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Are you man enough to be a nurse? The road less traveled

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Are you man enough to be a nurse? The road less traveled

By

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A dissertation submitted to the graduate faculty
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

Major: Education (Educational Leadership)

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Iowa State University

Ames, Iowa

2011

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ABSTRACT

Although men make up approximately 50% of the general workforce, they continue to be a gendered minority in nursing, representing only 6.6% of the registered nurse workforce in the United States (United States Department of Health Resources and Services Administration, 2010). Why are there not more men in nursing?

The purpose of this phenomenological study was to explore how men came to choose nursing as a career, and to describe their perceived experiences in an associated degree ladder nursing program. Guiding the study was the theoretical framework of John L. Holland's work on career choice (1997). Qualitative methods were used to collect, analyze, and interpret the data. A purposeful sample of men enrolled in an associate's degree nursing program yielded six participants, who agreed to participate in three semi-structure audiotaped interviews. The interviews were transcribed and, through qualitative analysis, there emerged three categories that defined the experience of males in nursing: (1) the process of deciding to be a nurse, (2) the educational experience of being a male nursing student, and (3) the men's career choice satisfaction on having decided to become nurses.

The participants disclosed that their primary reason for entering nursing was to care for people, a motivation that was evident in their selfless regard for the welfare and rights of the patients for whom they were responsible. Overall, the men described their educational experience positively; however, they reported being challenged by their OB clinical experience, and expressed feelings of anxiety and uncertainty regarding the practice of touch, an integral component of patient care.

Social support from family and other male students impacted the respondents positively, while formal sources of support, such as mentoring from male instructors, could be improved to enhance male nurses' educational and clinical experiences. Recommendations for future research include interviewing females regarding their perspectives of men in nursing, perspectives regarding the questions that were asked, interviewing men from other nursing programs, and studying male graduates to identify the barriers existing in the workplace and motivations to remain in the profession.

CHAPTER 1. INTRODUCTION

After I was hired on as a nursing faculty, one of the members came to me and said, "You weren't our first choice." I was the only male instructor they had ever hired. I have never forgotten that conversation, and often feel as though I am an outsider in the nursing faculty and that my opinion doesn't matter. I don't say much in meetings because, I guess, it doesn't matter.

Russ

This study explores the phenomena that occur when men choose nursing as a career. The purpose of this study is to describe the lived experiences of male nursing students in a Midwestern community college career ladder nursing program, and their reasons for selecting nursing as a career. My hope is that the knowledge generated from this study affords new insights into the journey male nursing students experience as a result of pursuing nursing as a career, and into their educational experience in a predominantly female environment. This insight would inform and guide recruitment and retention efforts focusing on men who might consider nursing as a career, and could possibly change stereotypes involving male nurses. In addition, this insight could contribute to the expansion of diversity in the nursing profession. Presently, nursing is a profession whereby the majority of nurses are middle class Caucasian females, a work demographic that sharply contrasts with the population of the United States, which consists of males, females, and a multitude of cultures and ethnicities. If more men and minorities were to enter into the nursing profession, then their membership would be more reflective of the demographics of the larger healthcare environment.

This research employed qualitative, semi-structured interviewing methodology to understand the experiences of men who chose to pursue the nursing profession. There were a total of 72 students from the nursing program selected for this study. Eight of these 72 students

were male, and six agreed to be interviewed. Each of the six men in this study had completed at least 16 credit hours of their Associate Degree Nursing (ADN) curriculum.

This chapter begins with an overview of the background that frames the study. Following the background is the problem statement, the statement of purpose, and research questions. In addition, this chapter discusses the research approach, researcher's perspectives, and assumptions. It concludes with a discussion of the study's rationale, the significance of the research, and key definitions used in the study.

Background

While women and men enjoy more freedom to make career decisions than ever before, the genders are still largely concentrated in gender-specific professions, including nursing. When little boys are asked, for example, "what do you want to be when you grow up?", traditional gender role wisdom suggests they respond by saying that they want to be doctors, rather than nurses, because nursing is a field populated by women, not men. In more academic terms, historically, nursing has been considered a single sex occupation, one dominated by the female gender and not appropriate for men (Hodes, 2005). The traditional nursing profession, for the most part, has been established by women, where feminine stereotypes of caring, nurturing, and gentleness contrasts with the masculine stereotypes of strength, aggression, and dominance (Evans, 1997). Not only has the traditional, female image of nursing persisted, it may also constitute a major barrier for males entering the profession (Evans, 1997; Poliafico, 1998).

Currently, women continue to be underrepresented in such professional fields as science, engineering, technology, and mathematics. However, a cultural shift regarding feminine roles in

the workplace has occurred and, as a result, women have entered such male-dominated positions as physicians, lawyers, and pharmacists, just to mention a few. Perhaps, this growth in opportunity has resulted from aggressive efforts by the women's movement and affirmative action to break down barriers for women (Staiger, Auerbach, & Buerhaus, 2001). However, rarely does a category directly define a gendered minority such as men in nursing, and thus, unfortunately, there are little to no examples of similar efforts by men to break down barriers of female-dominated professions. So, it comes as no surprise when little has been done to assist men entering the nursing profession. Given this scenario, then, could men be considered to be a nouveau minority group in the nursing world?

Reports indicate that a severe shortage of nursing will occur in the United States in the near future (United States Department of Health and Human Services, 2006; United States Department of Labor: Bureau of Labor Statistics, 2010). A substantial amount of published literature has identified several factors driving the nursing shortage in the United States: increased demand for health care services related to a diminishing workforce and an aging population, job related stress and dissatisfaction, low enrollment in nursing schools, and increased competition from other career fields (American Association of Colleges of Nursing [AACN], 2010; EduDecisions, 2010; Buerhaus, Aurerbach, & Staiger, 2009; Hodes, 2006; Hart, 2001; United States General Accounting Office, 2001). As of 2006, there were 44 million generation X'ers, compared to the 77 million boomers, creating the smallest pool of entry level workers since the 1930s (Toossi, 2005; United States Census Bureau, 2006). The United States Census Bureau (2008) also estimates that by 2030, nearly one in five U.S. citizens will be 65 or older. As Baby Boomers age, the demand for healthcare will compound—and challenge—the

already stressed healthcare environment. In addition, the current nursing population is aging. The young people who would replace them will be relatively few, thus resulting in a diminished workforce. Stone and Weiner (2001) further estimate that the ratio of potential care givers will decrease by approximately 40% between 2010 and 2030, and therefore limit healthcare for the elderly population. To prepare for the large number of retiring nurses, the current population of nurses must grow in proportion to the number of elderly—a growth, this study argues, that must include increasing numbers of males.

In the past, the women's rights movement significantly impacted the nursing profession. Careers that at one time might have only been available to men now appeal to women. As a result, the nursing profession has become less attractive to women (Staiger, Auerbach, & Buerhaus, 2001). Young people are courted by other professions, and have become increasingly disillusioned with nursing. In addition, the healthcare environment has become increasingly stressful and demanding, which has made nursing and careers in healthcare less desirable (Kimball & O'Neill, 2002; Staiger, Auerbach, & Buerhaus, 2001; United States Department of Health and Human Services, 2006).

The National League for Nursing (NLN)'s annual, national survey of nursing programs recently (2009) showed an increase in minority students, especially in the Licensed Practical Nursing (LPN) programs. The percentage of men enrolled in these programs reached 13.8%, a trend commonly seen during periods of economic recession. Unfortunately, the NLN cautions that this increase may be short-term because, in post-recession periods, gains experienced in male enrollment are often lost as labor market conditions shift and men seek employment

opportunities elsewhere. Not only does the recruitment of men to nursing become an initiative for the profession but also their retention

With the impending shortage of registered nurses nationally and internationally, the recruitment of nontraditional and minority students into nursing, including men, becomes more important. Men make up over 50% of the workforce, and constitute a viable population to answer the inevitable nursing shortage (Toossi, 2005). In addition, men bring needed diversity to the healthcare setting. Recruiting men into nursing, and retaining them, would prepare not only the United States, but also international communities, for the large nursing shortages that will occur when current populations of nurses retire.

Problem Statement

Currently, men, as well as ethnic and racial groups, are underrepresented in the nursing profession. Males, who decide to become nurses, as a gendered minority, face personal and professional struggles as a result of this decision, and their educational journey is often beset with challenges that women do not face. Because nursing has traditionally been a female-dominated profession, men not only experience gender role conflict but also limitations in professional development, in the forms of societal gender stereotyping and the lack of male role models and mentors (O'Neil, 1981). Evans (2004), for example, found male nurses to be frustrated by the limitations that the feminization of the profession imposes on them. Furthermore, male nursing students find themselves challenged by ineffective teaching strategies, failures of nursing programs to teach caring competence, and unequal clinical experiences. In sum, they feel that instruction is geared more toward females than to males

(Anthony, 2004; Ellis, Juvé, Meeker, & Hyde, 2006; O'Lynn, 2004). O'Lynn's research clearly outlines the dimensions of the barriers male nursing students face:

Men entering nursing schools face additional challenges, including lack of information and support from guidance counselors, lack of exposure to nonfeminist paradigms of nursing care, lack of sufficient role models (e.g., male faculty and preceptors), unequal clinical opportunities and requirements, isolationism, poor instruction on the appropriate use of touch, lack of content related to gender based social relationships, and the nonuse of teaching strategies amenable to male learning needs. (p. 231)

In the process of harming male nurses, these perceptions also harm the profession. Because caring, compassion, and nurturing are more often characteristics that represent females, and rarely males (Evans, 2004), traditional societal stereotypes of men portray them as less caring individuals. In *Caring—A Masculine Perspective*, MacDougall (1997) noted that “traditional masculine identity continues to pervade modern man . . . men have tended to suppress their caring instincts in order to maintain their traditional masculine roles” (p. 819). To keep the field of nursing strong, it will be necessary to overcome the actual and perceived barriers, thereby successfully recruiting, retaining, and graduating men in nursing. According to the 2008 National Survey sample of RNs (NSSRN), men comprise 50% of the workforce in the United States, and yet, they make up only 5.8% of the RN professions (United States Department of Health and Human Services Health Resources and Services Administration, 2010). O'Lynn (2004) outlines the challenge that these shifting demographics pose to nursing:

Unlike during previous shortages, the profession can no longer rely on an unlimited supply of women to become nurses. Today, women have increasingly more career

options available to them, and nursing must compete with more lucrative professions for bright, talented women. Consequently, nursing recruitment is increasingly directed toward individuals from ethnic minorities and men to help fill the profession's present and future vacancies. (p. 129)

As the United States and international communities brace themselves for a significant nursing shortage in the very near future, an easy solution would be to recruit more men to the profession of nursing. Questions, however, remain: Where are all the men? Why do they not join the nursing profession? What impacts the paucity of men to nursing?

Purpose

The purpose of this qualitative study is to describe the lived experiences of six male nursing students at a Midwestern community college career ladder nursing program in order to more fully understand (1) the barriers that they might have faced in making the career choice and (2) their experiences in their nursing education program, so that recruitment and retention strategies might be developed to encourage more men to consider nursing as a career. The study sought to understand the participants' experiences of selecting nursing as a career choice, and their educational experience in a predominantly female environment. It is anticipated that through understanding the lived experiences of males enrolled in a nursing program, we may appreciate their motivations to become nurses, and understand the challenges they face so that we can take effective action to address the broader challenges of recruitment, retention, and graduation of men in nursing.

Research Questions

I wanted to understand men's lived experiences of selecting nursing as a career choice and their educational experiences as nursing students. Two research questions guided me in forming this understanding:

1. How do male students in a nursing program describe how they came to choose nursing as a career?
2. How do male students in a nursing program describe their nursing education at a public community college?

Theoretical Perspective

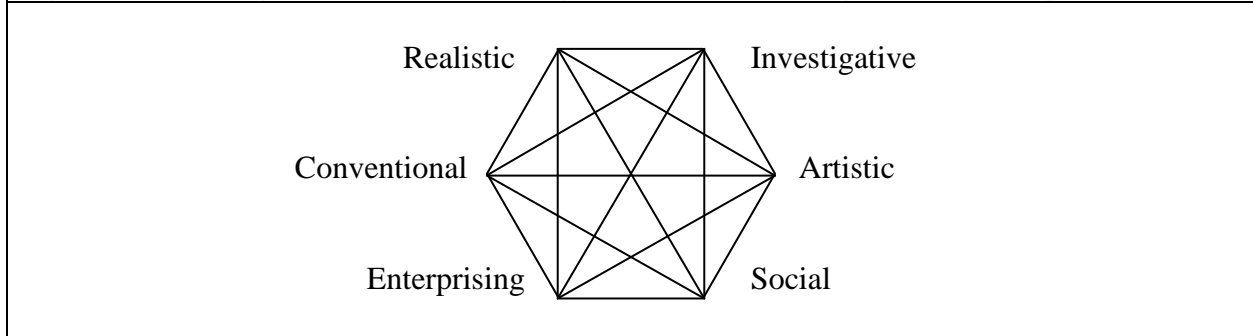
I used John L. Holland's (1997) theory of career choice as the framework for this study. What follow are a brief overview of his theory and a summary of his fundamental assumptions. The assumptions provided the theoretical framework of my investigation into the processes by which male students select nursing as their career choice. Holland's theory (1997) of career choice is based upon the assumption that human behavior is a function of the interaction between individuals and their environment. The theory consists of three components: individuals, environments and the fit between individuals, and their environment. According to Smart, Feldman, and Ethington (2000), there are three theoretical assumptions associated with the three components: "Students choose academic environments that are compatible with their personality types, 2) academic environments reinforce and reward different patterns of student abilities and interests, and 3) students flourish in environments that are congruent with their dominant personality types" (p. 33).

Holland's (1997) theory classifies individuals by how they resemble one or more of six theoretical personality types. The six types are: (R) realistic, (I) investigative, (A) artistic, (S) social, (E) enterprising, and (C) conventional (p. 1). The personality types have distinct characteristics and interests, each of which searches for environments that reward or compliment their attributes. This research suggests that individuals search for environments or careers—nursing, for the purpose of this study—that are best suited to their personality types.

Holland (1997) categorizes and defines each type clearly. Realistic types prefer machines and tools, and possess manual competencies. They view themselves as practical and persistent. Investigative types seek exploratory activities and value scientific achievement. Investigative types generally possess mathematical and science skills. They view themselves as intellectuals. Artistic types prefer music and arts, and value the expression of emotions. They typically possess music, art, and writing skills, and view themselves as sensitive. Social types prefer activities that help others, and possess interpersonal and educational skills. They perceive themselves as cooperative and helpful, and regard themselves as nurturers. Conventional types prefer activities that facilitate order and routine. They avoid ambiguity, and value accomplishments leading to power. They view themselves as orderly and practical.

To clarify the similarities and distinguish differences between the personality types, Holland (1997) designed a hexagonal model, known as the RIASEC hexagonal model (Figure 1) (p. 6):

Figure 1. A Hexagonal Model for Defining Resemblances Among Personality Types



The proximity of the personality types represents their relationship to each other. The types located next to each other have similar interests, whereas the types directly across from each other are considered opposite, and have no similar traits or interests. Using a three-letter code, Holland's typology expresses an individual's personality and environment. Holland defines the three-letter code as the Summary Code, and shows likeness to three types of personalities. In Holland's scheme, a nurse has the three letters SIA, being socially dominant, but exhibiting investigative and artistic traits. The theory and scheme posit that professional satisfaction is experienced when congruence exists between personality characteristics and work environment. Because nurses are nurturing, helpful, and value the welfare of others, they seek environments that involve treating or healing people. In addition, they seek environments that recognize and reward their humanitarian efforts.

Holland (1997) uses six principles to support the theory:

1. The choice of a vocation is an expression of personality
2. Interest inventories are personality inventories
3. Vocational stereotypes have reliable and important psychological and sociological meanings

4. The members of a vocation have similar personalities and similar histories of personality development
5. Because people in a vocational group have similar personalities, they respond to many situations and problems in similar ways, and create characteristic interpersonal environments
6. Vocational satisfaction, stability, and achievement depend on the congruence between one's personality and the environment in which one works. (pp. 7–11)

The assumption of the theory is that individuals choose career environments that fit their values, attitudes, skills, and abilities. This dissertation focuses specifically on principles one and four.

As I conducted my interviews, I found that the men's primary motivator for choosing nursing as a career was the desire to care for others—a finding that is consistent with Holland's typology for nursing, and which is supportive of existing research on men in nursing. The participants described strong nurturing and caring relationships with their mothers, and spoke of experiences that predisposed them to exhibiting characteristics of the personality of a nurse, such as the opportunity to help or care for children, friends, or family member. Many of the men personally had known or had observed nurses previously, and were familiar with the occupational functions and skills required for the profession. Upon reflecting on their choice of nursing as a career, all of the participants described their educational environment, both in the classroom and clinical setting, as positive, intellectually challenging, and supportive of opportunities to care and help others. Five of the men planned on furthering their education in the profession by pursuing a doctorate of nursing practice.

They spoke unanimously of long-range career plans and intentions of remaining in the nursing profession.

Research Approach

This research required the approval of both the Iowa State University Institutional Review Board, and the Dean of Technology and Applied Sciences at the Midwestern community college that served as this study's research site. I studied the experiences of six male nursing students enrolled in the ladder nursing program. The participants had completed a minimum of 16 credit hours in their Associate Degree Nursing (ADN) education, and all were licensed as Licensed Practical Nurses (LPNs) at the time of the interviews. To answer the two research questions, phenomenological qualitative research methodology was used. The primary method of data collection was in-depth semi-structured interviews. The interview process began with three, 90-minute interviews, which formed the basis for the findings of the study. Each interviewee was identified by a pseudonym, and all interviews were tape recorded and transcribed verbatim. Interviews were then coded for themes and according to the categories from the study's conceptual framework. Although the nature of the study prevented the researcher from achieving triangulation of data, credibility was obtained through member checks, reflective journaling, audit trail documentation, and peer review.

Assumptions

Due to my experience of over thirty years in nursing education, it is necessary to acknowledge my own assumptions, not just about the field itself but, more specifically, men's experiences with and motivations for entering the field. First, role models to guide or support males considering nursing as a career are severely lacking. This assumption is based upon my

knowledge of the limited number of male nurses in the profession (male faculty and preceptors), and the impact of the media's role in stereotyping nursing. Second, males are challenged by the female-oriented paradigm of nursing education (for example, unequal clinical opportunities and lack of instruction on touch and of teaching strategies amenable to male learning). Third, men are drawn to nursing because nursing can offer stable employment with reasonable wages in an otherwise unstable economic environment.

Reflecting on Russ's statement at the beginning of Chapter 1, in his voice I sensed that he felt rejected, and I wondered whether men in nursing had similar experiences. Recently, I have noticed a strong movement to attract women to the STEM (science, technology, engineering, and math) fields. One of the strategies used to promote women into STEM fields was role modeling or having a mentor. The thought behind mentoring is if young women can witness women in STEM fields and job shadow them, then perhaps young women would be more likely to enter into those fields. With such few numbers of male nurses currently in the profession, I assumed there to be a lack of mentoring and, therefore, fewer men entering the field. I have watched media over the years and have noticed more females cast in traditional male roles, such as doctors and police, but have seen very few men cast as nurses. Acknowledging my assumptions helped guide me in this research study by being aware of beliefs, attitudes and resulting bias that might have impacted my role as a researcher.

The Role of the Researcher

Researcher Assumptions

A statement according to Denzin and Lincoln (2005) helps situate a researcher's bias by disclosing any personal experience or interest that might influence the study. Additionally, by

disclosing geographical settings or historical experiences of the researcher, further threat of bias is established. At the time of the study, I was the discipline chair of a ladder program located at the Midwestern community college that served as the study's research site. I have held this position for ten years. Prior to my employment at the college I was the director of education at a local hospital and had been employed as a faculty member at one of the regent institutions. I therefore bring to the inquiry process practical experience as a working professional in nursing education, and an understanding of the nursing education environment in a community college. I am also knowledgeable of the ladder concept of nursing education, and the articulation agreement in the state that facilitates the seamless transition of an associate degree RN to a baccalaureate in nursing. Over the last ten years I have noticed more men entering the program, and have observed their interactions with the faculty and their peers. I have also noticed that they possess a caring nature that is sincere. I have listened to their frustrations regarding education and experiencing a female-dominated profession, and I wanted to know more.

My position at the college was a nonteaching administrative chair of the program so I had no teaching responsibilities. At no point during the study was I a faculty member; therefore, I had no significant influence over participants' grades or performance. In addition, I informed the students that participating in this study would not expose them to any threat or retaliation. As an interviewer, I was very cognizant of the relationship with my interviewees and the trust that had been built. My assumptions and theoretical orientation were made explicit at the onset of the study, and I engaged in an ongoing self-reflection through journaling and dialogue with peers, member checks, and my dissertation committee. I kept a journal to record personal thoughts and feelings regarding the topic prior to starting the research process, and throughout the process of

data collection and analysis, to ensure the findings reflected the participants' articulation of their experiences, rather than my personal beliefs. According to Creswell (1998), "The research also sets aside all prejudgments, *bracketing* (see *epoche*) his or her experiences (a return to 'natural science') and relying on intuition, imagination, and universal structures to obtain a picture of the experience" (p. 52). *Epoche*' is the suspension of a view or a setting aside of one's viewpoint in such a way that one brackets or suspends personal judgment, thereby presenting the voices of those who are experiencing the phenomenon. I bracketed my own biases and beliefs so that I could hear the voices of my participants as they had experienced the phenomenon.

Researcher as Instrument

Rapport involves trust and a respect for interviewee and the information they share. I needed to establish myself as a graduate student and as a researcher and attempted to do so by establishing rapport by creating a safe and comfortable environment where the interviewees were able to share personal experiences, beliefs, and attitudes as they occurred. According to Kvale and Brinkman (2009), the strength of the interviewer and interviewee relationship impacts the data collection and the validity of the data. Esterberg (2002) and Seidman (2006) indicate that interviewers should develop enough rapport and trust to get the interviewee to talk, but to be cautious against becoming friends with them or to disclose too much personal information.

Patton (2002) distinguishes between neutrality and rapport:

Rapport is a stance *vis-à-vis* the person being interviewed. Neutrality is a stance *vis-à-vis* the content of what that person says. Rapport means that I respect the people being interviewed, so that what they say is important because of who is saying it. I want to

convey to them that their knowledge, experiences, attitudes, and feelings are important.

Yet, I will not judge them for the content of what they say to me. (pp. 365–366)

Regarding interviewees' perceptions of me, I was concerned with the issue of power surrounding my role as an interviewer. Lack of equity, real or imagined, can impact the interviewing relationship—a relationship that is already often plagued by issues of power and dominance. Questions around who controls the direction of the interview, who benefits, and what will be done with the results frequently surface (Seidman, 2006). For example, feminist researchers argue that controlling the social roles of the interviewer and the interviewee results in an oppressive research process (Esterberg, 2002; Rubin & Rubin, 1995). As well, class differences can distort the stories told and the experiences shared (Prasad, 2005). As such, the interview tool itself could be affected (Seidman, 2005), and rendered inaccurate. Due to these methodological concerns, I encouraged interviewees to speak openly and freely. While I probed to acquire clarification on various points, I let them take the interview where they wanted to, rather than impose a direction for the interviews.

What Did I Expect from the Research?

Due to the history of negative bias toward male nurses, it would be expected that many of them experience fear and frustration. I expected that the participants would express fear of being perceived as gay, homosexual, or feminine, and that they would identify educational challenges in clinical and classroom. I also expected to hear reports of having friends and family discourage them from going into nursing, as well as of being limited by high school counselors and teachers when the men sought career choice guidance. I personally believe that mentors are important to individuals trying to navigate curves and valleys of a career choice. I expected the men in this

study to indicate a lack of role models and mentors, specifically male nurses, who might have guided them in their career choice. Without adequate male role models and mentors, I suspected that the journey for the men was difficult, and one that negatively impacted career choice. Even today, I continue to be bothered by Russ' statement, which serves as the epigraph of this chapter, that he "was not their first choice". I was struck by the fact that he spoke of that interaction as though it was just yesterday when, in fact, it occurred eleven years ago. The power of Russ' emotion reinforced my curiosity about whether men experienced the same oppression in the nursing program that women experienced prior to the equal opportunity movement? One of the pillars upon which nursing is established is the profession's embodiment of nurturing and caring—and yet Russ' experience was far from nurturing. I had to be careful not to look purposely for that prejudice during the interviews, and to allow each participant's story to unfold through, and be told in, their own voices.

The experiences that provide value to this study can also be a liability, specifically in their potential to bias my judgment regarding the research design and the interpretation of findings. Furthermore, my position as researcher implies a position of power, which could impact the interview relationships that were formed. In the design of the qualitative study I used Holland's Theory of Career Choice as a framework to guide me throughout the research process. In addition I sought peer review, member check, and expert input from my dissertation committee to guide me in the analysis of the data. I kept a reflective journal throughout the research process from beginning to end to make me aware of my perceptions and potential bias so that I would represent the voices of my participants and not my personal views.

Significance of the Study

The motivation to conduct this study is both simple and powerful: I want to understand why men enter nursing, their educational journey, and to be able to recognize barriers of recruitment and retention. The United States and global nations are projected to experience a significant shortage of RNs as the Baby Boomers retire and the demands of healthcare continue to soar. The United States Bureau of Labor Statistics (2010) has identified registered nursing as a profession faced with the greatest shortage of workers by 2018. Although men make up approximately 50% of the general workforce, they continue to be a gendered minority in nursing. The knowledge generated from this study would help to address perceived barriers males encounter when they consider nursing as a career and as they proceed with their nursing education. First-hand knowledge of men's reasons for choosing nursing as a career is essential, and would be useful in the recruitment and retention efforts for addressing the nursing shortage. Additional knowledge would also help to increase gender diversity in nursing, which would complement the diversity needed to reflect the healthcare population of the nation. An informed understanding of those men who have made the choice of nursing as a career could serve to increase the range of career options considered by young people, and thereby alleviate the predicted nursing shortage. More nurses are essential to meet the current demands of national health care, and more minorities and men should be sought to ensure increased diversity within the profession.

It is anticipated that the information gained from this qualitative study will increase our understanding of the ways men go about selecting nursing as a profession. The study may also help to identify barriers and motivators that guide their decisions to pursue nursing as a career.

Such understanding and identification would enable the nursing profession to be caring and nurturing of both genders, and attract and retain the talented men who it would otherwise lose.

Definition of Terms Used in This Study

For the purpose of this study, the following terms will be operationally defined:

Male: The biological definition of being identified as a male.

Female: The biological definition of being identified as a female.

Nursing student: A student who has completed at least 16 nursing program credit hours of a career ladder nursing program.

Masculinity: Qualities as perceived by participants attributed to their definition of being a male.

Nursing education experience: Any experiences that the participant encountered while enrolled in the didactic or clinical component of their nursing program.

Baby Boomer: The baby boomer generation consists of people born between 1946 and 1964.

Generation X'ers: Generation X'ers are people born between 1961 and 1981.

Older People: Refers to people aged 65 and older.

Registered Nurse: A graduate nurse who has been legally authorized (registered) to practice after successfully passing the National Council Licensure Examination (NCLEX), and who is legally entitled to use the designation RN.

Community College: This dissertation uses the same definition acknowledged by the 2010 Iowa State Legislature Iowa Code Title VII, Education and Cultural Affairs, Subtitle 2, Chapter 260C.2.¹

¹ The definition (2010) states, "a publicly supported school which may offer programs of adult and continuing education, lifelong learning, community education, and up to two years of liberal arts, pre-professional, or occupational instruction partially fulfilling the requirements for a baccalaureate

Ladder nursing program: A nursing program that provides articulation between LPN and RN licensure requirements.

GED: General Education Development tests are a group of five subject tests that, when passed, certify the taker has achieved American or Canadian high school level. The GED is also referred to as a General Education Diploma, General Equivalency Diploma or Graduate Equivalency Degree.

Associates of Applied Science (AAS): Provides preparation for employment in an occupational specialty, such as registered nurse.

Active RN: A RN who holds a nursing license and is employed as a RN.

Inactive RN: A RN who holds a nursing license but is not employed as a RN.

degree but confers no more than an associate degree; or which offers as the whole or as part of the curriculum up to two years of vocational or technical education, training, or retraining to persons who are preparing to enter the labor market”.

CHAPTER 2. LITERATURE REVIEW

Background

The purpose of this study was to understand men's lived experiences during their journey of selecting nursing as a career choice and their experience as nursing students. To carry out this phenomenological qualitative study, it was necessary to conduct a complete review of the light as to why there are so few men in nursing. This question further prompted my inquisitiveness as to how the men who were in nursing described how they chose nursing as a career, who helped them along the way and what barriers got in their way. Much of the literature involves quantitative methodology for the purpose of guiding nursing practice. A great deal of attention has focused on women in nontraditional career choices, but not much research has focused on men in nontraditional careers. While there was little discussion on the application of career choice theories, despite their potential relevance, there was extensive literature regarding the recruitment of men to nursing. The literature answers the question "why did the men choose nursing", but not "how did they go about choosing nursing as a career?". I wanted to gain a deeper understanding of the meaning of the experience of how men chose nursing as a career, and their lived experience of being a gendered minority in a predominantly female profession. Qualitative methodological inquiry, in my opinion, would best guide the research, since it was most appropriate to the questions for which I sought answers. Specifically, qualitative research offers insight into the unique phenomenon of human experience, as heard through participants' own voices—in this case, the influences involved with how men came to choose nursing as a profession.

The review contains studies and reports focusing on the history of men in nursing, barriers, men's experiences of choosing nursing as a career, and the educational experience of male nursing students. The secondary sources in the review comprise multi-sample information resources, including textbooks, periodicals, internet sources that provided peer reviewed research, professional journals and government reports. The review also contains sources from peer reviewed journal articles and research studies (1998 and 2011) from research databases: Cumulative Index to Nursing and Allied Health Literature, PubMed, Google Scholar, EBSCO, ERIC, ProQuest, PsychInfo, and CINAHL. All studies were published in English. The search did not exclude older articles in favor of more recent articles because I felt that the historical knowledge that was gained might offer insight into the current topic of men in nursing, and bibliographies of review articles were used to locate additional sources related to the research topic. In an attempt to seek current research evidence, the literature review that I conducted was ongoing throughout the data collection, data analysis, and synthesis of the study.

History of Men in Nursing

Nursing has not always been a predominantly female profession. As far back as the early Roman Empire, Hippocrates, known as the "father of medicine", identified nurses as being male. According to O'Lynn (2006), only men were considered pure enough to enter the first recorded school of nursing (founded in India in 250 BC). Men provided basic hygienic nursing practices similar to basic cares that patients receive today. The male orientation of the role continued up to the Middle Ages of the 1500s. During this time, male nursing orders were formally organized to provide care to soldiers during the Crusades. Knights, known collectively as the Knight Hospitallers, fought during the battles and returned to care for wounded soldiers. During the

Middle Ages, nursing was also provided by religious orders of monks. But with the Protestant Reformation through much of Western Europe came the dissolution of the monasteries, and the Catholic institutions were subsequently abolished. What had once been hospitals run by the Catholic Church were now work houses and alms houses for the poor. Some hospitals remained, but fell into appalling shape without the guiding structure of the church. The moral foundation of the profession began to dissipate. The religious underpinnings and purity of the profession of nursing were no longer present and nursing was left with minimal standards to regulate procedure or behavior and, consequently, attracted many unfit individuals (O'Lynn & Tranbarger, 2006).

Care was provided by pardoned criminals and aging prostitutes. The nurses were best described in Dickinson's (1843) portrayal of Sairey Gamp, an aging prostitute who ate her patients' food and drink. The Reform was followed by the Industrial Revolution, with its sweat shops and child labor force. Hospitals remained places where the poor went to die. During this time, it was unthinkable for women of good families to work outside of the home. Social reform of prisons, the sick, and health was on the horizon. In response for the need for social reform, Deaconess Institute was opened, and began training women as nurses. Florence Nightingale was one of its students (O'Lynn & Tranbarger, 2006).

It was during the Crimean War (1853-1856 that significant changes to the roles of profession diverted men from becoming nurses (O'Lynn, 2004). In the initial stages of the war, military nurses caring for the injured soldiers were primarily male; however, they were often called to battle, and were forced to leave the sick and wounded unattended (Mackintosh, 1997; O'Lynn & Tranbarger, 2006). The filthy conditions of the war and pestilence already

contributed to increased mortality among the wounded, and the resulting scarcity of care made matters worse. To answer this crisis, Florence Nightingale, left with 38 women, introduced females as nurses. At first, women were rejected, but doctors working with the gravely wounded soon recognized the horror of the situation, and allowed female nurses to assist Nightingale's nurses (Mackintosh, 1997). Female nurses cleaned the hospitals and cared for the wounded soldiers and, within weeks, the mortality rate among wounded soldiers fell. Nightingale reformed and promoted nursing as the female-oriented profession it is known as today (LaRocco, 2007). In 1860, following the war, Ms. Nightingale established the first school of nursing in London. It enrolled only females. According to Mackintosh (1997), Nightingale established herself as the founder of nursing as it is known today. She further points out that during the Nightingale era,

it was natural for nursing to be performed by females and that this view dominated the subsequent ethos of the occupation, with the wider social concerns of creating an acceptable and professional work role for the middle class Victorian females further fueling femininity. (p. 233)

Although viewed as the founder of modern nursing, Nightingale held view that might have contributed to the decline of men in nursing. She had established nursing schools of nursing so that respected women could become nurses but, unfortunately, access to her schools were denied for men. Following the Nightingale reforms, men who were nurses were employed in asylums, because of their needed strength to restrain violent patients. This division of labor according to gender limited the nursing education of men, making it inferior to the education provided for female nurses (Evans, 2004).

In 1901, the United States Army Nurse Corp was formed and, following Nightingale's tradition, allowed only women to serve as nurses. National laws that existed between 1901 and 1955 continued to ban men from nursing in the United States Army, and further contributed to the low numbers of male nurses (Mericle, 1983). It was not until after the Korean War that men were welcomed back to nursing in the military. As male nurses began to increase in the military and receive commission as officers, an increase in men in nursing also occurred in the civilian population.

Today, the number of male nurses has increased somewhat, but not at a rate sufficient to close the gap between the supply and the demand for nurses. Despite marginal increases in the number of male nurses, the literature suggests that the greatest reason for the lack of males in nursing is a prevailing negative attitude and stereotype held by society towards men as nurses.

Image of Nurses

Traditional Image

The public respects nursing as a profession. This respect, however, falls within specific boundaries. Nursing as we know it today resulted from the efforts of Florence Nightingale, who defined the image of the nurse as a handmaiden to physicians—a subordinate who was nurturing, caring, domestic, and self-sacrificing (Mackintosh, 1997). These characteristics tend to be attributed as more natural for a woman, specifically as extensions of women's traditionally defined domestic role. For that reason, the occupation of nursing is often viewed as “woman's work” (Evans, 1997). Because nursing is feminine (at least in the patriarchal sense), many people perceive male nurses as being unmanly.

Takase, Kershaw, and Burt (2002) investigated the public's perception, and found that people strongly associated nursing with femininity and powerlessness. A few years later, Hodes (2005) conducted an internet-based survey of 498 men specifically to identify the relationship between public perception and challenges for men who wanted to pursue nursing as a career. The challenges consisted of negative stereotypes (73%), nursing being viewed as a traditionally female profession (59%), and perception of other professions as more "male"-appropriate (53%). The study further found that, prior to embarking on a career in nursing, respondents perceived the profession as one traditionally dominated by females (85%), and not the most "appropriate" profession for men to enter. A year later, Seago, Spetz, Alvarado, Keane, and Grumbach (2006) surveyed 3253 students enrolled in lower level math and science courses in California to understand students' perceptions of nursing as a career (the courses were selected because they are prerequisites to admission to the state's registered nursing program): consistent with prior research, the group perceived nursing as being an occupation primarily for women.

Recruitment, however, is not the only difficulty in the journey for male nurses—so, too, is retention. Concerned with the attrition rates of nursing students McLaughlin, Muldoon, and Moutray (2009) administered a questionnaire that included measures of gender role identity and perceived gender appropriateness of careers to 384 students early in a first-year nursing course. They found that male students were more likely than female students to drop out. Those who completed the course viewed nursing as a more appropriate career for women, suggesting that the female dominated nature of nursing, stereotypes, and gender biases (which are natural to nursing) made nursing education unwelcoming to males. In 2010, Hepzibha surveyed 84 Malaysian male nursing students and found that, despite efforts to alleviate the perception, the

respondents is still perceived nursing to be a female profession. Hepzibha concluded that the perception might be a deterrent to men considering nursing as a profession. Aside from these sources, findings throughout the literature suggest that the traditional feminine image of a nurse has not only persisted, but may also serve as a major deterrent for males who might otherwise enter the nursing profession (Bartfly, Bartfly, Chow, & Wu, 2010; Evans, 1997; Hart, 2005; Meadus & Twomey, 2007; Poliafico, 1998).

Sexual Stereotypes

Sexual stereotypes further decrease the likelihood of men becoming nurses. Lo and Brown (1999) used a questionnaire to examine the perceptions of nursing students enrolled in an undergraduate nursing program at a rural university. The thirty-three item questionnaire was distributed to 294 students. One hundred and fifty-five completed questionnaires were returned. When asked about the public's perception of male nurses, the female students indicated that they perceived the public's view of nursing to be accepting of male nurses in general; however they felt that society sometimes considers male nurses as homosexual or feminine. The male students felt that the public's image of nursing was changing and that they were more accepting of men however were viewed as odd or special. However, the male nurses in Lo and Brown's study also felt that others perceived them as being gay or feminine—qualification that Hodes' (2005) research echoes: where 82% of the respondents in the Men in Nursing study believed that misperceptions of men in nursing continue to exist. The chief misperception, that men in nursing are gay, aside from casting into doubt people's perception of the quality of care they receive, is harmful to males.

Harding (2007), in his interview of 18 male nurses, asserted, “the presumption of homosexuality, and associated marginalization discourse, is a potent barrier to the recruitment and retention of men in the profession” (p. 642). Further, the author suggested that, “the construction of men in nursing as gay exposes them to homophobia in the workplace from patients and colleagues” (p. 642). This continuing stigma may deter men from entering nursing. Meadus and Twomey (2007), using a self-report survey, investigated the reason men enter the nursing profession. The survey revealed that sexual stereotypes and gender bias continue to be barriers, specifically by impeding the recruitment of men in nursing. Heterosexual men who perceive themselves as masculine do not want to be perceived as homosexual or doing “woman’s work”. To complicate the issue further, males in nursing are also perceived as being homosexual, as lacking the intellect to be a physician, as non-achievers, or sexual deviants (Evans, 1997; Jinks & Bradley, 2004; Meadus, 2000; Whittock & Leonard 2003). The conclusion that emerges from the research is that, aside from sexual taboos prejudicing men against becoming nurses, there is a need to dispel the myth that men are sexual deviants or predators if they are to be recruited into the profession.

Dispelling the myth starts with how male nurses are identified through language. For example, gender equality argues that a doctor who is female not be referred to as a “female doctor”. Why, then, does the public refer to nurses who are male as “male nurses”? Merriam-Webster (2011) defines the word, “nurse”, as, “a women who suckles an infant or who takes care of a young child”, exclusively referencing the female gender. Some men are not bothered by being called a male nurse, but others could be. Could the word “nurse” and the traditional definition of the word contribute to the gender stereotype in our society?

Media

Historically, the media has portrayed nursing as a traditionally female profession. A study by Kalisch and Kalisch (1982) reviewed 270 novels about nurses between 1800 and 1970. In 99% of the stories, nurses were female, Caucasian (97%), and had no children. Lusk's (2000) findings were similar: out of 598 images for publicity purposes, there was only one image of a male nurse. But the focus on females is not the only perspective toward nurses media have perpetuated. Esteem toward nurses' roles and ability has often been cast negatively: Aber and Hawkins (1992) investigated 313 images from medical and nursing journals, which revealed nurses as female, incapable of making decisions, and as handmaidens to physicians. Norwood (2001) studied 100 advertisements in journals and magazines, which consistently portrayed advanced practice nurses as inferior to physicians as sources of health care, despite nurses' growing numbers and advanced education.

Gender role socialization patterns in society often provide examples of male and female professions. The examples expose children to professions and role models deemed appropriate for each gender. Furthermore, while media attention has made Americans increasingly aware of the nursing shortage, the media unfortunately continues to portray nursing as a field for young, middle class, Caucasian females, thus eliminating men and minorities. Men who choose nursing as a career challenge these traditional gender-defined role and stereotypes (Gray et al., 1996). Hemsley-Brown and Fosket (1999) interviewed groups of students regarding their perceptions of nursing as a career. They discovered that middle class boys perceived men in nursing as being gay or feminine. In 2004, Allison and Clements surveyed 259 individuals to investigate the stereotypical beliefs of gender-typed professions—nursing was listed most often, out of all

categories, as a stereotypical female occupation. Similar to previous research findings, male participants especially held negative beliefs toward men who pursued nursing a career, describing male nurses as “feminine”. In general, these stereotypes appear to discourage men from seeking a career outside of their gender. Specifically, the antipathy toward male nurses could serve as a powerful deterrent both to their recruitment and to their success.

The question lingers, however, of the specific ways in which these negative perspectives deter men from entering nursing. According to Meyers (2003), whose findings have been used by the American Nurses Association (ANA) and American Association of Colleges of Nursing (AACN), “men avoid nursing because of role stereotypes, economic barriers, lack of mentors, gender biases, and a lack of direction from early authority figures” (p. 20). Norwood (2001), who evaluated sixteen popular magazines directed at male, female, and gender-neutral audiences, found that, in general, the illustrations reinforced gender and role stereotyping. She concluded that media images and public perception continue to shape the destiny of nursing. More importantly, she implies that these barriers will negatively affect the ability of the profession to attract new members.

To help recruit more men to nursing, Johnson and Johnson launched a media campaign in 2002 to address the nursing shortage. Their efforts continue today through their current “Discover Nursing” campaign. In 2005, the American Assembly of Men in Nursing, in collaboration with Davis Gray Productions, began filming scenes and interviews for a career documentary featuring ten male registered nurses (American Association for Nurse Anesthetists, 2005). The final product was release in late fall of 2005, and was available for distribution to high schools, colleges, and career counseling centers. The goal for the video was to motivate

men to consider the profession of nursing in an attempt to change the bias toward men by focusing on masculine traits, such as strength, delegation of responsibilities, and technology use. Such traits have been emphasized before to lure men to nursing (Allison & Clements 2004). Further, the video focused on “manhood” in which men were portrayed in a sports setting, gym, or with a wife and children.

Media attention has made Americans increasingly aware of the nursing shortage and the image of the nurse is slowly transforming, unfortunately; the media continues to portray the image of nursing as young, middle class, Caucasian females, thus eliminating men and minorities. The iconic feminine image of a nurse has persisted and may be a major barrier for a male to enter the nursing profession. (Bartfly, Bartfly, Chow, & Wu, 2010; Evans, 1997; Hart, 2005; Poliafico 1998). General marketing campaigns may help to draw more men to nursing but the image of nursing appears to remain a major barrier for men considering nursing as a career.

Career Choice

Nursing is a career choice that offers job security, mobility, and variety (United States Department of Labor, 2010). It is reasonable to think that these factors would be very enticing, and would draw more males to the profession. The literature is abundant with intrinsic and extrinsic factors that motivate men to become nurses.

Intrinsic factors: Service to Others and Caring

Several studies have investigated why men choose nursing as a career. The most common motive that was disclosed was the desire to help others. The review of the literature revealed that caring has often been identified as the primary motivator for choosing nursing as a career (Beck, 2000; Dockery & Barns, 2005; Ekstrom, 1999). Further, men enter nursing for

many of the same reasons as do women (Boughn, 1994; Evans, 1997; Hodes, 2005), but primarily because they believe caring to be a major component of nursing. Grossman and Northrop (1993) surveyed seven hundred 10th and 11th grades students to examine their opinions of a nursing career. The students perceived nursing as an opportunity to care for people. Paterson et al. (1996), in their phenomenological study designed to investigate the lived experiences of 20 male baccalaureate nursing students, as the students learned how to touch, suggest that learning to care is a complex experience and is more natural for a female. Boughn (2001) and Ekstrom (1999) found through their research that men are motivated to enter nursing to care for their patients. Ekstrom further concluded that men do not believe that only woman are capable of caring and that caring is compatible with one's personal values. Men are equally motivated by altruisms much in the e way as females. Using Kohler & Edwards Career Questionnaire to investigate male high schools student's perception about nursing, 126 male high school students representing grades 9-12 revealed that the majority of the participants held positive views of men in nursing and rejected the idea that only women could be nurses. They viewed nurses as caring. However, they did not consider nursing as a career choice this might have been due to the fact that they did not view nursing as a financially rewarding profession. Rheaume, Woodside , Gautreau, and Ditommaso (2003) explored why do first years students choose nursing as a career. They administered a questionnaire to 308 BSN students at two universities in Canada and reaffirmed that the primary reasons for entering nursing were the desire to care for people in need and to have the opportunity to help people. Whittock and Leonard (2003) concurred with Ekstrom and Rheaume et al. in their interview of 42 male nurses who indicated that males can be as caring as females. Dockery and Barns (2005) reviewed

evidence from three different Australian studies to investigate factors affecting the decision to enter nursing as a career. The results concurred with other studies that found caring was a key factor in the decision.

The Hodes Campus RN Student Nurse Survey (2009) explored the motivations of wanting to work as a RN. The online survey of undergraduate nursing students indicated that four-fifths (78%) pursued a career in health care because of a desire to help people and that almost all (98%) would still choose a career in health care. Among those who would again choose a health care career, 32% would do so because it gives them the opportunity to help people in need Ierardi, Fitzgerald, and Holland (2010) conducted a qualitative descriptive research of male nursing student's experiences in an associate degree nursing program which resulted in the emergence of four themes. Wanting to care for others was the first theme that emerged from their data analysis. Caring was identified as a motivator for men to pursue nursing as a career. In Hodes (2005) Men in Nursing Study the desire to help people and the ability to make meaningful contributions to society were rated as the highest rewards of a career in nursing. An internet based survey conducted by Hodes (2005) found that the participants in the study, in addition to job security, mobility, and professional growth, also felt that the profession was rewarding. Helping people and the ability to make a meaningful contribution to society were rated as the highest rewards of a nursing career among respondents (Table 1).

Table 1: Top Reasons Cited as to Why Nursing is a Rewarding Career	
Reasons	Likert Scale Rating
Helping people	4.47
Ability to make a meaningful contribution to society	4.37
Upward career mobility	3.86
Geographic mobility	3.84
Financial security	3.76
Good benefits	3.71
Flexible scheduling	3.63
<i>Note:</i> Responses were measured on a 1 to 5 Likert Scale.	
(Hodes, 2005)	

The informants in Wilson (2005) phenomenological study reported that the role of helping people was a form of personal development. Prater and McEwent (2006) found in their cross-sectional study of nursing students, the majority of the participants “decided to go to nursing school while in high school or college and chose nursing because they had a desire to help others” (p. 63). According to Ierardi, Fitzgerald, and Holland (2010), in their qualitative study of 7 male Associate Degree Nursing students, caring was identified as a motivator for men to go into nursing. Many studies also indicated that individuals choose nursing because of the desire to care for others and to make a difference (Kelly, Shoemaker, & Steele, 1996; While and Blackman, 1998; Kersten, Bakewell, & Meyer, 1991; Beck, 2000; Whitehead, Mason, and Ellis, 2007; Rhodes, Morris, and Lazenby, 2011) . Individuals often refer to nursing as caring and compassionate and nurturing (Allison & Clements, 2004; MacIntosh, 2003). Miers, Rickaby, and Pollard (2006) in a survey of 393 students concluded that although helping others continues to be the most frequently cited motivator for going into nursing, they also suggested that students look for a career which matches their interests and attributes as well as other professional rewards.

It appears that a consistent reason for choosing nursing as a career remains the desire to help and care for others (Boughn, 2001; Glacken, & O'Brien, 2008; Hemsley-Brown & Fosket, 1999; Hepzibha, 2010; Kersten, Bakewell, & Meyer, 1991; Meadus & Twomey, 2007; Miers, Rickaby, & Pollard, 2006; Mooney, Newton, Krenset, Jolly, & Billett, 2009; Prater & McEwent, 2006; Rhodes, Morris, & Lazenby, 2011; Seago et al., 2006; Zyberg & Berry, 2005). Society typically associates caring with women and the feminine stereotypes of caring, nurturing, and gentleness, and views men as less being less capable of caring and nurturing (Evans, 1997; MacDougall, 1997). These feminine characteristics are a direct contrast to the traditional masculine characteristics of strength, aggression, and dominance (Connel, 2005). Because of these stereotypical contrasts and threats to their masculinity, males have reported feelings of tension, anxiety, and identity conflict (resulting in role strain) because of having chosen nursing as a career (Anthony, 2004, 2006; Egeland & Brown, 1988). Women have been encouraged to move into nontraditional male-dominated professions, and have been given permission to assume masculine characteristics of assertiveness and aggression. Should men not be able to assume feminine characteristics of caring and nursing without fear of criticism or role conflict? Could that conflict impact men's desire to entering nursing?

Touch.

Since the advent of modern nursing and the feminization of the profession, it has been more socially accepted for female nurses to care for both males and females without significant problems or concerns. It is often physical touch that conveys caring, and in nursing, touch is a primary intervention used in the care of patients. Male nurses are challenged by the concept of caring and touch because of the social stigma surrounding the act of touching. Touch is often

perceived as a barrier for men them, especially due to fear of false accusations of deviant or predatory sexual behavior (Evans, 2002; Keogh & O'Lynn, 2007). When men touch, there is a risk of misinterpretation. As such, the practice places an additional barrier on men in nursing (Anthony, 2004; Keogh & Gleeson, 2006). On one hand, the discourse of touching has feminized the act of touching; on the other, it has sexualized the male touch. Caring for women, then, can lead to accusations of sexual misconduct, while caring for children can lead to accusations of pedophile behavior. Gender stereotyping has permitted female nurses to intimately touch their patients, whereas touch from a male may be interpreted as inappropriate. To avoid potential accusations, males often seek a female colleague to accompany them when performing a procedure. Providing intimate care to other males through touch is also problematic. Touch from a male “opens space for misinterpretation, suspicion, and accusations of inappropriate behavior” (Harding, 2006, p. 29). Should homophobic patients perceive of male nurses as being gay, it would come as no surprise that their perceptions would create problems where none actually existed.

Some male nursing students wrestle with how to touch a patient. The students in Paterson et al.'s (1996) phenomenological study of male students' experiences with caring reported “feelings of confusion, resentment, fear, and embarrassment when they made their first attempts to emulate the touching that they had observed as “female caring” (p. 33). They also revealed feeling as if they were expected to care for patients as a woman would. However, they disclosed that they were never really taught by faculty (who were female) how to care or touch. This confusion could possibly contribute to role strain, and serve as a barrier for occupational socialization. Participants suggested that this barrier could be averted if male nursing students

could dialogue with faculty and peers, especially if the faculty were male, regarding various aspects of care, especially touch.

Could a fear of touching be a barrier for men when considering nursing as a career?

Pullen, Barrett, Rowh, and Wright (2009) summed the role of human touch best: “Both men and women bring compassionate care and human touch to those in need. Men feel just as deeply as women. Caring is gender neutral and eternal” (pg.17). According to Loughery (2008), men want to care for people and help them to meet their basic needs. If ambivalence toward touch prevents males from pursuing nursing as a career, not only is it necessary to address the situation openly, but nursing programs should also re-think ways to implement the politics of gender and touch into curriculum.

Extrinsic Factors: Pay, Job Security, Mobility

Throughout the review of the literature, when inquiring why men choose nursing as a career choice a frequent response was job security, good salary, and career opportunities. In a qualitative study conducted by Boughn (2001) investigating why men and women choose nursing, although both genders cited the desire to help others, the male students indicated that they chose nursing for salary and work environment. In 2002, nursing leaders collaborated with Bernard Hodes Group, a recruitment communication company, and crafted an online survey to learn why the percentage of men joining the profession was persistently small (Hodes, 2005). Four hundred and ninety-eight men, all registered nurses (RNs), responded to the survey. The men surveyed indicated that they were attracted to nursing because; it was a stable career with growth in many career paths, the ability to practice in a variety of geographic areas, and it was a career with few layoffs/downsizings (refer to table 1). The literature review revealed that men

may select nursing as a career “because nursing can offer stable employment with reasonable wages in an otherwise unstable economy” (O’Lynn, 2004, p. 230). In Wilson’s (2005) phenomenological investigation of 10 male nursing students experience regarding entry as well as their ongoing experience of nursing, the participants indicated that were motivated to become nurses because of job stability, opportunities and job security. Meadus and Twomey (2007) surveyed 62 male registered nurses in Newfoundland and Labrador to investigate the reason men enter the profession. The most common pragmatic rewards the subjects identified were career opportunities, job security, and salary (Hepzibha, 2010; Lo & Brown, 1999; Seago et al., 2006). However, Rajapaksa and Rothstein’s (2009) secondary analysis of the National Survey of Registered Nurses (NSSRN) 2000, consisting of 1,589 RNs who were not employed as nurses but were employed in other professions at the time of the survey, indicated that men are 2.5 times more likely to leave nursing citing better salaries as a reason for leaving the nursing profession. Ierardi, Fitzgerald, and Holland (2010) identified opportunity for advancement and achievement of lifelong goals as reasons for choosing nursing as a career. It appears that through the review of the literature that better pay, plenty of jobs, and career mobility lure men to the profession of nursing.

Influence of Others

Many people have difficulty deciding what career to pursue and look at careers that may be interesting to them, provide financial support and security, or have observed employment experiences that friends and families might have had. The opinions of others, whether they are accurate or not, provides direction and helps to guide a person toward the proper academic preparation that is needed for the career.

Family and friends.

Many studies reported that personal experiences with a nurse, either as patient themselves or by observing the care that was provided by a nurse to a family member or friend, influenced a person's choice of nursing as a career (Grossman, Arnold, Sullivan, Cameron, & Munro, 1989; Pillitteri, 1994; The Healthcare Group of JWT Specialized Communications, 2000; While and Blackman, 1998). Most impressions of nurses were informed by knowing other nurses. Family or friends, who were nurses appear to play a role in influencing career selection by providing background knowledge of the nursing profession (Anderson, 1993; Day, Feild, Campbell, & Reutter, 2005; Kersten, Bakewell, and Meyer, 1991; McLaughlin, Moutray, & Moore, 2010; Miller & Cummings, 2009; Mooney, Glacken, & O'Brien, 2008; Rhodes, Morris, & Lazenby, 2011; Romem and Anson, 2005; Spouse, 2000). Opinions of nursing that are held by parents, friends, and guidance counselors were found to significantly influence high school and junior high school students' opinions of nursing (Grossman & Northrop, 1993). In a large interview survey conducted by Barriball and While (1996), it was revealed by participants that having a family member, especially a mother, influenced their choice of nursing as a career. Larocco (2007) explored the process that led to the male nurses' decision to choose nursing as a career. She interviewed 20 male RNs in Massachusetts. The participants indicated that their parents were pleased with their career choice of becoming a nurse and described close relatives who were nurses as influential in their decision to pursue nursing as a career. In an earlier study investigating role strain of 367 male RNs in Oregon, Egeland & Brown (1988) found that the participants generally perceived their relatives as enthusiastic about their career choice. However, Bell-Schriber (2008) noted that, the men in her study reported that outside of their

immediate family, they were often teased or questioned about why they wanted to become a nurse. The participants in Wilson's (2005) qualitative study indicated that either their own friends or friends of their family noted a match between the profession and the participant's personality that made them suited for the profession of nursing. Smith (2006) surveyed and interviewed 29 nontraditional male nursing students from a private ADN college and the participants reflected on differences in how younger and more traditional male nursing students may perceive gender issues. The participants postulated that gender issues might not be as much of an issue now as compared to when they considered entering nursing.

High school counselors.

Most often when male nurses are interviewed and asked how they became interested in nursing they will remark on the lack of career advice that they had received from their high school guidance counselor (Hepzibha, 2010; Hodes, 2005; Larocco, 2007; Lo & Brown, 1999; O'Lynn, 2004). According to Hart (2005), the Breakthrough to Nursing (BTN) survey that the National Student Nursing Association (NSNA) and the Bernard Hodes Group sponsored in 2004 found that "many high school guidance counselors told students that they were "too smart" to pursue nursing and were encouraged to become physicians or business executives" (p. 31). Many of the male students reported that they were not offered nursing as an option for a career choice and those that had identified nursing as a career were discouraged to pursue it (Hart, 2005). Having received little advice, they proceeded with a great degree of difficulty and some naivety about the diversity and opportunities offered by the nursing profession (O'Lynn, 2004; Whittock & Leonard, 2003). In an effort to recruit more students into nursing, a campaign under the direction of Sigma Theta Tau, Nurses for a Healthier Tomorrow and The Healthcare Group

of JWT Specialized Communications (2000) students indicated that parents and school counselors suggested other careers such as physical therapy, teaching and computer technology instead of nursing because of the perceived uncertainty of job security in nursing (The Healthcare Group of JWT Specialized Communications, 2000).

Mentors and role models.

Many male students, in the studies reviewed, had expressed the lack of male faculty, mentors and support groups for students entering nursing that could have possibly prepared them for the rigor and clinical challenges that they might face as a male in nursing. According to Hodes (2005) the majority of RNs surveyed began to consider a nursing career between the ages of 19 and 30. Only 6% of respondents considered nursing after age 40. In addition, the Hodes survey indicated that over four fifths of respondents would encourage their male friends to become nurses. Compensation, personal satisfaction, the challenge of the profession and the variety of career options were among the top reasons given by respondents who would encourage their male friends to become nurses. The majority of respondents indicated that they have been successful in recruiting male friends into the nursing profession. The importance of male mentors or role models was emphasized throughout the literature review. It was frequently identified that a strong factor influencing career choice was a previous encounter with males in nursing and further suggested that the encounters seemed to reinforce the concept of career satisfaction and assisted the participants to initially choose nursing (Meadus, 2000; Meadus & Twomey, 2007; Meyers, 2003; O'Lynn, 2004; Price, 2008; Rheame, Woodside, Gautreau, & Ditommaso, 2003; Wilson, 2005). If there were more male role models in nursing, would the profession be more attractive to males?

Educational Experiences

Because men are a gendered minority in nursing and their numbers are limited in the classroom one would be curious about the perception of their education experience. O'Lynn (2004) examined gender based barriers of men in nursing through a mail survey. Thirty barriers were identified with the top barriers being; no history of men in nursing, no male faculty, no male mentorship opportunities, and textbooks which referenced 'she' instead of 'he' when identifying a nurse. Bell-Schriber (2008) also found that the classroom textbooks did not represent male and female nurses equally and referenced the nurse as a "she" more often than a "he". This is not a surprising finding and is consistent with other studies (Kelly et al, 1996; Smith, 2006). Kelly et al (1996) reported the perception of males being treated differently than females and suggested the perception contributed to the males feeling isolated. Scott (2004) also concluded that male students often felt that the nurse educators had a tendency to isolate male students in both the classroom and the clinical setting. Again, citing the lack of male faculty, role models, and the limited number of men enrolled in the program and restricted clinical experiences. Bell-Schriber (2008) conducted a qualitative study which included the interviews of four male, four female, nursing educators, classroom observation and a review of textbooks to discover that the classroom climate is more accepting of females than of males. The males felt somewhat isolated and felt discriminated against in the classroom and clinical setting. Keep in mind though, that all of the educators in these studies were females and the literature discloses that the gender of the educator may have an affect on the classroom environment (Crombie, Pyle, Silverthorn, Jones, & Piccinin, 2003). Perhaps, the feelings of isolation would not be exhibited if the faculty had more male educators among its ranks.

Men as Muscle

The literature identifies a number of gender based barriers that men face during their nursing education. The Hodes (2005) survey discovered that the majority of RNs surveyed indicated that they encountered difficulty during their nursing education within a traditionally female profession. The three top reasons respondents gave for encountering difficulty within their nursing programs were the difficulty of being a gendered minority, being seen as “muscle” by female nurses, and the perception that men are “not caring”. Whittock and Leonard (2003) study also revealed that the men they interviewed were expected to do the lifting and moving of difficult patients.

Clinical Experiences

In some clinical settings, especially obstetrics and gynecology (OB/GYN), male nursing students were refused the opportunity to participate in procedures due to gender and reluctance of female patients to be attended to by males (Hodes, 2005; O’Lynn, 2004; Smith, 2006). The students were fearful of being accused of sexual inappropriateness while administering intimate nursing cares to female patients (Hodes, 2005; O’Lynn, 2004). Okrainec (1994), in his study to investigate the perceptions of nursing education held by male nursing students enrolled in basic nursing programs in Canada, concurred with other studies that male students are more often rejected by female patients or families in obstetrical areas than other females counterparts. In addition, the study suggested that female patients prefer female nurses to administer the personal and private nature of care administered in the obstetrical area. Paterson et al. (1996), through their interviews, found that although infrequent, the male students were refused a clinical

assignment by a patient based upon gender. They further stated that their clinical instructor attempted to comfort them when this happened.

Positive Experiences

Not all education experiences were negative. Schoemaker, and Steele (1996) discovered through focus group discussion with male nursing students that, in general, the students had a positive attitude regarding their education; however they resented being given the tasks of moving and lifting patients. Okrainec (1994) reported that relationships with nursing faculty and peers influenced the satisfaction of male students in their educational experience. Ierardi, Fitzgerald, and Holland (2010) however, in their qualitative study which explored male students' educational experiences in an associate degree nursing program revealed that the students perceived their experiences in nursing school to be positive. As noted by Okrainec (1994) most male nursing students found their education to be challenging, interesting, and satisfying.

Demographics

National Demographics

The United States Department of Health and Human Services: Health Resources and Services Administration (HRSA), is the primary Federal agency that provides policy leadership for the health professions workforce. The agency helps to ensure that the United States has the right clinicians, with the right skills, working where they are needed. Since 1996, HRSA's Bureau of Health Professions has published the National Survey of Registered Nurses (NSSRN). The survey is published every four years and is the preeminent source of statistics on trends over time for the nation's largest health profession. Data in the survey covers educational background, practice specialty areas, employment settings, position levels, job satisfaction and

salaries, geographic distribution, and personal demographics such as gender, racial/ethnic background, age, and family status. The NSSRN database is collected through rigorous probability sampling and data collection methods and the results of the survey can be generalized to the population of the study which is in the United States who possess an active RN license and represents all 50 states and the District of Columbia.

Aging RN Workforce

The 2004 NSSRN (United States Department of Health and Human Services: Health Resources and Services Administration, 2006) reported that the RN population under 30 had reached a low of 9% of the total RN population while the percent of nurses over 54 years of age had increased to 25.2%. However, results were recently released for the NSSRN 2008 (United States Department of Health and Human Services: Health Resources and Services Administration, 2010) indicating that the average age of all licensed RNs increased to 47.0 years in 2008 from 46.8 in 2004. This represents some stabilization when compared to previous surveys, where the average median age of the RN in 2000 was 44.3, and in 2004 was 45.2 (Table 2).

Survey Year	Median age
2008	46
2004	45
2000	44
1996	42
1992	40
1988	38

Note: Age was measured in years.
(National Survey of Registered Nurses, 2000, 2004, 2008).

Registered nurses who were 50 years and older, comprised 44.7 percent of the total RN population in 2008, compared with 41.1 percent in 2004 and 33.4 percent in 2000. The

percentage of RNs who were 60 years and older increased from 13.6 percent in 2004 to 15.5 percent in 2008 which emphasizes the fact that the bulk of the RN workforce is over 50 years old and is nearing retirement (Table 3). According to the 2008 NSSRN, RNs are less likely to work in nursing positions as they age.

Table 3: Age of Registered Nurses		
Survey Year	≥ 50 years old	≥ 60 years old
2008	44.7%	15.5%
2004	41.1%	13.6%
2000	33.4%	----
Note: “----” indicates data was unavailable. (National Survey of Registered Nurses, 2000, 2004, 2008.)		

The Bernard Hodes Health Care Division conducted a survey in partnership with the journal *Nursing Management* concerning the aging RN workforce (Bernard Hodes Group, 2006). The survey was conducted between January and April 2006 resulting 978 completed surveys. More than half of the respondents to this survey (56%) were 51 or older. The findings revealed that a large proportion of the nursing workforce is intending on retiring within the next few years and that the rate of retirement is expected to accelerate starting in 2010 through 2020. The survey findings suggest that by 2010 approximately 20% of the nurse leaders who participated in the survey intend to retire and 35% of the nursing employees will retire. The survey further suggested that by 2020, about 75% of the nurse leaders who participated in the study will be retired along with 52% of their nursing employees.

Men in Nursing

According to the most recent survey NSSRN (United States Department of Health and Human Services: Health Resources and Services Administration, 2010), there are an estimated 3,063,162 licensed registered nurses in the United States with men representing 202,169 or 6.6%

of the total RN nursing population. This represents a modest increase in men as RNs since the 2000 survey (refer to table 4). Currently, one in ten males is considering becoming a nurse.

Survey Year	2000	2004	2008
Male	14,902 (5.4%)	168,181 (5.8%)	202,169 (6.6%)
Female	2,678,938 (94.6%)	2,741,176 (94.2%)	2,860,994 (93.4%)
Total	2,694,540	2,909,357	3,063,163

Note: Numbers are based upon estimates.
(National Sample Survey of Registered Nurses, 2000, 2004, 2008).

The 2004 survey also suggested that men are more likely to be employed in nursing (88.4%) compared to female RNs (82.9%) (Table 5). That represents an increase from 2.7% in 1980 to a 14.5% increase over the 2000 NSSRN estimate. Granted, this number has increased just over the last decade or so, but real innovation must happen to attract more men to the profession.

Survey Year	2000	2004	2008
Total employed in nursing	81.7%	83.2%	84.8%
Men	88.0%	88.4%	---
Female	81.0%	82.9%	---

Note: Percentages of only registered nurses who are working as registered nurses. Figures for 2008 have not been released.
(National Survey of Registered Nurses, 2000, 2004, 2008)

The survey also indicated that, although the numbers are small, registered nurses (RNs) who are men are younger (Table 6).

Survey Year	2000	2004	2008
All RNs	45.2	46.8	47
<30	9.1%	8%	2.6%
<35	18.3%	16.4%	18.6%
<40	31.7%	26.6%	29.5%
Men	38%	30.1%	---
Female	31%	26.1%	---
<50	33%	---	45%
Men	21%	65.7%	---
Female	34%	57.4%	---
>50	33%	---	45%
>54	25.2%	20.3%	28.6%
>60	---	13.4%	14.5%
Note: “---” indicates data unavailable. (National Survey of Registered Nurses, 2000, 2004, 2008)			

The aging trend has raised concerns that the aging workforce will be retiring and the demands of healthcare for an aging population will not be met (United States Department of Health and Human Services, 2006). In NSSRN 2004, 26.6 % of the RN population was under 40 years old. In NSSRN 2008, the share of nurses under age 40 grew to 29.5% of all RNs, increasing their numbers by nearly 18 percent from the number in 2004 under age 40. Only 2.6% of all RNs are under the age of 30 with the average age of the RN population being 47.in the 2004 NSSRN survey male RNs were younger when compared to female RNs (NSSRN, 2004) unfortunately, the 2008 survey did not compare the age of the male RN workforce to the female RN workforce (refer to table 6).

RNs in Iowa

Iowa Board of Nursing Trends in Nursing Report (2010) reported that in 2009 the largest percentage (44.8%) of active RNs licensed in Iowa was age 49 and older (Table 7). When including inactive RNs, the board discovered that forty-eight percent were 58 years of age or

older and 29% was younger than 38 years of age. The results represent stabilization when compared to 2001 when 36.2% of the RN workforce ranged from 49 to 58 years of age.

However, keep in mind that this stabilization includes RNs who are currently licensed as a RN but who may not be working in the profession of nursing.

Table 7: Average Mean age in Years of Active Registered Nurses in Iowa	
Average Mean Age	Number of Registered Nurses
<29	5,184
29-48	17,487
49-58	12,207
59-68	5,302
>69	958
Note: Data not measured using the same parameters for 2004, 2006, 2008. (Iowa Board of Nursing Annual Report, 2010)	

Males comprised 5.28% of active RNs in the state, which is lower than the 6.6% reported in the 2008 NSSRN report (Table 8).

Table 8: Active Registered Nurses in Iowa				
Report years	2004	2006	2008	2010
All active in state RNs	35,402	37,044	38,994	41,138
Active Men	1,621 (4.2%)	1,770 (4.4%)	1,940 (4.5%)	2,176 (5.28%)
Active Female	36,843	38,413	37,054	38,962
Note: Active licenses do not imply that the nurse is employed in nursing. (Iowa Board of Nursing Annual Report 2004, 2006, 2008, 2010)				

Educational Pathways

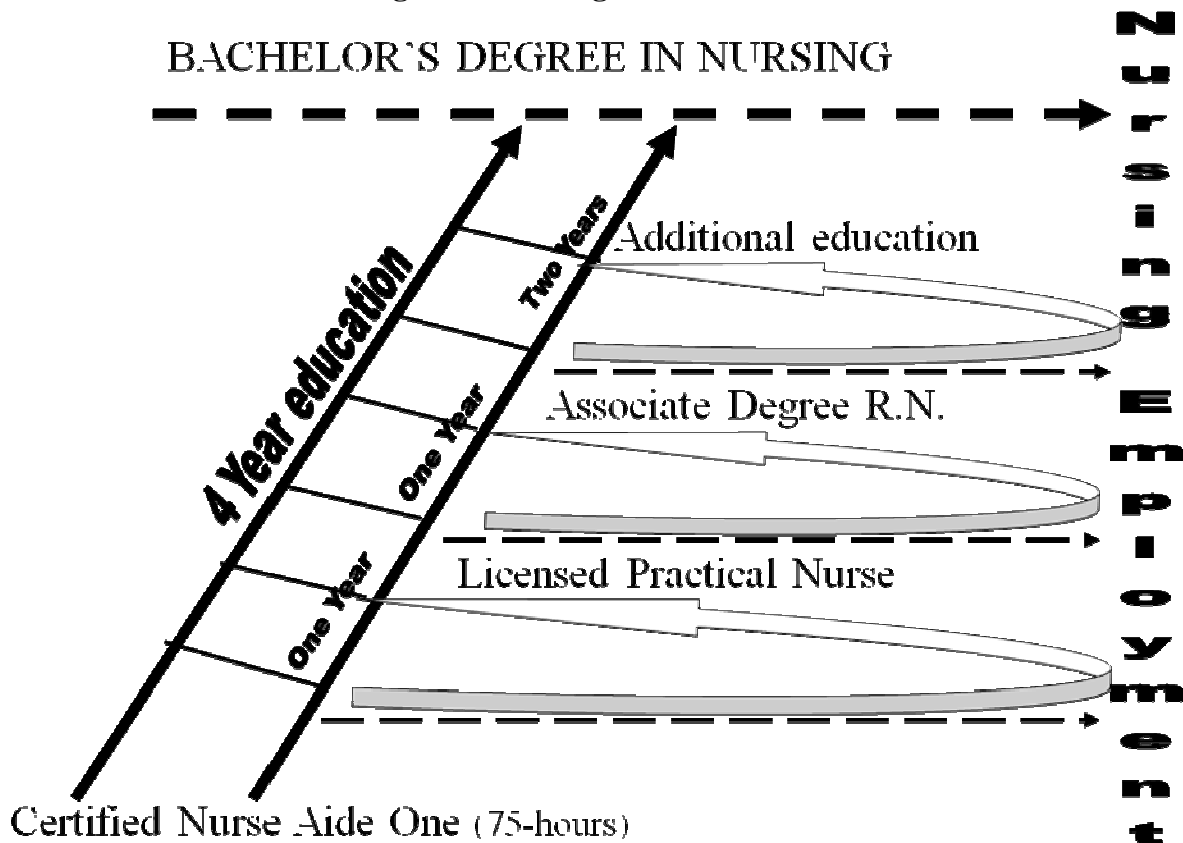
There are typically three educational degrees necessary for an individual to become a RN: a Bachelor's Degree in Science (BSN), an Associate's Degree in Nursing (AAS), and a diploma in nursing. Bachelor's degree programs are offered by universities and colleges, and take approximately 4–5 years to complete. The associate's nursing programs offered through community colleges and junior colleges typically take 2–3 years to complete. Diploma

programs, administered in hospitals, generally take 3 years to complete. According to the Nursing Facts Sheet from the National Association for Associate Degree Nursing (O-ADN) (2010), 25% of RNs are initially prepared in a diploma program. Approximately 42.2% are prepared with an associate's degree, and 30.5% are initially prepared with a baccalaureate. Many RNs who obtain their initial licensure as a RN through the Associate's Degree Nursing pathway (ADN) later enter bachelor's degree programs to prepare for a broader scope of nursing practice. The typical pathway of the AAS to BSN, or like programs, is referred to as a, "ladder program" in nursing, and is offered through the community college system. A ladder program for nursing education provides articulation between LPN and RN licensure and between AAS and BSN (Figure 2).

Community College as Sample Site

I selected a public community college environment for my sample selection because a community college offers both comprehensive education and a nursing program indicative of the ladder concept of nursing education. According to the American Association of Community Colleges (AACC) (2011), the community college, "serves almost half of the undergraduate students in the United States, providing open access to postsecondary education, preparing students for transfer to 4-year institutions".

Figure 2: Nursing Career “Ladder”



Without access to a community college, many students might not otherwise pursue an education. According to AACC Fact Sheet (2011), there are a total of 1,167 community colleges in the United States that serve approximately 11.7 million students. The majority (998) of community colleges are public; 158 are independent, and 31 are tribal. Nationally, community colleges graduate 44% of all college graduates, and enable many students from under-represented ethnicities and nationalities to enter the post-secondary education system for their initial education (Table 9).

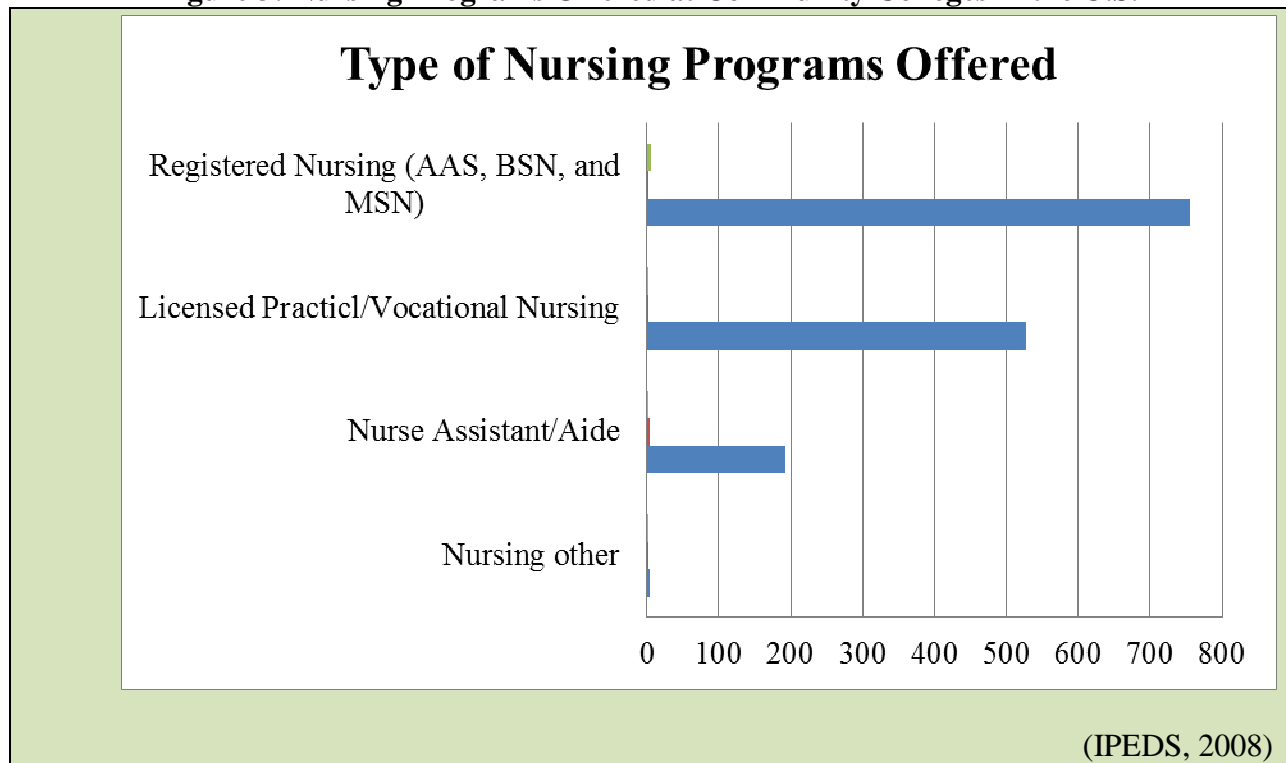
Categories	Percentage
All U.S. Graduates	44%
First-generation College Students	39%
First-Time Freshman	40%
Native American	52%
Asian/Pacific Islander	45%
Black	43%
Hispanic	52%

(American Association of Community Colleges, 2008)

Nursing education is available at over three-quarters of the nation's community colleges: of the 1,167 community colleges, 904 offer nursing education, and 755 offer registered nursing educational degrees (Figure 3). Community colleges have played a significant role in the education of the nation and provide students with the skills to obtain employment or to further their education. The AACN (2008) emphasized the importance of community colleges by likening their function to a gateway for success:

Two-year institutions are indispensable to the American Future. They are the Ellis Island of American higher education, the crossroads at which K-12 education meets colleges and universities, and the institutions that give many students the tools to navigate the modern world.

Thirty-nine percent of community college enrollment are first-generation college students, and nearly 50% of all baccalaureate degree students in the U.S. indicate that they first attended a community college (AACC, 2008). The Associate of Applied Science (AAS) provides preparation for employment in an occupation such as nursing, and is often a stepping stone for individuals interested in pursuing a bachelor's degree in nursing (BSN) at a university.

Figure 3: Nursing Programs Offered at Community Colleges in the U.S.

The nursing programs in the community college prepare individuals for licensure as Practical Nurses (LPN), or as Registered Nurses (RN), depending upon each student's career path. The National Council of State Boards of Nursing (NCSBN) administers the National Council Licensure Examination (NCLEX): students who become LPNs take the NCLEX-PN®, while those who become RNs take the NCLEX-RN®. A community college most often will offer a ladder program, most commonly a Practical Nursing (PN) program whereby, upon graduation, students subsequently take the NCLEX-PN®. If they succeed on the examination, they become licensed to practice as Licensed Practical Nurses (LPN). At some point, assuming that they have met the admission criteria of the program, the LPN may enroll in the next level of education at the community college and work towards the completion of the Associate's in Arts and Sciences Degree in Nursing (ADN). Upon graduation from the Associate's Degree in

Nursing (ADN) program, students become candidates to take the NCLEX-RN®. The ADN provides arts and science courses that may be transferred to other colleges or universities. The degree is the equivalent of the first two years of a four-year baccalaureate in nursing degree, and is often articulated seamlessly towards a Bachelor's of Science in Nursing (BSN).

In 1987, the Iowa Board of Nursing (IBON) and nursing leaders in Iowa collaboratively developed the Iowa Articulation Plan for Nursing Education: RN to Baccalaureate. The plan was designed to facilitate registered nurses' access to baccalaureate nursing education. Specifically, RNs who graduated from community colleges with their ADN could pursue their higher educational goals with minimal repetition of their educational experiences. The baccalaureate granting institutions recognized the role of the community college within the healthcare system, and committed to seamless articulation at every level of nursing education, "for the benefit of the nursing profession and the general public" (Iowa Board of Nursing, 2011).

Basic Nursing Education

Basic levels of RN education include the diploma, Associates of Applied Sciences Degree in Nursing (ADN), and the Baccalaureate in Nursing (BSN). According to the 2008 NSSRN (United States Department of Health and Human Services, 2010), the most commonly reported nursing education held by RNs in the United States was the Associate's Degree in Nursing (ADN), representing 45.4% of nurses. This proportion represents an increase from the 2004 survey, which indicated that 42.9% of nurses surveyed had received their initial RN as an ADN (Table 10).

Degree held by RNs	2004	2006	2008	2010
Diploma	7,532	6,985	6,429	5,887
ADN	14,883	16,061	17,523	18,749
BSN	8,366	9,016	9,777	10,788

(United States Department of Health and Human Services, 2010)

At the state level, Iowa reports a slightly higher percentage than the national average of RNs who received their basic nursing education as the ADN. However, the Iowa Board of Nursing Annual Report (2010) showed that 52% of RNs indicated that their basic RN education was the Associate's Degree in nursing. There are no diploma programs in the state, which explains the continual decline in diploma-holding nurses (Table 11).

Degree held	2004	2006	2008	2010
Diploma	9,967	9,406	8,838	8,271
ADN Total	16,635	18,102	18,848	21,427
Percentage	47%	49%	50%	52%
BSN	8,533	9,236	10,000	11,238

(Iowa Board of Nursing, 2010)

According to the annual reports for Iowa, the number of RNs who are male increased annually between 2004 and 2009. The Associate's Degree continued to be the predominant education for RN licensure (Table 12).

	2004–2005	2005–2006	2006–2007	2007–2008	2008–2009
Degree held by male RNs					
ADN (17 programs)	77	79	71	82	101
BSN (19 programs)	21	27	67	56	61

(Iowa Board of Nursing, 2010)

I selected the community college setting for my research because, according to the United States Department of Health and Human Services: Health Resources and Services Administration (2010), the most commonly reported initial nursing education is the Associate's

Degree in Nursing. According to the 2008 NSSRN, of the RNs surveyed, 45.4% obtained their initial degree in nursing at the ADN level, and later entered a BSN program to expand their scope of knowledge gained from the ladder pathway.

Summary

Although the economic downturn of the United States has affected every known career sector and appears to have eased the immediate nursing shortage, there is continued caution that a future RN shortage is immanent. It is reasonable to assume that the demand for RNs will continue to grow as the result of several factors which include and are not limited to; expansion of healthcare coverage to the currently uninsured via the enactment of the health reform act; changing age composition of the US population and the retirement of the Baby Boomers; economic recovery; the advancement of technology and its impact on healthcare and longevity; and the expected shortage of physician's and the shift of care to nurse practitioner. Currently, nearly 900,000 RNs (out of an estimated 2.6 million working RNs) are over the age of 50, and large numbers of these RNs are expected to retire. We must replace the aging Baby boomer RNs and increase the supply of RNs to meet the healthcare needs of the nation.

As the largest healthcare profession, RNs held approximately 2.6 of the jobs in the United States in 2008 and are expected to grow much faster in the future with a projected increase of 22% being needed by 2018 in order to meet the health demands of the United States (United States Department Of Labor: Bureau of Labor Statistics, 2010). One way to address the impending nursing shortage is to recruit and retain more men into nursing. To do so effectively, we must understand how males chose nursing as a career, recognize, and address the barriers they faced in making that decision. Once a male enters nursing in pursuit of their nursing

education, we must understand their educational journey and prepare them to work in a female dominated profession in order to retain them. Recruitment of men to nursing will not solve the nursing shortage, however men should be considered as a viable resource that will help address the shortage and bring gender diversity to nursing.

It appears, as the review of the literature revealed, that men pursue nursing because they want to care for others. They may experience conflict regarding the use of touch when caring for patients and may face rejection from patients who may misinterpret the touch as being sexually inappropriate. It was also revealed that men are drawn to the pragmatic benefits of nursing such as; career stability, financial security, and mobility. Unfortunately, they lack information and support from guidance counselors and mentors and often make their career decision without much guidance or support from others. Male nursing role models and mentors have consistently been identified as being crucial in the recruitment of men into the profession.

The review of the literature further provided a foundation for the development of the interview guide. I investigated studies that helped to identify potential barriers that men face, the intrinsic and extrinsic factors that are considered when making a career choice and the educational experiences of men in nursing education. The demographics helped to emphasize the need for men in nursing, both to enhance the diversity of the profession but also to assist in addressing the projected nursing shortage that our nation faces in the very near future.

CHAPTER 3. METHODOLOGY

The purpose of this qualitative study was to describe the lived experiences of male nursing students in a Midwestern community college career ladder nursing program, and their journey of selecting nursing as a career. A better understanding of male nursing students' experience in selecting nursing as a career, an awareness of the barriers they might have experienced in making their career decisions, and their educational experiences in a female-dominated environment would help to facilitate the development of recruitment and retention strategies to ensure a more gender balanced workforce—one that would be well positioned to answer the imminent nursing shortage. In seeking to understand these experiences and barriers, I focused on answering two research questions:

1. How do male students in a nursing program describe how they came to choose nursing as a career?
2. How do males in a nursing program describe their nursing education at a public community college?

This chapter describes the research study's methodology, and discusses the rationale for an interpretivist approach to gathering and interpreting data, the description of the sample, an overview of the research design, and methods of data collection, the analysis and synthesis of data, issues of trustworthiness, ethical considerations, and the limitations of the study. This chapter concludes with a summary.

I wanted to explore and to understand male nursing students' career choice and their educational journey. Such understanding, through examination of the successes and barriers male nursing students encounter, would enable the nursing profession to become gender equal,

and enhance its potential to serve patients. For these reasons, I used a qualitative research design to answer my research questions. I wanted to understand how the event of choosing nursing as a career happened, and the actions that might have possibly influenced male nursing students' decisions. Interviewing participants so that they describe the phenomenon in their own voices would lead toward this understanding. Thus, qualitative research design elicits the rich data needed to describe the phenomenon on which this study focuses (Lincoln & Guba, 1985; Patton, 1990; Stake, 1978). Merriam (1998) describes qualitative research as a method of inquiry "that helps us understand and explain the meaning of social phenomena with as little disruptions of the natural setting as possible" (p. 5). This study was a basic interpretive qualitative design, through the lens of a constructivist postmodern/post structural investigation.

Theoretical Framework

I chose a qualitative research as the design for my study. Rather than simply investigating cause and effect, I followed Merriam's (2009) guideline of thinking of qualitative research as a form of inquiry through which the researcher is interested in uncovering the phenomenon through learning, and then constructing meaning that is attributed to the human beings living the experience. Qualitative research assumes that reality is socially constructed. Researchers do not necessarily discover knowledge so much as they construct and interpret it (Creswell, 2009). The focus of social constructivism is that knowledge is not discovered, but rather constructed through human experience (Crotty, 1998). That is, as Crotty further explains, construction is the making of meaning, and that meaning is based upon humans interacting with their world.

The epistemology of my study is that of a socially constructed world view that occurred in the natural setting of the study participants. I wanted to understand the lived experiences of the participants, male nursing students, through their voices. Based upon the following characteristics, this study fit well into a socially constructed basic interpretive framework: natural setting, use of qualitative phenomenology methodology, interviewing methods, purposive sampling, inductive analysis, tentative application of findings, and the special criterion of trustworthiness (Lincoln & Guba, 1985).

Methodology

This study explores the lived experiences that male nursing students went through in their decision to choose nursing as a career, the people and factors that influenced their decision, the barriers they faced, and their educational journey. The study assumes a constructionist epistemology that knowledge is not discovered, but is constructed through human experience (Crotty, 1998). Therefore, I selected a phenomenological methodology for the study. Phenomenology dictates looking at an experience that is focused on human experience within a naturalistic setting (Moustakas, 1994). It is a process of learning and constructing meaning of human experiences through individuals living the experience (Merriam, 2001).

Tashakkori and Teddle (2003) have stated, “phenomenological methods consist of simply presenting a stimulus to participants and asking them to describe what is perceived” (p. 126). Patton (2002) described phenomenology as a philosophy used by Edmund H. Husserl to explain how people describe things and experiences through their senses. Denzin and Lincoln (2000) referred to the philosophy of phenomenology as an inquiry paradigm, and Creswell (1998) described it as a major qualitative tradition. Thus, the phenomenological theoretical lens

appropriately structures this interview-based, qualitative research study. Using myself as the human instrument of data collection, I selected open-ended interviews as my primary form of methodology to discover the meaning that events had for the participants to define the phenomenon of selecting nursing as a profession. An interview guide further assisted me to ensure that basically the same information was obtained from each participant, and to use the interview time efficiently. Although the guide kept the interviews focused, I was free to probe and explore areas of particular interest. I relied on written notes and a tape recorder to record the interview data verbatim and, thus, was able to truly represent the voices of my participants, rather than my personal perceptions of the phenomena.

Methods

Sampling of Participants

According to the literature review, the majority of RNs in the United States initially receive an Associate's Degree in Nursing, with the option of eventually proceeding up the nursing education ladder to obtain a Bachelor's or Master's in Nursing. The Midwestern, midsize Community College for this study was selected because the ladder program (Figure 2) is the typical pathway for the AAS to BSN preparation with an associate's degree. The ladder prepares the individual for practice in the healthcare environment as a LPN, while students go to school and work towards their end. Thus, they receive increased financial benefit at each rung of the ladder. Ladder programs are only offered in the community college, and the BSN candidate is not able to become licensed as a LPN, so they never work as a LPN, nor benefit financially nor gain work experience as a LPN. Upon compiling the review of the literature, I encountered few studies that had investigated the experiences of men enrolled in BSN programs, and even fewer

studies of the experiences of men enrolled in a traditional two-year ADN program. I did not discover any study that investigated the experiences of male nursing students enrolled in a ladder program. Overlooking the population of men enrolled in a ladder program of nursing has left a gap in the study of the phenomenon, and the rich information gained from the participants in this study would contribute to the knowledge needed to fill the gap.

I obtained consent and help from the Assistant Director of Admissions to conduct this study's purposive sampling. After culling potential participants, I found 8 male students who met the selection criteria of the study. My sampling focused on male nursing students in a community college setting, whose common professional goal was to acquire an AAS Degree through a ladder program toward the attainment of RN licensure. Transfer students were thus excluded from the pool of participants. At the time of this study, enrollment in the program totaled 72 students. Eleven percent of that total enrollment was males, an average higher than current national data. The participants were contacted by mail via the US Postal Service, as well as by e-mail to inquire as to their willingness to participate. Seven of the eight returned the postal card, indicating that they would be willing to participate, and acknowledged the time commitment of the interview process. Informed consent was obtained, and six participants completed the required three interviews.

Study participants were enrolled in the Associate's Degree Nursing program throughout the interview process, and had completed a minimum of 16 credit hours of nursing program courses toward an AAS in nursing. All of the participants had recently graduated from an accredited Practical Nursing program, had passed the NCLEX-PN®, and were licensed in the state of Iowa as LPNs. They had all experienced their nursing education through a ladder

program. The average age of the participants was 24 years of age. The oldest participant was 57. One participant had a General Education Development (GED), and the others had graduated from high school. The sample did not reflect much ethnic diversity; however, one participant was an international Asian student who had previously obtained a Bachelor's of Arts (BA) in Computer Science (Table 13).

Age	20–25	25–30	30+		
	4	1	1		
Education	GED	High School	Diploma	AAS	BA
	1	5	6	1	1
Marital Status	Single	Married	Divorced		
	4	2	0		
Ethnicity	Caucasian	Asian	Other		
	5 (83%)	1(16%)	0		

All participants possessed a diploma certificate in Practical Nursing. The race/ethnicity diversity of the population is somewhat representative of the community college itself, in that the majority is Caucasian, and the total minority population is 16% (Table 14). The small sample size must be kept in mind when drawing conclusions regarding race/ethnicity diversity.

African American:	7.3%
Asian/Pacific:	1.2%
Hispanic:	1.7%
Native American:	0.3%
White:	87.3%
Other:	2.2%
<i>Total Minority:</i>	<i>10.5%</i>
(AACC, 2011)	

The participants were selected because they presented the most relevant and valuable information needed to explore the research questions, and provided rich dialogue that I was able to study in depth (Patton, 1990). Each participant was unique, and brought a personalized perception of their experience of the phenomenon. The three interviews that they each completed enabled them to reconstruct reality in their own voices and terminology. By the end of the third interview, the data enabled me to achieve saturation, such no further new information was revealed by the participants. I chose to stop the data collection process, because I had exhausted sample resources; regularities occurred, and themes were confirmed by the participants and peer review (Guba & Lincoln, 1990; Merriam, 2009).

Data Collection

Ethical Considerations

There are four principle statements that guide all research: autonomy, beneficence, non-maleficence, and justice (National Institutes of Health, 2011). Any research study prioritizes ethical issues regarding the safety and privacy of the participants. In qualitative research, the most common form of data collection is through interview(s) and observations; thus, privacy is of utmost importance. Because I was acquainted personally with each participant, I was challenged by a dual role of being the chairperson of their program and a researcher. Because of the close relationship that I had with them in my role of nursing chair and, subsequently as their interviewer, I became very aware of the vulnerability and lack of power that the participants could potentially experience during the research process.

To assure the participants that they were protected, I received written permission to conduct the study from the Dean of Technology and Applied Sciences at the selected community

college, and completed training on the protection of human research participants before a protocol was submitted for approval from Iowa State University's Institutional Review Board (IRB). I received informed voluntary consent from six of the eight subjects in the purposive sample to conduct the interviews (Appendix A: Informed Consent Material). One subject declined participation in the study due to the time commitment of the interviews, and the other returned the postcard indicating that he wanted to participate; however, he failed to show up for his interview. He later indicated that his work schedule would not allow him to be available for the interviews.

Recognizing that the nature of qualitative research allows for flexibility and that, through probing during the interviews, ideas continue to evolve throughout data collection, I verified continued consent. Verifying consent, especially in qualitative research, is not just a single occurrence, but should be solicited throughout participation (Patton, 2002).

To assure the moral principle of autonomy in the study, I made the participants fully aware of the study's purpose, the kind of information that I sought, how the information would be used, and the implications of their contributions to my research—namely, to provide a better understanding of the phenomenon so that the profession of nursing could recruit and retain men, and promote gender diversity. I clearly stated how long I believed that the interviews would take so that the participants would be aware of the time commitment involved. The participants were also informed that they could withdraw at anytime without fear of retaliation. Participation in the study was voluntary and without financial incentives. To assure anonymity, the participants were protected through the use of pseudonyms; the interviews were recorded, transcribed verbatim, and secured to guarantee the protection of privacy and confidentiality. The storage of

research-related documents, transcriptions, and audiotapes were known to no one but me. I did not anticipate any serious threats or dangers to any of the participants. Although I did recognize that my dual role as a chair and interviewer could make them feel threatened, I encouraged participants to speak candidly about their experiences as male nursing students.

I also acknowledged that my dual role created the possibility that participants might inadvertently disclose personal information they had not intended to reveal. The sample itself did not present any vulnerability; however, I prepared for potential problems by reflecting on and planning for how they might be addressed should they occur. Throughout the interviews, I continually made sure that the participants felt comfortable. I acknowledged that the participants may have possibly felt obligated to participate in the study because I was the chair of the program in which they were enrolled; however, I shared this insight with each of the participants, and assured them that they were not obligated to participate and that they could withdraw at any time without threat of retribution. No participant chose to withdraw during any of the interviews. Finally, no ethical breaches, either on the part of the researcher or the participants, occurred at any time during the study.

Instrument

Prior to the actual collection of data, a review of the literature was conducted to investigate the contributions of other researchers to the phenomenon of men in nursing. The review of the literature guided me in my investigation of the phenomenon. As a result of the review, I selected an informal open-ended structured interview method for the study. Providing open-ended questions enabled the participants to express their views of their experiences (Crotty, 1998). To structure the interview process, I used Seidmen's (1997) in-depth phenomenological

based interviewing techniques, and conducted a series of three interviews. Prior to conducting the interviews, interview guides were submitted to Iowa State University Institutional Review Board for approval (Appendix B: Interview Guides). The first interview consisted of a focused life history. I asked participants to put into context their decision to become a nurse by focusing on their earlier experiences with family, friends, and school. The second interview concentrated on each participant's present lived experience as a male in a nursing program. The third and final interview focused on the meaning participants attributed to being a nurse. Upon IRB approval, the guides were reviewed by male registered nursing peers employed at the local hospital, as well as at the male nursing faculty at the local community college. I selected male nursing students from the same program of study as the participants, but in the final semester of their practical nursing program to assure comprehensiveness of the tool. I anticipated that each of the three interviews would take 60 to 90 minutes to conduct. The interviews occurred in a quiet conference room located in the study site's library. The interviews were audio taped and transcribed for coding and analysis.

Qualitative research is not concerned with objective data, but rather truth, as study participants experience it (Creswell, 2007, 2009; Crotty, 1998; Denzin & Lincoln, 2000; Lincoln & Guba, 1985; Merriam, 1998, 2009; Moustakas, 1994; Patton, 2002). The method that best captures and describes the "lived experiences" of any study's participants is in-depth interviews (Denzin & Lincoln, 2000; Lincoln & Guba, 1985; Merriam, 1998, 2009; Moustakas, 1994; Patton, 2002; Seidman, 1997). Primary data obtained from phenomenological research is collected from conversations, usually interviews, and these data are reflective of one's own perceived experience (Merriam, 2009). That data take the form of verbal description of an event

or phenomenon, and its meaning to the participants, in the setting being studied (Tashakkori & Teddle, 2003). Thus, as Michael Quinn Patton (2002) stated, “[t]he purpose of interviewing is to find out what is in and on someone else’s mind. We interview people to find out from them those things we can’t observe” (p. 196). Interviewing, then, is necessary when we want to draw conclusions, but cannot observe a behavior or personally know the specific detail of past events that cannot be recreated.

Positivists would argue that there is only one version of events that are true, and that individual perceptions make for unreliable data. Positivists use precise and structured questions of all interviewees, and demand that the interviewer remain neutral. However, the interpretivist approach to interviewing—the methodology for this study—sharp contrasts with the positivist approach (Crotty, 1998). The interpretivist wants to understand how people make meaning of their worlds, and emphasize the complexity of human life, events, and relationships. Through qualitative interviewing, the interpretivist obtains rich, thick data to build theories from or to explain a phenomenon.

Rubin and Rubin (1995) stated that, “in qualitative interviews[,] you listen [so] as to *hear the meaning* of what is being said” (p. 7). Interviewers listen carefully so they can hear what is being said in order to gain an understanding of what the world looks like from the eyes, so to speak, of the interviewee. The interviewer and interviewee together play an active role in shaping the discussion that ensues as a result of the qualitative interview. How a researcher conducts an interview, then, depends in part on what he or she is trying to hear.

Both to acknowledge and answer this concern, Merriam (2009) identifies three types of interviews: highly structured, semi-structured, and unstructured (or informal). Interviews can be

placed on a continuum of structure, ranging from unstructured to highly structured. Embedded in this continuum is the question of how much control interviewers wish to have over the interaction (Merriam, 2009).

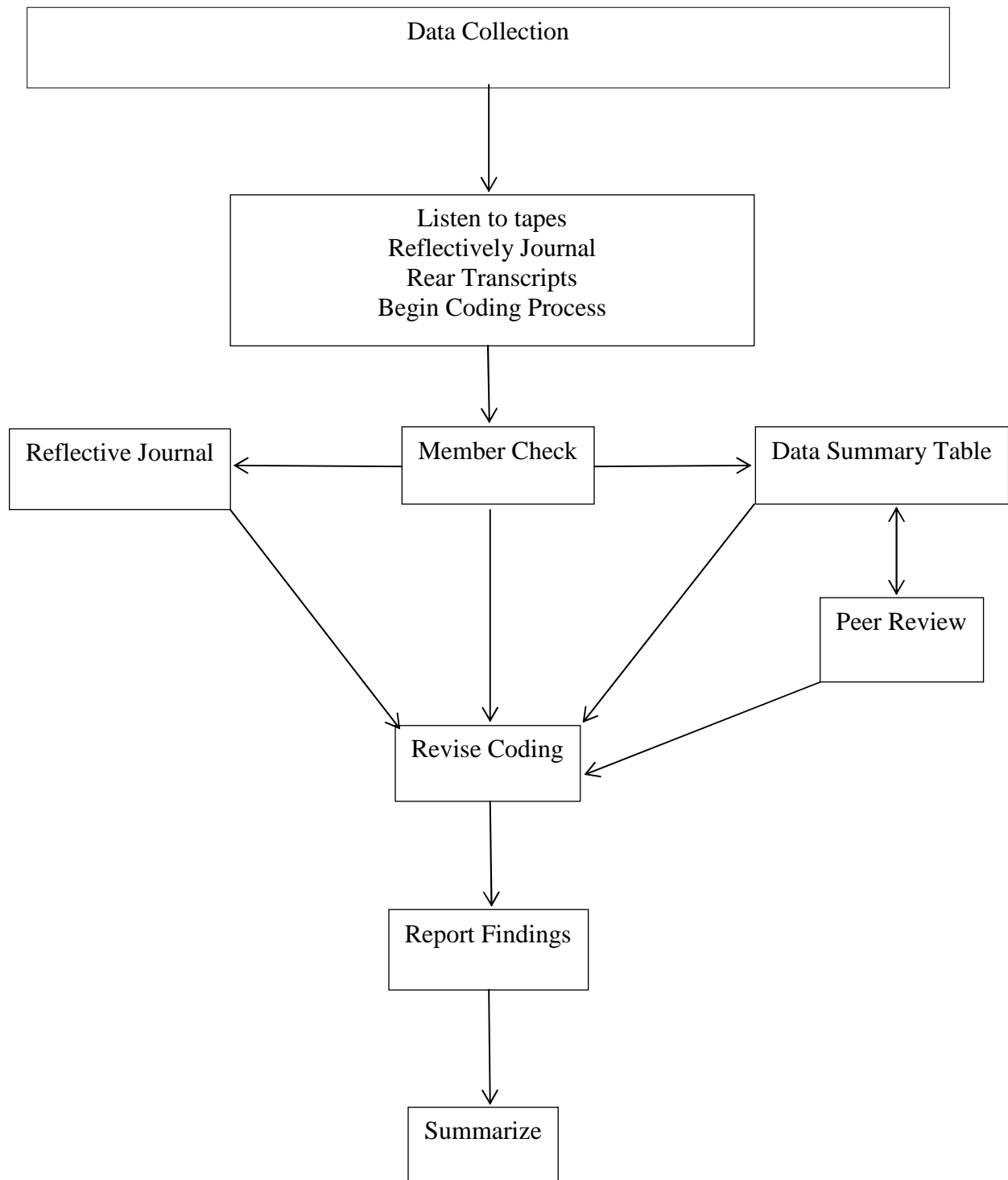
Qualitative interviewing for the most part relies on open-ended questions that allow for digression or probing. The goal of the semi-structured interview method is to explore a topic in greater detail than would an unstructured interview, thus allowing interviewees the opportunity to express their opinions in their own words (Esterberg, 2002). In semi-structured interviewing, a guide is used, with questions and topics that must be covered. The interviewer has some discretion over the order in which questions are asked, but the questions are standardized, and probes are used to ensure comprehensive coverage of material. The interview is somewhat conversational, and allows researchers to delve more deeply into a topic and to gain a more thorough understanding of the topic and participants' perceptions (Patton, 2002).

Open Coding

For this study, the challenge throughout the data collection and analysis was to make sense of what the participants were telling me. The interviews yielded a large volume of transcribed text, and I wanted to identify patterns and to construct common themes that emerged. To ensure accuracy, the transcripts were returned to participants prior to coding for clarification and validation. After receiving clarification and validation from the participants, I analyzed the transcriptions through listening and reading multiple times to discover the common threads across the participants' experiences. Using open coding, I searched for main themes (Strauss & Corbin, 1990). To facilitate this process, I prepared a flipchart, and taped various "theme sheets" on my wall. Each sheet identified a category or theme, and I would print, cut, and tape

participants' responses under each category. Eventually, themes began to occur, and I then conducted focused coding. The themes that emerged described participants' experiences of selecting nursing as a career, and their nursing educational experiences.

To ensure accurate thematic development, these results were then given to two of my peers experienced in qualitative research methods to seek consensus. This specific sort of peer review also provided the opportunity for input regarding the possible presence of variables that would explain similarities among the participants. Finally, I compared and contrasted the results with observations from the review of the literature, which enabled me to identify similarities and differences between my data and the broader knowledge of my research area. Based upon my analysis and synthesis, I was able to formulate conclusions, and thereby determine appropriate suggestions for future research opportunities (Figure 4).

Figure 4: Roadmap

Trustworthiness and Goodness

According to Eisner (1991), “there are no operationally defined truth tests to apply to qualitative research” (p. 53). Therefore, the researcher bears the responsibility to establish the value of the qualitative study (Glaser & Strauss, 1967). Guba and Lincoln (1998) argue that qualitative research should be measured differently than quantitative research, and suggested adopting criteria that would assure rigor in qualitative inquiry. The concepts of trustworthiness and goodness guide researchers by ensuring validity and reliability. To parallel the qualitative aspects of reliability and validity, Lincoln and Guba (1985) suggested *trustworthiness* as an additional qualitative methodological criterion. The aim of trustworthiness in a qualitative inquiry is to support the argument that the findings are “worth paying attention to” (Guba & Lincoln, 1985, p. 290). Trustworthiness is measured using the criterion of credibility, dependability, conformability, and transferability. In the design of the study I sought peer review, member checks, and kept a reflective journal to assure trustworthiness of my results. For this study, the criteria of trustworthiness as noted by Lincoln and Guba (1985), enabled me to measure what I wanted to measure, and ensured consistency throughout the study. Since there are not statistical tests for significance in qualitative studies I needed to discover and interpret the importance of what was captured in participants’ perspectives of their experiences, and to present their perspectives accurately. As the researcher for the qualitative study I was challenged to establish a plausible connection between the voices of the participants and the conclusions that I drew from the analysis of the transcripts. In order to do that, I had to ensure that the participants felt free to speak, that I had accurately transcribed and coded the interviews, that I paid ongoing attention to context, assured a comfortable and neutral environment in which the interview

process occurred, recognized my position as the interviewer. Words that appeared to be similar were grouped into same category. I used the participants' words to illustrate the described themes. The findings accurately describe reality of the phenomenon as heard through the voices of the participants. By the final interview, I had achieved saturation and no new information had surfaced. The information gained from the interviews yielded rich information that would not have been obtained through quantitative methods.

Credibility

Credibility, or validity, is the truth of findings, as viewed by the participants and others within the discipline, and serves to convince the scientific community of their rigor (Anfara, Brown, & Mangione, 2002; Creswell, 2009; Merriam, 2009). My study used only one method of data collection, and I was the sole investigator. Therefore, I acknowledge that the study is vulnerable to errors associated with interviewing. To correct for the vulnerability, I ensured that I reviewed the data and the phenomenon in diverse ways in order to strengthen the confidence in my conclusions. According to Patton (1998), one form of triangulation is to, "have two or more persons independently analyze the same qualitative data and compare their findings" (p. 560). This form of triangulation is referred to as, "investigator" or "analysis" triangulation. Since I was the only investigator, to address credibility in designing the research study, I interviewed the participants three separate times, rather than just one or two times. Although this measure did not meet the methodological criteria of trustworthiness according to Guba and Lincoln (1985), it did deliver richer and more credible data than a single interview would have generated. I sought multiple analyses, including member checks, peer

review, reflective journaling, and expert review from my dissertation committee (Guba & Lincoln, 1985; Patton, 2002).

To ensure honesty of the informants, at the time of securing informed consent, I told the informants that they could withdraw at any time during the interview without explanation. In doing so, I ensured that the interviews involved only participants who were both genuinely willing to take part and ready to offer their experience as male nursing students freely. I encouraged them from the onset of each interviewing session to be frank with their perceptions, while I established rapport from the beginning. Through the use of probes, I was able to validate or clarify responses and encourage a more thorough, rich description of the phenomenon.

I reviewed each participant's transcript from his previous interview to ensure accuracy, clarification, and to discover areas that needed further investigation. I also compared the results of this research to that found in the literature, and found similarities in themes. To ensure accuracy, completeness, and perceived validity, I asked study participants to react to what was described and concluded in the data analysis (Guba & Lincoln, 1985; Patton, 2002). I wanted the participants to verify that I had correctly reflected their perspectives; therefore, I provided each participant with his interview transcript and a draft of my findings. I completed member checking with all six of the participants after each interview.

Mattson and Stage (2003) recommend that a draft of the final product should be given to the participants for review for corrections or any additional information that might lend itself to the study before submission of the final draft. One participant was not available to provide input into the final analysis and conclusions of the study. However, the other five participants felt that the data analysis and conclusion was congruent with their own experiences, and provided

comments that directly connected the findings to at least one of their experiences. Participant feedback thus helped to corroborate the findings.

The ultimate test for credibility was to ask my peers to review my study. I wanted to seek interpretations of the data, and therefore petitioned input from potential users of my research. I asked male nurses, nursing faculty, and non-nursing professionals for their reactions. I wanted to know if my research was believable and whether the results of the study connected to how people understood the world of male nursing students. My peers critically evaluated the study, and confirmed the categories and themes that had emerged from the interviews. In addition, they concurred with my results and conclusion.

To enhance the methodological credibility of my study further, I disclosed any personal and professional information that could be related to the phenomenon being studied. I was very mindful of my questioning throughout the interview process, and was concerned about how my questioning would impact the participants, so I kept a reflective journal. I made notes during the interviews, and I recorded my initial impressions after each interview session, and searched for patterns to emerge. I immediately listened to the audiotapes following each interview, and wrote about my thoughts and reactions to the interviews. I prepared myself for the upcoming interviews by reading the transcripts and listening to the audiotapes prior to the interviews.

Finally, I relied on my major professor and doctoral committee as experts to render judgment regarding the quality of my data collection and analysis.

Dependability (or Auditability)

Dependability refers to the extent to which the findings of my study could be replicated by future studies of a similar nature. Research must provide a clear and concise recording of the

research process (Field & Morse, 1995; Lincoln & Guba, 1985). To assure dependability in this study, the audiotaped interviews were transcribed by a third party. The transcriber recorded verbatim the voices of the participants, including inflections of tones, pauses, laughing, and hesitations in speaking. When I read the transcriptions, I listened to the tapes to note for pauses, voice inflections, and to ensure that every verbal and non-verbal gesture had been transcribed accurately and completely. In addition, I took notes by dividing each page into two columns. Using the main part of the page I made freeform notes. After the interviews, I reviewed the notes and listened to the audiotapes. I wrote down cues to remind me of the main details, responses I wanted to clarify at the next interview and then a short summary of the interview. I completed the activity by writing in my reflective journal immediately after the interview bracketing my perceptions and opinions of the interview experience. My reflections consisted not only of my observations of each participant's facial expressions and gestures, but also of decisions I had made throughout my research, such as how I was going to use probes to seek deeper meaning of the participants' experiences and further clarification of comments. I coded the transcripts, and then asked colleagues to also read them to verify the themes that I had identified and to check for the accuracy and completeness of my analysis of the data.

Confirmability

The criterion of Confirmability reflects the objectivity of research data. It suggests that the findings result from the research, rather than appear as reflections of the researcher's opinion (Lincoln & Guba, 1985). Patton (1998) suggests that researchers' biases are inevitable and, therefore, steps must be taken to demonstrate that findings emerge from the data and not their own predispositions. I strived to remain neutral and nonjudgmental in reporting the discoveries from my research. To ensure accuracy of the data, I audiotaped all of the interviews and had them transcribed by a third party. I then reviewed the transcripts while listening to the audiotapes and made notations on points that required further probing.

Performing these steps ensured that I made every effort to represent accurately the voices and stories of the study participants. I was concerned that the journey I had taken toward making the decision to be a nurse and my educational experiences would bias my perceptions of the participants' experience, so I used a reflective journal. I wrote and contemplated the responses. I also wrote about the decisions I made regarding probing and the rationale behind the decision, my expectations, perceptions, and predictions regarding the study. I used diagrams to demonstrate the audit trail that I followed to illustrate the steps that I had taken from the start of the research to the development and conclusion of the study, member checks to evaluate and validate findings, and peer review to determine whether my research was believable (Figure 4).

Transferability

Transferability is the extent to which one can relate one's findings to similar research. Lincoln and Guba (1985) suggest that by providing rich detail and description of the setting and data, readers are then able to determine whether the results could be applied to other settings. To ensure a rich description my data, I listened to the audiotapes while simultaneously reading the transcriptions. I also reviewed the notes that I had kept on the interview guide that captured participants' nonverbal communication. I documented my observations of the material in my reflective journal after every interview, so that I could cognizant of power and bias issues, as well as the excitement that I experienced as themes emerged. I used diagramming to further visualize the development of themes and categories to aide in the analysis of the data (Figure 4). Through these steps I have a "paper trail" that would provide other researchers the ability to transfer the conclusions of this study to other studies and possibly repeat as closely as possible the procedures of this research.

Reflection

Reflexivity, as discussed by Merriam (2002), refers to a continuous process of critical self-reflection of the researcher's bias, assumptions, and insights of personal beliefs and behaviors. It places emphasis on the importance of self-awareness, and requires ownership of one's perspective. As Patton (1990) states, "Reflexivity calls for self-reflection, indeed, critical self-reflection and self-knowledge, and a willingness to consider how who one is affects what one is able to observe, hear, and understand in the field and as an observer and analyst" (p. 299). Not only did I need to listen closely to the participants' voices, but I also I needed to be aware of my own political, social, cultural, and ideological position with regard to men in nursing. I also

needed to recognize my social, political, and moral values of nursing, and why I became a nurse and how I got there, so that it would not prejudice my analysis of the data. Through reflective journaling, I was able to acknowledge biases that have might impacted the study. I publicly disclosed research decisions to “make analytical events open to public inspection” (Anfara, Brown, & Mangione, 2002, p. 31), for “a key part of qualitative research is how we account for ourselves, [and] how we reveal that world of secrets” (p. 29).

The value given to me of a reflexivity journal from the perspective of a graduate student was crucial to my development as a researcher. Beginning in my first graduate courses and continuing throughout the graduate and dissertational research experience, I journaled Through minute papers at the end of classes, exploring topics I might be interest in,, and my motivations for choosing my current topic of research led to a more sophisticated understanding of qualitative research.

I have been a nurse for 35 years, and my journal entries testify to some of my concerns with my profession. I made use of journaling to work through some of the concerns, and finally to determine a topic for my dissertation. It was important for me to create an awareness of my personal reasons for selecting the topic and my motivations for doing the research. This awareness would ultimately impact the trustworthiness of my research. I knew that design decisions and analysis based upon personal desires would truly flaw the study.

However, as Marecek, Fine, and Kidder (1997) point out, “Good research questions spring from [a researcher’s] . . . values, passions, and preoccupations” (p. 634.) By articulating my thoughts through journaling, I eventually was able to identify my study topic, the questions that I wanted to ask, and my reasons for selecting the phenomenon of male nursing as a

worthwhile topic to study. Through further reflective writing, identifying personal, practical, and research purposes, I was confident I had chosen a worthwhile topic of inquiry.

As disciplinary chair of the program in which my participants were enrolled, I needed to safeguard against any threat of perceived power. I selected a nonthreatening location to conduct the interviews, in that was neutral both to me and the participants. The room was private and comfortable, and I provided bottled water for the participants to drink. I allowed the participants to select the time that they would be available for the interview, and I wore casual professional clothing to the interview, instead of the professional suits that I would normally wear at work. The interview room consisted of overstuffed chairs and an end table. I wanted to step back from my position as Discipline Chair and assume the position of interviewer. Although I had attempted to minimize my professional position of power, there still existed the position of power between and interviewer and interviewee. To control for this consideration, I refrained from interrupting the participants, asked their permission to take notes during the interview, and was very aware of using neutral, rather than confrontational, body language throughout the interview.

At the time of the study, I had been a registered nurse at the bedside and a healthcare administrator for over thirty-five years, which included interviewing patients and their families. I have received formal training throughout my professional career on verbal and nonverbal therapeutic techniques of communication. Further, the nursing code of ethics is founded on principals of social justice, and recognition and respect of diversity. This foundation helps guide nurses to be advocates for patients, regardless of political beliefs, ethnicity, culture, or socioeconomic status. My professional background provided me with the sensitivity to

recognize and to respond appropriately to nonverbal cues that occurred during this study's interviews. The training also helped me to control my body language, so that my behavior minimally impacted participants while they told their stories.

During data collection, I continued to review the literature, so that I could review the data and emerging themes against the literature. Knowing that research is only as good as the investigator, I was concerned that I would get lost in the excitement of the interview and the discovery of knowledge, and that I might not reflect the interview accurately. I continued to journal reflectively throughout the study, so that I could be aware of any possible bias or assumptions on my part. In addition to reflecting on my feelings during each interview, I questioned my bias and took caution so that I would continue to hear each participant's voice. I needed to remind myself that interviews, although informative, are the participants' perception of their experience and that, as an interviewer, I would have my own perceptions.

After my first interview, I realized that the questions were not providing the answers that I had been hoping for. Fortunately, to assure quality in my data collection, I conducted an immediate post-interview review after every interview. I would listen to the audiotape and make extensive notes on everything I could remember. I wanted to make certain that both notes and tape made sense, and I wanted to uncover any possible areas of ambiguity, so that I could clarify them with the interviewee at the next interview or, if needed, through a phone call. I did not want to guess the meaning of the response to the question. I recorded details about the setting and any observation that I had made during the interview. I also wrote about my reactions to their responses. I critiqued my interviewing skills, because I wanted to measure how well I was asking questions. I reflected on the quality of the information that I was getting. Not only were

the voices of my participants' important, but my own feelings and introspection were also important parts of the data collection and analysis process.

As I read my notes and my reflective journal, I realized that the initial interview focused on demographics, whereas I had initially intended to establish the interviewer and interviewee relationship. I think that I was just too eager to discover "something". I needed to be more patient and allow their stories to unfold. As I continued the process, I gained insight to their journey, and achieved saturation of data with regard to recurring themes. As such, I was able to use the participants' quotes to describe their experiences in ways that could readily understood.

This study forced me to step back, so to speak, and take a critical look at myself in relationship to the men that I was interviewing. I was the stereotype of a nurse: a Caucasian, middle class female. The biggest problem I had to overcome was assuming that everyone, including the men in the study, had the same journey that I did in making the decision to enter nursing as a profession, as well as similar educational experiences. Cultivating and awareness of my own experiences and background imparted to me a mindfulness of how I acted and how I conducted inquiry during the interview process. I needed to be sensitive and conscious of the participants' voices and perspectives, as well as my own.

I kept hearing my friend Russ' (Chapter 1 epigram) quote in my head, I still could not believe any nurse would say that to another. But then, I had worked with mostly female nurses throughout my entire career, and never really thought of the ways that male nurses' perspectives might differ from women's. I was also taken aback when another participant described his experience with an elderly patient. The patient was from the World War II era and did not want the participant to take care of him (because of the participant's Asian descent). Not only was this

participant challenged by being a gendered minority, but he was also an ethnic minority. I found it difficult to imagine what that situation would feel like, and wondered why a person would be drawn to a profession that was not welcoming to him?

I was raised with Midwestern traditional roles and stereotypes, where men were the bread winners and women were mothers whose career aspirations were secondary to maternal obligations. My father was a very nurturing man, but that was not typical of the fathers of my youth: fathers were authoritarians and disciplinarians; mothers were nurturing and gentle. So, when I heard my participants speak of the desire to care and nurture as motivation for becoming nurses, I found myself utterly surprised. I initially did not think that this could possibly be true. I thought the men were entering the profession for job security and income. But, it was through reflective journaling that I recognized that my preconceived opinions about men's reasons for becoming nurses were being challenged. The journaling became even more important because I wanted the participants' perspectives, and I became even more eager for the discovery of meaning.

Prior to this research, I was insensitive to the presence of other minorities in nursing. I was raised in a small, rural Midwestern town that had no ethnic or cultural diversity. I had no exposure to anyone except Caucasian Christians, until my brothers brought friends home from college, and introduced diversity to my family. I had a naiveté with regard to this experience, because I had never experienced profiling or discrimination. Although I had limited exposure to diversity, I considered myself to be culturally sensitive, and enthusiastically embraced diversity. I even told myself that I could prove that I recognized diversity—after all, I had completed college courses on diversity, and I took twenty students on a medical mission to the Dominican

Republic, where we immersed ourselves in the ghetto, and provided medical care and surgeries for the inhabitants. I had also hosted several foreign exchange students in my home. Does that not—I used to ask—make one diverse?

I was raised at a time when society placed very stereotypical views on the roles of men and women. I went to college during the bra burning rebellion of women's equality. I had aspirations of being a medical doctor, but was told by my high school counselor that women could not handle the rigor of medical school and, even if I could, no man would want to marry me. He also challenged my desire to be a mother, because a mother's role was to stay at home and raise children, and I could not very well do that if I were a doctor. His other concern was that women who were doctors were not feminine, but advised that I could be a nurse, instead.

These experiences have been with me for years but, for this study, I recognized that I would need to be mindful of my own frustrations regarding career choice, and reflect accurately the experiences of my participants. I wanted to be mindful of not feeling vengeful toward these men—that, “what goes around comes around” feeling of not being accepted. I had wanted to pursue a nontraditional career for females, and they were pursuing a nontraditional career for any male, so it might have felt tempting to feel some sort of gratification for their rejection.

I assumed that everyone had similar experience to mine throughout their nursing education. When the interviews revealed to me that some of the participants had been refused care by a patient, or were asked if they were gay, I paused. I had never had a patient refuse my care or question my sexuality, and I realized that my own difficult experiences did not compare with these instances.

By exposing me to a perspective foreign to me, this experience has helped to shape me in becoming a better listener and a just administrator. Professionally, I have changed regarding skills, competencies, ideas, and processes used to expand diversity in general to the profession of nursing.

Ultimately, qualitative research is only as good as an investigator's awareness of herself as observer. Specifically, I was concerned that I would get lost in the excitement of the interview, and that I would not reflect the data accurately. I continued to reflect on the emerging data in my reflective journal, so that I could be aware of my own biases or assumptions as they, too, emerged.

Limitations

Phenomenology is committed to understanding the phenomenon from the perspective of the participant and to interpret the experience in seeking true meaning (Creswell, 1998; Denzin & Lincoln, 2000; Moustakas, 1994; Patton, 2002). The interpretation of the data rests upon the participant, peer reviewers, audit trail and the researcher. Together the meaning of the phenomenon is revealed. Qualitative research is neither subjective nor objective but is constructed through the interviews with the participants (Creswell, 1998). Qualitative interviewing allowed flexibility and spontaneity of responses by the participants and the relationship between the researcher and the participants is less formal than quantitative research allowing the participants to respond more elaborately and in greater detail. The limitations of this study resulted mainly from the uniqueness of qualitative research and the specific design of my study.

Geographic Location

In the design of my study I used the Midwestern public community college, where I was employed as the discipline chair of the nursing programs, as the focus of my study. And the sample was restricted to a nursing education ladder program that awarded an ADN degree upon completion of the second year of study. All of the participants were licensed and four of the six were practicing as LPN's in various settings in the community. All had completed a minimum of 16 credit hours in the ADN program. The nursing education ladder program is unique to community colleges and therefore, the research may not be generalizable to other groups of male nursing students. Perhaps a different experience would be revealed from male students enrolled in other geographic locations, private colleges, or colleges that were either smaller or larger, as well as specialized in specific type of nursing education preparation.

Sample Size

I purposely selected men enrolled in the ADN program who had met my participant criteria. The resulting number of participants was small and in a quantitative study would be biased. However, purposeful sampling is viewed as strength in qualitative research because “the power and the strength of purposeful sampling lie in selecting *information rich-cases* for study in depth” (Patton, 2002, p. 231). The men in the study provided insight and in-depth understanding into the phenomenon under investigation and informed the questions under study.

My sample did not reflect much diversity with respect to ethnicity and age groups. All but one participant was Caucasian, and the average age was 24. Only two participants were married. According to data from the 2008 *National Sample Survey of Registered Nurses*

(NSSRN), nurses from minority backgrounds represented 16.8% of the registered nurse (RN) workforce. Data from survey further reveals that while 48.4% of white nurses complete nursing degrees beyond the associate degree level, the number is significantly higher or equivalent for minority nurses. Diversity in nursing continues to be a problem and the lack of diversity in this study limits the applicability to other geographic locations that may be more representative of other cultures.

Data Collection

I was the sole investigator of the study and I used one strategy, interviewing, for data collection. The use of different investigators and more than one data source would have strengthened the validity of the study (Merriam, 2002). Recognizing the threat to validity, I used other steps to assure validity. Member checks and peer review enhanced the validity of my study. Member checks throughout the study helped to determine if the participants recognized their experiences through my interpretation, and to allow them to confirm or clarify their perceptions. I also sought peer review to see if my findings were believable, based upon the data (Merriam, 2002; Patton, 2002). By the time I had completed the third interview with the participants, no new information was surfacing, and I determined that I had reached saturation (Merriam, 2002).

Because the participants knew me, their responses might have been influenced by our existing relationship, a phenomenon known as, “participant reactivity” (Maxwell, 1996). It is possible that participants responded in a way that they thought I wanted them to respond, instead of speaking authentically to, and reflecting, the phenomena into which I inquired. To minimize the impact of my influence as an interviewer, I explained my position, values and assumptions

by way of my reflexivity, a “process of reflecting critically the self as researcher the ‘human as instrument’” (Lincoln & Guba, 2002, p. 183). I kept a journal throughout the research so that I might be aware of any personal biases or assumptions and how they might impact the analysis of data. My journal reflected an awareness of the power that I had as the researcher. Other entries indicated a continued concern with establishing and maintaining a trusting rapport with the participants.

Summary

This chapter provided a detailed description of the methodology I used to investigate the phenomenon of how male nursing students arrive at the decision of selecting nursing as a career, and the nature of their educational journey. The sample consisted of six male nursing students enrolled in a ladder program, with the common goal of completing their Associate’s in Arts Degree in Nursing, and subsequently becoming registered nurses. I employed a series of three semi-structured interviews, each lasting approximately ninety minutes, as my method of data collection. The interviews were audiotaped and transcribed, and the resulting data was evaluated against the literature to define and develop the emerging themes. Trustworthiness and goodness were accounted for through the use of member checks, peer review, a reflective journal, and audit trail. The review of the literature continued throughout the data collection, and not only guided the framework for the study, but also for the interview guide.

CHAPTER 4: RESULTS

Introduction

This qualitative phenomenological research study explored six male nursing students' perceptions of how they came to choose nursing as a career, and how they described their educational experiences at a public community college. Significantly, a better understanding of the phenomenon would help to recruit and retain men—first in educational settings, and then in the nursing profession. In addition, the presence of male nurses would promote gender diversity in a health care occupation traditionally dominated by women. The diversity would be more reflective of the people that we serve.

This chapter presents the key findings from three 90-minute, semi-structured interviews with each participant. The findings emerged from the rich description of experiences, as told by the participants during the interviews. The themes and categories that emerged from the interviews helped to answer my research questions.

The initial interviews, where I collected demographic information and became acquainted with the participants, revealed that all of the participants had been born and raised within 20 miles of the community college, with the exception of one participant, who was an international student. All participants were LPNs, and had completed at least 16 hours of the Associate Degree Nursing Program.

Research Question 1

In an attempt to answer the first research question, “How do male students in a nursing program describe how they came to choose nursing as a career?”, data from the three successive interviews revealed three categories of emergent themes:

1. Various individuals influenced their decision.
2. Men considering nursing as a profession encountered barriers.
3. Primary motivating factors impacted their decisions to become nurses.

The Influence of Individuals

The first category identified individuals that guided the participants in making their decision to become a nurse. The emergent sub-themes were 1) influence of family and friends, 2) knowing a nurse personally, and 3) influence of guidance counselors.

Influence of family and friends.

Persons who influenced the participants' decisions to become nurse included parents, peers, other nurses, and guidance counselors. All of the participants revealed that education was important in their families, and that they [the participants] were expected to further their education beyond high school. The participants' family role models either achieved or were in the process of earning degrees from the baccalaureate to the doctoral level. Their (family role models') actions of achieving education beyond high school, or their expectations that their children would achieve higher education, were imitated by the participants. One of the participants, Chuck, summed up the men's common family value by stating:

Education has always been kinda a big deal in our family.

Family members not only encouraged each of the participants to further their education, but their own educational success allowed them to be the participants' role models. As such each participant felt the expectation of his family to continue his education. Furthermore, the participants disclosed that one or both parents had attended college and expected their children to seek a college education.

My dad taught music, he has his bachelor's degree, and my mom was just short of her doctorate when she retired. She has a Master's in Leadership. (Chuck)

My mom's side of the family is highly educated. My mom has her master's degree; my aunt has her master's degree. They both teach. My uncle is an electrical engineer. My fiancé said she wouldn't marry me if I didn't have a college degree. (Marty)

Well, my mom is a teacher, and my dad is a really smart guy. He has a business degree from UNI. I was a really smart student, and I was expected to continue with school. (Art)

I have always thought that college was important just because my dad always told us that you need to get a degree . . . so when it came to me, it was the "you're gonna go to college and get a degree and make something of yourself" talk from my dad. He has a few degrees, and just finished his doctorate in the seminary. (Sam)

Ah, they [parents] were always pretty insistent on us kids going to college. It was a big thing for them. I guess they saw how the world was going and saw how important that [education] was. (Jack)

Participants with siblings disclosed that at least one sibling had a college education.

My older sister went to college when I was a freshman in high school. My brother has a business degree, my oldest sister is a teacher, and my youngest sister, she has a degree in something; I can't remember what it is. (Jack)

My brother graduated with Leisure, Youth, and Human Services degree from UNI. I have another brother, well (um) he's in his second year at Arizona State University. His focus is English Education. He's getting a Masters'. (Sam)

My sister's actually working on her master's right now. (Chuck)

My sister is getting her bachelor's in education—middle school, I think. (Art)

Participants indicated that their family and friends supported their decision to go into nursing. Five of the participants indicated that they did not meet any resistance or discouragement from others regarding their career choice.

My friends think that it's really cool . . . you know . . . me bein' a nurse and all. (Marty)

My dad . . . well just about everyone thinks it's great that I wanna be a nurse. Some of the guys kinda envy me bein' around all these girls. (Art)

The international student, originally from Taiwan, indicated that it was uncommon in his culture for men to be nurses and, because of that view; his father did not initially support his decision.

My dad heard the news about me going into nursing. He wasn't too happy at first about it . . . But after a while he got used to it, and said it was good to have males in the nursing area. (Li)

Family educational role modeling and the support of close friends positively influenced the academic pathway and career choice decisions in the participants. Support and acceptance of the participants' career choice, especially from fathers, reinforced their decisions to become nurses; furthermore, the fathers' acceptance provided masculine sex role acceptance of their sons' professional choice.

Knowing a nurse.

The second sub-theme from the participants' responses was that they all had personally been acquainted with a nurse during their lifetime. They indicated that that they had known nurses either as relatives, family acquaintances, or through employment. The men became interested in nursing and aware of the tasks associated with the profession of nursing because they were known to a nurse personally or had observed a nurse providing care to a family member or friend.

My aunt married a male nurse. He had worked in a retirement home for a long, long time as an LPN, and then went on to get his RN. (Marty)

My manager was the 2nd shift house supervisor, so I interacted with her fairly regularly, and still do to this day . . . I would say she was the guiding influence and the person to go to with questions. She has always made herself available to me. (Chuck)

One participant, the oldest, encountered nurses during multiple visits with friends and relatives in the hospital. During those visits, he witnessed the nurses' gentleness and care toward the patients:

The people I visited, well, they were feelin' pretty bad, and this nurse would just come in and, well, she was so calm and gentle. She really cared. (Jack)

Jack also recalled conversations about nurses with friends who had been in the hospital.

I have heard from so many people that "this one nurses really made this bearable for me while I was in the hospital." Although I have never been in the hospital, that has really stuck with me, especially now that I am thinking about what I'm doing, I could really be that person . . . really. (Jack)

Individuals considering nursing as a career may have an idealistic view as to the nature of nursing, but by observing nurses, the participants had realistic perceptions of the role and responsibilities of nurses. Each participant, as a result of the observation, has made an informed career choice regarding nursing as a possible profession. Having convivial exposure to nurses portrays the profession in a more positive manner, and further influences the participants' choice. An inimical experience could possibly discourage men from the profession:

I've heard it from so many people, you know, fortunately it's been . . . I had this one nurse but the other nurses (laughing) were, well, maybe not that way [caring and kind]. (Jack)

Another participant, who had at one time been a patient, revealed a negative experience with a nurse that actually motivated him to consider nursing as a career.

I remember I had my appendix taken out one summer when I was

in 7th grade. I had a nurse that came in one night and was very, very mean to me. I have a good heart, and [now] I want to treat people and help them in a way that could be better than that nurse treated me in the hospital. (Sam)

It seemed that nurses they had met were a major influence on the participants' image of the profession of nursing. Observing or personally knowing a nurse provided the participants with awareness not only of nurses' duties, but also the nature of the role nurses play in making a difference in a patient's wellbeing. The positive exposures to the nursing profession provided information that the men needed in making the choice to pursue nursing as a career. Although a few of the men recalled inauspicious encounters with nurses, they provided more positive exposures to counter the negative exposures.

Guidance counselors.

The third and final theme that emerged from the participants' responses was that they had not received adequate academic guidance from their high school counselor, and had basically begun their educational journey on their own.

Nobody helped me with my curriculum in high school to get prepared for nursing, only meeting the [admission] requirements to get into a state school. (Chuck)

I had no idea where to start, where to go [for advice], so I went and saw my high school counselor . . . His wife was a nurse, and two daughters were nurses, and both of them went through this program [the name of the community college]. He gave me some ideas, but never any firm groundwork to follow. I had to figure that out on my own. But he had at least knowledge from his personal experience. (Sam)

Although this particular guidance counselor did not offer any academic preparatory advice, he did take a personal interest in Sam's vocational choice.

He [the guidance counselor] called me every couple of weeks to

see how it was going, and just kinda talked. In fact, he loved the idea. He was very (um) excited about men in nursing. He liked the idea of having men in nursing. He didn't really give me any advice. He was just interested in me. (Sam)

The participants maintained that counselors did not seem to promote nursing as a career for men. It seems that, at least so far, the counselors may not possess accurate or current perceptions of the changing role of nurses that is reflective of healthcare today, nor awareness of opportunities for nurses outside of the hospital setting and, thus, were unable to offer appropriate advice. Since the role of guidance counselors is to provide academic and career information for students, neglecting to have accurate career information—as well as limited understanding of opportunities for men in nursing—forces men to rely on other sources of career choice information. Quite possibly, they (counselors) may hold beliefs and opinions about nursing that may perpetuate the perception that nursing is a career for women. The bias continues to limit career choices of men interested in nursing as a profession. On the other hand, at least one counselor, who also was a male role model, took a personal interest, and therefore provided some motivation to the participant.

Parents and guidance counselors have significant influence over students' career choices and academic decisions. For each man in this study, their parents, families, and friends provided encouragement and support of his decision to be a nurse. However, since guidance counselors did not suggest nursing as a career for men, the participants as a whole sought education about the profession through encounters with nurses employed in the healthcare setting.

Perceived Barriers

The second category that emerged to help answer Research Question 1 was that the men perceived barriers when they considered nursing as a career. The specific barriers (sub-themes)

included 1) traditional image of nursing, 2) stereotypes of male nurses, and 3) influence of media.

Traditional image of nursing.

Historically, men have been nurses longer than females. However, the traditional perception of nursing as a female profession—whether expressed by others or felt by the participants themselves—continues to persist and pose difficulties for men entering the field:

Most people probably still think it's [nursing] a job for females.
(Li)

Since nursing has always been predominantly female, you know, we see how they do things. It's just a whole different thing, something I've never seen before. (Sam)

I just think that women are looked at as the more caring people . . . I guess without being stereotypic [sic], I think a lot of women are more sensitive to things than men . . . well, before, I wanted to be a nurse, I always thought women were nurses. So a lot of my characteristics come from what a woman is . . . It's traditionally a female role, but who cares? I'm in it for my own personal reasons. For me, it's not really the female male thing; I'm fine with whoever it is. (Jack)

One-third (two of six) of the participants still felt that the traditional image of nursing could be the reason more men do not pursue nursing as a career choice.

Females are conditioned, socially conditioned, to be more nurturing, more emotionally attentive. Men are taught to deal with your emotions. Real men don't cry, you just trooper on. Whereas a nurse, you can't do that. You know men cry, no matter what they say. (Marty)

I think it's just nurses are women. It's the simple truth. I really can't defend this, but I really expect it to be a female-dominated profession; I can't hardly see it changing. That's our culture and it takes a long time for society to change. (Jack)

I think this is why you don't see more men in nursing, cause they

don't consider it [nurturing] to be natural. One of the biggest differences in men and women is that women don't need the permission to be nurturing, to be caring, you know, they just can be. (Marty)

Stereotypes of male nurses.

The public's perceptions of nursing as a traditional female profession, or that male nurses are gay or feminine, are among the reasons men avoid the profession. The fear of being stereotyped may help to explain why so few men seek nursing as a career. The negative stereotype portrays a male who becomes a nurse as weak or emasculated, and that perception is worrisome for the health of the field. Women in our society have typically provided intimate care to female, men, and to children. Male nurses make themselves vulnerable when they accept the fear and suspicion from a society that views them as sexual predators or deviants, and poses an impediment to success that female nurses do not experience.

Although a few of the participants alluded to the perception that male nurses must be gay, the respondents made it clear that the stereotype did not appear to be a barrier for them when they considered nursing as a profession.

I [was] maybe a little surprised that there aren't more men in nursing, because it's a great field. And so it makes me think that the stereotype [being gay] keeps men out. (Jack)

The respondents noted that when they did encounter patients who held the stereotype, such patients were always older.

Male nurses being gay. For me personally I have not been asked that, except for that 80 year old man that asked if I was gay when I came into his room, I said "no, not at all". That was it, and then he was ok. (Marty)

The stereotype of sexual orientation, however, was only one dimension of how patients

stereotype male nurses' sexuality. Stereotypes that men who are nurses are either sexual deviants or sexual predators were especially prevalent in the participants' experiences. The perception that men would be accused of inappropriate behavior further contributed to a sense that the participants would be vulnerable in the profession of nursing.

The thing is, if I would get accused of any type of sexual harassment. I might as well throw my license in the garbage. Females don't worry about patient care being considered sexually inappropriate. It's just different for a guy. (Marty)

And while some may appreciate that for what it is, some may take that in an entirely inappropriate direction. You don't want any suggestions that you are being sexually inappropriate. (Chuck)

I was worried about doing anything inappropriate as a male. (Marty)

Role stereotyping by society further perpetuates the image that men are doctors, not nurses. The stereotyping causes discourse and conflict for the male nurse. Healthcare system reform has not only changed the settings that nurses work in but also the roles that they [nurses] assume as a member of the healthcare team. However, society still maintains beliefs of traditional gender role occupations.

When people see me in my scrubs, they think I'm a doctor or medical student, so that does throw them off that I am a nurse. (Sam)

Like this morning, I was in OB clinic, the patient was coming to be induced. She wasn't sure she wanted me in there. A couple of hours later, she said it would be ok, she said that a doctor was supposed to be male, not a nurse. (Li)

A lot of older people think I'm a doctor or what not. This one old lady kept calling me doctor. I would correct her but it didn't do any good. She just kept calling me doctor. (Art)

Psychologically, being a male in a female-dominated profession can result in role crisis for men. Societal views have shaped the prescription of professions as being suitable for specific genders—including the various occupations in health. Typically, the majority of nurses are female, and when a male introduces himself as a nurse, the encounter often illustrates incongruent expectations of men and women. In the field of healthcare, the majority of the public perceived men as doctors, and not as nurses. This incongruence and role stereotype could cause further strain on men considering, and dissuading them from, nursing as a career.

The influence of media.

The media depiction of professions as being gendered (of which nursing is one) may have subliminally reinforced and perpetuated societal beliefs that certain occupations are more appropriate for women than for men. The respondents revealed their own experiences with media, and the beliefs perpetuated by media.

Even now, [every] day TV show[s] mostly female nurses; not a lot guy character [sic] on the TV show as nurse. (Li)

They were making fun of him. That he was gay [referring to the movie "Meet the Fockers"]. (Li)

The media portrayal of men in nursing, making them appear gay, that's just gotta go bye bye. (Marty)

According to the participants, media continues to portray male nurses in a negative fashion. The media portrayal of nursing as female and inferior to physicians tends to impact the public's perception of nursing. Over time, especially if repeated or consistently reinforced, the accumulation of media's negative portrayal of men in nursing strengthens the degree to which

people believe the stereotypes. Portrayals of nursing as inferior to the work of doctors, and of male nurses in a stereotypical light, may further discourage men from considering of nursing as an occupational choice.

There are obvious challenges that men face as they consider nursing as a career. A potential barrier that the participants identified is the continued perpetuation of society's image of nursing as a traditional feminine career. Gender-related stereotypes attributed to an entire group—in this case, men who chose nursing as a career—have the potential to impact the quality of people's social lives, as well as their professional lives. Importantly, in spite of the potential barriers that the negative stereotypes may have placed on the participants in this study, they continued to pursue nursing as a profession.

Motivating Factors

The third category and final category that emerged which helped to answer the question, *How do male students in a nursing program describe how they came to choose nursing as a career?*, was an identification of factors that motivated participants to seek nursing as an occupation. There were four themes that surfaced within this category: (1) interest in health, (2) working with people, (3) desire to care for others, and (4) stable career.

Interest in health.

Having an interest in the field of health care and medicine was one of the reasons men sought nursing as a career choice. Four of the six participants indicated that they had always had an interest in the medical field.

When I started college, I was going for a biology degree. I'd always done sciences and math in school. I was extremely interested, and did very well in that sort of thing, so when I went to college, it was the idea of something in the medical field. (Jack)

I have always been interested in the health arena. (Marty)

I was always kinda interested in science and math. I was a pretty smart guy, um . . . You have to be good in that area if you want to be a nurse. (Art)

Identifying competency and interest in science and math suggests that the participants acknowledge that nurses require high intellectual qualifications in these areas to be academically successful. The participants maximized their academic qualifications to pursue nursing as a career. Their responses suggest that, in order to be a nurse, one needs to possess intellect.

Working with people.

In the administration of care, nurses typically have extended encounters with patients, compared to the brief, sometimes impersonal, encounters of other health professionals. The participants described having rejected becoming doctors, because they wanted to have a relationship with their patients, and to spend more time with them. They suggested that through the extended encounter with patients, they would have more opportunity to help or to care for the individual and, as a result, would experience greater job satisfaction performing the nursing, rather than physician, role.

I'm a people person; I like to get to know them [patients]. (Marty)

I really do like people. (Jack)

I've always been a people person. Enjoyed being around people and there are some jobs that have that and some that don't. And this is kind of a unique way to interact with people, even when they are at their most vulnerable. (Chuck)

Sam explained his motivation for becoming a nurse by expounding on the idea that nurses work with others in ways that doctors cannot:

I've always been patient-oriented. I thought about going to UNI and changing my major to Pre-Med, but I didn't want to lose that patient contact. My doctor, [I] love him to death. But he doesn't take enough time with me, and my nurse that works with my doctor spends half an hour with me. That's what I want [to do]. (Sam)

The participants identified the social aspect of nursing as being important to them in making their career. Specifically, they viewed themselves as enjoying the social aspect of the job, and as receiving the intangible benefit, or satisfaction, of interacting with patients. Their responses suggest that they perceived they could make a difference in providing care to their patients—specifically as nurses, and not doctors.

Desire to care for others.

The interview data makes it overwhelmingly clear that, although the participants expressed an interest in the field of health care, all of the men entered nursing because of the desire to care for or to help people. The ways they described their desire to provide care offer a unique perspective into the diversity that male nurses bring to the profession, and a rebuke to traditional stereotypes of men's lack of fit for nursing:

I think caring is just taking your time. It's not going through and doing something (quietly states) half-assed. It's making sure that you are following the details. (Chuck)

You get to know the person; they are more willing to open up and tell you what's going on . . . they get comfortable with you. I think if you can get on that level, [then] you are a caring nursing—and I think that is important. (Chuck)

I think sometimes people just need that comfort when they are at that weak moment. Being a nurse provides me that opportunity to do that [for them]. (Chuck)

Care is[. . . b]eing good to people. (Jack)

Furthermore, the international student's definition of nursing showed that male

perceptions of nursing and motivations for being a nurse may differ by culture (although this study's sample was too small to answer that question):

The word [nurse] in Chinese means “service”, so becoming a nurse was ok for me . . . to do service. (Li)

Many of the participants noted that caring was more than simply providing a service for others—it was giving of oneself to another.

I am here to serve this person [patient]. You do a job like this because you care about people. (Chuck)

A little bit also in my mind is some of the things in my education here and one of the stages of life is giving back. I kind of feel like I am in that part of my life. I have a job [nursing] that lets me give back a little bit, so to speak. (Jack)

It just kind of all fell in place for me, and I decided that I just, I have a good heart, and I wanted to treat people and help them. (Sam)

In addition to the desire to help others, several participants indicated keeping patients safe as a motivation.

So just be there taking care to meet their needs. Make them more comfortable and more safe. (Li)

I would associate caring with a protective type of ideology. Do whatever it takes to keep that person safe and comfortable. (Marty)

Most people in the hospital, they don't feel well. They are sick and I need to nurture them, to take care of them. To keep them safe. (Li)

The desire to help people and to keep them safe was also associated with the self-described personality characteristics of the participants. The importance of caring and protective traits gave meaning to the lives of the participants.

Male nurses who possess the feminine traits of caring may feel marginalized as a men. By virtue of the fact that nursing is viewed as more appropriate for women, and the threat of being accused of being gay, men who choose nursing as a career may align their role in nursing in relationship to masculine characteristics, while still maintaining their desire to care and help others. In attempting to differentiate the concept of male caring from female caring, the participants likened the role of men and women in nursing to the dualistic role to parenting.

The term, “mother” fits in here [speaking of caring], because people tend to think of women as mothers, and when they think [of] women caring for them there [are] some of those things that are stuck in your mind about how your mother maybe cared for you. And I think people are more accepting of a woman caring for somebody, cause that is part of our society’s role for a woman. (Jack)

You [female nurse] have more of that maternal instinct than a male. (Chuck)

It’s the paternalistic view of the realm of nursing, you know, your responsibility. Dad is the one that is making sure you are taking care of your responsibilities, whereas mom has a big hand in that, mom is making sure you understand why taking care of those thing is a necessity—The more nurturing arm of it. (Marty)

Like how a parent would take care of their child. The father, he is more strict, he makes the rules and stuff. The mother, she was more tender. (Li)

Furthermore, four of the six participants noted that the difference between male and female nurturing lie in the fact that males are more abrupt. However, the interview data suggest that this sort of behavior would balance the role of the nurse, and would actually be a way that men could contribute to the care of patients.

Males come off a little gruffer sometimes. That can be good or bad. Sometimes you just need that little kick in the butt to get up and get movin’, and a male would shine through more [in that instance]. More of

a tough love aspect. (Chuck)

I think men have been in roles of power, and in a profession that's predominately-traditionally female, I think you have the stereotype that maybe you got a male nurse who may come across as abrupt just because he's a male . . . (Chuck)

It could help to benefit if we have both in the profession for the patients, so they could hear both sides. (Li)

Learning to care is a complex experience, and study participants viewed the characteristics of nurturing and caring as more natural for women, because they extend from women's domestic role [as mothers]. One of the participants even suggested that he learned how to care and nurture by observing females.

I've learned a lot about women and how they care for people. (Sam)

I've learned, back to the caring thing . . . I've learned how to be more caring in a feminine way. As men, we are generally more aggressive, but not in violent ways or anything. We just come in and do our thing and sometimes we aren't as gentle. (Sam)

On one hand, then, the respondents expressed the same traditional gender stereotype that women are naturally fit to be nurses, as opposed to men. On the other hand, the men were quick to point out that they [as males] were quite capable of caring.

They're loving, they're compassionate, they're caring, they're gentle. That doesn't mean men aren't, or that men can't be that way. I think a man can do all of those things as well. (Jack)

Women love men in a nurturing male role. (Marty)

People like good nurturing men. (Art)

It was important for the participants to maintain their masculinity as nurses, for fear of being perceived as feminine or gay. The patriarchal standpoint that the participants took in

describing their style of caring in nursing did distinguish them from female nurses. This separation was accomplished by emphasizing the authoritative position of the hegemonic male as father.

Career stability.

While study participants indicated unanimously that their primary motivation for entering nursing was for altruistic reasons, they also indicated that they chose nursing for job security and mobility.

Job security . . . My dad always told me to get a job in something you can always get a job in. You are always going to need nurses, and being a guy, well . . . you know, ah, well, I'll always get a job. (Art)

Job security . . . The nice thing about nursing is that you can say, "I'd like to live in this state and I'd like to do that," and the odds are that you can. Job security is a definite bonus, but not the priority. I hope that's not the only reason, but the caring and passion for the profession is. (Chuck)

One participant acknowledged that job security and salary were significant reasons for men to be attracted to the nursing profession, but that he did not believe them to be the primary motivations:

I don't know why more guys aren't interested in it, 'cause it's not only interesting, not only meaningful, but I think it's a decent living. But I would hate to think that you would get into nursing just to have a job. (Jack)

They also recognized that being a gendered minority may prove beneficial when applying for a job as a nurse.

You are always going to need nurses and, um . . . it seems like you're the minority as a man in general, but . . . it's to an advantage, you know? . . . I guess when you're gonna hire

someone and going through the applications, and you're a guy, well you're gonna stand out. Male nurses are in demand. (Art)

Right or wrong, I'm still a minority group. I think I can only play that to my advantage. I'm a minority group within this profession. I think that I got my [current] job solely on the fact that I am a male. I covered a minority group. (Chuck)

The men recognized their economic and professional power in the nursing profession. They identified career stability, salary, and mobility as reasons to choose nursing as a career. The participants agreed that nurses would always be in demand. As a gendered minority in nursing, the men believed that they would be recruited to positions more easily than women, and therefore benefit from there being fewer men in the profession.

The participants were motivated to enter nursing because they were interested in job security, the sciences, and the opportunity to work in a field concerned with the wellbeing and health interests of people. They sought nursing because they had a strong desire to provide care to patients. The participants retained the traditional components of their masculinity, while seeking activities that they valued and found personally rewarding, such as forming relationships with their patients and having the ability to provide care and safety. They viewed helping others and making a contribution to society as role attributes to nursing, and which were rewarding to them as nurses. As a result, they concluded that nursing was a potentially satisfying career.

Research Question 2

The second research question that structured this study, *How do male students in a nursing program describe their nursing education at a public community college?*, revealed that three of the men had attended a university in pursuit of professions other than nursing. However, none experienced degree completion. One of the participants had failed out after the first

semester citing immaturity as the cause. The second withdrew because of the pressures of raising a family and being the sole economic provider and the third withdrew because of dissatisfaction of his initial career choice as a pre-medicine student. The three students didn't appear to have a solid plan for further education. The men had revealed earlier in the interviews that they had not received any substantial guidance counseling regarding career preparation.

Well, the first year I went to UNI/Allen. (laughing) Well, I had my own house. (more laughing) Guess I didn't think that I had to go to school. So then I dropped out. I took two years of gen ed out here, and then I ended up getting my LPN, and then came back [to the community college] and am getting my ADN. (Chuck)

Sam's experience with his guidance counselor had steered him to a community college because of the cost of tuition and not because of the career fit.

I had been looking at the University of Iowa or Allen to do the four-year program but he [the high school counselor] kinda showed me [the name of the community college], said it was gonna be much cheaper. Then I could go on and get my bachelor's somewhere else. His two daughters were nurses and both of them went through this program [the name of the community college]. He influenced that route, I guess you could say. (Sam)

Jack had attended a four-year college 30 years ago, and had dropped out because of personal reasons. He indicated that, due to his age and the desire to become a nurse, he neither had time to get a four-year degree, nor any intention of getting further [formal] education, except for meeting any requirements to keep his nursing license.

I did go to one year of college [at the university] out of high school. But I was one of these people who thought [he] could do it all. I was married, had a job, and went to college. It wasn't really working out so I quit school. That was 30 years ago. I was even thinking about being a doctor. Be an MD. {Now}, if it wasn't for my age, I could go back, but I want to go out and work so this is as far as I will go. It will be just what I need [education] for my license. (Jack)

The philosophy of a community college is to make affordable higher education available to any person despite social, economic and academic barriers. Such open access enrolls individuals that might be high risk for successful completion because of academics challenges or concurrently attending school and working. All but one of the participants was all working while enrolled as fulltime students (12 credits or more) in the nursing program. The international student who came to the program with a Masters in Computer Science was not employed due to his international status. It is possible that being a male in a nontraditional program could place further challenges towards their success for graduation.

Three themes emerged from the respondents' descriptions of their nursing education: (1) classroom experience, (2) clinical experience, and (3) career choice satisfaction.

Classroom Experience

At the time of this study, the faculty in the respondents' nursing program consisted of five females and one male. The first theme to surface during the interviews was the participants' (as males in a predominantly female educational environment) initial reaction to the female faculty.

Female faculty.

The participants recognized that, as a gendered minority in the nursing program, they would have female faculty/RNs teaching them throughout their academic preparation. They worried that they would not be welcomed, and would experience discrimination and intimidation from faculty and their peers. They indicated that, because they were men, they would be more visible, and their performance by the faculty would be more critically analyzed.

This could just be nerves, too, but the first couple days of class, probably until the second week, actually, I kinda felt thows thishey

[faculty] had it in for us [males], that they did not really expect us to make it, kind of thing, just because we were men and the minority. . . . When I first walked into my first class, there were two other guys, I think. I just thought to myself, "this is just gonna stink." There's the teacher that isn't going to listen to us; they've always taught to women there, and that's how it's gonna be.
(Sam)

At first maybe I was being a little hypersensitive; I think they kind of had a little skepticism about me. (Jack)

The participants describe, however, that after the first few days, they felt more at ease with the faculty. Despite their initial impressions, they felt comfortable with engaging both the faculty and the work expected of them.

But I am past that now. (Sam)

After I got going, I felt like just another student in the class. You don't see any differences at how I am looked at or perceived, or dealt with or anything like that. (Jack)

It wasn't that bad. I think it's been pretty good. We've all gotten along real well. (Sam)

Throughout the interviews, the participants expressed being very aware of the presence of the female faculty, and that their manner of presenting educational material in the classroom excluded their sensibilities as males. Examples range from language use inclusive of women only and material that men equated with being feminine.

I don't know how to put it, sometimes there would be test questions that didn't make a damn bit of sense to me because a woman had written it for another woman to read. (Marty)

Like in OB class, we do stuff on the computer and the question is like baby boy or baby girl, us guys have to make it up because we aren't pregnant. (Li)

I just sense some of the time in class it's a little difficult to understand them just because, and this is a really dumb thing, it is!

. . . (little chuckle) *But when papers come to me, like handouts and stuff, they're in girly colors (laughing). I'm not turned off by it, but I sure do get a lot of pink and light blue papers.* (Sam)

I just sit and listen. I don't say much . . . unless someone say [sic] something wrong. (Li)

Participants revealed that instruction was more geared toward women, and expressed frustration regarding the continued female-oriented paradigm of nursing education. The men struggled to maintain a positive masculine identity, while at the same time de-emphasizing their masculine characteristics, which resulted in gender role conflict. They did not want to draw attention to themselves, so they reduced their visibility in the classroom by not participating in classroom discussion activities. In addition they also avoided the appearance of expressing the masculine characteristic of assertiveness. Perhaps, this response was in the interest of not being confrontational with their female faculty.

Seeking male communities.

In a move that perhaps suggests the respondents believed that men and women do speak in their own ways, some of the participants indicated that they sought out the sole male instructor to help explain material that was covered in their classes taught by females.

I just have to go to [male instructor] because he'll explain this to me in a masculine kind of way. (Sam)

We probably feel like there is someone we can ask questions to [the male instructor]. Because I ask him about OB stuff, it so simple [sic], it's concrete. I was happy to see there was [male instructor] so we can ask questions about the profession, as a male. (Li)

The one male faculty I have I talk to a lot, more than the other faculty. He likes to talk to me, too. I think it's more my gender and age. (Jack)

To fulfill their socialization needs as male nursing students, the participants indicated that they sought out each other throughout the program, and received support in that manner. The sense of male solidarity in terms of male bonding provided support and protected their masculinity by reinforcing membership in the male gender.

Luckily we had a couple of other guys so we kinda stuck together, but when we had to actually work with women [in a lab] [then we did]. (Sam)

There was a group of four of us [male nursing students] we all kind of grouped together and (laughter) weathered the storm. We did that a lot together, because sometimes it's just nice to talk to another guy. (Marty)

Kind of makes me wish there were more men. You have to try to think like a woman. (Sam)

The participants socially distanced themselves from their female peers to engage in practices that supported their masculine identity. The behavior reinforces the need to seek support in order to cope with the tensions they experienced as men in a female-dominated occupation

Clinical Experience

The participants felt underprepared for the gender challenges that they would face as males in a traditional female profession and had experienced patient rejection of their care because they were males. They revealed that their most challenging clinic experience was in OB where they felt awkward about the intimacy of the environment.

Patient reaction.

Competent patients have the right to decide what happens to them regardless of the reasons they may give for refusal. This includes choosing the person who administers basic

nursing care for them. Nurses must respect patients' decisions. All of the participants in this study had been refused care by a patient at least once during their nursing education. This type of experience served as a reminder to the participants that men who work in non-masculine professions, such as nursing, are regarded differently than men who fit gender stereotypes.

Like this morning, I was in OB clinic, the patient was coming to be induced. She wasn't sure she wanted me in there. I can do more general care, but the patients may not want me there for a vag birth or if they are breastfeeding. (Li)

Some of the women are hesitant to have a man, like, do a cath. I've missed out on a couple of cath opportunities just because a woman didn't want me to do it, which is their prerogative, I guess. (Sam)

However, the respondents handled such instances philosophically. They seemed to accept the rejection by patients on the grounds of respecting that it was in the interest of patients' comfort, and that refusals were not directed at them as individuals—even when refusals appeared to be for misandrist or racist reasons.

(Sigh) At first, I was a little upset. Because I am a student, I do need to learn these things. One of the aspects of nursing that's important to me is the fact that we've got to treat all patients with respect to what they want to. And if they didn't want a male, then they didn't want a male. It's their right. (Sam)

One patient was in the war [World War II] or something, and he doesn't want Japanese in there and I look Asian, so patient say no. It's alright. (Li)

I only had one negative experience that bothered me. There was an elderly lady that couldn't talk; she was in pretty tough shape. So I went in and asked her if she would like to get cleaned up? And she wasn't verbal at all. I was gathering my supplies and kind of started washing her face, you know . . . and wash her up. All of a sudden, she said something to me and I couldn't hear it. So, I said 'what did you say?' and I finally figured out she was saying, "get out!" I went and got a couple of gals. (Jack)

In Jack's case, he asked two female nurses to take care of the patient and, as he was charting outside of the patient's door, he could hear laughter. He concluded that the situation was now acceptable to the patient, and that she was having a good time with the female nurses. While he did not take the incident personally, Jack still felt bad about his maleness as having caused the patient emotional discomfort.

I felt really bad, not that she asked me to leave, but here's a poor woman, and I had to put a little stress in her life. I really felt bad about that. And it kind of made me think about it for the next day or so. I don't want to be a nurse and then have people get stressed out cause I'm their nurse. That's kind of defeating the purpose of being a nurse. (Jack)

While Jack's experience is not uncommon, neither is it the rule. Jack brought up other instances where patients indicated preference for a male nurse.

In general, I have had real good response. I was sitting doing charts one night, and a lady chaplain came up to me and asked if I had taken care of the patient in a certain room, and I said, "yes". She said the patient had said to her, "oh, I sure want that male nurse to take care of me, he sure did a good job" . . . Sometimes you almost get a—it's not a disapproving look; it's more a startled look, like "really?" . . . That type of thing. But I never had anything negative about that. I've actually gotten a lot of feedback. The patients make comments to other people related to me about how they thought I was doing a nice job. (Jack)

Male nursing students are expected to provide quality nursing care to their patients, just like their female peers. Because, culturally, people still expect nurses to be female, opportunities to provide care may be limited for males. The fear that society may have a tendency to blame male nurses as a group for the failure of one male nurse to perform a technical skill could add additional burden and stress did concern the participants. When provided the

opportunity to care for patients, the participants felt that they needed to prove themselves as being competent.

While patient reactions are due to patients' own biases, the males' own perspectives about how patients might regard them also emerged as a theme. The practice of touch was one such concern for the participants. In general, physical touch can convey caring. In nursing, importantly, touch is a primary intervention used in the care of patients. Men are often challenged not only by the concept of caring, but also of touch. Exactly half of the participants voiced feelings of fear and anxiety with their early experiences with touch.

The scariest moments for me have just been in class. Where we had to learn to do things on fellow students. (Marty)

I don't know . . . (pause and sigh) . . . I never touched anyone like that before (looking at the floor), so if I happen to feel their stomachs or listen down their shirts or something, I wanted to make sure I did it in the most gentle way. So that was a little awkward. (Sam)

(Fidgeting in his chair and picking at his fingernail) . . . It's something I'm very leery of [touch]. Obviously, in that area I'm in (small laugh) . . . there's no touch at all [he is currently employed in a mental health ward]. But as far as working on a medical floor or something, I'm very leery of that . . . you really have to be able to read how a patient will respond to that [touch]. I try to keep touch to a minimum—it just makes you uncomfortable . . . It would be beneficial if it were taught in class [how to touch]. (Chuck)

The participants indicated that they had felt underprepared for the gender issues that had arisen as they experienced their clinical rotations. The gender stereotype of nursing as an appropriate career for females and not as appropriate for males challenged the acceptance of touch by the participants during times they provided care to others. In general, males are often perceived by society as sexual aggressors and, subsequently, are confronted with suspicion that

their touch may not be in the interest of caring for the patient, but sexual in nature. The participants in this attested to feeling challenged both by the stereotype that men who are nurses are gay and that their caring practices were suspicious (when caring for men or children).

The participants exhibited ethical behavior as healthcare professionals and acknowledged patients' choice of who should provide their care. Although they experienced rejection when they attempted to provide care, the participants demonstrated respect for the patient in each instance, and argued that the rejection was in the best interest of the patient. In this way, participants acted to preserve the right of patients, despite the acts of discrimination and rejection on the part of patients.

Career Choice Satisfaction

The primary reason that the participants selected nursing as a career was the desire to care or to help others. The participants revealed that they felt positive about their career choice of nursing, and that they had received satisfying opportunities to provide care throughout their nursing education.

Personal gratification.

The participants described their experience in their educational program as rewarding. They had selected nursing as a career primarily because they wanted to be able to care or serve other. Their nursing education provided them with opportunities to care for patients in the clinical setting and they revealed that the experiences were very gratifying.

Many of the participants indicated that they felt gratification by their career choice:

Somebody who cares, somebody that can touch the lives of others, and takes pleasure in that. That's what I like about nursing. I really like what I'm doing. (Chuck)

I like nursing, I like being the care giver, I like to help. It gives me that altruistic- good deed thing- you know what I mean? (Marty)

I wanted to do something where I could help people. The best people in the world are the ones that do a little bit of good every day, you know. I wanted to go home at the end of the day and say "I did good". That's how I feel being a nurse. It's a good feeling. (Art)

I personally get gratification when I'm there for somebody when they're [at their] most vulnerable. (Chuck)

Nursing makes me feel good. I like helping patients. (Li)

I love what I am doing . . . I would have to say, I'm surprised that more men aren't looking at nursing. (Jack)

The participants' primary reason for entering nursing was the opportunity to provide care for, or to help, others. Although the men had experienced times when their gender had affected their ability to provide care for a patient, they reported experiencing feelings of career choice satisfaction. Feelings of excitement and success infused their experiences as nursing students. They highlighted experiences that confirmed feelings of gratification and opportunities that fulfilled their intentions to care for others, and to make a difference in the lives of their patients. In spite of challenges or barriers of negative stereotypes or gender roles, the participants were satisfied with nursing as a career.

Mentors.

As a gendered minority in nursing, men may experience a lack of social support and acceptance because of the limited availability of male role models in the nursing profession. Threats to their sexuality, role strain, and isolationism may repel men from the profession. Early exposure to the profession by male roles may facilitate the decision to choose a career in traditionally female-dominated fields, especially in nursing.

None of the study participants indicated having had a mentor at any stage of their education. They did indicate that it would be nice to have a group of males with whom they could meet to discuss issues that would otherwise make them feel uncomfortable if presented to a female.

I think that a mentoring program [with males] would be good for all students. (Li)

I don't think it's a bad idea [mentoring program]. It's always nice to have someone there, especially for some of the ethical quandaries we find ourselves in. Another male to bounce ideas off of. . . (Marty)

It would be nice to have a male mentor, but that's not a requirement for me personally. A group that's all men, we could each relate to the situation and give each other the right advice. You know . . . (pause) be there for each other when we needed it. (Sam)

The participants revealed that although they could not identify a mentor or male nurse role model, they did not feel that absence of these potential mentors affected their interest in nursing as a career. They disclosed that mentoring would be more important to them to facilitate their socialization to the profession after graduation. As part of their nursing education, they felt that forming groups that consisted of other male nursing students would be

more valuable to them—especially as they faced the threats of negative gender role identity stereotypes to their masculinity.

Strength.

When asked about the qualities that a male would bring to the profession of nursing, many of the participants identified the male characteristics of authority and strength. The majority of the participants saw strength—which most males possess over most females—not as a negative characteristic, but as a characteristic that would contribute to the profession.

If you need a security person there, 9 times out of 10 it's gonna be a male. They're bigger and stronger. (Chuck)

In my first clinical, I had to move a lot of patients. I am a very big size and strong. If they need help ambulating or moving a patient, they always would ask me. (Li)

It's good, too [to be a male nurse], when you need to lift someone or something like that. The strength, that kinda stuff. (Art)

Something I've already seen [while] working in clinical on the hospital floor is just the fact that a lot of people are overweight or they have other issues where they need more people to lift them, so I have gotten a lot more experiences, because a lot of the girls can't do it, so they will call me or one of the other guys in and we'll be able to help them do whatever they're doing. So, I definitely feel that we have gotten to see more things that I wouldn't have probably, otherwise. (Sam)

However, some participants did not appreciate having been asked in the past to lift patients. Chuck, for example, was quick to point out that having strength could be a pigeonholing experience.

I don't mind doing my fair share of the work, but as a guy, you get a lot of the grunt work. A lot of the heavy lifting, a lot of the not-so-pleasant patients. In some cases, that's fine; in some cases, you feel like you're getting dumped on. (Chuck)

To counter the public's view that nursing is seen as "women's work", the participants viewed themselves as being especially useful as nurses because of their physical strength, which commonly allows them to lift heavy, or restrain combative, patients. Strength is often viewed as a male/masculine characteristic, and further differentiates the participants from their female peers.

Authoritarian image.

Participants also identified the characteristic of being an authority figure as a quality they bring to the profession, suggesting that if a patient were being difficult or noncompliant for a female nurse, the mere presence of a male nurse would imply authority, like a father in a family setting. The participants alluded to the possibility that the presence of someone who patients perceive as an authority figure might facilitate patient care. Referring to this patriarchal position, and differentiating his care from that of a female nurse, Jack brings attention to his masculine authority as a nurse.

There are times when maybe it's advantageous to be a male [nurse]. They [patients] are more "we need to do this now" kind of thing, [but I can be] authoritative more a little bit [than female nurses]. And then once again, I think that it fits or goes into that as much as being male.

A defiant patient, the perception of the male nurse does put authority there. You have to be careful with that, your job as a nurse is not to come off as an authoritarian. I think it goes back to that caring thing; once again, you have to be careful how you are perceived, because body language is everything. (Chuck)

Chuck even goes so far as to say, "They (female nurses) want the authoritarian presence and strength," which would suggest that female nurses seek the masculine characteristics (related to

physical power) that male nurses bring to the clinical setting. However, Chuck also advised being cautious in the assertion of authority, so that it would not be viewed as aggression.

Masculine traits of authoritativeness and strength help to challenge the feminine tradition of the nursing profession. The participants were able to confirm and establish their masculinity, despite challenges by negative stereotypes and gender role identity. Authoritativeness and strength further helped to differentiate them from their female peers.

Diversity.

It is recognized that the profession of nursing must reflect the diversity of the patients that we serve. Just as diversity related to the variety of ethnic, cultural, and religious backgrounds is essential for nursing's future, so, too, is gender diversity equally important. The men make clear the need for diversity as integral to the field:

It'll be good to have diversity on the floors, bring more men and bring anybody just to help lighten the load of the nurses. We are utilizing only half of our workforce now [women]. It will make work environments diverse. (Sam)

I think there will be some things about male nurses that people will like in time as they experience it. I'm not sure what those qualities will be, but I think in time they [people] will become more comfortable with men because of what men bring to the table. (Jack)

Men bring a diverse perspective to the nursing profession by building on their uniqueness. The men in the study were unable to identify, beyond strength and authority, these contributions themselves; however, they viewed that whatever qualities they brought to the profession would be beneficial.

The participants expressed career choice satisfaction by sharing stories of patient encounters that were gratifying to them and experiences that provided them with opportunities to

care for others. The men recognized the importance of male mentors when they graduated from the program to help them become socialized to the profession of nursing. They mentioned early in their interviews their frustration as males being taught by females how females nurse—not how males nurse—and sought the only male faculty perspective available to them. To combat the frustration of feeling pressure to conform to the female tradition of nursing, they emphasized the importance for peer support from other male students that confirmed their masculinity and prevented feelings of isolation.

The participants viewed themselves as having the opportunity to bring diversity of care, in the form of a masculine perspective, to the profession. They felt they would experience the opportunity to learn what men as a whole could contribute to the profession, beyond strength and authority. As male nurses continue to articulate their contributions, they will influence the current homogeneity of the nursing profession (middle class, Caucasian females) toward designing the profession to be more reflective of the diversity of the patients that we serve.

Summary

The primary finding of the study was that the participants were motivated to choose nursing as a career because of the strong desire to care or to help other people. This motivation was unequivocally present in all of the participants. Their discussions of the nature of care convey their passionate desire to serve others. Several participants spoke of the vulnerability of patients, and that their professional role as nurses was to provide comfort and safety. Although they frequently alluded to the traditional image of nurses as female, and the intrinsic nature of females as providing care, the participants expressed confidence in being able to care for patients as effectively as their female counterparts. Recognizing the characteristics of being nurturing

and tender as synonymous with being a mother, the participants likened their role as nurses to that of a father. They spoke of the paternalistic characteristics of strength and authority, and how, through their strength, they helped to move patients that might be physically challenging for (commonly weaker) females.

They further implied that presenting authority (but not in an aggressive manner) to noncompliant patients as part of a treatment plan carried benefits. These paternalistic characteristics, in the participants' opinions, complemented the maternal characteristics of female nurses, and together resulted in the promotion of patient safety and comfort. The strength and power of men was, for the most part, viewed as a positive characteristic that set men apart from women. The participants emphasized that the strength that they possessed often put them at an advantage for being selected to assist with patient procedures. Of course, it is reasonable to assume that, even though only one participant expressed frustration with being used for his strength to move patients—or as he put it, to do “the grunt work”—many male nurses might share this frustration.

Interview data also showed that the respondents expressed similar reasons for entering the field. The opportunity to care for others was listed most frequently, with job security a close second. The participants acknowledged themselves as a gendered minority, but two of them felt that being male would benefit them in future employment. Other participants saw their minority status as an opportunity to bring needed diversity to the profession.

All of the participants viewed their nursing experience to be generally positive. They spoke openly about their discomfort with touching and the anxiety of their first days in class as males in a predominantly female environment. However, as a whole, they felt that they were

able to engage their coursework successfully. They also revealed their experiences of patients rejecting their care because of their gender, but accepted the rejection as a patient's choice, and advocated that choice as the right of each patient.

CHAPTER 5: ANALYSIS, INTERPRETATIONS, AND RECOMMENDATIONS

This qualitative phenomenological study examined the voices and experiences of six male nursing students. In addition to their descriptions of how they came to choose nursing as a career, they also describe educational experiences in their respective nursing programs. The previous chapter organized the data obtained from three sets of interviews into categories and subsequent themes, so that the story of the research could be told, as heard through the voices of the participants. This study posits that understanding the male nursing experience from education to practice provides insight to the barriers participants have faced, support systems that helped them along the journey, perceived benefits associated with being a male nurse, and their experiences as a gendered minority in a predominantly female educational program.

This chapter provides interpretation and insight into these findings, with the goal of recruiting men into the nursing profession, retaining male nursing students, and ensuring their successful transition into becoming practicing nurses. This discussion takes into consideration the similarities and differences of the experiences of study participants, consistency and inconsistency of the findings as compared to the literature, and ways that the findings clarify the male nursing experience beyond conventional knowledge found in the literature. The chapter concludes with a reexamination of my assumptions (see Chapter 1), and a critical reflection of the implications of my bias as a researcher. This chapter also recommends future research opportunities to understand further the phenomenon of male nurses.

I collected data by conducting three semi-structured interviews, based on naturalistic inquiry. Each interview lasted for ninety minutes, and the interviews themselves occurred over a five-week period. I coded, analyzed, and organized the data initially by the two research

questions for which I sought answers. Using Holland's (1999) Theory of Career Choice conceptual framework (see Chapter 2: "Theoretical Perspective") to guide me, I analyzed and organized the data into themes, from which emerged three predominant categories: (1) Making the Decision to be a Nurse, (2) The Educational Experience, and (3) Career Choice Satisfaction. The research questions that I sought answers to were:

1. How do male students in a nursing program describe how they came to choose nursing as a career?
2. How do male students in a nursing program describe their nursing education at a public community college?

Making the Decision to Be a Nurse

Holland's theory helped me understand the study participants' experiences and the reasons why they chose nursing as a career over other occupations. I focused specifically on two of the six principles: Number 1 and Number 4. The first principle that guided the study was Principle 1, "*The choice of vocation is an expression of personality*" (Holland, 1997, pp. 7–11). As Chapter 2 described, nursing is a social profession according to Holland's principles, and has the three letter personality typology code of. "SIA", indicating that social (S) beliefs are dominant and that, to a lesser degree, nurses exhibit investigative (I) and artistic (A) characteristics.

Social Personality Types

Holland defines social professions as those that include all activities that involve helping or caring for others (p. 24). Social types prefer activities that allow them to interact personally with people, and they have a strong desire "to serve others in the context of medical support" (p.

25).

Although I did not use Holland's assessment instruments to qualitatively assess RIASEC personality types, through qualitative interviewing, the voices of the participants disclosed characteristics that represented predominantly social traits and, to a lesser degree, secondary investigative and artistic traits. It became very obvious throughout the interviews that all of the participants in the study identified social motivations that drew them to the profession of nursing. Many of the participants identified themselves as "people persons", disclosing that they chose a career in nursing because they wanted a relationship with patients, and felt that nursing would ensure this relationship. All of the participants spoke enthusiastically and fervently of the desire to care, nurture, and to serve others. As Li revealed, the Chinese definition of nursing is "to serve". Furthermore, the participants repeatedly emphasized that they were drawn to nursing because of the prospect of caring for people. As Jack disclosed, "I can have a job that lets me give back a little bit". They fostered the welfare of patients, whether welfare meant accepting a patient's refusal because they were male or exhibiting understanding and acceptance out of the respect for patients and patients' personal rights. None of the participants appeared to harbor any ill feelings or resentment because of the rejection. The voices of the participants combine here to reveal qualities synonymous with caring, empathy, helpfulness, and understanding.

Intellectual Personality Types

The participants reported epistemic motivations for choosing nursing as a career—epistemic in the sense of an intellectual interest in health, math, and science. Investigative types, according to Holland (1997), value the acquisition of knowledge. Jack, for example, described his nursing faculty enviously,

I appreciate my instructors. The more I'm in their classes . . . well, the more I realize how smart they are. I mean there's a lot of knowledge and experience out there. I just hope that I'm half that smart.

Investigative personality types view themselves as intelligent. Many of the participants disclosed an active curiosity and intellect, and all but one planned on continuing their nursing education in the form of a doctorate or nurse practitioner. The only participant who did not have future academic plans explained that he had entered nursing late in life and did not “have the time” to go to school. However, he valued lifelong learning as a professional responsibility.

I needed a job or a profession or something to do at least where I could use my brain. In nursing, there is always something you will be learning. There are journals you can read. I really like that. (Jack)

One of the participants described himself as

. . . an exceptional student. (Art)

Furthermore, investigative characteristics include the ability to think and work independently. Many of the participants revealed their interest in math and science. As Li stated during the interview,

I want to do my Master's [in nursing] in anesthesia. I can use my math more. (Li)

The selection of a vocation or an academic focus of nursing compliments the investigative personality characteristics. The men recognized that nursing is a profession that requires rigorous course work in math and sciences and that nurses are intelligent people. They [participants] perceive themselves as being intelligent and capable of meeting the academic rigor and demands of the nursing curriculum.

Artistic Personality Types

The interview data revealed a lesser degree of artistic characteristics among the participants. Creative people generally exhibit artistic characteristics, according to Holland's theory. Specifically relevant to nursing, others often view them as intuitive and sensitive. Most of the study's participants revealed that they were sensitive of patient rights (refusal of care by a male) and wanted to be gentle with patients. The men described challenging experiences that occurred during their nursing education and disclosed the strategies that they had used to work through the discourse that the experiences caused them. The men revealed a sense of independence and the ability to work through challenging events—complimentary to traits of an artistic personality (Holland, 1997):

It doesn't mean that men can't be that way, you know, the intuitive, sensitive type . . . we can. I think it's just more natural for a woman [to be sensitive]. (Jack)

RIASEC types are broad expressions of personality with each personality type expressing associated abilities, preferences, and characteristics. The men in this study identified abilities, and characteristics that they viewed they possessed. They revealed that the primary interests that drew them to nursing as a career included the opportunity to care for people and to be able to use their knowledge—which emphasizes the sciences and math.

The desire to help or care for someone was a primary motivator that drew the participants to nursing. The men chose nursing as a career because it allowed them the opportunity to express social aspect of their personality. The men viewed nursing as a career that offers a compatible, rewarding environment that facilitates engagement, and provides them with satisfaction. They also viewed themselves as investigative with strengths in math and science.

Their intellectual abilities helped them successfully meet the rigors of the nursing curriculum while they were being challenged by the feminine paradigm of nursing education. Their artistic qualities, though somewhat not as distinctive as their social and investigative traits, provided them with sensitivity when they were rejected by patients. The characteristics in combination complimented the characteristics that Holland (1997) had identified for the nursing profession. Jobs and careers, according to Holland, are commonly sorted by themes of characteristics, and individuals seek environments that complement their preferences and strengths—in other words, the profession that will reward a person for what she or he values most highly

The second principle of Holland's theory of career choice that guided the study was Principle 4, "*The members of a vocation have similar personalities and similar histories of personality development.*" Holland postulated that vocational preferences or interests, "flow from their life history", and are an "expression of their personality" (Smart, Feldman, & Ethington, 2000, p. 7). Although Holland does not provide longitudinal evidence regarding the development of personality types, he does suggest that heredity and social experiences exert an influence. He further suggests that, "parents create characteristic environments that include attitudes, as well as a great range of obvious environmental experiences" (p. 17).

Influence of Others

The majority of this study's participants indicated that they had been encouraged by members of their family and friends to pursue nursing. Their parents, within the participants' environments, exposed them to the attitudes, beliefs, and values that created an atmosphere supportive of humanitarian competencies (caring and providing service to others). Secondary to these competencies was an environment that encouraged intellectual competencies and

achievements. The participants were encouraged both to view themselves as scholarly and as having mathematical and scientific abilities. All of the participants shared similar histories. They not only exhibited social, investigative, and artistic personality characteristics, but were raised in family environments where education was valued and role modeled.

My dad, he always told us how important education was . . . you're gonna go to college and make something of yourself. I always thought college was important just because my dad told us that you need to get a degree. (Sam)

My dad went to trade school, he was pretty insistent on us kids going to college. My folks, they were really strong into that. (Jack)

It was just sort of engrained in me at a young age that getting an education was important, and it was going to open up doors for you in the future (Chuck)

Four of the six participants indicated that their mother was very nurturing and gentle, and that still today they receive the greatest amount of support and encouragement from her. Sam indicated that his mother ran a day care, and that he was surrounded by the opportunity to care for others. Jack's dad was a farmer and was all "business like", but he mentioned that his mom was very gentle and nurturing. He was the father of daughters and indicated as a result, he was more nurturing. Li's father was in the military, and Li described him as being "not too approachable". He spoke at great length of his relationship with his mother, and recounted how his mother took him to school every day, and was always there for him. She was excited that he wanted to be a nurse and even took him to the college to enroll in the nursing program. He revealed that his dad wasn't too thrilled about his career choice, but later told him he thought it was a good idea. Li indicated that he suspected that his mother had changed his father's mind. The men possessed strong social personality characteristics, and viewed themselves as

helpful and friendly. Academically, they valued science and math, and considered themselves to be intelligent.

One would think that guidance counselors would play a significant role in career choice; however, the men made known that they had received no formal guidance to prepare them academically for a career in nursing. The responses from the participants are consistent with the research literature, which indicates that guidance counselors do not offer career guidance to men who are considering nursing as a profession. It is worth noting that this finding is consistent with earlier research studies, and continues to be a disturbing finding (Boughn, 2001; Lo & Brown, 1999; O'Lynn, 2004). The men advised themselves academically, and were influenced by their family, peers, and through the observation of nurses providing care.

Interview data revealed that participants' career choice was influenced by multiple factors. Role models appeared to have influenced the participants to consider nursing as a career by formulating career expectations and demonstrating the roles of the occupation. The participants recounted the importance of either having known a nurse or having observed a nurse taking care of others. Four out of the six men revealed that they personally were acquainted with a nurse as either a friend or family member. The men reflected with great detail on experiences with either having been cared for by a nurse, having observed a nurse, or having worked with a nurse. They reflected on how the nurses had or had not demonstrated care, and that the experience fueled their desire to enter nursing. Most of the participants revealed that such experiences may have played a role in influencing career choice. One of the men, although he knew of neighbors who were nurses, felt that through visiting friends and family members who were in the hospital, he was able to observe nurses in the act of nursing and caring for others.

Jack, for example, pointed to the fact that observing nurses who cared for friends or family members greatly influenced him to choose nursing as a career:

Although I have never been in the hospital, that [observation of nurses] really stuck with me, especially now that I'm thinking about what I am doing.

As the literature suggests, by knowing or observing a nurse, the individual becomes aware of the tasks and the responsibilities of profession (Anderson, 1993; Beck, 2000; Day, Field, Campbell, & Reutter, 2005; Gregg & Magilvy, 2001; Grossman, Arnold, Sullivan, Cameron, & Munro, 1989; Hodes, 2005; Kersten, Bakewell, & Meyer, 1991; Larsen et al., 2003; McLaughlin, Mountray, & Moore, 2010; Miller & Cummings, 2009; Mooney, Glacken, & O'Brien, 2008; Rhodes, Morris, & Lazenby, 2011; Romem & Anson, 2005; Spouse, 2000). That the findings of this study are congruent with the literature is not surprising. The participants reported having many female role models for nursing. Only one cited a male role model. However, they chose nursing in spite of the absence of male role models. As the interviews progressed, it became apparent that the men chose nursing for reasons that trumped concerns of mentors' gender—namely, the strong desire to be able to care for others

In general, the literature suggests that mentors are important (Boughn, 2001; Kelly, 1996; Price, 2008). When asked whether he had a mentor, each participant had difficulty identifying a person who had a mentoring influence prior to his entering nursing school. As a group, they felt that their exposure to any one nurse while in nursing school was really too brief to establish a mentoring relationship (although they could not identify having had a mentor, they were able to list characteristics that they would want in a mentor, and felt that mentors would be more important once they were in employed as nurses). Rather than having had a mentor, the men

spoke of groups of male peers that would gather and study for tests, or just get together for support through challenging times. They suggested that having a male student nurse group would be better for them during their student years to help them retain their masculinity, and to face the challenges of negative stereotyping, gender role conflict, and isolation that currently confronted them as male nursing students in a predominantly female-oriented academic program.

There was a group of four of us [male students], we all grouped together and . . . (laughed) weathered the storm. We did that a lot together, because sometimes it's just nice to talk to another guy. (Marty)

The review of the literature revealed awareness for the need to socialize male nurses into the profession of nursing through mentoring opportunities, but no previous sources considered the isolation and discourse that male students might experience while enrolled in their nursing program of study. A finding that was not evident in the review of the literature, but which emerged in this study, was the importance of a male nursing student group. The participants revealed that they had entered into a world that expected nurses to be female, and that they were challenged to maintain their masculinity while balancing the hegemonic characteristics associated with their sex. They were anxious that they would fall victim to the negative stereotype that has haunted male nurses. They identified membership to groups of other male nursing students as having helped them cope with the problems associated with being a male in a predominantly female-oriented academic program.

I feel a group that's all men, we could relate to the same situation, give each other the right advice—you know, be there for each other when we needed it, [and] when you can't necessarily go to your female co-workers. (Sam)

This student, he was a semester ahead of me. He came around the corner and saw me and just gave me a great big bear hug. Guess

he was glad to see me. (Jack)

Recent nursing education research (Anthony, 2004; Jeffreys, 2001; O'Lynn, 2003) has suggested that nontraditional students are at risk of dropping out of their nursing program of study because of feelings of isolation and limited socialization opportunities. The participants in this study informally promoted group activities that provided support and socialization during their program of study. The men in the study had not failed any nursing courses at the time of the interview. They were persisting through their program of study despite the challenges that they had experienced. Their persistence may have been facilitated by their informal participation in their male nursing student support group. This research suggests that the formation of support groups promoted socialization, provided tutoring, and enhanced their learning. These efforts also facilitated bonding, in that participants shared with each other their unique experience of nursing education.

Negative Stereotypes

Men, especially young men, may not consider nursing as a career because of the persistent stereotype that nursing is a career for women (Evans, 1997; Meadus, 2000). While Holland (1997) suggests that individuals seek satisfying environments when making a career choice, it could be argued that that perceptions of occupational stereotypes influence career choice. At least for male nurses, this stereotype may exert a powerful social force that dissuades men from the career. The men in this study indicated that the traditional image of nursing as a female profession was still present for them, and that it would take time for that to change. However, they stopped short of suggesting that nursing was “woman’s work” as earlier research suggested (Muldoon & Reilly, 2003; Seago, Speitz, Alvarado, Keane, & Grumbach, 2006).

They did not feel that the barrier posed by the image significantly affected their choice to be nurses, and reflected that they felt welcomed in the educational environment. More noticeable was the perception among the elderly population of male nurses in the healthcare setting. The older population was still a bit surprised that their nurse was male:

Just the look on their face when you walk in. It's not a disapproving look, it's a . . . startled look, like, "really?". (Jack)

Also, the patients sometimes assumed that participants were physicians, not nurses:

When people see me in my scrubs, they think I'm a doctor or medical student, so that does throw them off that I am a nurse.
(Sam)

In each case, the participants assured patients that they were indeed nurses, and the issue was quickly dismissed. It was noted that the traditional image of a nurse as female and not male was not present during interactions with younger patients. It is noteworthy that older populations will still seek healthcare in the foreseeable future, and that these interactions between nurses and startles patients will continue. On one hand, this stereotyping, which results from society's perception of patriarchal male and female roles, may prevent men from considering nursing as a career. On the other hand, the results of this study suggest that there may be a cultural change already occurring, and that people are becoming more accepting of men in non-traditional roles, including nursing. Several of the participants indicated that they felt the image was changing, and that, while slow, people will eventually come to perceive no difference in nurses based on their gender:.

But I think it's evolving. The more men we get into nursing, then things will just begin to change. (Sam)

It used to be that all cops were men. Now, I betcha that there are probably more female cops than male nurses. It's just gonna take

time to change. (Jack)

Furthermore, although the literature indicates continued concern that male nurses have been portrayed in a negative fashion; the participants of this study did not identify the negative image as being a barrier for them. Only one of the participants revealed that he had ever been asked if he was homosexual or gay. The participant had also noted that the stereotype came from an elderly man, but that any question of the participant's suitability for the job was quickly dismissed when the participant confirmed his heterosexuality. Since the participant had revealed that he recently had become a father and was currently engaged, he reinforced the perception that he was not homosexual and, thus, did not have to defend his sexuality—just the perception by the elderly patient that he was gay. It seems that persistent stereotypes of homosexuals and persistent stereotypes of male nurses mutually reinforce each other. The participants further acknowledged that the media's portrayal of male nurses, at times, did not promote the profession, and that the media could facilitate recruitment of males to nursing by presenting nursing as a gender-neutral profession. As society becomes more accepting of gay and lesbians, the question remains: Will they become more accepting of male nurses?

The story of traditional male and female roles was just as present with the participants, however, as it was with patients. The male nurses in this study attempted to embody the traditional components of masculinity by arguing that the characteristics of strength and authority complemented the profession of nursing. The participants described their masculine nursing role as unique and advantageous to the profession. They viewed themselves as the “authoritarian” or “father figure”, and female nurses as the “mother figure”. They also related the concept of patient care to a family structure. They very proudly viewed their strength and

physical power both as a necessary and a generally lacking characteristic in the profession—a characteristic unique to men. Many participants referred to their strength as complementing the traditional female nursing role, in that they [male nurse] would be able to present themselves legitimately as being a necessary authoritarian figure who might be needed to handle a non-compliant or difficult patient.

The literature supports the participants in these observations (Hodes 2005; O’Lynn, 2004). It suggests that men typically report feeling “used for their muscle”; however, none of the participants in this study indicated that they were exploited by their female counterparts. They viewed their strength as being personally advantageous:

I definitely feel like I’ve gotten to see more and do more because I am stronger and able to lift, I guess. (Sam)

In addition to noting that their strength enabled them to move heavy patients, they suggested that their physical strength placed them advantageously over women for certain positions or opportunities in healthcare. In the past, men who were nurses were hired for psychiatric areas where their strength was required to assure safety for the patient and to the staff. They [male nurses] were often called upon to physically restrain a mental patient who had become aggressive. Currently, male nurses members of security teams in hospitals who may be called upon to restrain patients who weaker female nurses would not be able to restrain or control. Lastly, male nurses may be assigned to orthopedic areas of the hospital where hospital equipment is heavy and the set up and movement of the equipment requires strength.

The men recognize that patients are getting heavier and that they [male nurses] will be needed to lift and move the patient. They [participants] view themselves as being very marketable because of their strength but also because they are a gendered minority and will be

preferred over their weaker female peers. They [participants] certainly seem optimistic regarding job security and recruitment, and as the nursing workforce attempts to diversify itself to be more represented of the patients that they care for, male nurses will be more appealing to employers than females.

Salary and Job Security

The participants in this study, while few compared to larger studies, provided some very important counterpoints to the current literature of men in nursing. Chapter 2 revealed that men chose nursing because of the stability of the profession and the acceptable salaries (Hodes, 2005; Bough, 2001; O'Lynn, 2004; Seago, Spetz, Alvarado, Keane, & Grumbach, 2006), especially in times of economic instability. Although the participants acknowledged that nursing was a stable career and that the salary was acceptable, they indicated that salary was not the primary motivator that drew them to nursing, a finding that is somewhat contrary to the literature. Another interesting discovery from the data was that half of the participants viewed their gendered minority status as a benefit. They felt that that, as male nurses, they would stand out to employers, thus making them more desirable for recruitment. This result was unique to this study, and cannot be found in other studies.

Some studies suggested that men have pragmatic reasons for enter nursing, because of the ability to use complex technology and possibility of achieving positions of leadership and power (Boughn, 2001; Ditommaso, Rheume, Woodside, & Gerene, 2003; Evans, 1997; Meadus & Towney, 2007). However, none of the participants spoke of being attracted to the profession of nursing because of technology or power—they divulged being drawn to nursing because of a higher calling. The participants did not

reveal that they were lured to nursing because of the advancing technology or the opportunities to work in areas that would provide advanced technology as a way to provide care for patients. The areas that do offer advanced technology in nursing are Surgery, Intensive Care, and Emergency Medicine, and none of the participants indicated that they had aspirations of working in such areas. Rather, they wanted to work at the bedside on a medical care unit, in a mental health area, in geriatrics, or pediatrics—areas where advanced technology is not as prominent. I did not however, during the interview, directly pose a question that focused on technology. I drew my conclusions based upon my knowledge of the areas of nursing that they were seeking to work in, as well as the nursing care environments that, in my opinion as a nurse, would provide them with opportunities to work with advanced technology.

Desire to Care

The desire to care and to help others dominated the dialogue about the reasons why the study's participants chose nursing as a career. Traditional perceptions of men and women argue that caring is a more natural characteristic of females than males, and that men are more awkward than females in demonstrating behaviors which would communicate caring. However, this study found, overall, a strong sense of caring and service to the patients that for whom the study participants had been responsible. All of the men were confident in their masculinity, and were very emphatic that they were quite capable of caring and nurturing. Despite any challenges or barriers they might have faced, the ability to care for patients (who they often described as vulnerable) kept them focused throughout their education. The desire to help others and to care for others is what is most often identified as a factor that influenced the career choice of nursing

for men (Anderson, 1993; Beck, 2000; Bough, 2001; Ditommaso, Rheaume, Woodside, & Gerene, 2003; Evans, 1997; Lo & Brown, 1999; MacDougall, 1997; Okrainec, 1994; Whitehead & Ellis, 2007). The participants' comments reinforced research over the last decade that the desire to care or to help others is consistently the primary factor that influences men to choose nursing as a profession.

Caring, for nurses, is often relayed through human touch [sources]. Knowing how to practice touch with patients was the topic that consistently evoked anxiety among the participants. They believed that characteristics and actions of caring were more natural for a woman than for a man to exhibit, and that it did not come easily for them as males. The participants were concerned that intimate touch by a male could be viewed as sexually inappropriate, and could thereby threaten their licensure as nurses. Furthermore, during their clinical rotation, three of the participants had been refused by a patient, which suggests that reticence for a male to touch in a caring manner was felt both by nurses and patients.

Participants described that methods to touch intimately was briefly presented by one instructor in the nursing education program. Since the majority of nursing students are currently women, however, the skill of knowing how to intimately touch was assumed to exist naturally. This assumption may perpetuate the belief that intimate touch is more natural for a woman. One participant revealed that he learned how to touch by observing a female nurse. He indicated that he had focused on how females touch and care, and actually relied on the female nurse as a role model for teaching the skill.

Since nursing has always been predominantly female, you know . . . We [males] see how they do things. It's just a whole different thing, something I've never seen before. And I've learned, back to the caring thing, I've learned how to be more caring in a feminine

way. (Sam)

The fear of not knowing how to touch weighed heavily on the participants' minds. Two of the participants intended to seek employment in mental health, where the care is not as intimate as in hospital settings. By virtue of the type of health care setting, they would be able to avoid situations that would place them in uncomfortable touching situations. The other participants divulged feeling as if they would ask a female nurse to perform a procedure on a patient, or have female nurses accompany them while they performed a procedure. This finding is consistent with prior research that suggests that men's caring is often misperceived as inappropriate or sexual in nature (Evans, 2002; Harding, 2006; Keough & O'Lynn, 2007; Paterson, Tshikota, Crawford, Saydak, Venkatesh & Aronowitz, 1996; Whittock & Leonard, 2003).

The participants revealed that they viewed themselves just as capable of providing nurturing care for patients as are their female peers. They did acknowledge that the public's perception of nursing as a female profession prompted them to learn the "techniques" of feminine caring. Specifically, the participants wanted to learn how to touch patients while in the act of providing care, and revealed that not only were they anxious regarding touch, but also fearful of having their touch being misinterpreted as being sexually inappropriate. The men learned how to touch by observing their peers.

To recruit and retain men to the profession of nursing, nursing education must provide safe opportunities for men to learn and to practice appropriate touch. Additionally, to address the future shortage of nursing, men are needed in all areas of nursing. Recruitment of men will be challenging if they are limited to areas where they did not have to touch a patient. They may avoid nursing as a career entirely or possibly seek employment in nursing areas that did not

expose them to intimate touch. Such areas would be administrative positions and psychiatric health areas, but which may not be as fulfilling as other areas of nursing. As revealed by the participants, they want to work in all areas of nursing and not be limited in their selection. The retention of men in nursing requires that they be satisfied with their career choice and, in order to facilitate job satisfaction, they need to be allowed to work in environments that they find rewarding and gratifying.

The Educational Experience

Holland (1997) suggests that people search for satisfying occupational environments. The environment in which they were being educated, for the most part was very satisfying to this study's participants, and none of the men regrets his choice of nursing as a career. As Jack put it,

Nursing is the perfect job. So I can have a job, a job that's fulfilling. I'm surprised there aren't more men in nursing; it's a great field.

Five of the six in fact spoke of continuing their nursing education towards a Doctorate of Nursing Practice. As the oldest participant, Jack acknowledged that he did not have enough time to get further education, and wanted to focus on bedside care for the remainder of his career:

If it weren't for my age, I know I would continue my education past this. I want to go out and work as a nurse at the bedside for as long as I can.

The participants expressed feelings of satisfaction with their educational experience, which supports Holland's (1997) assumption that the congruence or similarity of the environment to the individual's personality leads to greater satisfaction for the individual. All of the men confirmed that they were going to remain in nursing as a profession. The men who participated in the study described their nursing education in positive terms, as well as being

interesting and challenging. They felt that they had been well received by the medical surgical clinical rotation:

Every time I've come to the floor, [who is?] is always like, yes, we got a guy. That is so awesome. (Sam)

I haven't seen any negative responses to my experiences being a nurse. (Jack)

Although two of the participants were initially surprised by their experiences with rejection from patient because of gender, they did not perceive that rejection negatively. They defended the rejection as a right of any patient, and not a personal attack against them. The participants displayed an ethical philosophy that respected the right of a patient in self-determination of care. They viewed the patient right to choose as being more important than their personal feelings of rejection. As long as the patient received care, regardless of who administered care, the participants were emotionally and professionally assured that they had acted appropriately as nurses.

OB as a Negative Experience

Despite the positive experiences, overall, with their clinical experiences, several of the participants viewed their OB rotation experience in negative terms. One participant disclosed that a patient rejected him during his OB clinical rotation, but that the patient later gave him permission to observe her labor and delivery. During his interview, he indicated that he instead decided to let his female peers observe the birth and care for the mother. He defended his action by indicating that he was not interested in the OB area as a professional focus, and recognized that many of his female peers were:

OB, it's alright. I want to be in ER, [though—it is] more [of a] rush. (Li)

Another participant, although he had not experienced patient rejection prior to his interviews, openly expected it to occur in OB:

Up to this point, it hasn't been an issue, but my understanding with the other males in the class it has been an issue [patient rejection]. The OB . . . it's a private thing. (Charles)

Furthermore, he didn't anticipate the opportunity of being hired in OB even if it were available:

Even if I had an interest in OB, I don't feel I would be hired, because of my gender. (Chuck)

Interestingly enough, four of the participants indicated that the classroom component of OB was somewhat challenging because, as Li put it,

Us guys, we have to make it up [OB] because we [cannot become] pregnant.

Most of the participants viewed the obstetrics clinical rotation as awkward, and it is fair to conclude, based upon analysis of the interview data, that gender discrimination and stereotyping still endures in the clinical setting, especially in the OB environment. The negative clinical experiences did not deter the men from continuing on with their nursing education. They did not appear to internalize the experience, but reflected on the rejection in a more altruistic manner of patient care and rights. The men's experiences in the OB area were consistent with the literature. Male students often have been rejected by female patients in the obstetrical area—more than their female peers, probably because of the intimate nature of the care (Okrainex, 1994; Wood, 2004).

Relevance of Curriculum

The study's participants felt that female instructors presented classroom material differently than the program's sole male instructor. The participants were quick to note that the teaching style of the faculty was geared more towards females than males. The differences

ranged from observations that the color of papers distributed in class were more “girlie” to perceptions that the female instructors communicated differently than the male instructor:

I think in some respect, you get a woman’s point of view. It’s not bad, it’s just what it is; yes, it is different when you have male instructors. It’s not a negative thing or criticism. It’s just there.
(Jack)

A few of the men expressed frustration with activities and tests they perceived to have been designed for females and, at times, did not feel that they were able to understand nursing from a woman’s point of view:

Like in OB class, we do stuff on a computer. Us guys have to make it up, because we [cannot become] pregnant. (Li)

Sometimes, there would be test questions that didn’t make a damn bit of sense to me, because a woman had written it for another woman to read. (Marty)

A lot of times it’s examples from a woman’s point of view. (Jack)

The men preferred the male instructor’s teaching style, even though it was different (or perhaps because of the fact it was different) from the female instructors’ styles. According to the participants, he got to the point of the material without too much unnecessary detail:

The way they [female faculty] communicate is different. I have to think like a female. That’s ok. Russ [male faculty] is concrete. He is easier to understand. (Li)

If a guy were teaching, you’d get a guy’s point of view. (Jack)

Overall, however, the educational environment was perceived by the participants as being welcoming and caring. They believed that their instructors, peers, and classmates cared for them. As a result, this caring environment may have influenced the participants’ abilities and

their willingness to care as nurses. Most of the participants' responses regarding the classroom experience were positive. As Jack indicated,

Once I got into the studies, once I got into the experiences of the clinicals. I enjoyed the learning immensely. It's a lot of work, but I do enjoy the learning aspect of it.

The faculty included the men in classroom discussion, and made them feel valued.

The professors, faculty, will kind of pick on us guys . . . not in a bad way. Just to get our perspectives on things a lot more than the women. It brings another view to the table. (Sam)

The men also indicated that they appreciated their female peers, because they were very helpful. Overall, both the clinical and classroom environments afforded them with positive attitudes and experiences from their nursing education:

It [class] definitely wasn't as bad as I thought it would be. In fact, it was quite enjoyable. (Sam)

Their experiences then, as revealed through their voices, support Holland's theory of career choice, which suggests that people search for satisfying occupational environments. The men revealed that, although they were academically challenged and had experienced rejection in the clinical setting, they were satisfied with their educational environment. The men recognized that although the environment was predominantly female, they were able to maneuver through the academic challenges by seeking clarification either from their male peers or the male faculty member. They acknowledged that the female nursing faculty valued their male viewpoint and made them feel welcomed in the classroom. Their female peers helped to role model traits for caring, and demonstrated intimate touch to relieve the anxiety that the men were experiencing.

Limitations

This study explored the lived experiences that male nursing students went through in

their decision to choose nursing as a career, the people and factors that influenced their decision, the barriers they faced, and their educational journey. This study in many ways supports the work of previous researchers; however, it also challenges previous studies. The challenges may have been the result of the influence of the following limitations:

- The conclusions are drawn from a small sample of purposefully selected male nursing students enrolled in ladder program of nursing at a public community college located in the Midwest.
- The researcher is a female and is known to the participants, and was in a position of power.
- The participants were asked to recall past events.
- Data collection was limited to three ninety-minute interviews.

The study used a fairly small, purposeful sample of men enrolled in an Associate's Degree Nursing Program. The sample was collected from a single, mid-sized public community college located in the Midwest. Thus, the findings may neither be applicable to other regions and states, nor to other groups of nursing students. Since the sample was purposely gathered from a public community college, the participants' experiences may very well differ from students enrolled at private colleges, universities, and other academic environments that offer nursing education. Mitigating this concern, however, is that public community colleges account for the majority of associate's degree nursing degrees (AACC, 2010), and this study focused on students enrolled in an associate's degree nursing program.

The participants were enrolled in a ladder nursing program of education and their experiences may be different than those of a traditional Associate Degree Nursing program or a

Baccalaureate Nursing program. The educational platform of the participants' program was primarily face-to-face, and offered no online nursing courses. The online platform may produce its own demographically different population of male nursing students.

The demographical makeup of the research sample selected for this study represented traditional-aged, middle-class Caucasian males and, therefore, was limited with regard to diversity of socioeconomic status, culture, and race. The participants in this study were primarily challenged by gendered minority and did not have the experience of being a racial or ethnic minority. Minority male nursing students might have revealed different barriers and challenges by being a gendered minority in combination with being a racial or ethnic minority.

Because the participants were known to me their responses might have been influenced by our existing relationship, a phenomenon known as, "participant reactivity" (Maxwell, 1996). It is possible that participants responded in a way that they thought I wanted them to respond, instead of speaking authentically to, and reflecting, the phenomena into which I inquired. They were also asked to recall past events and may not accurately elicited the experiences that they had. Although by achieving saturation early in the interview process their experiences were confirmed and therefore could be concluded as accurately recalled.

As a female investigator I may not have elicited the same responses that a male investigator might have elicited. The men had revealed that they had sought out the sole male nursing instructor in the program and that they created male support groups so one would wonder if they would have responded differently if the interviewer had been a female.

Finally, the study used interviewing as its' only method of data collection, and would have benefited from other methods that could have included focus groups, observation, and the

addition of a quantitative method to complement the semi-structured interviews.

Reflection

As the investigator for this research, I recognized that my being a female might have limited the responses and the resulting data. The participants might have responded differently to a male interviewer. I was prepared for this limitation so, prior to the study, I sought peer input from male nurses who assisted me in design of the interview guide. While I analyzed data, I sought the assistance of a physician, a paramedic, and a non-nurse and male registered nurse who both had two master's degrees, and who were currently practicing in their professions. All consultants were familiar with qualitative research, and helped me to review data and confirm the categories and themes that emerged. Although I note that a male investigator may have generated more in-depth responses from the participants, the research guidance and input from my male nurse colleague proved to be invaluable. They brought insight that I had not considered, and a perspective of health care from the standpoint of a male. Each interview was transcribed word for word immediately after the session and [I] would listen to and read them for accuracy and in preparation for the next interview. I shared the transcribed interviews with the participants and confirmed that each transcription conveyed what they had truly wanted to say. I also asked them if they could think of anything else they would like to say that might complement the transcription. I used prompts and probes throughout the interview to gain a deeper understanding of the phenomenon created by men who chose nursing as a career and the nature of their educational experience. To check against any bias, I kept a reflective journal throughout the research process. I wrote about how the participants' responses affected me as an administrator of a nursing program, and about not having awareness to the struggles that the

students were experiencing in the classroom and the clinical experience. I wrote about my reactions to the data collection process, and that it was overwhelming at times, to sort through everything, not wanting to miss any themes. I wrote about the excitement of my discoveries and how they might influence nursing education by addressing the feminization of the curriculum. I wanted to hire more male nursing faculty and start nursing ambassador groups. I wrote of the deep respect I had when the participants shared their experiences of being rejected by a patient and the ethical behavior that displayed sacrificing personal experiences in place of a patient's right to choose.

I was surprised by the men's passion regarding the desire to care for people, and I did not expect that to be the primary motivation that drew them to the profession of nursing. Instead, I thought that salary, job security, and power would be the primary motivator. While the men were quick to note that salary and job security were important to them, these factors played a less significant role in their career choice.

The literature of male nursing has commonly indicated that male nurses often feel frustrated and abused because of their masculine strength. I fully expected the men to express frustration with being used for muscle in the clinical setting, and was surprised that the participants in this study identified that they actually benefited. In contrast to my expectations, they felt that they had been provided opportunities in the clinical setting because of their strength. According to the participants, lack of strength was somewhat of a handicap for female nurses, because the men had benefited from it by being able to participate in procedures that required physical strength. The participants remarked that the current majority of female nurses and nursing as a field were at a disadvantage without the strength and authority that males

possess. Another unexpected revelation was the men's comparison of nursing to family. The men viewed themselves as taking the role of a father, the female nurses the mother, and that both were needed to care for the family (the patient). Each member had a gendered role stereotypical of the nuclear family unit.

I expected that the participants would describe their gendered minority as a major barrier to the profession. I further expected that the men would describe situations where they had experienced negative stereotyping with regard to being identified as gay or feminine. Within this group of men, gender issues with regard to nursing did not seem to be as prevalent as the literature would suggest. Only one participant shared an experience where he was asked if he were gay. The men further described belonging to the gendered minority in nursing as being advantageous for them in future employment opportunities where they, because of their gender, might be chosen over a female applicant. I thought that they would feel discriminated against as a minority member. I conclude, based on the nature of their sentiments, with reasons for why they felt they were not discriminated against as such, and that this finding was an important part of my own process as a researcher.

I strongly expected the men to express anger and frustration about the barriers that they had faced. They did not express feelings of being discriminated against, as I suspected. They seemed to analyze critically each situation and with a degree of professionalism; they communicated how they had reacted and, many times, accepted the barriers as being reflective of "how society is". They were hopeful that beliefs about male nurses would change, but recognized that it was going to take time.

The reflective journal made me aware of my bias. I experienced many opportunities

where I noted what I expected to occur and what actually occurred. This benefited me as I conducted the research by making me aware of beliefs, attitudes, and opinions that might have, if gone unchecked, affected the results of the data collection and ultimately the analysis and potential contribution to nursing.

Suggestions for Further Research

Holland's (1997) career choice theory incorporates data that dates back to the 1950s, and cannot be disputed as being irrelevant or detrimental to both individuals and organizations. His career theory assumes that individuals choose a career environment which best fits their values, attitudes, skills, and abilities. Career choice is often influenced by gender, and with the current emphasis of recruiting more men to nursing, a greater understanding is needed with regard to how men choose a career where gender boundaries have traditionally limited career choice. Although Holland's typology is well respected, it has faced some criticism; the strongest of which centers on the issue of gender bias. Females, according to Holland's typology, tend to exhibit artistic, social, and conventional personality types. Holland attributes this behavior to societal influences that guide women into female-dominated occupations. Perhaps now the changing nature of the workforce and generational cohorts challenge Holland's career choice theory. New research that focuses on person-environment fit may now be necessary to address Holland's own limitations, and to arrive at an understanding of current gender trends in the workforce that are more closely aligned to current sensibilities.

Women now pursue traditional male occupations, and the data from this research suggest that, conversely, society is becoming more accepting of men in nursing. Have occupation characteristics changed with the advent and exuberant growth of technology in health care?

Does the phenomenon of men choosing a nontraditional career, such as nursing suggest modifications in Holland's theory? A longitudinal study to further explore work environments, generally, and the socialization of male nurses to the healthcare environment, specifically, may help to broaden the understanding of environment and personal fit. Furthermore, such research would investigate the presence of continuing barriers experienced by male nurses once they become employed. Furthermore, this research would need to examine men's motivations for remaining in this environment, so that further efforts to retain men in the nursing profession could be refined.

Implied in the results of this study is the improving image of male nurses among the public, and that men who pursue nursing as a career are perceived more positively than results from prior literature. Additional studies are needed to investigate perceptions among younger men toward nursing as a potential career choice. Of course, the results of this study indicated that a persistent lack of advisement by high school counselors existed for men seeking nursing as a career. As potential gatekeepers to students' choices of profession, counselors, the roles they play, and their own education about male nurses, should be investigated further, so that barriers related to male nurses' career preparation may be better understood. The important role that high school counselors play in assisting young men and women to identify and academically prepare for a career choice remains a powerful point in young people's life for it to be ignored.

Studying the stereotypical attitudes of society toward male nurses and comparing that data to previous studies would serve as a compass that would point to future direction of nursing in general. More importantly, it would question whether the

profession of nursing continues to be viewed by the public as a traditionally female-oriented profession. The public is becoming more accepting of females in nontraditional male roles and, too, the traditional (nuclear) family structure has changed over the last 20 years. One wonders whether the perception toward males in nursing is changing, as well.

Minority males were not represented as a coherent group in this study's participant group, so additional data is needed to identify both their experiences with considering nursing as a profession and their experiences as nursing students. Qualitative studies of other underrepresented groups in nursing would contribute to a needed knowledge base for creating a diverse workforce that, ideally, should be representative of the diverse healthcare needs of the nation.

This research focused on men enrolled in a ladder nursing program of study in a public community college in the Midwest. The educational format occurred in a traditional face-to-face learning environment. With the advent of technology and the changing demographics of college students, I suggest comparing regional nursing programs, including private, public, and online platforms to investigate the experiences of male nursing students. Blended nursing curriculum could be developed by comparing and contrasting the results with female nursing students to identify differences, similarities, and barriers towards nursing education.

The participants in this study referenced a positive relationship with the only male faculty member in the program in which they were enrolled. They described how they sought the male faculty member's counsel for clarification of educational concepts and for support. In light of the limited numbers of male nursing faculty, it is necessary to identify the motivations and

barriers that male nurses experience when they consider entering the faculty ranks. To facilitate the movement of nursing toward a more gender-neutral profession, it will become imperative to recruit and retain male educators.

Conclusion

The purpose of this study was to focus on the educational journey of male nursing students in a Midwestern community college, and to explore how they came to choose nursing as a career. The study supports and challenges findings from previous research. Although the study was limited to a small pool of male nursing students, the participants revealed that gender issues with regard to nursing stereotyping are not as prevalent as the literature has previously suggested. At times, the men were mistaken for physicians, and it seemed not only that such occurrences occurred more frequently with elderly patients, but that they were easily dismissed by the participants. The men never experienced being challenged regarding their sexuality, but noted the need for the media to stop representing male nurses as gay or unintelligent: continued negative portrayal of men as nurses would continue to be a barrier for recruitment. The media is a powerful medium for communicating information about nursing. To counter these negative images and their reception among the public, programming and advertisements that portray both male and female nurses in a variety of settings, demonstrating their professionalism as nurses and their caring personae, may attract more men to nursing. The National League for Nurses, as the primary professional organization for Nurse Educators, along with the professional organizations that would attract men—such as Minority Nursing and Men in Nursing—could partner with Johnson and Johnson's current efforts to address the nursing shortage.

In answer to the research question of how men chose nursing as a career, the study's

participants chose nursing primarily because of their deep desire to care for someone or to have the opportunity to help someone. Further, nursing as a career provided them with opportunities to help and to care for individuals in need of assistance. The desire to care for others continued to be the primary motivator to choose nursing as a career—a finding that remained consistent with the literature and unchanged over the last decade. The men in this study vigorously defended the notion that men are caring individuals by explaining that they had sought nursing as a career primarily because they wanted to care for someone who was vulnerable, or because they wanted to help others. The literature suggested that caring is more natural for women and that men are drawn to the profession for the intrinsic benefits of salary and job security. In contrast to the literature, the desire to care for others as a reason for pursuing nursing was not gendered. Rather, the study's participants saw it as a universal motivator for anyone pursuing nursing as a career. In general, both men and women seek nursing as a career because it provides them with the opportunity to care and to help others. This study showed that this motivation was the same for both genders, and trumped—at least for the men—my initial assumptions about their motivations.

Once the men enrolled in nursing school, they experienced challenges with the female-oriented nature of nursing education. However, through the support of other males and their male nursing instructor, they were able to navigate classroom and clinical experiences. Although the men did not express the need for a mentor, individual support and role modeling seemed to be especially important to them. They indicated that their informal practice of getting together as a group of male students promoted male nursing, facilitated student bonding, provided the opportunity for them to share unique nursing experiences and concerns and, consequently,

provided the type of socialization that supported them throughout their educational program. The men felt that mentoring would be important to them once they had graduated and were preparing for employment as a nurse. While the literature suggests that mentoring is important to male nursing students, the results of this study suggest that learning communities and support groups with membership specific to male student nurses would be more valuable. I would suggest the action would decrease isolationism and would increase retention of men in nursing programs of study. Regardless, at least for the participants in this study, their positive remarks regarding the nursing faculty and nursing education experience substantiated the need for an educational nursing program that was congruent with their personality type.

One barrier that the data did confirm to be congruent with earlier studies was the question of whether male nurses had the ability to touch a patient correctly while providing care or treatment. Male nursing students still appear to be anxious about how to touch and provide intimate care to female patients for fear of being falsely accused of sexual inappropriateness. Advance preparation appears to be critical for male students in the area of OB clinical. Nurse educators need to heighten their sensitivity to male nursing students and revise their nursing program curriculum to include gender and cultural sensitivity with regard to patient care and intimate touch. Perhaps incorporating a skills lab utilizing role playing and simulation on how to touch female patients properly would allay male nursing students' fears of being accused of sexual inappropriateness.

Role models and personal support networks heavily influenced the participants' experiences with education and practice. Individuals with whom the participants were close encouraged the men to pursue nursing as a career, and many of them were acquainted with other

nurses. Although the men indicated that they did not experience significant issues with stereotypes, perhaps in an attempt to dispel negative stereotypes of men in nursing, they clarified that they had been exposed to individuals who modeled the social characteristics of the occupation. The data from this research study suggests that the public's image of men as nurses may be more accepting than noted in previous research. Perhaps, now, we are experiencing a renaissance of sorts, where nursing is viewed by society as a profession in gender-neutral terms.

The image of nursing as a traditional female career continues to prevail along with negative stereotypes that adversely impact efforts to recruit more men to nursing. The challenge of recruiting more men to nursing falls on the recent male graduates and currently practicing male nurses. Career choice is influenced by many factors, and if potential recruits hear male nursing students speak positively about their experiences in nursing school, then potential recruits might consider investigating nursing as a career choice. The nursing profession must accept the challenge of reflecting the diversity of the United States, and prepare for the expected shortage of nurses within the next few years. To do so, it will have to recognize and address the barriers that continue to discourage men from entering nursing. The profession must work more aggressively with high school counselors, so that men consider nursing earlier in their education, when there is still time to prepare them academically. Nurses and health care agencies need to collaborate with the media to emphasize the characteristics of gender neutrality, intellectual competence, and the rewarding experience of caring for vulnerable individuals. If there negative experiences in the nursing program exist, it would be beneficial for the program to investigate the issues and seek resolution through counseling, curriculum revision, and representation of minorities and males.

To help ease the impact of the huge wave of imminent nursing retirements, the aging baby boomers, and the resulting nursing shortage, it is imperative that new sources of registered nurses be found. One such source is from non-traditional groups in the profession, such as men and minorities. We must expand beyond the traditional image of the registered nurse as a relatively young, white female to a candidate that is either a gendered or an ethnic minority. Men, who represent roughly half of the potential workforce, continue to remain an untapped resource for nursing. If the same number of men entered into nursing as women, there would be no nursing shortage.

The changing profile of the population and the healthcare landscape supports and demands that the profession of nursing become more diverse. Ignoring barriers that deter men from considering nursing as a career will continue to create more barriers. It is by understanding the journey of male nursing students, as a gendered minority in nursing, that we may be able to apply the knowledge of barriers encountered by other sorts of minorities to promote a profession that is more representative of the average healthcare consumer. There has occurred a cultural shift regarding women entering traditionally male professions without compromising or threatening their gendered identity. Too often, the subtle ways that men's gender poses barriers in the workplace is ignored, since traditional stereotypes hold that men cannot be discriminated against. While it is true that, generally, men still enjoy more privilege in the workplace than women, nursing has remained a field where men are viewed as being less competent than women. The results of this study suggest otherwise, and posit that it is possible to facilitate the same cultural change for men entering nursing as for women who entered traditionally masculine areas

of the workforce.

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APPENDIX A: INFORMED CONSENT DOCUMENT

Title of Study: Are you man enough to be a nurse? The road less travelled.

Investigators: Barbara A. Cook Krieg

This is a research study. Please take your time in deciding if you would like to participate. Please feel free to ask questions at any time.

INTRODUCTION

The purpose of this study is a research study conducted by Barbara A. Cook Krieg, a doctoral student enrolled a Iowa State University, Educational Leadership and Policy Studies. The qualitative study will explore the experience on how men go about making the decision to choose nursing as a professional career and what barriers they may have faced in the decision. You are being invited to participate in this study because you are a male student enrolled in a nursing program of study. You should not participate if you are uncomfortable participating in this study.

DESCRIPTION OF PROCEDURES

If you agree to participate, you will be asked to participant in a series of three semi structured interviews that will take approximately 90 minutes each. The topic of the interview will include demographics, the process that you retrospectively went through to arrive at the decision to choose nursing as a career, the barriers that challenged that decision and the educational journey that you experienced. The interviews will occur in the conference room of the college library to assure confidentiality and privacy. The time of the interview will be negotiated between you and the researcher. You will be asked to review the transcriptions of the interview to assure accuracy of your statements and to provide clarification and feedback of issues that might arise through the interview process.

The interviews will be audio taped and transcribed. Data obtained from the interviews will be coded and investigated for themes. The audiotapes and transcriptions will be kept in a secure location and will be destroyed upon completion of the dissertation

RISKS

There are no anticipated risks involved in this qualitative research study. It may be stressful when discussion the process of selecting nursing as a profession and the education experience. The researcher (Barbara A. Cook Krieg), will not be in a position to evaluate you while you are enrolled as a student in the nursing program.

BENEFITS

If you decide to participate in this study there may not be any direct benefit to you. The information gained in this study will provide a better understanding of the process men experience in making the decision to enter nursing as a profession. Through this understanding the information gained might promote the recruitment of men to the nursing profession in an effort to alleviate the impending nursing shortage. It is further anticipated that recruiting more men in the nursing profession will enhance diversify within the profession.

COSTS AND COMPENSATION

You will not have any costs from participating in this study. You will not be compensated for participating in this study.

PARTICIPANT RIGHTS

Your participation in this study is completely voluntary and you may refuse to participate or leave the study at any time. If you decide to not participate in the study or leave the study early, it will not result in any penalty or loss of benefits to which you would be otherwise entitled. You can skip any questions that you do not wish to answer. You will have the right to withdraw at any time from the interview process without loss of benefits resulting from this study.

CONFIDENTIALITY

Records identifying you will be kept confidential to the extent permitted by applicable laws and regulations and will not be made publicly available. However, federal government regulatory agencies, auditing departments of Iowa State University, and the Institutional Review Board (a committee that reviews and approves human subject research studies) may inspect and/or copy your records for quality assurance and data analysis. These records may contain private information.

To ensure confidentiality to the extent permitted by law, the following measures will be taken:

Interviews will be labeled with pseudonyms to maintain confidentiality rather than names.

In addition, the researcher will use no identifying names during the recorded interview. All records will be kept in a locked file available only to the researcher.

The data will be published however, confidentiality of participation in the study will be maintained and participants will not be identified.

QUESTIONS OR PROBLEMS

You are encouraged to ask questions at any time during this study.

- For further information about the study contact

Barbara A. Cook Krieg (319) 296-4457 or

Major Professor, Dr. Larry Ebbers, 515-294-8067

- If you have any questions about the rights of research subjects or research-related injury, please contact the IRB Administrator, (515) 294-4566, IRB@iastate.edu, or Director, (515) 294-3115, Office for Responsible Research, Iowa State University, Ames, Iowa 50011.

PARTICIPANT SIGNATURE

Your signature indicates that you voluntarily agree to participate in this study, that the study has been explained to you, that you have been given the time to read the document, and that your questions have been satisfactorily answered. You will receive a copy of the written informed consent prior to your participation in the study.

Participant's Name (printed) _____

(Participant's Signature)

(Date)



APPENDIX B: INTERVIEW GUIDES

Interview #1

Code Name

Date

Focused Life History		
1. Tell me about yourself		
Where did you grow up		
Your Family: How many were in your family		
Educational Background		
2. Tell me about your educational background		
3. What is the educational background of your parents?		
How did that impact you?		
4. How many people went to college in your family (Who were they)		
Career Choice		
5. Tell me how you came about choosing nursing		

Interview #3

Code Name

Date

Reflection		
4. Given what you have said about your life and experiences, how would you define nursing?		
5. How has your experience as a male in a predominantly female profession affected your definition of nursing?		
6. What are your future professional goals in nursing both educationally and professionally?		

APPENDIX C: IRB APPROVAL

IOWA STATE UNIVERSITY
OF SCIENCE AND TECHNOLOGY

Institutional Review Board
Office for Responsible Research
Vice President for Research
1138 Pearson Hall
Ames, Iowa 50011-2207
515 294-4566
FAX 515 294-4267

Date: 12/20/2010

To: Barbara A Cook Krieg
3909 Veralta Dr
Cedar Falls, IA 50613

CC: Dr. Larry Ebbers
N256 Lagomarcino Hall

From: Office for Responsible Research

Title: Are You Man Enough to be a Nurse? Voices of Male Nursing Students

IRB Num: 10-413

Submission Type: New **Exemption Date:** 12/17/2010

The project referenced above has undergone review by the Institutional Review Board (IRB) and has been declared exempt from the requirements of the human subject protections regulations as described in 45 CFR 46.101(b). The IRB determination of exemption means that:

- You do not need to submit an application for annual continuing review.
- You must carry out the research as proposed in the IRB application, including obtaining and documenting informed consent if you have stated in your application that you will do so or if required by the IRB.
- Any modification of this research should be submitted to the IRB on a Continuing Review and/or Modification form, prior to making any changes, to determine if the project still meets the federal criteria for exemption. If it is determined that exemption is no longer warranted, then an IRB proposal will need to be submitted and approved before proceeding with data collection.

Please be sure to use only the approved study materials in your research, including the recruitment materials and informed consent documents that have the IRB approval stamp.

Please note that you must submit all research involving human participants for review by the IRB. Only the IRB may make the determination of exemption, even if you conduct a study in the future that is exactly like this study.