict” (Participant 2, p. 2). Participant 4 said, “I wouldn’t get involved in the drama” (p. 5), and Participant 6 stated that, “some of the women can be vicious” (p. 38). So, too, Participants 1 and 2 spoke of the women nursing students: “A lot of the girls would break into their cliques, I didn’t get sucked into that; my friend and I wouldn’t get involved in all the drama” (Participant 1, p. 34), and “When the women got grumpy, I didn’t take it personally” (p. 35).

Male nursing students find it difficult to be involved in these uncomfortable dynamics. Men and women bring different communication, language, and learning styles into the educational environment. These differing styles can prove to be quite disconcerting for the male trying to navigate through a predominantly female profession. Villeneuve (1994) stated that language has the ability to marginalize any group, and Wolfenden (2011) added that language is sometimes used as a subtle form of bias against men in nursing.

***Discourse-based barriers.*** The second theme, discourse-based barriers was revealed, especially in the different communication styles between men and women. This was quite evident in the discussions of the study participants. Weber (2008) noted that the male and female brains have different methods for processing information, communication, and problem solving. This can lead to huge differences in the

communication styles and preferences of male and female nursing students, causing strain and frustration. Participant 9 had a perfect example of this: “with the females . . . clinical conferences . . . it’s all ‘gossip hour,’ it’s what’s going on. It’s all cliques” (p. 55). Participant 7 elaborated on these communication differences:

When I went into the hospital and saw a male nurse, the conversations weren’t about not having what they needed, not having enough help, or the doctors being mean. It was about how he was improving his skills or his methods for doing something to improve the hospital profits. The men think much more about the finances and what they are doing and how it works in the system. They document because then the hospital will charge for those services. Now the females, I have never heard one talk about that— ever—in any situation. But they use the term— oh, yes, you have to document to cover your butt. That is what we hear in nursing school from all the instructors. (p. 31)

Some study participants quickly realized that if they exhibited traditional masculine traits, such as assertive questioning, they were ostracized by both faculty and peers. Participant 5 recalled that, “I would ask questions that would be right on the edge of, ‘I know this is more advanced . . . but I need to ask you about it anyway’ . . . that would alienate people” (p. 40). Participant 7 recalled, “I tend to ask a lot of questions; for some faculty, that seems to be a problem. I ask questions other people don’t ask” (p. 42). Participant 9 noted, “I ask a lot of questions . . . there is a lot of grumbling . . . because they want to go home, and I’m keeping them there . . . I don’t really care. I hear it . . . I’m not about to miss an opportunity to talk” (p. 44). Participant 5 also noted,

“I would ask questions about more advanced topics, more than we needed to know, but I needed to ask. That would alienate people” (p. 40).

Participant 7 reflected that, “Faculty speak differently to female students—with more respect” (p. 7). Participant 7 also was concerned about being uncomfortable with the expected relationship building:

It was the interpersonal relationships. I didn’t think I needed to be so socially active. And you can’t get all of the information you need unless you are. You may get very vague information, and I have to ask for an interpretation on what that means. I felt that all of the information given, lectures, and presentations is very vague and not direct. (p. 31)

Participant 9 noted his different style of communication:

But I do find a lot of things that are very different on how the way men and women approach things. If there is a drunk or someone who has a drug history, the women tended to go into the situation professional—my name is—I’m going to help you. Whereas, my patients, when they see a man, it’s I don’t have to walk in with the hello how are you attitude, I walk in and give the patient the courtesy of respect and expect the same respect in return. I would walk in and say, ‘Hey, how’s it going?’ . . . . I can be more matter of fact than the women can. I didn’t get a lot of the verbal abuse that the women got. (p. 33)

Participant 4 noted many differences also:

As far as being the male gender in a program like that, you are hyper aware of how you interact with other students, body language, how you touch them in a clinical situation, on campus, your words. As a student, I could see where that

would add more stress of being a male student. It's like, 'How are they going to take what I say.' (p. 28)

Participant 8 was quite blunt, saying, "Just being so blatantly aware that I am a male. And I am big—I don't blend in very well. So being aware that I'm a male and such a big guy" (p. 32), and Participant 7 stated, "I definitely relate more to the men in the class" (p. 42). Some of the men observed very obvious differences:

Personally, I think women, for the most part, not all, can relate to children better than men. Women are more patient and mothering. The children would prefer to be with a woman more than a man. During my pediatric rotation, a lot of the kids weren't so warm to me—like nervous—they wanted the women to care for them. (Participant 9, p. 45)

Another added, "Men tend to do it a little bit differently on the job. You might say very differently" (Participant 6, p. 52).

Through all of the struggles of the male student within an unwelcoming educational climate and relationships, gender conflict, stereotyping, categorization, and ways of knowing, the study participants expressed a very strong resoluteness when asked if they had any concerns about completing their nursing programs. They were all quite passionate in exclamations of their resilience and personal purposes for beginning and completing their programs. The participants fulfilling their destiny emerged with descriptions of purpose, commitment, determination, and survival.

**Category 4: Fulfilling destiny.** The fourth and final category revealed was fulfilling destiny. The themes uncovered from the data include (a) *resilience*, and (b) *retention*. As referenced throughout this study, men face significant barriers throughout

their nursing education. Despite the barriers, the male nursing students had weathered the storms, pursued their interest in nursing, and conquered the challenges they faced every day.

**Resilience.** Resilience, purpose, and belonging have a strong relationship, and by the end of their studies, every one of the study participants felt he had worked extremely hard before and during the nursing educational program, met the many challenges head on, survived the many challenges, achieved what he set out to accomplish, and belonged in the nursing profession. They were determined and resilient, and absolutely nothing was going to prevent them from reaching their goals. Participant 4 expressed: “I had so much gratitude to be there. I did so much to get to this point” (p. 37). Participant 1 said, “I was going to complete it either way, but God forbid, I would have dropped a class or failed it” (p. 48). Participant 4 revealed that “there were some dark hours—it’s tough—I never tried to think, ‘What are they thinking.’ I was just trying to do this for myself. I was determined to complete the program” (p. 49). Participant 5 stated that he, “was never in jeopardy of failing . . . I was determined to finish” (p. 49). Participant 6 put it plainly: “Nope, never thought that I wouldn’t complete the program, even when I had academic difficulty” (p. 51). Participant 8 showed his resolve with: “I fully expect to complete the program” (p. 55), and Participant 9 had the same resolve with: “For me, it’s all about graduating and getting a job and start working as a nurse. I can’t allow people’s personal things to get in the way of my goal” (p. 55).

The study participants’ resilience gave them the will to survive and persevere. The following statements express their resolve and determination: “I think I was meant

to do this so, it's kind of like I am supposed to do this—not just trying this out” (Participant 2, p. 1); “. . . nursing school was a blessing” (Participant 4, p. 3).

The participants' sense of purpose was revealed when they were asked, “What attracted you to the nursing profession?” Participant 8 answered, “It was a spiritual call” (p. 18). Participant 9 recounted, “I was an NYPD detective. I guess I wanted to help people in a different way . . . . I didn't want to hurt people anymore. I wanted to help them, and I needed another way to do it” (p. 19).

The study participants, male nursing students, navigating their way through the turbulent waters of the overwhelmingly female nursing educational setting and profession found a way to adapt and function in the face of adversity. Their resilience allowed them to keep their heads above water, bend not break, and definitely grow in the wake of challenges, stress, and stereotypes. They also found ways to persist in their studies and complete the nursing program, when some of their male peers did not.

***Retention.*** Even with a strong sense of fulfilling their destiny with firmness of purpose and resilience, there was still concern among the participants regarding the high attrition rate of the male nursing students. Nursing today remains a female-dominated profession, with males representing under 10% of the population. This percentage coincides with the male enrollment in nursing programs. Even with this low number to begin with, studies show men tend to dropout at rates much higher than the female students (Brady & Sherrod, 2003; Villeneuve, 1994, Wolfenden, 2011). The study participants were well aware of the decreased retention of men in their particular program, and they confirmed an approximately 50% drop out rate to be the norm with the following statements: “We started with eight or 10 males, but ended up with three or

four” (Participant 4, p. 4); “Three men started the program, and two finished” (Participant 9, p. 13); “We started with eight guys, four are graduating” (Participant 2, p. 26); and “I think we started with eight total men, have four right now. Two failed right off the bat, first semester” (Participant 6, p. 51).

Many of the participants confirmed that some of their male classmates left within the first few weeks of the program. Participant 2 recounted that, “One of the guys left, dropped out early, because I think he was just testing the waters with nursing. I don’t know if he really knew what he was getting into, because of my background in nursing, I could see it could be a rude awakening for some people” (p. 26). Participant 4 said, “two guys were gone within the first couple of weeks, I think they thought nursing wasn’t for them” (p. 4). Participant 3 spoke about his program: “There was a male student in Nursing I that didn’t make it through the semester but I don’t really think he knew what he wanted to do yet, he went into telecommunications” (p. 3). Participant 4 stated that “two guys were gone the first couple of weeks . . . . I think they thought nursing wasn’t for them” (p. 4). The study participants made it through their nursing programs with great determination, a sense of purpose, belonging, and great resilience.

### **Summary**

The purpose of the qualitative phenomenological study was to explore factors that may affect the retention of male students in associate degree nursing programs in New York State. The six categories and 10 themes that emerged from the data and discussed in Chapter 4 were: first, navigating the nursing education process, incorporating the three themes of: (a) preparing for the journey, (b) obstacles encountered, and (c) relationships. The second category, redefining the nursing role, incorporated the three themes of (a)

sociocultural perceptions, (b) social construction of identity, and (c) essentialism. The third category, ways of knowing, incorporated the two themes of (a) acquisition of knowledge, and (b) discourse based barriers, and the fourth and final category, fulfilling destiny, incorporated, (a) resilience, and (b) retention. All categories and themes were relevant to the lived experiences of the male nursing students in their last semester of an associate degree nursing program in New York State who participated in this qualitative study.

The following and final chapter of this study provides a further summary of the findings while also describing the study's limitations and the implications for recommendations.

## **Chapter 5: Discussion**

### **Introduction**

The purpose of this study is to explore gender-related factors that may affect the retention of male nursing students in associate degree programs in New York State in order to add to the literature and understanding of men's perceptions of their educational experiences. Information gained from this study may address the decreased retention issues of the male nursing student that could affect the impending nursing shortage.

Understanding the factors that affect retention of male nursing students will inform nursing educators, nursing education, and the nursing profession of the barriers that continue to hinder the success of males. The research could change the way nursing programs approach the education and retention of the male student and increase the representation of males in nursing. Increasing the number of men in nursing could have a profound effect on the impending nursing shortage and its impact on health care, and it would increase the diversity of the profession. This qualitative inquiry into the phenomenon of interest identified the lived experiences of male nursing students, examined their relationships with peers and faculty, uncovered gender-related factors that could affect the completion of the nursing program, and investigated the factors that influence the male nursing students' persistence.

The Institutional Review Board of St. John Fisher College approved the study, participation was voluntary, and informed consent was obtained. Data were collected during interviews with the nine study participants, representing a large area of New York

State including Albany, Syracuse, Canton, Buffalo, Rochester, and New York City. Measures were taken to protect participant identity and the confidentiality of the data. Demographic data were not collected as anonymity and ethical research conduct was essential as the issues could have been sensitive.

The researcher used semi-structured open-ended questions that addressed the guiding research questions:

1. What is the lived experience of the male nursing student in associate degree programs in New York State?
2. What is the nature of the relationship between male nursing students, their peers, and the faculty?
3. What is the nature of the factors that may impact persistence of the male nursing student to stay in his nursing program?

In order to develop interview questions that would elicit pertinent information regarding the lived experience of these male nursing students, multiple research was reviewed and synthesized. Using Tajfel and Turner's (1979) social identity theory, this researcher attempted to elicit a general accounting of the participants' self-concept derived from their perceived membership in a relevant group. The social identity approach describes how peer group interaction and intragroup process can affect student engagement and success.

Additionally, the development of the interview questions was guided by questions that were used in Douglas's (2009) research that attempted to gauge retention in associate degree nursing students. Douglas's questions were influenced by the four sets of variables utilized in Bean and Metzner's (1985) conceptual model of student attrition

including: (a) environmental variables, (b) background and defining variables, (c) academic variables, and (d) social variables. Also utilized was Tinto's (1993) model of academic and social integration, which purported that to persist, students need integration into formal (academic performance) and informal (faculty/staff) interactions, and formal (academic) and informal (peer-group interactions) social systems.

The questions and prompts that arose from these constructs that were developed to interview the study participants included:

1. Tell me about your experiences as a male nursing student.
2. What attracted you to the nursing profession?
3. How has your experience been different from what you expected?
4. What are some of the more challenging aspects of your school experience?
5. How would you describe your relationships with peers and faculty?
6. Describe concerns you may have about completing your studies.

No demographic information was collected to protect the anonymity of the male students, but field notes were compiled during the audio-taped interviews and member checking was used to increase trustworthiness and credibility of the data collected.

Thematic analysis of the data followed a strict protocol as Moustakas (1994) suggested: (a) list every significant statement with equal value, (b) cluster the data into categories and themes, (c) bracket the researchers' preconceived experiences to better understand the experiences of all of the participants, and (d) reduce the meanings of the participants' experiences to the essentials of the experience. This protocol emphasized the organization and rich description of the data. The phases of thematic analysis include:

Phase 1: Become familiar with the data/ transcription

Phase 2: Generate initial codes/ data reduction

Phase 3: Search for Categories/Themes

Phase 4: Review Themes/Level 1: Do the themes form coherent patterns?

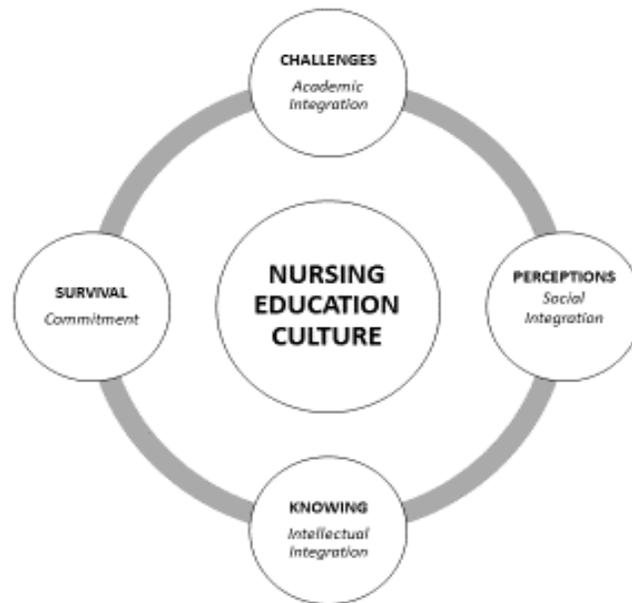
Level 2: How the themes connect to the data set?

Phase 5: Define and Naming Themes

Phase 6: Produce the Report

A large number of categories and themes emerged from the data. The four main categories incorporated elements related to the journey of male nursing students through their nursing educational process: (a) navigating the process, (b) redefining the nursing role, (c) discovering different ways of knowing, and (d) fulfilling their destiny. The themes encompassed a spectrum of factors that facilitated or impeded their success. Essences were also identified to add quality and increase understanding of the participants' experiences (Husserl, 1998). Figure 5.1 depicts the categories, themes, and essences that emerged from the data.

This chapter summarizes the research process that uncovered the factors that affect the success of male nursing students. The research findings are discussed, and implications for nursing educators, nursing education, and the nursing profession are explored, recommendations are submitted along with limitations of the study, and a conclusion is presented



*Figure 5.1. Categories, Themes, and Essences.*

### **Implications of Findings**

This phenomenological study identified the common meanings of the experiences of male nursing students in the final semester of their associate degree nursing programs. The findings were derived from the development of four categories and 10 themes that emerged from analysis of the data. The study presented insights into male students navigating the educational process, redefining the nursing role, ways of knowing, and fulfilling destiny. The categories were further expanded into themes including: (a) preparing for the journey, (b) obstacles encountered, (c) relationships, (d) sociocultural perceptions, (e) social construction of identity, (f) essentialism, (g) acquisition of knowledge, (h) discourse based barriers, (i) resilience, and (j) retention. These categories and themes represented the issues and challenges male nursing students face while working toward completing the nursing programs and entering the profession. These

challenges emerged from several studies previously reported in this study. O'Lynn (2004), Stott (2006), and Anthony (2006) reported that barriers are present as men consider a nursing career, complete their education, and continue into their professional practice.

Although national data is difficult to obtain, the poor retention of men in nursing academia has been well documented in the literature (AAMN, 2011; Wolfenden, 2011; Brady & Sherrod, 2003). The high attrition rates of men in nursing schools may have a major impact on the impending nursing shortage and the ability of the nursing profession to provide the high quality of care that will be required to address the health care needs of the future health care system.

As previously reported, Tinto (1993) proposed the sources of student attrition occur in three areas: academic problems, failure to integrate socially and intellectually with the culture of the college, or a low level of commitment. These domains were well represented in the research findings regarding the factors that affect male retention in nursing education programs.

**Navigating the nursing education process.** When navigating the nursing education process, academic concerns were prominent for the male student. Steering through nursing education is difficult for any student because nursing is a complex art and science, requiring learners to master not only didactic knowledge but psychomotor clinical skills as well (Prymachuk et al., 2009). Additionally, nursing students are confronted with the need for effective skill development when dealing with life and death situations. This learning is quite stressful, but adding the challenges that exist for the male student could make them seem insurmountable. These concerns, replete throughout

the literature, are confronted by the male students at every step of the process, while they prepare to enter nursing school, encounter obstacles along the way, build relationships, and handle the educational climate.

***Preparing for the journey.*** When male students contemplate entering nursing education, the path is not an easy one. Many have had life experiences and careers that influence their choice, and making the decision to completely change their lives is often a difficult one (Villeneuve, 1994). This is when the study participants discovered that the academic challenges can begin even before enrolling in nursing. Once the decision is made to apply to a nursing program, there are more barriers for the male student. A few of the men lacked the requisite high school courses or were educationally disadvantaged with low grade point averages or standardized test scores. They were required to take or repeat courses, and this added years to their pursuit of a nursing education. Some made their decision based solely on socioeconomic factors, including the search for a stable career they could be a part of through all of their working years.

***Obstacles encountered.*** Once enrolled, the academic rigor of a nursing program can be difficult for any student, but again, men face additional issues that are specific to gender. Prymachuk et al. (2009) concurred that students find the ever-increasing complexity and intensity stressful, and academic issues are often one of the factors students cite that might lead them to consider leaving their nursing program. The findings revealed that because the nursing education system, as the profession itself, is dominated by women, men have a more difficult time navigating the educational process than in a non-female dominated profession. O'Lynn (2004) contended that this dominance has influenced the feminization of the educational process and perpetuated an

environment that is inherently focused toward the female gender and, conversely, may be biased toward men.

A surprising finding that illustrated the feminization of the educational process was the concern that test questions that the male students found difficult and generally answered incorrectly, can be easily answered by a female acquaintance with no nursing knowledge. A number of the participants mentioned this and noted how blatantly biased this could be. Stott (2006) supported the evidence toward the gender bias of language in the nursing program being present in overt and covert ways including the wording of test questions. This notion of gender-specific language presenting issues of gender bias was repeated often by the participants and will be further explored in the discussion of ways of knowing.

***Relationships.*** The idea of overt and covert bias is also identified in the process of faculty and peer relationship building. Health care today requires teamwork and cooperation as patients have more complex health needs, and a mutually supportive learning environment that involves working with cooperative, collaborative faculty and peers is required. Relationships with faculty and peers can play an important role in establishing the types of classroom and clinical climates conducive to the supportive, caring educational process that could enhance the ability of male nursing students to complete their studies. Most of the study participants recalled having, overall, good, supportive relationships with both faculty and peers. But the male students also reported some difficult situations with their faculty, peers, and staff.

As stated previously, although some faculty members were reported to be very supportive and professional when assigning male students to their patients, comments

from some educators, patients, clinical staff, and others were prejudicial and discriminatory, which contributed to the further marginalization of the male students. At times, the men reported not being able to obtain the same depth of experience as the female students, especially on the clinical units of hospitals, because of instances of covert bias in the assignment of patients resulting in decreased opportunities for learning. This decrease in learning opportunities resulted in the male students having a limited knowledge base, which could manifest in even more difficulty with the testing component of nursing education. These inequitable assignments and experiences based on gender have been allowed to continue by faculty.

O'Lynn (2004) noted that the feminized socialization process of the educational process continues to ignore the unique contributions of diverse populations but of especially men. He also noted that the incivility of faculty reported by some of the participants toward the male student serves to increase the stress and anxiety of an already stressful, anxious situation. The ever increasing complexity, intensity, and stressful academic and clinical issues are often factors students cite that might lead them to consider leaving their nursing program. The increased academic difficulty that the male students may experience based on the additional gender-related challenges can be factors that reduce retention. The perceptions of the participants regarding their engagement and satisfaction with their educational experiences can provide insights into a difficult educational climate and differing needs of the male student nurse.

As Stott (2006), Anthony (2004), Bell-Scriber (2008), and Dyck et al. (2009) all reported that classroom and clinical climates are of great importance when the male student is attempting to navigate the educational process. First, the classroom

environment was reported to present additional obstacles for the male student. The participants described that, at times, an almost adversarial classroom climate that was not conducive to their learning. They reported instances of bullying by faculty, comments directed only at the male students, and some disrespectful communication.

Secondly, the clinical units of hospitals offer another obstacle during the educational process. Clinical education takes place within a complicated social context and involves interactive processes with many people. The study participants recalled their practical clinical experience on women's health units was restricted based on gender, even though many of the women were under the care of male physicians. They spoke of not being provided the basic essentials such as having a place to change their clothes. As mentioned previously, the men were deprived of some important learning experiences based solely on their gender, which was marginalized by a feminized educational culture and stereotyping. O'Lynn (2004) noted many of these same concerns when reporting that the educational experiences in nursing have failed to create an environment equally conducive to learning for the male student.

Male students must navigate these unique challenges of both classroom and clinical settings, which are far from being integrated into the profession, and they could not even be accommodated. All students should have the same opportunities and rights to a prejudicial- and discrimination-free education. These environments and experiences should provide a nursing student with the ability to master complex tasks and promote the confidence they need to succeed and continue their educational program. These factors have perpetuated the negative view of nursing for men, and they lead to an unwelcoming educational environment. The feminist approach to both teaching and learning in nursing

education, as in the profession itself, must be redefined to not being identified with either women or men, but everyone.

**Redefining the nursing role.** When attempting to redefine the nursing role, men have to deal with sociocultural perceptions, social construction of identity, and essentialism. These concepts, and their long standing challenges, may cause more difficulty in the ability of male students to integrate and become socialized into the nursing profession.

As O'Lynn (2004) reported gender-specific issues, such as social gender roles, stereotyping, and categorizing, are unique challenges to men in a nursing education program. Nursing's image has remained largely a feminine one, and the assumption that women are better suited for nursing has permeated the nursing profession for many years. O'Lynn (2004) agreed that there has been a general reluctance to accept men into the nursing profession by the profession, itself, as well as society at large.

***Sociocultural perceptions.*** Gender theory suggests that female-dominated professions tend to sustain typical gender stereotypes (Anker, 1998). This was noted in the study by the participants who encountered quintessential sociocultural perceptions, stereotyping, and being placed in categories that relegated them to a minority status. The AAMN (2011) noted positive images of men in nursing are hard to find, but positive perceptions and depictions could recognize and reaffirm the importance of gender inclusion in the profession. Some of the participants experienced this while participating in their clinical experiences. They were mistaken for physicians; asked to perform heavy manual labor by staff, faculty, and peers; and were told that men did not belong in

nursing. O'Lynn (2004) determined that nursing education has not been able to develop or provide a conducive environment for the men they recruit.

The attitude of the public toward the feminine nature of nursing is clear, every day, in such ways as the men being mistaken for doctors or questioned as to why they would choose to be nurses. These situations could be used as teaching moments to educate the public about the necessity for the inclusion of men in the nursing profession. Similarly, Meadus (2000) found that sociocultural perceptions of male traits are in direct contrast with the perceived traits that are thought of as most appropriate for nurses.

Trying to reconcile their nursing identity with that of society's expectations can be quite difficult and an added stressor for the male student. O'Lynn and Tranbarger (2007) also noted this social stereotyping can seriously impact male students' ability to be successful. When more men are seen in the profession will there be an opportunity to change the societal perceptions of the profession.

Connell (1995) suggested that an individual constructs his or her gender identity not purely on biological differences but by internalizing the social meaning given to that biological difference. The concept of gender as a socially constructed identity has relatively recent origin. Tajfel and Turner (1979) developed social identity theory (SIT) to explain how the group construct can contribute to an individual's identity and the theory focuses on how membership in a group influences the individual, thus forming a socially constructed identity. The male group in nursing is the minority group, which may bring about issues of discrimination and bias that affect male student nurses' construction of their identity.

***Social construction of identity.*** Bartfay et al. (2010) proposed that men tend to elicit more negative reactions from the public, their friends, and family members for entering the nursing profession, and they risk the questioning of their gender characteristics and social identity. Some of the stress and gender-role conflict reported in the study was the result of the participants' attempts to socialize themselves into the restrictive male gender role in nursing. Similarly, Kada (2010) reported that gender role perceptions can negatively impact the persistence of men in nursing programs.

The men in the study experienced negative reactions in their personal and professional relationships and in the classroom and clinical arenas. These negative reactions may increase the stress and feelings of isolation that male nursing students are experiencing in many of these areas in their lives and education. As Callister et al. (2000) revealed, at times the male nursing student feels like an intruder in a foreign country. Having male role models as well as other male peers could help alleviate this added stress.

As reported previously, the men seemed to benefit from their social identification with the other male students in both the theoretical and clinical settings, enhancing their own social network and strengthening their group. They socialized with the other men in their program, studying together and looking to each other for support and guidance, especially during particularly stressful or challenging times. They also spent some time searching for male role models who were already in the nursing profession, and most participants reported they were unable to find even one.

Male nurse role models could have an important influence on, and be facilitators for, the professional role socialization of male students. Being able to identify with a

group is an important component of one's social identity as Tajfel and Turner (1979) have identified. This socialization process is quite lacking, because the absence of male role models leaves the process of socializing men into the profession to women. In addition, there are few strategies to encourage the socialization of men into the nursing profession (O'Lynn, 2004; Stott, 2006). In fact, O'Lynn (2004) contended that the nursing profession, itself, is in need of socialization.

The AAMN (2011) stated that male nursing students will develop a better perception of belonging in nursing when more men are seen in the profession. When images of men in nursing are more visible, reflecting gender inclusion, the normalcy of men in nursing will be strengthened. There are many studies that report the difficulties with having no male faculty or male role models to emulate or imitate (Ellis et al., 2006; Okrainec, 1994; O'Lynn, 2004).

Looker and Magee (2000) suggested men who choose nursing as a career risk challenging the traditional roles of their gender stereotypes. Similarly, Connell (1995) stated masculinity for men has traditionally been defined by the labor they perform, suggesting that an individual constructs their gender identity not on purely biologic difference but by internalizing the social meaning given to that biologic difference. The concept of gender as a socially constructed identity is of relatively recent origin.

Tajfel and Turner (1979) developed social identity theory to explain how the group can contribute to an individual's identity, and it focuses on the group within the individual, thus forming a socially constructed identity. Ho (2007) applied the theory of social identity to isolate how popular theories apply to diversity research and to assist in understanding behaviors that manifest from differences in the workplace. Ho stated that

SIT acts as a social construct and that individuals, even though acting in accordance with in-group norms, may be assisted in modifying their behavior by becoming aware of their own behavior as well as the behavior of others.

Social identity theory was used in this study as a framework within which to explore and understand gender-related attitudes and behavior. According to SIT, prejudice and discrimination are more pronounced when people are categorized into groups as are male nursing students. The challenges of lack of knowledge about men in nursing, attitudes that foster prejudice, and behaviors that encourage discrimination only serve to continue the negative sociocultural perceptions and categorizations of men in nursing.

*Essentialism.* The categorization of male students is just another form of stereotyping as the male nursing students in this study reported. Essentialism suggests that gender differences are difficult to change, thereby encouraging the stereotyping of male nursing students into categories (Smiler & Gelman, 2008), and noting that male gender-role-related concepts are less malleable because they are more closely interconnected. Categorization may be one of the reasons it has been much more difficult for men to integrate and socialize into a female-dominated profession such as nursing. This could also explain why it seems that women have had a somewhat easier path when breaking into predominately male professions. Similarly, McDowell (2015) agreed that being male in the feminized culture of nursing presents many disadvantages—not the least of which is the threat to their masculine identity.

Participants also recounted this stereotypical categorization in the labeling of the male students as troublemakers and noting described aggressive tendencies including

verbal questioning and standing up for themselves. Meadus (2000) also agreed that this judgement may be based in another stereotypical categorization that males lack the feminized traits that are most desired in nursing. This finding is supported by Tajfel and Turner's (1979) social identity theory that purports that prejudice and discrimination are only possible when people are categorized into a group. Identifying with a particular group, even when in the minority, contributes to a person's social identity. The challenge arises when a minority group is treated unfairly in a discriminatory, biased way based solely on their minority status.

As Bell-Scriber (2008), O'Lynn (2004), and Bartfay et al. (2010) stated that the nursing profession is influenced by the larger societal culture. The beliefs and values of society are reflected in the poor socialization, categorization, and marginalization of the male nursing student. The findings from this study show that there is a need for the nursing educational process to change in order to increase the persistence and success of all diverse groups, especially men, to encourage the diversity of thought that will be required for the profession to move into the future. Similarly, Dyck et al. (2009) concurred that nursing education remains highly gender differentiated, and this influences the persistence of male nursing students. More often than not, it is the female nurse educators who are the initial entry into the socialization process. It is vital for nursing education to encourage many different perspectives—not just a feminine one.

Many participants mentioned the possibility that relationships, the socialization process, and eventually the entire nursing educational process could be improved with more male faculty lending a male perspective. This has been mentioned quite frequently by study participants in the literature, which was reported by many researchers (Baker,

2001; O'Lynn, 2004; Keough & O'Lynn, 2007), and it was discussed that hiring more male faculty would be a clear way to improve the environment for male students.

Hiring more male faculty to improve the environment for male nursing is supported by essentialist theory, as Ashbrook (1989) and Bohan (1993) noted that women and men think, make judgements, and relate very differently, and these differences are related to the brain more than culture. These differences were very apparent in the discussions with the male participants of the study, especially in male and female ways of knowing while struggling to acquire knowledge and skills.

**Ways of knowing.** The next challenge male students face is the failure to integrate intellectually with the nursing educational process, another reason for the high attrition rate, as Tinto (1993) suggested. Intellectual integration may be more difficult based on different ways of knowing. Ways of knowing emerged as the third category, a quite interesting one, with the male nursing students dealing with gender differences regarding acquisition of knowledge and communication-based barriers. In addition to the Belenky et al. (1986) conclusion that the female way of connected knowing relies on intuition, and that separate knowing, used by males, depends upon an empirical, objective perspective. There are also ways of knowing connected to teaching and learning in nursing.

Earlier, Carper (1978) identified four basic ways of knowing specific to nursing: (a) empirical knowing includes facts from scientific inquiry, (b) personal knowing encompasses empathy, (c) ethical knowing values morality, and (d) aesthetic knowing is perceiving, feeling, and sensing. These ways of knowing all emphasize the central importance of using these patterns of knowing with intuitive attitudes, actions, and the

integration of reflective nursing practice. But, while the male nursing students reported a most-comfortable relationship with scientific facts, the biggest challenges were revealed when working to develop and exhibit the aesthetic, intuitive ways of knowing, and reflective practice. As noted previously, essentialist gender theory explains that gender differences are much more brain related than culture related (Ashbrook, 1989). This explains, in part, why women's ways of knowing rely on the quality of intuition, and men rely more on an experiential approach to learning and communicating.

The study participants understood the empirical science of nursing that contributes to the development of critical and clinical judgement and reasoning, but they had difficulty grasping the art of nursing in the intuitive ways that depend upon affective characteristics including perceiving, feeling, sensing, and reflecting. The male nursing students found themselves in a unique situation because the nursing profession involves both cognitive, affective, and emotional components. Ryan and David (2003) and Severiens et al. (2015) suggested that it would be helpful to have an understanding of how these domains are developed and utilized differently by men and women.

***Acquisition of knowledge.*** Student nurses need to use several ways of knowing to begin to develop clinical judgement and critical, empirical, aesthetic, ethical, and intuitive thinking. Rew and Barrow (2007) identified that there is a definite feminist perspective on the development of intuitive thinking. Streubert (1994) reported that men need to recognize that, in addition to developing caring behaviors, developing aesthetic, intuitive behaviors is just as important. This can be quite foreign to male nursing students as evidenced by the experiences of the study participants.

The participants realized that first, there was an inordinate amount of material to learn, and then, even more challenging, was learning and finding ways to be able to make clinical decisions based on both scientific knowledge and the affective, aesthetic, intuitive part of nursing. The male students were challenged by, and struggled with, their masculine tendencies when trying to “think like a nurse” in such a feminine-dominated culture. They also commented that the caring traits of women seemed more intuitive and natural than those of men. The male participants stated that they were much more comfortable with the technical and physical skills of the profession, and noted that the “soft skills” were more difficult to master and created the greatest challenge as they encountered their educational experiences.

According to the AAMN (2011), men prefer learning activities that are hands-on, kinesthetic, and task oriented. But, as alluded to previously, nursing is not only a science, but it is an art as well. Additionally, Ashbrook (1989) added that males rely more on physicality when engaging with the world than on female-dominated language skills. Again, in addition to the challenges in the theoretical learning process, there are also strong intuitive, affective, and emotional components involved in caring for patients. The participants reported that faculty who insisted on focusing on emotional expression and reflection could ostracize the male student.

The insistence on pedagogies that serve to isolate men by not meeting their individual gender-based needs fosters marginalization as opposed to fostering inclusion (Stott, 2006). Marginalization and isolation also occurred for the participants due to how language is used in nursing. The men noted that the feminized language of nursing in the profession and in education also contributed to their feelings of social isolation and

discrimination. McDowell (2015) found that little research had been done regarding the discourse-based barriers of men in nontraditional work roles, and how linguistic challenges can affect the male construction of identity in an occupation such as nursing. Additionally, Villeneuve (1994) contended that language is such an influential tool that it could easily affect the marginalization of any group, similar to the research results of McDowell's (2015) study of the males in nontraditional occupations and the linguistic bias of the nursing profession.

*Discourse-based barriers.* The men in the study reported feeling uncomfortable and marginalized in their nursing program by the feminine-based communication and language utilized in nursing. Wolfenden (2011) agreed that the gendered language of nursing is in and of itself a subtle form of discrimination. Gender-based language perpetuates bias and further marginalizes male nursing students. Language has a great effect on communication and the way thoughts and feelings are communicated by males and females.

Again, men are socialized to be more assertive and tend to speak up when in situations they view as discriminatory or unfair (Perry, Turner, & Sterk, 1992). Some of the faculty did not seem to know how to react to this different form of discourse. Because the female students did not usually speak up in class or clinical situations, this male form of communication was foreign to the faculty and their peers. Many times the participants related that their speaking up or asking questions was not appreciated and was ultimately discouraged. This caused fractured relationships, and at times, anger, but it did not stop the men from continuing to seek information or ask questions. McDowell (2015) noted that, in nursing, linguistically behaving as part of the out-group could have

significant consequences and presents great challenges to the male student. As previously mentioned, the participants found it particularly discouraging when faculty insisted on concentrating on the affective, emotional aspects of their nursing experiences. Being asked to share their feelings, especially when in a group setting, was of particular concern. Some faculty focused exclusively on the emotional, affective components of patient care to the dismay of the men. They just did not speak the same language as the female faculty member.

The men spoke of additional communication differences between themselves and their female faculty and peers. The word that came up often was “drama.” The men spent quite some time trying to avoid what they referred to as the wasting of time talking about things that really didn’t matter or had anything to do with trying to learn and survive in nursing school. They found this to be particularly discouraging and would go to great lengths to avoid conversations altogether. Especially when trying to study in groups, the men felt too much time was wasted discussing what they thought were petty offenses and personal, even intimate, stories, facts, and complaints about their female peers’ lives and situations. The men reported they had precious little time to read and study and felt they couldn’t put up with the constant distractions and drama that would derail important study time.

McDowell (2015) concurred that this avoidance of personal topics and self-disclosure is a stereotypical strategy used by men. The men in the study spoke many times about not being comfortable or willing to discuss personal topics and going out of their way to avoid these discussions. They even went so far as to avoid, or remove, themselves quickly from their female peers when personal conversations were taking

place. Furthermore, McDowell (2015) contended that these communication differences could be especially dangerous in a nursing environment where transmission of information could affect the quality of patient care.

As noted previously, language in nursing can be used as a form of bias (Villeneuve, 1994; McDowell, 2015). The gender-based language in written or spoken communication in any form, must be changed. This covert bias, again, may serve to further marginalize the profession from the minority gender. Meadus and Twomey (2011) theorized that, as nursing has evolved from an apprentice-based model, concentrating on psychomotor skills, to a more scholarly based art, men have been further alienated.

There were also instances of inappropriate communication between faculty and the male nursing students. The participants spoke of behavior they described as bullying and situations in the classroom that were embarrassing to the men. In a study by Keough and O'Lynn (2007) comparing the experiences of male students in the U.S. and Ireland, they found that men in both countries found faculty to be more negative toward them than their female peers or patients.

Even with the obstacles and challenges encountered by the male students, they managed to complete the program and were quite proud of the great accomplishment. The participants all displayed a strong sense of their own identity and purpose in order to hurdle the challenges and reach their goal of a career in nursing. Coming full circle from where they had started contemplating a nursing career, meeting all of the requirements; steering their way through the rigor and relationships of the educational process—no matter the obstacles; surviving the different ways of knowing, communication, language,

and learning; every one of the participants looked forward to completing his studies and continuing his nursing journeys.

**Fulfilling destiny.** While fulfilling their destiny, the fourth and final category, the male students displayed resilience, commitment, purpose, and a tenacious ability to survive and complete their studies. Prymachuk et al. (2009) also noted that similar personal attributes, such as determination, commitment, and motivation, may influence completion. The study participants consistently spoke of each of these attributes when commenting on their resolute will to complete their studies. Similarly, Tinto (1993) noted that level of commitment can affect the persistence of college students to complete their program of study. As noted previously, while preparing for the nursing education journey, their intention to enter the nursing profession required a strong commitment before they even entered a nursing program. Their resilience was evident from the beginning to the completion of their journey.

**Resilience.** Hart, Brannon, and DeChesney (2014) added that understanding resilience, the ability to effectively cope in challenging situations, can assist in supporting male nursing students. The participants used words, such as destiny, determination, survival, and fighting tooth and nail, to get through their nursing programs. They kept a positive outlook, managed their emotions effectively, and always kept their focus on the goal. They found support wherever they could from helpful and caring faculty, peers, staff, and family members. These characteristics bolstered their resilience and kept them moving toward the accomplishment of their dream, the one they envisioned for themselves at the beginning of the journey. In order to succeed in an environment filled

with obstacles, challenges, and stress, the study participants developed a personal resilience to overcome, and in some ways, grow stronger from the experience.

The study participants navigated their way through the turbulent waters of the overwhelmingly female nursing educational setting and profession, they encountered obstacles, fostered relationships, endured an unwelcoming educational climate, tolerated perceptions and stereotyping, managed essentialism, formed a social identity, negotiated ways of knowing and acquiring knowledge, and found ways to adapt, function, and actually shine in the dark of adversity. Their resilience allowed them to keep their heads above water, bend but not break, grow in the wake of challenges, weather the storms, and survive to complete their studies. The men found ways to cope, adapt to, and rise above, the many challenges that have been discussed. This allowed them to complete their studies when some of their male peers could not.

***Retention.*** Even with their own persistence, resilience, and success, the study participants were well aware of the struggles and the attrition of their fellow male students. They reported the very quick exit of some during just the beginning of the nursing programs. These students left during the first few weeks because they were unfamiliar with nursing as a profession and realized quickly that a nursing career was not for them. Various reasons were given, but one that was repeated often was that the men who left the programs just didn't have any idea of what they were getting into. According to the AAMN (2011) and O'Lynn (2004), career advice for men in nursing is almost nonexistent, and there are scarce opportunities for men to see what nursing is all about before enrolling in a nursing program.

The men noted some of the difficulties in their journey through a nursing curriculum and how some challenges presented themselves very early in their experience. Even after just the first few weeks of beginning a nursing program, there was mention of the difficulty with the academic rigor of the nursing program, and many of their male peers left after a failure in one of the nursing courses. As Tinto (1993) reported, academic difficulties are the main reason for the attrition of many college students. Every one of the study participants mentioned this challenge as concerning if not downright frightening. Some spoke of their difficulties in qualifying for nursing and being surprised at the level of intensity and complexity required in nursing. Once the realities of nursing school set in, the male students were more likely to leave the program.

This intensity and complexity increases throughout the course of study, and the male peers of the study participants failed at different levels. The expectation of integrating theory into practice in the clinical arenas presented more difficulties for the men and the challenges multiplied. Tinto (1993) also commented on the difficulty students may encounter in the integration of the social aspects of the college environment. He found that students who feel a part of their environment and feel accepted by their peers are more likely to complete the college program. The men reported difficulties with both of these areas of integration.

Male nursing students are still blazing a trail that must be conquered, and we can learn much from their lived experiences and their persistence, success, and achievements. The concern with decreased retention of male nursing students is also social justice concern. The retention of more men during their nursing education program is key to reducing the proposed shortage of nurses and increasing the diversity of the profession.

## **Limitations**

There were a number of limitations of this study. These limitations were related to (a) sample size, (b) lack of available data, (c) self-reported data, (d) researcher status, and (e) method.

**Sample size.** Nine male nursing students volunteered to be interviewed for this study. This small sample size limits the generalizability of the study.

**Lack of available data.** Data on the attrition and retention rates of male students in individual programs in New York State are not readily available; therefore, it is difficult to know if there are certain programs that are better able to retain male students, and this unknown fact affected the ability of the researcher to obtain a purposive sample as opposed to a convenience sample. Overall retention data is collected but the specific data on the male nursing student is not disaggregated.

**Self-reported data.** The lived experiences of the men who volunteered to participate may differ from those who chose not to participate. The men who were interviewed were in the last days of their nursing programs, and they were looking forward to completing the program, graduating, and obtaining employment in the nursing profession. This led to only investigating the factors that lead to the completion of the program, and it did not allow the researcher to investigate the factors that lead to attrition of male students. Self-reported data is limited by the fact that the researcher had to assume the study participants remembered events as they occurred throughout their 2-years in their nursing program and that they were reporting in a truthful manner.

*Researcher status* — This researcher's status as a seasoned female nursing education administrator may have had an impact on the designing of the questions, the

analysis of the data, and the interpretation of the findings. Additionally, even though the participants seemed comfortable relating their experiences, a male researcher may have collected data from a different perspective.

**Method.** The only participants were those male nursing students in associate degree programs in New York State. Male nursing students in baccalaureate programs were not included in this study nor were men from other states. Female nursing students' perceptions or experiences were not included, and there could have been similar issues and challenges that the two genders might have shared.

Also, the nine participants were all of European American descent, there was no diversity represented. The data from a more diverse male group of students might have been different, or a more diverse mail group may have had experienced different challenges than the men interviewed. In addition, future studies are needed to explore strategies to mitigate the difficulties encountered by men in the present culture of nursing education as this study served only to identify the issues that affected their learning experiences.

### **Recommendations**

The Institute of Medicine (2010) reported that retaining men in the nursing profession is important, as men can offer unique perspectives and skills that are vital to the profession and to society in a larger sense. But much more needs to be done to increase the gender diversity and inclusivity of the profession. The retention of more men in nursing could begin to reshape the image and profession of nursing. Incorporating diverse perspectives into the nursing education environment could improve retention of the male student, allow the profession to embrace all levels of diversity,

celebrate the uniqueness of every individual, model inclusivity, and contribute to social justice. Diversity is a core value of the National League for Nursing (NLN), yet the nursing profession does not reflect the diversity of the populations it serves. Included in the NLN's (2009) Commitment to Diversity statement is the pledge to move beyond just tolerance of diversity toward a culture of inclusivity. But that is just one sentence in a long proclamation that addresses the concern of the minute number of males who graduate from nursing programs every year.

**Future research.** There are many opportunities for future research. Because this study recognized ways of knowing, including the ways males acquire knowledge and discourse-based barriers as a major category, this could be the beginning of more research that focuses on the area of retaining male students in nursing programs. Other literature that was reviewed for this research did not center on the concerns or strategies to address the different ways of knowing used by the men to learn the art and science of nursing. Previous studies did present some information, but more in-depth research should be done.

One resource uncovered, *Men's Ways of Being* (McLean et al., 1996), began a dialogue related to men's experiences of being a male in their everyday lives, and it analyzed their gender-based issues without minimizing the gender struggles of women. It would be interesting to center a study on just this component with male nursing students. Research centering on the nursing education process to address ways of knowing and how the male acquisition of knowledge and communication differs from the female students may identify changes that could increase the retention of male students.

Additionally, research to explore the perceptions of men practicing nursing a few years after their educational experiences could add to the discussion regarding the creation of conducive learning environments and educational culture. Their perspectives could uncover strategies that would assist the next generation of male nursing students.

Research centered on the experiences, perceptions, and feelings of patients that are cared for by male nursing students would give a different perspective and address, in more detail, the concerns of male students regarding intimate care, redefining the nursing role, sociocultural perceptions, and construction of identity. The information could add to the discussion and the future increased acceptance of men in the nursing profession.

Societal perceptions toward male nurses also needs more research in order to uncover how the retention of men in nursing education may be impacted. Additionally, further research needs be conducted to discover strategies that might reverse these attitudes and perceptions and lead to the discovery of strategies that might reverse these attitudes and perceptions.

In the interest of increasing the focus on social justice and inclusion for all, research on increasing all diversity, but especially gender diversity, needs to be addressed. Students that are not of European American descent should be interviewed for data that would show how their challenges and barriers may be different or the same as the men in this study.

This research will be disseminated to the nursing education community to highlight the challenges faced by men in the educational culture as it exists today. Hopefully, this will reignite an important conversation that has again become quite relevant in order to facilitate change. The time is right to investigate ways to change the

entire concept of what nursing education should look like in this time of a changing health care and global environment. Nursing education should be redesigned to provide the male student with the same opportunities for learning in a welcoming, conducive environment that addresses the gender barriers discussed in this study. The onus is on academic leaders to meet the challenge of changing the organizational culture to encourage and allow all students to succeed.

**Changes in academic concepts.** Grossman and Valiga (2013) discussed the need for nursing leaders to take responsibility for transformational change and setting policy. This includes addressing the pressures of globalization and diversity. There is a need to challenge past perspectives and conceptualize new opportunities. Creating a new model of nursing education that will influence the gender diversity of the nursing profession of the future should be a high priority.

The study reported male nursing students' perceptions of their satisfaction and dissatisfaction with the nursing educational experience and provided insights into their struggles with qualifying for a nursing program, navigating the obstacles, the climate of the theory and clinical environments, ways of knowing, redefining the nursing role, existing challenges that factor into completion of the program, and the specific needs of the male nursing student.

As mostly female nursing faculty are the initial entry into the socialization process of education and the profession, academic leaders should develop processes to sensitize these educators to the unique challenges facing the male nursing student. The expectations and standards in nursing education should be raised to assure the success of

the male student and change the course of the perpetuation of the barriers men face are not perpetuated any longer.

Publishers of nursing texts should be included in the discussions of educational culture change and examine their products to ensure the removal of bias that may be present. Similarly, test questions should be reviewed to eliminate any language that may be construed as unfair to the male student.

Anderson (2014) postulated that the homogenous, feminized way of teaching in nursing education is outdated, biased, and builds barriers that may affect the success of male students. Becoming aware of the individualized needs of male students and the different pedagogies that might be initiated to ensure their success can only serve to improve the nursing educational experience. Therefore, the process of effectively socializing men into nursing, as opposed to categorizing or marginalizing them, may increase their retention and potential contributions to the profession.

**Professional practices.** The profession of nursing should focus on providing early socialization of male students in order to improve their recruitment and retention, preferably by male nurse role models. This socialization of young males should begin earlier by identifying male students who are interested in nursing while in elementary and middle school so they can develop a strong foundation for the knowledge and skills required for a nursing degree. This could be accomplished by having a male nurse role models provide information about the requirements for acceptance into nursing programs, clear expectations about the rigorous academics, the benefits of a nursing career for men, and the opportunity to shadow a working nurse to see what is involved in professional nursing today. High school guidance counselors need to be educated about the

advantages of the nursing profession for male students. They should encourage their male students to consider a nursing career, especially at a time when the demand for nurses will be so high. This would also assist in educating the public of the advantages of a nursing career for men and erase some negative sociocultural perceptions.

Nursing education must consider social justice concerns when challenged with preparing nurses of the future. McCabe and McCarthy (2005) noted social justice considerations in education must emphasize moral values, justice, respect, caring, and empathy in addition to being sensitive to the impact of race, class, and gender, on students' learning. In order to do this, the feminized way of teaching and learning in nursing programs needs to be reexamined for bias and discrimination. Ways to assist the educational pursuits and persistence of the male student could include scholarships specifically targeted to incentivize the male student and open advisement sessions directed and marketed to men thinking about entering a nursing program.

Whenever possible, men should be together in a clinical group in order to feel more comfortable and to be supervised by a male faculty member. They should also have opportunities to work with male nurses in the clinical setting and have male faculty members as mentors and advisors. This can only be accomplished by targeting recruitment efforts and mentoring opportunities for men interested in the faculty role.

Inclusion of gender diversity must be specifically highlighted in the strategic plan for nursing education. But even this is not enough; nursing schools must develop programs that specifically, explicitly increase retention of male students, and change the curriculum to ensure gender inclusiveness. Again, an example of this would be to have clinical groups that include only men or a majority of men with a male faculty member.

The study participants made it very clear that they felt most comfortable when other males were in their class or clinical group. This could mitigate the marginalization and isolation that many of the male students encountered in acute care settings.

Similarly, is it absolutely necessary for every female and male nursing student to attend every clinical experience—even where they may not be welcomed yet—such as the obstetrical units? With the proliferation of high-fidelity simulators in health care education, could this be utilized for student learning experiences as opposed to an in-patient clinical unit? Many nursing schools without access to maternity units use these simulations exclusively for the education of all of their students allowing for equal education and knowledge acquisition.

Additionally, there must be a deliberate commitment to the recruitment and support of male faculty in order to increase the number of male role models and mentors for male students. The American Assembly of Men in Nursing has included the recruitment of male faculty in their recommendations for policy changes.

**Changes in policy.** Professional nursing organizations should follow the lead of the AAMN to review and change their policies in order to specifically address the recruitment of men in nursing and the promotion of an educational environment that encourages and supports their persistence and retention. The AAMN has identified a goal to increase the number of men in nursing education programs in the U.S. to 20% by 2020. For this to happen, the nursing organizations, such as the National League for Nursing, the American Nurses Association, the American Association of Colleges of Nursing, and other nationally recognized organizations, should develop or change policies to:

- Promote the recruitment and retention of men in nursing
- Facilitate the transition of men into nursing programs
- Promote gender diversity and inclusion in all nursing programs
- Improve the gender balance, opportunity, persistence, retention, and completion of men in nursing programs
- Identify best-practice models that encourage the persistence and success of male student nurses

Additionally, in order to gather data on the male nursing student to determine if these goals are being met, the nursing profession must develop a national registry to determine the retention and completion rates of male students in nursing education programs. At this time there is no system for the collection of data to obtain retention information or to recognize schools with the best outcomes in the retention and success of their male students. The profession must put a high priority on increasing awareness of the gender-related issues that may challenge the success of male nursing students and be able to assess an educational program to determine if men have access to an equitable educational environment.

**Academic nursing leaders.** The academic nursing leaders in their positions of influence could have a deep impact on changing the culture of nursing education to promote an inclusive environment. These academic leaders need to exert transformational leadership to facilitate change in educational programs, learning environments, culture, and policy by leading with the Five Practices of Exemplary Leadership (Kouzes and Posner, 2012). These include:

1. Modeling the Way – Academic leaders of a nursing programs should be very clear about the guiding principles for an educational process that does not subscribe to the feminized pedagogy that has become outdated. The leaders should also be committed to increasing the gender diversity of their programs and place a visible, high priority on increasing their male enrollment to 20% by 2020.
2. Inspiring a shared vision – Leaders should facilitate the transition of programs by sharing this vision with faculty, staff, students, and stakeholders to enlist everyone in a common vision of the future of the nursing program and reinforce that change is necessary. Having a clear vision supported by all should also assist in the securing of external funding for scholarships directed specifically toward male students.
3. Challenging the process – Leaders should accept the challenge to change the status quo and the longstanding feminized process of nursing education. This will promote diversity and inclusion in nursing programs.
4. Enabling others to act – When Leaders are seen as people who easily adopt innovation and who depart from the past ways of education for male students, others will be more inclined to follow. This encourages collaboration and the paving of the way for ideas to come forward for change.
5. Encouraging the heart – Leaders should encourage the celebrating of small victories along the way and show genuine acts of caring. Faculty members should feel empowered to look at their individual teaching styles and ensure that male students feel supported and welcomed.

## **Conclusion**

Currently, studies show that men are underrepresented in the nursing profession. The Health Resources and Services Administration (2013) found that although men comprise 49% of the population, only 9% of the nursing workforce was male. In contrast, according to the U.S. Bureau of Labor Statistics (2011), men comprise 42% of the population of secondary school teachers. Additionally, there are predictions of an impending nursing shortage, which is related in part to an ageing nursing workforce and the care needed for the increasing numbers of elderly. As the nursing profession faces the challenges of an impending shortage of nurses, increasing the number of men could be a possible solution to the crisis. This may be accomplished by retaining more male students in nursing education, although studies of male nursing students have indicated that there are many factors that impact negatively on their retention.

Trends of an ageing RN workforce, a limited number of students to fill the impending vacancies, the growing health care needs of the ageing baby boomers, and health care reform, which will increase the access of health care to millions of Americans, are some of the unique aspects that bring a new dimension to an old problem. O'Lynn (2004) stated that, unlike previous shortages, the profession can no longer rely on an unlimited supply of women to become nurses. Successful strategies to reduce the present nursing shortage and its impact on health care will need to be creative and have long-term implications.

Studies have reinforced the significance a nursing shortage can have on the quality of care and the health of a nation. Tubbs-Cooley et al. (2013) and Needleman et al. (2011) noted a direct link between insufficient RN staffing, the spread of hospital-

acquired infections, poor outcomes, and higher patient mortality rates. To alleviate the nursing shortage, nursing must recruit more men and change the stereotypes involving male nurses. The ability of the nursing profession to attract and retain significant numbers of men has been mentioned as a possible solution to the impending nursing shortage. However, efforts to increase the recruitment and retention of men have been minimal. Nursing education must engage in strategies that encourage the recruitment and retention of male students.

However, male students' experiences in nursing academia may affect their willingness to remain in an undergraduate nursing program. Studies of male nursing students have indicated there are many factors that impact negatively on retention in undergraduate nursing programs. O'Lynn (2007) identified barriers male students face including role strain, gender bias, gender discrimination, societal perceptions, stereotyping, intimate care issues, and decreased retention that their female peers did not encounter. O'Lynn also noted that the barriers men face in nursing school are pervasive, consistent, and have changed little over time. These findings suggest the educational environment in nursing remains challenging for men, so they remain underrepresented.

The AAMN (2011) noted that although solid national data on nursing student attrition by gender is lacking, the poor retention of men in nursing academia has been well documented in the literature. Brady and Sherrod (2003) and Wolfenden 2011 noted that men in nursing educational programs have higher rates of attrition than women in traditionally male-dominated professional education programs. These low retention numbers are concerning for nursing education and the nursing profession, and they

present opportunities for nurse educators to develop strategies for the recruitment and retention of men in nursing.

Tinto (1987) proposed the sources of student departure are primarily in three specific areas: academic problems, failure to integrate socially and intellectually with the culture of the college, or a low level of commitment. Issues of social identity, the cognitive and motivational basis of intergroup differentiation were also explored by Turner and Tajfel (1978).

The purpose of the study is to add an increased understanding to the literature of men's perceptions of their nursing educational experiences in order to address decreased retention issues. Previous studies have shown little progress to reduce barriers that prevent male success in nursing education. Bell-Scriber (2008) noted the educational environment does not exist in isolation and reflects the culture, values, and beliefs of the greater society in which education is positioned. Continued study of barriers, educational, and societal issues that affect men in nursing education will raise awareness of these challenges among nurse educators so that strategies may be developed to provide a welcoming climate in the educational environment.

The research design for the study of exploring the experiences that affect male retention in nursing academia was a qualitative method with phenomenological inquiry. The study used a qualitative phenomenological research design to explore gender-related factors that may affect the retention of undergraduate male students in associate degree nursing programs in New York State. Nine male nursing students, attending six different associate degree programs across New York State were interviewed. This study adds to the knowledge base by identifying the experiences of males in nursing education

programs, and the results could change the way nursing educational programs approach the factors that may hinder male nursing students' success. The findings of the study were derived from the guiding research questions:

1. What is the lived experience of the male nursing student in associate degree programs in New York State?
2. What is the nature of the relationship between male nursing students, their peers, and the faculty?
3. What is the nature of the factors that may impact persistence of the male nursing student to stay in his nursing program?

A large number of categories and themes emerged from the data. The four main categories incorporated elements related to the journey of male nursing students through their nursing educational process: (a) navigating the process, (b) redefining the nursing role, (c) discovering different ways of knowing, and (d) fulfilling their destiny by surviving the journey with all of its challenges. The themes encompassed a spectrum of factors that facilitated or impeded male nursing students' success. Essences were also identified to add quality and increase an understanding of the participants' experiences (Husserl, 1998).

The first category, navigating the nursing education process, emerged as a broad, multifaceted category when the participants described their journey from contemplating the nursing profession to preparing for and navigating the obstacles and relationships encountered in the nursing education process as male nursing students. The three themes identified under this category include (a) preparing for the journey, (b) obstacles encountered, and (c) relationships.

The second category that emerged from the data analysis was redefining the nursing role. The themes identified include (a) sociocultural perceptions, (b) social construction of identity, and (c) essentialism. The third and the most unexpected category that emerged from the data is ways of knowing. This included the themes of: (a) acquisition of knowledge, (b) discourse-based barriers, and (c) essentialism. The fourth and final category revealed was fulfilling destiny. The themes uncovered from the data include (a) retention and (b) resilience.

The men noted some of the difficulties in their journey through a nursing curriculum and how some challenges presented themselves early in their experience. Even after just the first few weeks of beginning a nursing program, there was mention of the difficulty with the academic rigor of the nursing program, and many of their male peers left after a failure in one of the nursing courses. As Tinto (1997) reported, academic difficulties are the main reason for the attrition of many college students. Every one of the study participants mentioned this challenge as concerning if not downright frightening. Some spoke of their difficulties in qualifying for nursing and being surprised at the level of intensity and complexity required in nursing. Once the realities of nursing school set in, the male students are more inclined to leave the program. This intensity and complexity increases throughout the program, and the male peers of the study participants failed at different levels. The expectation of integrating theory into practice in the clinical arenas presents more difficulties for the minority gender, and the challenges multiply for the men. Tinto (1997) also stated the difficulty students may encounter in the integration of the social aspects of the college

environment. He found that students who feel a part of their environment and feel accepted by their peers are more likely to complete college programs.

The limitations of the study related to: (a) sample size, (b) lack of available data, (c) self-reported data, (d) researcher status, and (e) method. The recommendations are based on incorporating diverse perspectives into the nursing education environment that could improve retention of the male nursing student. Opportunities for future research include in-depth studies centering on the different ways of knowing, acquiring knowledge, and communication styles of male nursing students. Additionally, there needs to be increased studies on ethnically diverse male nurses, female students, and the patients that are cared for by nurses. Recommendations are also made for changes in policy, academic nursing programs, and professional practices for academic nurse leaders.

Male nursing students are still blazing a trail that must be conquered, and we can learn much from their lived experiences and their success and achievements. The retention of more men during their nursing education program is key to reducing the proposed shortage of nurses and increasing the diversity of the profession.

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## Appendix A

### IRB Approval

April 17, 2015

File No: 3431-031915-08

Loretta Quigley  
St. John Fisher College

Dear Ms. Quigley:

Thank you for submitting your research proposal to the Institutional Review Board.

I am pleased to inform you that the Board has approved your Expedited Review project, "Examination of Factors Influencing Male Student Retention in Associate Degree Nursing Programs in New York State."

Following federal guidelines, research related records should be maintained in a secure area for three years following the completion of the project at which time they may be destroyed.

Should you have any questions about this process or your responsibilities, please contact me at [irb@sjfc.edu](mailto:irb@sjfc.edu).

Sincerely,



Eileen Lynd-Balta, Ph.D.  
Chair, Institutional Review Board  
ELB:jdr

## **Appendix B**

### Letter to Deans

Dear dean/director,

I am a doctoral student in the Ed.D program in Executive Leadership at St. John Fisher College in Rochester, N.Y. As part of my research, I am conducting a study about the factors that influence male students' retention in an Associate Degree nursing program. As part of this study, I would like to interview male students in their fourth semester during this spring, 2015 term. I chose fourth semester students close to graduation as I believe they would have some excellent observations as to why they have persisted in the nursing program. I would plan to conduct the interviews at a convenient place for the students and offer them a \$10 coffee card as a thank you for taking their time to assist me with this important research. I would explain the purpose of my research and be careful to inform them of their rights as a study participant, including that their participation is completely voluntary, they would have the right to withdraw at any time, and that their participation will in no way impact any services or their progression in the nursing program. They would be advised of the minor risk that might be associated with the interview process and given my name and phone number in case they experience any discomfort at the time of or any time after the interview. I would keep their names, any identifying information and their interview notes completely confidential. I am requesting permission to have you forward the attached letter of introduction to your male students in the fourth semester who are at least 18 years of age to allow them to decide if they would be willing to participate in this study. The place and time of the

face-to-face audio recorded interview will be agreed upon by the researcher and the participant. Thank you so much for your cooperation and help in assisting me with recruiting participants for a study that could be quite beneficial in helping to learn more about the experiences of men in nursing programs. The IRB of SJFC has approved this study.

## Appendix C

### Letter of Introduction

I am a doctoral candidate in the Educational Doctorate in Executive Leadership program in the School of Education at St. John Fisher College (SJFC) in Rochester, N.Y. As part of conducting research for my doctoral dissertation, I am very interested in exploring the gender related factors male nursing students may encounter that affect their retention in Associate Degree Nursing Programs. **The purpose of this letter is to ask for your assistance as a male nursing student in the last semester of the nursing program in which you are matriculated by agreeing to be a participant in this study.**

For this study, you will be asked to participate in a face-to-face audio recorded interview with this researcher. The interview will last no more than 30 minutes, and upon completion, you will receive a \$10.00 coffee card to thank you for taking the time to participate in this important research. Your information will be kept strictly confidential and will never be linked to the results of the study. Your participation is voluntary and you may withdraw at any time.

Please contact me, Loretta Quigley at [REDACTED] or [REDACTED] if you have any questions or would like to participate. The Institutional Review Board (IRB) of St. John Fisher College has reviewed and approved this research proposal. For any concerns about confidentiality, you may contact Jill Rathbun [REDACTED]. She will direct your call to a member of the IRB at SJFC.

Thank you for your willingness to participate in this research. Your perceptions and experiences in your nursing program are very valuable and could help retain more men in nursing school and eventually, the nursing profession.

Loretta Quigley, RN, MS, CNE  
Doctoral student, St. John Fisher College

Supervising faculty: [REDACTED]

## Appendix D

### Informed Consent

## St. John Fisher College

### INFORMED CONSENT FORM – Interview

Title of study: Examination of Factors Influencing Male Student Retention in Associate Degree Nursing Programs in New York State

Name(s) of researcher(s): Loretta Quigley RN, MS, CNE [REDACTED], Ed.D candidate, SJFC

Faculty Supervisor: Theresa Pulos E.D. [REDACTED]

Purpose of study: Explore gender-related factors that may affect the retention of undergraduate male students

Place of study: Associate Degree program in New York State

Length of participation: 30 minute interview

Risks and benefits: There are no risks to you from the interview process  
Upon completion of the interview, you will receive a \$10.00 coffee card

Method for protecting confidentiality/privacy: There will be no identifying information collected and no contact with the dean/director of your school, all information will be kept under lock and key by the researcher

**Your rights:** As a research participant, you have the right to:

1. Have the purpose of the study, and the expected risks and benefits fully explained to you before you choose to participate.
2. Participation or non-participation in the study will not impact any services or progression in your nursing program
3. Withdraw from participation at any time without penalty.
4. Refuse to answer a particular question without penalty.
5. Be informed of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to you.
6. Be informed of the results of the study.

I have read and understood the above, received a copy of this form, am 18 years of age, and agree to participate in the above-named study.

Print name (Participant)

Signature

Date

Print name (Researcher)

Signature

Date

If you have any further questions regarding this study, please contact the researcher listed above. If you experience emotional or physical discomfort due to participation in this study, please contact the researcher, Loretta Quigley at [REDACTED] for appropriate referrals. Supervising faculty: [REDACTED]

The Institutional Review Board (IRB) of St. John Fisher College has approved this project. For any concerns regarding confidentiality, please call [REDACTED]. She will direct your call to a member of the IRB at St. John Fisher College.

Date Wednesday, March 4, 2015