

## ABSTRACT

### MALE HEALTH PROMOTION PROFESSIONALS IN HIGHER EDUCATION: WHY THEY ENTER AND REMAIN

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This dissertation examines men in the career of health promotion in higher education. This study was designed to gain insight from men currently working in health promotion in higher education about why and how they entered their career as well as what is keeping them working in this field. The purpose of this qualitative study was to explore the perceptions and experiences of men working as health promotion professionals in the higher education setting regarding their entry into and persistence in their chosen profession.

Using a basic interpretive qualitative study approach, five participants took part in three semi-structured interviews, in which they were asked questions regarding their motivations for entry into health promotion in higher education and what influences them to remain in the career. Findings indicate that there were many factors impacting career entry and career persistence for the participants. While the findings of this study may be transferable to other men in health promotion in higher education, they are only generalizable to the five participants. The findings add to the current literature on professionals working in health promotion in higher education and student affairs, and to the literature on men in historically nontraditional career.



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MALE HEALTH PROMOTION PROFESSIONALS IN HIGHER EDUCATION:  
WHY THEY ENTER AND REMAIN

BY

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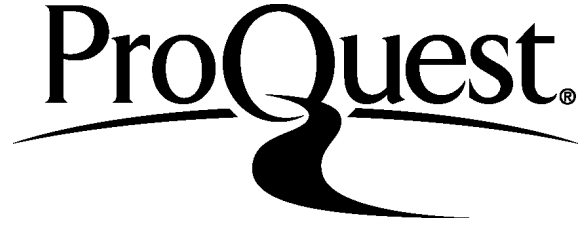
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## CHAPTER 1

### INTRODUCTION

The majority of the research on gender and career choice focuses on women who choose to enter traditionally male careers including careers in technology and the sciences (Williams, 1992). In addition, there is a growing body of literature on men who choose to enter traditionally female careers (Dodson & Borders, 2006; Jackson, Wright, & Perrone-McGovern, 2010). A nontraditional career is one predominately pursued by one gender or the other (Williams, 1993). Some examples of nontraditional careers for men explored in the literature include elementary education, nursing, and social work (Sargent, 2005; Williams, 1995). In this study, I focused on men working in the predominately female field of health promotion in higher education. A health promotion professional, “works to prevent the development of personal and campus population-level health problems, while enhancing individual, group, and institutional health and safety” (American College Health Association, 2012b, p. 2). Health promotion at institutions of higher education is a nontraditional career choice for men because approximately 80% of health promotion professionals working in higher education are female (National Association of Student Personnel Administrators, 2011; A. Ticker, personal communication, November 5, 2012). Both prior qualitative and quantitative studies explore why men enter nontraditional careers, why they remain in their chosen career, and the benefits and challenges they experience when working in these careers; however, the studies are not about



health promotion in higher education (Williams, 1993). In this study, I utilized a qualitative approach to explore why men enter and remain in the field of health promotion in higher education.

Institutions of higher education (IHEs) vary across the country and include private institutions, public institutions, research institutions, and technical colleges among other types of classifications (Berdahl, Altbach, & Gumport, 1999; Merriam & Brockett, 2007). IHEs also include community colleges offering 2 years of college-level education, universities offering undergraduate bachelor's and graduate degrees, and technical schools offering training programs that prepare students for specific careers (National Center for Education Statistics, 2012a).

According to the 1998 Amendments to the Higher Education Act of 1965, an institution of higher education is a state-authorized educational institution that admits students who can show they graduated from high school or hold an equivalent certification such as from passing the General Educational Development (GED) test. For the purposes of this study, IHEs are public and private universities in the United States offering, at minimum, 4-year bachelor's degrees. The institutions may also offer graduate degrees. I did not include technical schools and 2-year community colleges.

For the purposes of this study, the definition I used for health promotion in higher education follows the principles set forth by the American College Health Association's (ACHA) *Standards of Practice for Health Promotion in Higher Education* (2012b): "Specific health promotion initiatives aim to expand protective factors and campus strengths, and reduce personal, campus, and community health risk factors" (American College Health Association, 2012b). The purpose of health promotion in higher education is to support the success of

students by working to create a positive and healthy environment for them to learn and live in including the physical and social aspects of the environment (World Health Organization, 1991).

According to Zimmer (2002), approximately 80% of member institutions of the ACHA stated that they had health education or promotion services on their campuses. Divisions of student affairs house the majority of health promotion departments at most colleges and universities (National Association of Student Personnel Administrators, 2011). Student affairs departments at institutions of higher education provide educational opportunities outside of the classroom for students which focus on student learning and personal development (American College Personnel Association, 1996). The *ACHA Health Promotion Needs Assessment 2012* (American College Health Association, 2012a) reports that 89% of participants stated that their department was located within student affairs.

Health promotion professionals working in the setting of higher education focus on college and university students, faculty, and staff. The ACHA's *Standards of Practice for Health Promotion in Higher Education* (American College Health Association, 2012b) states that the purpose of health promotion in higher education is to support student success by practicing prevention and increasing those programs and initiatives that support a healthy environment while decreasing barriers to a healthy campus. IHEs include most health promotion departments within student affairs; therefore, many health promotion professionals may consider themselves student affairs professionals. "Student affairs professionals are educators who share responsibility with faculty, academic administrators, other staff, and students themselves for creating the conditions under which students are likely to expend time and

energy in educationally-purposeful activities” (American College Personnel Association, 1996, p. 9).

According to the *ACHA Health Promotion Section Needs Assessment 2012* (American College Health Association, 2012a), the majority of health promotion departments provide services for undergraduate and graduate students. Based on the *ACHA National College Health Assessment* (American College Health Association, 2014b), topic areas discussed by health promotion departments include, but are not limited to, alcohol and other drugs, stress management, sleep hygiene, interpersonal violence, sexual health, general health education, exercise, and nutrition. Approximately half of health promotion professionals consider themselves generalists rather than specialists in one health topic area (American College Health Association, 2012b). According to the *ACHA’s Guidelines for Hiring Health Promotion Professionals in Higher Education* (American College Health Association, 2014a), “regardless of position level, all qualified health promotion professionals should be competent in conducting needs assessments, selecting priority health issues and measurable behavioral objectives, designing and implementing evidence- and theory-based initiatives, evaluating effectiveness, and reporting outcomes” (p. 3).

### Problem Statement

Although there is literature available on men working in nontraditional careers in general, I found no literature focusing on men working in health promotion in higher education. Several researchers (Calhoun & Taub, 2014; Jackson et al., 2010; Lupton, 2006; Simpson, 2005) highlight the need for more research on the area of men in nontraditional careers, though they do not specifically mention the field of health promotion in higher education. There is also

literature suggesting that it is important to have men involved in health promotion within the college environment (Beshers, 2008; Cupples, Zukoski, & Dierwechter, 2010; Harris & Edwards, 2010). Cupples et al. (2010) suggest that men may connect well with other men on certain health issues. The study focused on male peer health educators, young men trained to educate their peers; however, the findings may be transferrable to men working in health promotion in higher education. Though not specifically related to health promotion, two studies that focused on the experiences of men in higher education found that older male role models may positively influence college-age men (Harris & Edwards, 2010). Finally, researchers who focused on the experiences of entry-level men in student affairs state that there is a need to recruit and retain men in student affairs (Calhoun & Taub, 2014). Based on the findings of these previous studies, a male health promotion professional could have a positive influence on men at institutions of higher education. Therefore, understanding why men enter and remain in this career is important.

This study focused on men who work in health promotion in higher education. According to the National Center for Education Statistics (2012b), in the 2009-2010 academic year, of those institutions offering degrees in health professions and related programs, women earned 85% of undergraduate degrees and 81% of master's degrees. Degrees in "health professions and related programs" include, but are not limited to,

Health Services/Allied Health/Health Sciences, General; Dentistry; Health and Medical Administrative Services; Allied Health Diagnostic, Intervention, and Treatment Professions; Health/Medical Preparatory Programs; Medicine; Mental and Social Health Services and Allied Professions; Pharmacy, Pharmaceutical Sciences, and Administration; Public Health; Rehabilitation and Therapeutic Professions; Dietetics and Clinical Nutrition Services; and Registered Nursing, Nursing Administration, Nursing Research and Clinical Nursing. (National Center for Education Statistics, 2012b, p. 1)

Focusing specifically on health promotion in higher education, the *ACHA Health Promotion Needs Assessment 2012* (American College Health Association, 2012a) reports that 72.4% of respondents had a degree in health-related fields including Public Health, Health Education/Health Promotion, Community Health, or Health Care Administration (p. 24).

A. Ticker, the membership coordinator of the ACHA, stated that in 2011-2012, 16.2% of the 481 members of the ACHA Health Promotion Section were male (personal communication, November 5, 2012). Finally, the *Wellness and Health Promotion Benchmark Survey 2011* (National Association of Student Personnel Administrators, 2011) completed by the National Association of Student Personnel Administrators (NASPA) found that 23.5% of directors of health promotion departments stated they were male (p. 7). While these are two separate studies, the findings indicate few men enter health promotion in higher education; however more may advance into a director role. The findings are similar to information about student affairs in higher education where more women enter the profession, but more men advance (Hamrick & Carlisle, 1990; Engstrom, McIntosh, Ridzi, & Kruger, 2006).

The ACHA's *Guidelines for Hiring Health Promotion Professionals in Higher Education* (American College Health Association, 2014a) list only two levels of staffing for health promotion departments: the staff-level and the director-level health promotion professional. Therefore, there is little room for advancement in the field. Williams (1992) indicates men may be encouraged to enter into higher-level administrative positions, and the lack of opportunity for advancement could be a reason why some men do not remain in the field.

There is no standard definition of what makes a career traditional or nontraditional for a person to enter based on gender. The World Health Organization (2013) defines gender as a

socially constructed role of what society considers appropriate for a man or woman. Therefore, in this research study, when I use the term gender, it indicates the “roles, behaviors, activities, and attributes” (World Health Organization, 2013) society deems appropriate in the United States for men and women rather than the biological sex of a person. The participants in this study did not need to be biologically male, but must have self-identified as male. Kanter (1977) states that in order for a career to be considered “gendered,” 85% of those people working in the field need to be of one gender. Based on the statistics discussed above, health promotion in higher education may fall slightly outside of these numbers. However, Williams (1992) states that nontraditional careers for men, including social workers and librarians, also fall outside of that 85%. The statistics confirm practitioners in health promotion in higher education are predominately female. Therefore, for the purposes of this study, a career in health promotion is nontraditional for men.

There is a need for more information on why men choose to enter health promotion in higher education and the influence their presence has on practice in the field. As prior research suggests, it may be helpful for colleges and universities to have male health promotion professionals on staff to assist with connecting male students on campus with health resources (Beshers, 2008; Cupples et al., 2010; Harris & Edwards, 2010).

### Purpose

The purpose of this basic interpretive qualitative study was to explore the perceptions of men working as health promotion professionals in the higher education setting regarding their entry into and persistence in their chosen profession.

## Research Questions

In order to conduct this research and address the stated purpose above, the following research questions guided this study:

1. What influenced participants in their decision to enter health promotion in the setting of higher education?
2. What influences participants to remain in health promotion in the setting of higher education?
  - 2a. What benefits do men perceive working in health promotion in higher education?
  - 2b. What challenges do men perceive working in health promotion in higher education?

## Significance of the Study

In this study, I aimed to gain a better understanding about why men enter and remain in health promotion in higher education. Previous research indicates men connect well with other men when discussing health issues and older adult males positively influence college-age men (Cupples et al., 2010; Harris & Edwards, 2010). Male health promotion professionals may connect with college-age men and influence them to make positive health decisions. Therefore, having men in a role to discuss health issues with college-age men may be important for health promotion departments and their institutions. The current study sheds light on why some men choose to become health promotion professionals in higher education and why they remain in

their roles. The findings of this study helps those working in the profession to better understand the benefits, barriers, and challenges of men who choose to work in this field.

Along with acquiring a better understanding of men in health promotion in higher education, this study also adds to the body of research on men working in nontraditional careers. The majority of studies I reviewed on men in nontraditional careers focused on three careers: primary/elementary education (Galbraith, 1992; Sargent, 2004; Sargent, 2005; Simpson, 2005; Walsh, 1988; Williams, 1992), social work (Gillingham, 2006; Williams, 1992; Williams, 1995), and nursing (Galbraith, 1992; Simpson, 2005; Walsh, 1988; Williams, 1992; Williams, 1995). I also found one study about entry-level men working within different departments in student affairs, though health promotion was not represented by the participants (Calhoun & Taub, 2014). Jackson et al. (2010) states that it is important to study men in other nontraditional careers to gain an understanding of the impact their experiences have on their life, their career, and on society. Therefore, if health promotion departments want to recruit and retain male health promotion professionals, it is important for them to understand the professionals' experiences and perceptions.

There is a lack of empirical research available on health promotion professionals who choose to work in higher education. The American College Health Association has published the *Standards of Practice for Health Promotion in Higher Education* (2012b), the *Guidelines for Hiring Health Promotion Professionals in Higher Education* (2014), and the *ACHA Health Promotion Needs Assessment 2012* (2012b). These publications include knowledge and skills professionals working in health promotion in higher education should have, and include guidelines for those hiring qualified health promotion professionals. Additionally, the NASPA completed a study focused on directors of health promotion departments in higher education



(National Association of Student Personnel Administrators, 2011). I was able to find one study focusing on the perceived professional development needs of health promotion professionals in higher education (Davidson, 2008). I was not able to locate any other published research focusing specifically on why people enter a career as health promotion professionals in higher education. Health promotion departments and institutions of higher education could utilize the findings of this study to better understand one subset of the professionals working in health promotion.

This study adds to the literature about both men in nontraditional careers and professionals working in health promotion in higher education and student affairs; members of the research community who are interested in men working in nontraditional careers, and professionals working in health promotion in higher education and in student affairs could find the results of this study beneficial in their practice. Health promotion and student affairs professionals may utilize the findings to better understand why men enter and remain in this field and to help create environments that encourage men to remain in the field.

#### Nature of the Study

I utilized a basic interpretive qualitative design for this study (Merriam, 2009). I conducted interviews with men who were currently working in health promotion in higher education. I chose this methodology because the purpose of the research was to better understand the lives, perceptions, and experiences of the participants (Merriam, 2009). I drew on the literature available on career choice and career persistence of men in nontraditional careers and professionals working in higher education when conducting my analysis of the

findings. However, because I focused on this previously unstudied population, I explored factors of career entry and persistence not previously discussed in the literature.

The research participants for this study were five men who worked as health promotion professionals at 4-year, public or private IHEs in the United States. All participants had at least 10 years of experience working in health promotion in higher education, though, the minimum required for participation was 5 years. As I discussed previously, there were a small number of men employed in this field; therefore, I did not want to limit the pool of candidates for this study by requiring more than 5 years of experience in the field. Men no longer working in higher education, retirees, or those who had taken on different roles in higher education were not included in this study because they may not have been able to explain why they remained in the profession. I utilized purposeful sampling in order to recruit and select participants (Merriam, 2009). I collected data using a semistructured interview approach and analyzed the data using the constant comparative method (Merriam, 2009). Member checks and review by a peer debriefer aided in obtaining trustworthy data (Merriam, 2009).

### The Researcher

When asked to describe my research interest, many people ask why I, a woman, focused my research on men working in a nontraditional career. The following section offers an explanation of why I chose this research area and why I considered it important.

I began working in health promotion in higher education when I was a freshman at the State University of New York at Oswego. I started as a peer health educator while going to a school that taught criminal justice, studying to be a police officer. My experiences working as a peer educator influenced me to change my career path to pursue a master's degree in public

health in order to gain employment as a health promotion professional. During the time of this study, I was in my 8th year of working as a health promotion professional in higher education. My experiences made me interested in why others decide to enter this profession, as there are currently no degree programs for health promotion in higher education (McNeil, 2012).

I heard conversations regarding men working in health promotion in higher education since I began working in this field. Why were there not more male peer educators? How can we recruit more? How can a female health promotion professional connect on health issues better with fraternity men or male athletes? How can a male student feel comfortable talking about personal matters with a female health educator? Health promotion professionals work to create an environment in which students are comfortable asking questions and obtaining information on many health topics including relationship issues and sexual health.

I have experience working at five institutions of higher education and with three male health promotion professionals, one of whom retired and a second who left the profession. Additionally, I volunteer on regional and national committees for health promotion in higher education and peer health education. Through my experiences, I have observed a limited number of men in this profession and I know little about this subset of professionals working in health promotion in higher education.

For the above reasons, I chose to study men in health promotion in higher education. This study did not answer all of my questions, nor is it generalizable to all men working in this profession; however, the findings may help the field's professionals gain a better understanding of why and how men choose to enter this profession and why they choose to remain.

## Overview of the Study

In Chapter 1, I introduced the key points of the current study including the purpose, significance, the need for this research, and the nature of the study. Chapter 2 provides a review of the related literature. Chapter 3 provides a more detailed explanation of the qualitative research methodology guiding this study. Chapter 4 provides an explanation of the findings, and chapter 5 provides a discussion of findings, final conclusions, and suggestions for further research and for practice.

## CHAPTER 2

### LITERATURE REVIEW

There are assumptions regarding gender and biological sex that play a role in job creation, the writing of job descriptions, the hierarchy of organizations, and the culture of the workplace (Williams, 1995). Conducting research on men and women entering nontraditional careers is important because it sheds light on the barriers to these careers and how to reduce them (Lupton, 2006). The majority of research studies and literature regarding people entering nontraditional careers focuses on women and their struggle to gain entrance into careers traditionally held by men (Jackson et al., 2010; Williams, 1992). However, it is important to better understand how and why men enter nontraditional careers because more men are entering them (Jackson et al., 2010). Therefore, in this chapter, I discuss the literature on men entering nontraditional careers and professionals entering careers in student affairs. Additionally, I discuss the literature on career persistence for men in nontraditional career and student affairs.

There are several careers dominated by women discussed in the literature including elementary teachers, nurses, and social workers (Galbraith, 1992; Gillingham, 2006; Sargent, 2004; Sargent, 2005; Simpson, 2005; Walsh, 1988; Williams, 1992). Another example of a career typically held by females is working as a health promotion professional in institutions of higher education. The membership coordinator of ACHA, A. Ticker, stated that in 2011-2012, 16.2% of the 481 members of the ACHA Health Promotion Section who disclosed their

biological sex were male (personal communication, November 5, 2012). Additionally, the findings of the NASPA *Wellness and Health Promotion Benchmark Survey 2011* (National Association of Student Personnel Administrators, 2011) show that 23.5% of directors of health promotion departments who completed the survey were male. However, I found no literature focused specifically on men working in this profession.

The National Center for Education Statistics (2012b) found that for the 2009-2010 academic year, those institutions that offered degrees in health professions and related studies conferred the majority of them to women. The *ACHA Health Promotion Needs Assessment 2012* (American College Health Association, 2012a) reported that the majority of respondents from the Health Promotion Section had their degree in a health-related field including Public Health, Health Education/Health Promotion, Community Health, and/or Health Care Administration. The fields discussed in the *ACHA Health Promotion Needs Assessment 2012* (American College Health Association, 2012a) are consistent with the degree fields dominated by women.

While there is current literature on men working in nontraditional careers, I could find no literature regarding men working in the field of health promotion or, more specifically, on men working in health promotion in the higher education setting. I completed this study, as I discuss in subsequent chapters, in order to understand why certain men choose to enter this career and why they maintain their employment. By better understanding the men who chose to enter and remain in this field, I hoped to understand how colleges and universities may recruit and retain more male professionals.

I designed the study to gain insight from men who worked in health promotion in higher education about why and how they entered their career as well as what encouraged their

persistence. The following literature review reports information regarding nontraditional careers for men as well as information on student affairs and health promotion in higher education.

### Organization of This Review

In the first section of this literature review, I discussed the research conducted about men working in nontraditional careers including types of nontraditional careers, factors associated with men entering these careers, and the issues and challenges associated with working in these careers. The second section examined research conducted about careers in student affairs and health promotion in terms of gender and current practices.

### Men in Nontraditional Careers

Many of the nontraditional careers for men discussed in the literature, regardless of specific profession, involved professionals working with and helping people (Gillingham, 2006). Traditionally, professions that focused on helping and caring for others were considered careers for women because professionals in these positions had close contact and involved building relationships with others (Gillingham, 2006). Employers in nontraditional careers for men may expect employees to be nurturing, caring, empathetic, and sensitive (Cross & Bagilhole, 2002). Additionally, these positions may also involve “mothering” a student, child, client, or patient (Cross & Bagilhole, 2002; Sargent, 2005). These characteristics are not traditionally associated with men (Cross & Bagilhole, 2002). Men in health promotion in higher education need to work closely with students and help them, similar to the professions discussed above.

I found no research that examined men working in health promotion in higher education. However, there are several careers that prior researchers focused on about men choosing nontraditional career pathways. These careers included, but were not limited to, primary/elementary education (Galbraith, 1992; Lupton, 2006; Rice & Goessling, 2005; Sargent, 2004; Sargent, 2005; Simpson, 2005; Walsh, 1988; Williams, 1992), social work (Gillingham, 2006; Williams, 1992), nursing (Galbraith, 1992; Simpson, 2005; Walsh, 1988; Williams, 1992), library work (Lupton, 2006; Simpson, 2005; Walsh, 1988; Williams, 1992), family and consumer science education (Werhan, 2010), clerical work (Lupton, 2006), and in-flight services (Simpson, 2005). I also located one article about men working in student affairs in higher education; however, health promotion was not discussed in that research (Calhoun & Taub, 2014). Rather than focusing on one occupation, other articles focused more broadly on men in nontraditional careers (Cross & Bagilhole, 2002; Heppner & Heppner, 2009; Jome, Surething, & Taylor, 2005). There may be other female-dominated careers covered in the research; however, the majority of the research centered on the careers listed above.

#### Job Requirements for Men in Nontraditional Careers

Male professionals employed in nontraditional positions may have certain characteristics in common and engage in similar activities. However, the literature discussed some requirements relate to specific careers. Male early-childhood educators indicated that some female teachers asked male teachers to be the disciplinarian in their classroom or asked male teachers to play the role of “father figure” for students who did not have a father at home (Sargent, 2004). Additionally, male teachers indicated that they experienced discouragement against hugging or showing affection toward students because they could be viewed as



pedophiles (Sargent, 2005). These two studies may not account for the experiences of all male teachers, because Sargent (2004, 2005) only focused on early-childhood education.

The two male family and consumer science (FCS) educators interviewed by Werhan (2010) stated that male students saw them as role models and that administrators encouraged them to show students that FCS classes provide important education regardless of a person's gender. Library employees may expect male librarians to lift heavy objects, clean vomit in the lobbies, repair machines, and assist with other manual labor (Carmichael, 1992). Men in student affairs reported taking on more manual labor because of their gender (Calhoun & Taub, 2014).

While some demands and characteristics needed to enter a career may be similar regardless of position, there may also be important demands specific to each profession. Therefore, men entering a nontraditional career may find it important to be aware of the demands of the specific career they choose to enter. Men interested in entering the career of health promotion in higher education could review the ACHA's *Guidelines for Hiring Health Promotion Professionals in Higher Education* (2014a) for information on requirements of the field.

Prior to this study, there was no information available that focused on men working in health promotion in higher education and it was unknown what similarities or differences existed between this and other nontraditional careers for men. In completing this study, I spoke directly to practitioners and was able to discuss specific demands that men in health promotion experienced and how these demands impacted their perceptions of their career. By exploring this, I was able to uncover demands that positively or negatively impacted their careers, and I discuss these factors in Chapter 4.

## Entering Nontraditional Careers

### Education

One entry factor mentioned in the literature related to nontraditional careers was educating men about the potential of entering such a career. Galbraith (1992) suggested elementary school educators “focus on informing men who are potential educators of children what other men who are currently employed as elementary educators find rewarding and important in their careers” (p. 252). Similarly, Rice and Goessling (2005) stated that male students in special education preparation programs could connect with male academic advisors and male co-operating teachers. They also suggested the creation of male cohorts. Connecting male students and newer male practitioners with more seasoned men in the field of education may be beneficial. However, a quantitative study conducted by Betz and O’Connell (1992) about engineering and nursing students indicated that connecting with someone working in the field, regardless of the worker’s gender, could help motivate a man to enter a nontraditional career. In addition, regardless of the specific career, colleges and universities could set up internship programs that pair a male student with a male professional currently working in a field. Another way to create connections is to have male practitioners speak to classes about working in a nontraditional career.

For the purposes of this study, I asked participants about their interactions with professionals working in health promotion in higher education and whether these interactions had any influence on their decision to enter the field.

### Influence From Others

A second factor for men choosing a nontraditional career was for them to have a positive influence in their life who did not hold them to the traditional expectations of what was masculine. In the two qualitative studies on male gender identity development conducted by Harris and Edwards (2010), the researchers found that older men influenced college-age men in regard to the norms and expectations of masculinity. “The participants shared stories about teachers, parents, coaches, and historical figures who openly challenged traditional norms and expectations of expressing masculinity while still being respected as men” (p. 53). The structure of this article is unique in that Edwards completed one qualitative study by interviewing 10 male participants, and Harris completed a separate study by interviewing 12 male participants. Additionally, Harris had 56 men participate in focus groups. Harris and Edwards (2010) discussed the shared findings of both studies in the one article.

Having this type of influence could make young men more comfortable with pursuing a nontraditional career. High schools and institutions of higher education could expose young men still in school to professional men who challenge norms. I explored influencers with this study’s participants and whether these influences challenged the norms of what it is to be a man.

Similarly, Tokar and Jome (1998) conducted a study on how gender roles and expectations can influence career interests and career choice. The researchers studied 100 male engineers and 100 male school counselors who were randomly selected for participation. Each participant completed a survey on job satisfaction, the Occupation Choice Dilemma Inventory, a Male Role Norms Scale, and Gender Role Conflict Scale (Tokar & Jome, 1998). The findings suggested that men who received a more traditional orientation of what it means to be masculine were more likely to have an interest in and engage in traditionally male careers and activities.

However, this study examined only engineers and school counselors. Therefore, if the researchers had included other careers, the findings might have been different (Tokar & Jome, 1998).

Betz and O'Connell (1992) focused on male and female nursing and engineering students and the opportunity structure approach. The opportunity structure approach suggests that professionals working in a person's career of interest are influential regardless of the influencers' gender/biological sex (Betz & O'Connell, 1992). "The findings suggest that insider status, not the same sex, is more important in the nontraditional choice of these women. Similarly, male nurses cite female insiders" (Betz & O'Connell, 1992, p. 103). Betz and O'Connell collected the data in 1985-86; therefore, the findings may not be true today. I found no other studies using the opportunity structure approach to research people entering nontraditional careers. Though Betz & O'Connell focused on only two careers, the findings indicated that young men may not necessarily need a male influencer.

Engaging in a mentor relationship may encourage someone to enter a nontraditional career. Koberg, Boss, and Goodman's (1998) findings from a study of health care professionals "indicate that the following influence psychosocial mentoring: protégé characteristics (ethnicity and education), gender and racial composition of the mentoring dyad, and group characteristics (intergroup trust and leader approachability)" (p. 68). In other words, someone was more likely to have a mentor relationship with someone who was similar in race, ethnicity, gender, and educational background. Additional research focusing on gender, insider status, and the mentor relationship may be helpful to determine how these three variables influence one another.

Participants in Werhan's (2010) study found motivation to enter a degree program in FCS through contact with departmental administrators, advisors, and faculty members. Advisors

and faculty members became role models and supported participants to finish their educational program and enter a career in FCS (Werhan, 2010). These findings indicated that having a role model or motivator working in nontraditional degree programs may motivate men to obtain the education needed to enter a nontraditional career. However, this study included only two participants; therefore, more exploration into how degree programs influence male students is needed. I asked my participants about their educational experiences and about their interactions with faculty and staff in their degree programs. This allowed me to learn what role faculty and staff played in influencing participants to enter into health promotion in higher education.

Men currently working in nontraditional careers have the potential to be positive role models for those considering entry into a field (Gillingham, 2006). Williams (1992) completed 99 in-depth interviews with 76 men and 23 women in female-dominated careers from 1985-1991. The researcher included only four careers, and 90% of the participants were White; therefore, the findings may not be transferrable to all men in all nontraditional careers. The researcher found that many men entering into nontraditional careers described experiencing positive interactions with professors, colleagues, and supervisors (Williams, 1992). By learning more about prior influencers and mentors in the lives of the participants I interviewed, I gained more information about who influenced these men to enter into health promotion in higher education.

#### Previous Interest in the Career

Having an interest in the profession was another potential motivator for career entry. Werhan (2010) found that participants' interest in the content covered in the FCS degree program influenced them to obtain that degree and enter into that career. Werhan's study

focused on only two participants; therefore, other male FCS teachers may not have had the same interest. Similarly, Sargent (2004) found that participants in his study of male teachers in elementary schools had a genuine interest in working with and educating children.

Carmichael (1992) completed a study of male librarians by using the *American Library Association Handbook of Organization and Membership Directory*; he surveyed 482 men. The use of a directory was problematic because he was not always able to determine whether a name was male or female; therefore, there is some selection bias. The researcher asked participants questions regarding entry into the career, gender issues, male stereotypes, and demographics. Carmichael found that more than half of the participants chose to become librarians because of a love of books and almost half indicated that experiences in libraries impacted their decision.

The findings of these studies suggested that an interest in the subject area of a field may play a role in the decision to enter a nontraditional career. During this study's interviews, I asked participants about their career interests. By doing this, I was able to learn more about when and how the men developed an interest in this field.

### Personality

Personality was another factor found to influence men who enter a nontraditional career. Galbraith (1992) conducted a study comparing men and women working in nontraditional and traditional careers. The researcher compared men working in nursing and elementary education with men entering the more traditional career of engineering. The results of this study indicated that men working within the nontraditional careers found relationship building with their peers and clientele more important than did men working in the more traditional profession. However, men in both nontraditional and traditional careers indicated that power, money, and prestige

were also important. Galbraith (1992) concluded that while there may be some characteristics that are different between men who chose to enter nontraditional careers and those who did not, there might also be similar personality traits between the two groups.

Galbraith (1992) stated that the *Important Components of a Career Scale (ICC)* used in his study might not have accounted for all of the factors men deem important in their careers. Therefore, there may be additional factors influencing men to enter nontraditional careers. In the current study, I asked participants about what they deemed to be the benefits of their career. These findings are described in subsequent chapters.

Dodson and Borders (2006) completed a study of 100 male engineers and 100 male school counselors that examined gender role attitudes and gender role conflict. The participants completed a job satisfaction survey, the Occupational Choice Dilemma Inventory, and the Male Role Norms Scale. The researchers found that male counselors were more willing than male engineers to make sex-atypical choices in order to have roles with prestige. Additionally, the male engineers had a more masculine ideology than the male counselors. Dodson and Borders (2006) focused on only two careers, almost all participants were White, and all were from the southeastern United States. Therefore, including more varied participants may lead to different findings.

Lemkau (1984) completed a study that compared the personalities of men in sex-typical professions with those in sex-atypical professions. The researcher included men from the Atlanta area who had completed a bachelor's degree, were 50 years of age or younger, and were born in the United States. Each participant completed a biographical questionnaire, a personality inventory, and the Bem Sex Role Inventory. Lemkau (1984) found that men employed in atypical positions had different personality scores and engaged in different behaviors than men

in typical professions. The sample in the study was very homogeneous, with the vast majority being White and educated. Additionally, the study was 30 years old; therefore, the findings may not hold true. I did not have this study's participants complete a personality or sex role inventory.

Holland's (1962) theory of career entry stated that men and women will choose a career that matches their personality type. Holland (1985) explained that there are four assumptions guiding the theory: most people are one of six personality types, there are six types of workplace environments, people will choose an environment that allows them to thrive, and a person's behavior will be determined by the interaction between his/her personality and the environment in which he/she works (pp. 3-4). Holland (1985) stated that a person's career choice is a way for him/her to express his/her personality type, and people working in the same field will have similar personalities. In order to determine a person's personality type, Holland (1962) developed the Vocational Preference Inventory (VPI). "The VPI is a personality inventory closely tied to vocational interests and composed of 160 occupational titles to which the respondent indicates like or dislike" (Walsh, 1988, p. 630). Holland's (1985) theory did not take gender into account.

In a quantitative study, Walsh (1988) examined Holland's (1985) theory by comparing 151 men and women employed in traditionally female careers including nursing, elementary education, and library work. The researcher utilized the VPI to determine the personality types of participants. The researcher found a significant difference in the VPI scores for men and women, regardless of career (Walsh, 1988). However, the findings also indicated that men and women employed in traditionally female careers had similar scores in the "social" personality



area (Walsh, 1988). I did not utilize the VPI in the current study, as the inventory only examines one factor of career entry.

Jome et al. (2005) conducted a study that examined masculinity and career interests. The research studied 166 men in upstate New York who were “employed full-time, not currently a student, and working in their general field or career for at least 2 years” (p. 186). The participants completed the Male Role Norms Scale, the Gender Role Conflict Scale, and the Vocational Preference Inventory. The participants working in nontraditional careers showed an interest in careers in which they worked closely with people. Participants working in traditional careers for men did not have that interest. Based on the findings of the study, men interested in nontraditional careers prefer working in environments involving interaction with other people (Jome et al., 2005). I did not ask participants to complete the above scales; rather, I focused on asking open-ended questions so I could learn more about why they chose their current career.

### Perception of the Career

A final factor influencing career entry was how men perceive their career. Williams (1995) found that several of her study participants stated that they did not perceive their career as traditionally female or female-dominated when they chose to enter. Specifically, participants in the study stated that the idea that nursing, social work, or librarianship was a feminine career was a false stereotype (Williams, 1995). Based on the findings of the study, if the perception is that a career is not nontraditional, a man might be more willing to enter. Before I started this study, I did not know whether men working in health promotion in higher education perceived

the career as nontraditional. By completing this study, I learned that participants perceived health promotion in higher education as a female-dominated profession.

### Theories of Career Entry

The theory of career choice developed by Gottfredson (1996) discusses how people, throughout the course of their lives, develop and implement plans to accomplish their career goals (Gottfredson, 1996). According to Gottfredson (1981), people move through four life stages: a) from age 3-5, they experience orientation to size and power; b) from age 6-8, they experience orientation to sex roles; c) from age 9-13, they experience orientation to social valuation or social class; and d) from age 14 on, they experience their orientation to their own self. During each of the stages, people orient themselves to the career types they can pursue based on their interactions with society and through self-assessment (Gottfredson, 1996). The theory focuses on several major concepts that impact career choice including a person's sense of self, his/her social space or environment, career stereotypes, how a person's self-image impacts compatibility with certain careers, the accessibility of certain careers, and how people go through the process of circumspection and compromise when deciding upon a career (Gottfredson, 1996). Gottfredson's (1996) theory accounts for the sex and gender expectations of a person in how he/she makes his/her choice of career.

Chusmir (1990) developed a model of career choice to study men who make nontraditional career choices and proposed that both personal and external influences impact career choice. Personal influences include one's background, attitudes and values, and intrinsic needs. External influences include the family and society. The factors that influence men impact both their decision to enter a nontraditional career and the positive or negative outcome of the

decision (Chusmir, 1990). Lease (2003) tested Chusmir's model on 354 men and women entering into traditional and nontraditional careers for their gender; however, he did not specify the careers. The researcher obtained the data from the 1986 and 1990 Cooperative Institutional Research Program (CIPR) and reviewed specific data on "involvement in college activities, extracurricular activities, and family and occupational goals" (p. 247). Lease found that some of Chusmir's factors for career choice played a role male participants' career choice. Impactful factors included social ideology, socioeconomic status, and interest in a prestigious career. Factors with no impact included academic ability, interest in raising a family, and mother's career choice.

In the current and subsequent chapters, I discuss similar internal and external factors that played a role in my participants' choice to enter a career in health promotion in higher education. While the theory and the model do not account for all factors, I used this information as a starting point when analyzing the findings from this study. I also examined what additional factors played a role in participants' decision to enter health promotion in higher education.

#### Preparation for and Persistence in Nontraditional Careers

In order to prepare men to enter a nontraditional career, it may be important to create an encouraging environment where men can explore their definition of masculinity. There are many factors that influenced how college-age men defined masculinity including "parents, coaches, teachers, media, and sports" (Harris & Edwards, 2010, p. 49). Institutions of higher education could play a role in defining what is considered masculine. The culture of a college or university campus could reinforce traditional gender expectations or help to eliminate these

expectations (Harris & Edwards, 2010). Men may feel more comfortable entering nontraditional educational programs if the culture of the program and institution were accepting and encouraging (Harris & Edwards, 2010). Faculty and staff could intentionally encourage men who chose to enter a degree program leading to a nontraditional career (Werhan, 2010).

Connecting men currently working in a profession with younger men was one factor that appeared to assist men preparing for entry into a nontraditional career. In order to develop these types of connections, Galbraith (1992) suggested that men currently working as elementary teachers could describe the positive aspects of their careers and the importance of having male educators in elementary schools with new male teachers. This example focused specifically on men working in elementary education. However, educators could bring men working in other types of nontraditional careers into classroom settings to speak with students about their career. Similarly, having a number of men within a graduate preparation program may allow them to make connections with their peers and future colleagues (Calhoun & Taub, 2014). Creating these types of relationships could assist men preparing for a future nontraditional career.

Dohner, Loyd, and Stenberg (1990) completed a mixed-methods study of male home economics teachers. Twenty-four men completed a questionnaire about their age, education, salary, and other demographics. Additionally, 11 of the men completed phone interviews. The researchers found that male home economics teachers fell into their positions, meaning that they did not plan their career but ended up there by chance. The researchers suggested that “men in the field should serve as role models in recruiting, and mentoring, other men” (p. 35). Additionally, the researchers stated that professionals should set up meetings and conferences for male home economics teachers in order to assist with the profession’s male recruitment and

retention. The researchers studied participants in Ohio only; therefore, the findings may not be true for male home economics teachers across the country.

Similarly, seeking out a mentor once in a position could also encourage men to persist in a nontraditional career. Successful men working in a nontraditional career can act as positive role models for newer professionals navigating their first position (Gillingham, 2006). As previously discussed, Koberg et al. (1998) found that professionals were more likely to have a mentor who was similar in race, ethnicity, gender, and education. Similarly, Calhoun and Taub (2014) found that entry-level men in student affairs were influenced positively by male mentors. However, other research indicated that having a mentor within the same chosen nontraditional profession, regardless of gender, assists men working in a nontraditional career (Betz & O'Connell, 1992).

I asked participants about their education and preparation for their career. I learned about mentors and influencers and about how these relationships assisted with participants' decision to enter and remain in their career. By learning how the participants prepared for their career entry, I learned about how professionals could assist future male health promotion professionals to prepare to enter the field.

### Possible Issues and Challenges

The literature discusses several challenges and issues for men working in nontraditional careers. The issues and challenges discussed in this section may be factors that influence a man's decision to leave a nontraditional profession.

### Pressure to Advance

One challenge was the encouragement of men to advance into administrative roles within their professional field. Simpson (2005) completed 40 interviews with men working as primary school teachers, flight attendants, librarians, and nurses. Simpson recruited participants using professional journals, professional websites, and personal contacts and, therefore, these participants “may be more positive about their job than other men who may not have felt motivated to offer themselves for an interview” (p. 378). The majority of study participants indicated that they wanted to remain at the lower-levels of their professional hierarchy and that they did not have an interest in advancing into more administrative roles. However, the men noted that they sometimes felt pushed to advance within their profession (Simpson, 2005). Williams (1992) stated that “some men described being tracked into practice areas within their professions which were considered more legitimate for men” (p. 296). So called legitimate positions included those in upper administration, away from general practice (Williams, 1992). Carmichael (1992) found that male librarians “are expected to be administrators, and are apt to be considered weak, unambitious, or inferior specimens of men if they decline invitations to rise in the hierarchy” (p. 433). Finally, Sargent (2004) highlighted a myth within early-childhood education that men will teach for a short period of time, but they focus on upward advancement within the field of education or are waiting for a more masculine job opportunity. Some participants indicated that others looked down on them for not advancing into more administrative roles even though it was their choice to remain a teacher (Sargent, 2004).

While some may see the encouragement of advancement as a challenge, other research indicated that encouraging men to advance within their profession may be an advantage to upper level positions (Williams, 1992). For example, Lupton (2006) stated in his literature review

about men in nontraditional occupations that some men found being the “token” male made advancement easier into the upper-level positions of their profession. Additionally, Calhoun and Taub (2014) found that some men in student affairs were motivated by “career advancement and having more power, influence, and control” (p. 46).

I explored career trajectory with participants. I asked about their career path and career goals for the future. By examining this information, I learned whether participants planned to remain in the field, whether they planned to advance within higher education, or whether they planned to leave the profession. The ACHA’s *Guidelines for Hiring Health Promotion Professionals in Higher Education* (American College Health Association, 2014) indicated that staff and director are the two professional levels in the profession. However, some departments also had assistant-director or senior-administrator positions. Even with those positions added, once a professional reaches the director-level position, there were likely no advancement opportunities within the field of health promotion in higher education.

### Male Privilege

Similar to the discussion of advancement in female-dominated careers, male privilege was seen as both a positive and a negative factor for men working in nontraditional careers. While no participants worked in health promotion in higher education, Calhoun and Taub (2014) found that “being a man within student affairs carries with it an obligation to counter traditional gender stereotypes and combat the negativity that exists about men, power, and privilege” (p. 45).

Giesler (2013) completed a study on how male social work students experienced privilege in both the classroom and in the field of social work. The researcher interviewed 10

male students currently in the social work program, seven male alumni of the same program, and six members of the social work faculty. The researcher also conducted focus groups with current female social work students. The participants all attended one school; therefore, the findings of the study may not be generalizable to all social work students. The researcher found that during their field experiences, male students “experienced firsthand both male privilege and the stress that its expectations placed on them with few opportunities to process that tension” (p. 210). Participants explained that field instructors expected them to be role models for the male clients they were working with and that they were tasked to connect with men in the population they served. Some participants stated that they received more interesting placements simply because they were male. While participants found these factors to be positive, they also experienced challenges. One participant working with victims of domestic violence was worried “that in his female clients’ eyes, he represented the oppressor” (p. 211). The male participants also mentioned that faculty did not create a space to discuss gender-based concerns like the one mentioned previously. Therefore, male privilege can be seen as both a benefit for men in nontraditional careers, and a potential challenge. I asked participants in the current study about what benefits they perceived as a man in health promotion in higher education.

### Gender Discrimination

Unlike the research previously discussed in which there was encouragement to advance, some researchers found that some men in nontraditional careers experience discrimination. Williams (1992) studied men entering four nontraditional careers: elementary education, nursing, social work, and librarianship. While the researcher found that some employers preferred to hire men, there were accounts of discriminative practices including barring men



from teaching the youngest grade levels in some school districts and from working as nurses in pediatrics or gynecology (Williams, 1992). However, Williams conducted this study over 20 years ago; therefore, these findings may no longer be true. Additionally, Lupton (2006) stated that some male early-childhood educators face false accusations of being perverts or pedophiles because of their career choice.

Hickey (2006) completed a qualitative study of male librarians and their experiences in and perceptions of their career. The researcher recruited young male librarians, all working in different sections of the same library. The researcher found that the men did not feel they were part of the “in group” and that older, female colleagues would reminisce about the golden age of libraries prior to male employment. The participants indicated that the “in group” made them feel uncomfortable during these conversations. Hickey studied men at only one library; therefore, the findings may not be true of men working in other libraries.

Johnson (2010) suggested that professionals need to reflect on and be aware of their own biases in regard to men in nontraditional careers and look at how their practices reinforce cultural stereotypes of what is women’s work and what is men’s work. Being aware of this could help decrease discriminatory attitudes and practices that keep men from entering or maintaining their employment in historically female occupations. I had planned to explore any incidences of discrimination described by participants. However, participants did not describe any outright discrimination based on gender.

### Salary

In a study completed by Hogue, DuBois, and Fox-Cardamone (2010), the researchers utilized the gender of participants to explore pay expectations. The participants completed self-

esteem scales and disclosed the field they planned to enter, the position they intended to hold, and their salary expectation. The researchers utilized the U.S. Department of Labor Statistics to gender-type the jobs the participants indicated. The participants were 435 undergraduate students at a midwestern university. The researchers used a convenience sample; therefore, the findings of this study may not be representative of all undergraduate students. The researchers found that “women and those intending to hold female-dominated jobs expect lower pay than men and those intending to hold male-dominated jobs” (p. 222). However, Calhoun and Taub (2014) found that the need for a higher salary could influence entry-level men in student affairs to leave the profession. I did not ask specific questions regarding salary during the interviews; however, the salary of health promotion professionals working in higher education was mentioned by participants.

### Role Strain

Role strain was another challenge that some men experience when they enter nontraditional careers. Simpson (2005) stated that “conflicts can occur between the need to maintain masculine identities and the feminine associations or demands of the job” (p. 371). Some men in the study described feeling embarrassed or judged by others for having a nontraditional career (Simpson, 2005). Experiencing role strain could lead men to question continuing to work in a nontraditional career. Calhoun and Taub (2014) found that fear of femininity was a component of gender role conflict for men in student affairs but one that did not negatively impact most participants. Simpson found that experiencing role strain influenced three study participants to leave their nontraditional careers.

While some men reported leaving their career after experiencing role strain, not all men chose to leave their profession. Some men developed coping mechanisms in order to remain in their chosen career. Simpson's (2005) participants described coping mechanisms such as not sharing information about their career with their family and friends or focusing on the more masculine aspects of their career. Cross and Bagilhole (2002) conducted a qualitative study in which they examined "ways in which masculinities are defined, (re)constructed, and maintained by men working in nontraditional jobs" (p. 210). The researchers found that some men retained their masculine identity by not working closely with female colleagues. Additionally, participants reported discussing with others how men are more successful in these positions than female colleagues. Other participants described reconstructing their definition of masculinity to help cope with role strain (Cross & Bagilhole, 2002). While the findings of Cross and Bagilhole's study may offer possible coping mechanisms for men employed in nontraditional careers, the findings are not generalizable. All 10 of the participants worked in different nontraditional careers and reported differing amounts of work experience. Therefore, it is difficult to determine which coping mechanisms may work for each of the nontraditional careers represented in this study. In summary, though role strain may be a challenge for some men, there are mechanisms that some of them develop to cope. I did not ask participants specifically about role strain; however, several discussed challenges of being male in a female-dominated workplace.

#### Stereotypes Regarding Sexual Identity

Another challenge was that some men working in a nontraditional career reported being stereotyped as homosexual. Simpson (2005) noted that one of the stigmas that participants

discussed was the assumption of homosexuality or sexual deviance. Sargent (2004) stated that men working as early-childhood educators, regardless of their sexual orientation, experienced homophobic reactions from others both inside and outside of their profession. Werhan (2010) stated that participants indicated they were perceived as homosexual. Carmichael (1992) found that 81% of participating male librarians stated that a stereotype of male librarians was that they are gay. Giesler (2013) found that some participants made a point to share their heterosexual identity. Calhoun and Taub (2014) stated that men in student affairs indicated being perceived as homosexual was a component of gender role strain but was not something that seemed to negatively impact participants.

While men in nontraditional positions may face misperception as homosexuals, a study conducted by Jome et al. (2005) found that men employed in nontraditional careers, regardless of their sexual identity, were more accepting of homosexuals. These findings suggested that men in nontraditional careers are more accepting of homosexual men than those working in more traditional occupations. I did not ask participants about their sexual identity; however, all five brought it up during our discussions.

### Perceptions of Men

To some people, a man in a nontraditional career was seen as having accepted a “step down” or a demotion (Williams, 1992). Carmichael (1992) found that a stereotype of male librarians was that they lacked power and ambition. According to Williams (1992), “this is a crucial difference from the experience of women in nontraditional professions: ‘My daughter, the physician’ resonates far more favorably in most peoples’ ears than ‘My son, the nurse’” (p. 262). As stated previously, Williams conducted her research over 20 years ago, and this

perception may no longer be relevant. However, some men may feel the need to justify why they chose their nontraditional career or they may hide their profession from others.

Based on the prior literature, it is important to consider the issues and challenges that men may face when working in nontraditional careers. They may experience discrimination or false perceptions by people both inside and outside of their profession. I explored the challenges experienced by men working in health promotion in higher education. Practitioners and researchers can utilize the information in this study to help create environments in which men feel more comfortable entering and persisting in nontraditional professions.

#### Careers in Higher Education, Student Affairs, and Health Promotion

Higher education is one setting in which health promotion professionals work. Higher education

informs public understanding, cultivates public taste, and contributes to the nation's wellbeing as it nurtures and trains each new generation of architects, artists, authors, business leaders, engineers, farmers, lawyers, physicians, poets, scientists, social workers, and teachers as well as a steady succession of advocates, dreamers, doers, dropouts, parents, politicians, preachers, prophets, social reformers, visionaries, and volunteers who leaven, nudge, and shape the course of public life. (Rhodes, 2001, p. xi)

According to the National Center for Education Statistics (2012a), institutions of higher education vary greatly across the United States and provide a wide variety of educational programs including academic, technical, and continuing education programs. The 1998 Amendments to the Higher Education Act of 1965 stated that an institution of higher education can only admit students, who completed high school or an equivalent certificate program, are authorized by a state, are accredited by a recognized agency, and are public or nonprofit. Additionally, the institution must provide no less than a bachelor's degree, or 1 year of technical

training, or no less than 2 years of academic credit that can be applied toward a bachelor's degree program (U.S. Department of Education, 1998).

### Student Affairs

According to the NASPA (National Association of Student Personnel Administrators, 2011), divisions of student affairs house the majority of health promotion departments in higher education settings. Similarly, the *ACHA Health Promotion Needs Assessment 2012* (2012a) found that divisions of student affairs housed 89% of participating health promotion departments. Therefore, it was important for me to not only understand the health promotion department, but also the student affairs divisions in which the majority of these departments reside. Student affairs professionals work with students when students are outside of the classroom and focus on learning and student/personal development (American College Personnel Association, 1996).

Student affairs and services vary greatly from institution to institution, as can the different departments housed within student affairs (Blimling, 2002). Regardless of the institution, student affairs

works in partnership with the academic faculty to clarify or define and achieve satisfaction of broadly desirable, student-focused educational goals; the success of this work results both from the unique competencies, experiences, and expertise of student affairs and from ways in which student affairs supports the work of learning that is done everywhere in the institution. (Keeling & Dungy, 2004, p. 20)

Student affairs professionals are expected to create leadership development opportunities for students, create an inclusive environment on campus, conduct themselves in an ethical manner, mentor and advise students and student groups, conduct evaluations and assessments, assist with

student learning and development, among many other expectations (American College Personnel Association & National Association of Student Personnel Administrators, 2010).

The Council for the Advancement of Standards in Higher Education (CAS) developed standards and self-assessment guides for 43 functional areas in higher education that include many functional areas within student affairs (2012). Some of these areas included, but are not limited to, admissions, financial aid, registrar, career services, Greek life, judicial affairs, residential life, student activities, orientation, counseling, clinical health, health promotion, multicultural and LGBT resource centers, military student services, disability services, and recreation (Biddix, 2011; Council for the Advancement of Standards in Higher Education, 2012). Therefore, there are many varied opportunities for specialization for professionals, including health promotion.

### Motivation for Entry

Most young people do not plan to enter a career in student affairs, and it is not a career option discussed in most secondary schools (Blimling, 2002). While student affairs may not be a planned career path, the literature described factors regarding motivation for entering a career in student affairs.

One factor was the influence of a professional already working in the field. Several of the senior student affairs officers (SSAOs) participating in Blimling's (2002) study discussed how professionals in student affairs supported them as an undergraduate student. Blimling asked SSAOs to reflect on their career path. The number of participants and their gender were not included in Blimling's study; therefore, the information may not be true of all SSAOs. Additionally, Hunter (1992) completed a study of 93 students enrolled in student affairs

master's degree program from 1985-1989. The researcher asked participants during their first week in the program to complete the following: "a succinct summary (approximately four pages) of your career path. How did you select student affairs work?" (p. 182). Hunter found that 73% of participants described receiving encouragement to pursue a career in student affairs from a student affairs professional working at their undergraduate institution. Taub and McEwen (2006) studied 300 master's degree students in 24 randomly selected graduate programs. The participants completed the Student Affairs Entry: Factors Affecting Career and Graduate Program Choice, a survey developed to gather information on the "process of career choice, graduate program selection, and future plans" (p. 209). Taub and McEwen found that 80.3% of the participants stated that they received encouragement from someone to enter a career in student affairs. The participants indicated that the majority of encouragers were professionals currently working within a student affairs department (Taub & McEwen, 2006).

The findings of these three studies suggested that professionals working within student affairs may serve as important tools for motivating potential new student affairs professionals to enter the field. In the current study, I learned about how student affairs professionals encouraged participants to pursue a career in health promotion in higher education.

Another factor impacting motivation for career entry was how the field attracts some future professionals because they find the work personally fulfilling, and it compliments their values. Hunter (1992) found that some study participants "acknowledged they were attracted to student affairs because they felt their values and priorities were consistent with those of the professionals who had served as role models for them" (p. 184). Taub and McEwen (2006) found that student affairs attracted their participants because they found the work fulfilling. The findings of these two studies suggested that having values and priorities that compliment



working in student affairs may motivate some to enter the field. I did not specifically ask participants about their values during the interviews.

A final factor that may motivate someone to enter student affairs was for an undergraduate student to have a positive experience as a student leader on campus. Taub and McEwen (2006) found that the majority of the participants indicated that while they were undergraduate students, they had been involved with student affairs departments as student leaders or paraprofessionals. Similarly, Hunter (1992) found that student affairs departments including admissions, residence life, and Greek life employed participants as undergraduates. Some participants stated that their experiences working in these departments encouraged them to begin a career in student affairs (Hunter, 1992). Some SSAOs began their career in student affairs by working as a student worker in residence life, Greek leadership, or student government (Blimling, 2002). The findings of these three studies indicate that involvement in a department within student affairs as an undergraduate student may be an important motivating factor for career entry.

Student affairs professionals could play an important role in motivating current students to consider entering a career in student affairs. Professionals can encourage undergraduate students to become involved with a student affairs department as a student leader or a paraprofessional.

### Career Mobility & Persistence

At most institutions of higher education, the highest-level positions in student affairs is the Senior Student Affairs Officer. This position often varies in title from institution to institution and can include dean, assistant/associate vice president, or vice president of student affairs (Biddix, 2011). In order to reach one of these high-level positions, a professional must

persist in the profession. However, some professionals may not plan to advance beyond their current lower-level position or department. Blimling (2002) suggested that participants advanced to SSAO positions because of their skills and interest in working in these positions. Additionally, participants described the desire for a new challenge, rather than having planned for advancement all along. However, Daddona, Cooper, and Dunn (2006) conducted a study of 101 chief student affairs officers completing a doctoral degree. The researchers asked each participant to complete a web based survey on degree earned, job status, job goals, and salary expectations. The researchers found that more than half of the participants' goal was to advance to a dean, associate vice president, or vice president position upon completion of their terminal degree. Whether professionals plan career advancement or it happens by chance, there are several factors that impacted student affairs professionals' ability to persist and advance in their career.

### Relationships

One factor in career advancement within student affairs was building relationships with others in the field. As previously discussed, building relationships with professionals or mentors can be motivating for those choosing to enter both nontraditional careers and the field of student affairs. Renn and Hodges (2007) completed a grounded-theory qualitative study of 10 graduates of a student affairs master's program. Eight women and two men completed the interviews. Participants indicated that staying connected to a mentor continued to be important once working in the field and that building relationships with students and colleagues was important for a professional working with in a department in student affairs. These relationships could help professionals both personally and professionally (Renn & Hodges, 2007).

Similarly Renn and Jessup-Anger (2008) completed a mixed-methods study on the preparation of new student affairs professionals; however, the study did not include health promotion professionals. The researchers had participants complete an initial survey on educational background and current position. Every month after their initial contact, the researchers sent participants a question and asked them to complete a 300-500-word response. The researchers utilized open coding to analyze the written responses. Renn and Jessup-Anger found that “new professionals repeatedly discussed the crucial role that mentors and supervisors played in their lives during their transition into the field” (p. 328). The participants indicated that mentors and supervisors supported them, offered important advice, and offered feedback.

One study focused specifically on entry-level men entering student affairs. The purpose of Calhoun and Taub’s (2014) research was to “understand the experiences of men at the entry level (first 5 years) of the student affairs profession” (p. 38). The researchers completed 18 semistructured interviews and a focus group with four other participants. The researchers explored identity and self-awareness with the participants. All worked at 4-year institutions throughout the United States. The participants represented various areas of student affairs, though the researchers did not include participants from health promotion. The researchers utilized member checks and an external peer debriefer to address trustworthiness. They found that participants assumed one of three different roles or identities: the traditional male role, the mentor role, or the change-agent role. Participants who identified with the mentor role said that “leadership, mentorship, and role modeling [helped] define their experience in student affairs” (p. 44). In turn, these participants expressed interest in becoming mentors to newer men in the field. In the current study, I asked about factors that impact persistence in the field and discuss these factors in subsequent chapters.

### Professional Involvement

Another factor that may positively impact persistence in the field of student affairs was involvement in the profession outside of the home institution. A study conducted by Chernow, Cooper, and Winston (2003) examined student affairs professionals related to their career advancement and involvement in professional associations. The researchers surveyed 139 entry-, mid, and senior-level professionals using the Student Affairs Professional Involvement Questionnaire designed specifically for the study. The researchers recruited participants using the *1998 Directory of Student Affairs Personnel* in Georgia. The researchers did not state the gender or other demographic information of participants. Therefore, the findings are not generalizable to all states or all student affairs professionals. However, the findings may be transferrable. The researchers found that “entry-level professionals tend to be at the formative and application stages where involvement in professional associations is crucial to a sound start in the field” (Chernow et al., 2003, p. 53). Additionally, both newer and more seasoned professionals stated that they engage in professional organizations by attending conferences, networking, being involved with committees, and participating in online discussions and listservs (Chernow et al., 2003). Involvement in a professional organization may therefore be important for professionals at all levels because it allows them to connect with others who work in similar careers as well as engage in professional development opportunities. I did not ask participants specifically about involvement in the field professionally; however, several of them spoke about their involvement in professional organizations.

### Career Satisfaction

Career satisfaction and morale were also factors that may impact persistence and career mobility. Rosser and Javinar (2003) surveyed 1,166 randomly selected mid-level student affairs professionals from across the country in regard to morale, work satisfaction, and intent to leave their career. The researchers used a morale and departure survey but did not identify the name of the instrument in their journal article. Rosser and Javinar found that there were several factors that led to professionals' decreased satisfaction and morale including working at one institution for a long period of time, feeling unhappy with life in their profession and at their institution, feeling discriminated against, being unrecognized for their professional work by their institution, and having negative relationships with other professionals and/or departments at their institution. Working at an institution where professionals encounter factors that lead to low satisfaction and morale impacted their ability to persist in the field and may lead to a decision to leave their institution or their career (Rosser & Javinar, 2003).

The literature indicated that involvement with professional associations, and having relationships with other professionals may assist those who want to persist and advance in their career. Additionally, the research indicated that a high level of satisfaction and morale might assist with persistence. I asked participants about benefits and challenges in their work and found that some of the factors described in the literature were true for them.

### Gender and Student Affairs

Turrentine and Conley (2001) completed a study that reviewed the Integrated Postsecondary Education Data System, an online directory of practitioners maintained by the American College Personnel Association. The researchers reviewed 31,276 participants who

completed degrees in 1995-96 and 1997-98. Turrentine and Conley examined the diversity of entry-level professionals in student affairs and found that the majority of graduates from student affairs-related graduate programs were female. The findings of two more recent studies indicated that the majority of participants enrolled in student affairs graduate programs were women (Renn & Hodges, 2007; Taub & McEwen, 2006). Though women composed the majority of the preparation programs, Turrentine and Conley also found that men held the majority of senior-level student affairs positions. While more women than men prepared for entry into the field of student affairs, they did not appear to advance into senior-level positions.

Taub and McEwen (2006) focused their study on why graduate students chose to enter the field of student affairs, and the majority of their participants were female. However, the findings could also be transferrable to men interested in student affairs. Both the male and female participants stated that someone influenced them to enter into student affairs, and most of these influencers worked in student affairs. Additionally, both genders reported that they were confident in their choice to enter the field and planned to remain in the field long term (Taub & McEwen, 2006).

Calhoun and Taub (2014) focused their research on entry-level men in student affairs. The men in the study indicated that mentors positively impacted their experience in student affairs, specifically male mentors. The researchers stated that there is a need to recruit more men into the field and that there is a misperception in the field that student affairs is not a legitimate career for men. Additionally, they suggested that more research needs to be completed on men in student affairs.

A literature review completed by Hamrick and Carlisle (1990) indicated that while more women than men were entering careers in student affairs, more men advanced into senior-level

administrative roles than women. Additionally, the researchers stated that a man's career in student affairs may be "devalued," as it is seen as a female-dominated profession. Engstrom, McIntosh, Ridzi, and Kruger (2006) completed a quantitative study using the *2001-02 NASPA Salary Survey*. The researchers examined the salaries of 405 SSAOs using a web-based survey. The researchers recruited participants through the NASPA. The survey included questions about years of experience, number and type of positions held, and base salary. Engstrom et al. (2006) found that while women were well represented in student affairs, women were not as well represented among SSAOs. Based on the findings of these studies, women dominated the lower levels of student affairs while men dominated the SSAO positions.

### Health Promotion

According to Green and Kreuter (1990), health promotion is the "combination of educational and environmental supports for actions and conditions of living conducive to health" (p. 313). Based on this definition, the focus of health promotion in the setting of higher education is on creating an environment that is conducive to the health of the campus community. The Council for the Advancement of Standards in Higher Education (2012) stated that health promotion services should focus upon creating a supportive, just, and equal living-learning environment in terms of health and wellness. Health promotion should also focus on primary or universal prevention policies and initiatives to prevent health and wellness problems (Council for the Advancement of Standards in Higher Education, 2012).

The first mention of a health educator employed at a college occurred in 1950 when Jackson College reported employing a health educator during a survey of state colleges in Mississippi (Robertson, 1950). According to Zimmer (2002), in 1954, Dr. Ruth Boynton at the

University of Minnesota developed the first health educator position in higher education. The third institution to report having such a position was Amherst College. This institution added a health education position in the 1960s. By the mid-1980s, 68 health educator positions existed at higher education institutions in the United States (Zimmer, 2002). By the early 1990s, the ACHA found that slightly more than 20% of participating institutions reported a health promotion program on their campus (Sloane & Zimmer, 1992). By the end of the 1990s, almost 80% of institutions involved in the ACHA reported a health education or promotion service on their campus (Zimmer, 2002).

The Task Force on Health Promotion in Higher Education, appointed by the ACHA, developed, implemented, and analyzed the National Survey on Health Promotion and Education in Institutions of Higher Education in 1998 (Zimmer, Hill, & Sonnad, 2003). The task force developed the survey to obtain information on strategic planning in health promotion departments, current strategies and resources used in health promotion departments, performance measures for best practices, gaps in a department's ability to meet goals, and the education and preparation of health promotion professionals (Zimmer et al., 2003). The task force found that the majority of the randomly selected institutions had some form of health promotion or health education programming. However, they also found that the majority of institutions did not have strategic planning and evaluation of health promotion services, a mention of health or quality of life in their institutional missions, or campus-wide networks devoted to health promotion initiatives. The findings of the task force indicated a lack of standardization in the field of health promotion in higher education and led to the development of the *Standards of Practice for Health Promotion in Higher Education* (SPHPHE) (Zimmer et al., 2003).



The *Standards of Practice for Health Promotion in Higher Education*, first published in 2001, is currently in its third edition, published in May 2012 (American College Health Association, 2012b).

Like previous editions, the third edition serves as a guideline for assessment and quality assurance of health promotion in higher education. The third edition also acknowledges additions to the body of knowledge and makes explicit the scope of practices and essential functions for the field. (p. 1)

Professionals use the SPHPHE in several ways including assessing their professional development needs to meet the standards, assessing health promotion departments, and as a way to help others outside of health promotion to understand the job of a health promotion department on a college campus (American College Health Association, 2012b). The SPHPHE is composed of seven standards of practice including Alignment with the Missions of Higher Education, Socioecological-Based Practice, Collaborative Practice, Cultural Competency, Theory-Based Practice, Evidence-Informed Practice, and Continuing Professional Development & Service (American College Health Association, 2012b). Each of the standards is composed of several sub standards. According to the *ACHA Health Promotion Section Needs Assessment 2012* (American College Health Association, 2012a), 74% of participants use the SPHPHE in their professional practice. Being aware of and understanding the SPHPHE may therefore be important for those men who are working in health promotion in higher education.

The ACHA's Health Promotion Section developed the *Guidelines for Hiring Health Promotion Professionals in Higher Education* in 2008 based on the SPHPHE and the CAS standards. Updated in 2014, it states that

qualified health promotion professionals in higher education possess specific competencies that make them best suited to support student success through the practice of prevention – that is, by preventing the development of person and campus population-

level health problems, while enhancing individual, group, and institutional health and safety. (American College Health Association, 2014, p. 1)

The *Guidelines for Hiring Health Promotion Professionals in Higher Education* includes specific competencies possessed by qualified entry-level and senior-level health promotion professionals including developing research and strategic plans, using the socioecological model and evidence-informed practices, working with other departments on campus, and displaying cultural competence. It also states that there are primarily two types of health promotion positions: a staff role and a director role. “The director of health promotion provides direct oversight of all health promotion activities that address priority student health issues and support the missions of the university” (American College Health Association, 2014, p. 2). The staff role conducts the health promotion activities. While the guidelines list two distinct roles, the document indicates that some institutions may develop assistant director-level positions or senior administrative-level positions, and professionals can use the ACHA competencies as a foundation to develop these positions. The titles of health promotion professionals may not be consistent from school to school. For example, I worked at one institution where the director-level position had the title of coordinator, and at my current institution, the director-level position has the title of executive director.

I did not ask specifically about the *Guidelines for Hiring Health Promotion Professionals in Higher Education* when interviewing participants, but it was mentioned by some participants. The fact that there are only two roles described by the ACHA may mean that in order to advance within higher education, professionals may need to leave health promotion. If professionals want to pursue advancement in health promotion beyond the director, they may need to leave higher education.

Though the ACHA developed competencies, there were currently no academic preparation programs for those who want to pursue a career in health promotion in higher education. However, a dissertation completed by McNeil (2012) indicated that there was an institution of higher education in the United States that offered a course on health promotion in higher education as a part of its master's and doctoral degree of public health programs. The same institution was in the process of developing a health promotion in higher education certificate program. The purpose of McNeil's intrinsic case study was to "determine if the graduate-level academic preparation in health education is congruent with the essential and preferred skills for a Health Promotion Director, or sole practitioner, defined in the ACHA Hiring Guidelines" (McNeil, 2012, p. 7). Using the syllabi from the courses offered in the public health program and the *Guidelines for Hiring Health Promotion Professionals in Higher Education*, he found that the courses did not cover all of the competencies. Further, findings from interviews with three members of the graduate faculty at the institution and three of the developers of the *Guidelines for Hiring Health Promotion Professionals in Higher Education* indicated a need for a graduate-level academic preparation program for health promotion in higher education (McNeil, 2012). The lack of a formal academic preparation program may contribute to how few people, including men, enter the field of health promotion in higher education.

I found one published study that focused on health promotion professionals in higher education. Davidson (2008) completed a qualitative study of 141 health promotion professionals in higher education regarding "perceived continuing education needs and perceived job relevance, as related to the National Commission for Health Education Credentialing, Inc. (NCHEC) Responsibilities and Competencies" (p. 198). Some of the responsibilities and

competencies included, but were not limited to, administering, planning, implementing, and evaluating initiatives and programs; conducting research; communicating and advocating for the field; and serving as a resource person. The majority (82%) of respondents were female.

Davidson found that female participants reported a greater need for more continuing education in five of the seven responsibilities compared to their male counterparts. However, few men completed the survey. Additionally, Davidson “found no statistically significant differences between perceived job relevance and sex” (p. 201). I did not ask participants about their perceived continuing education needs. However, I did learn about participants’ thoughts on education and training needed for the field.

### Men in Health Promotion

The NASPA completed *Wellness and Health Promotion Benchmark Survey 2011* in 2011. The survey, completed by health promotion department directors, asked questions about current practices, demographics of the university, and demographics of the individuals answering the questions. The researchers found that 23.5% of respondents were male. Similarly, as stated earlier, the vast majority of the members of the Health Promotion Section of the ACHA were female (A. Tinker, personal communication, November 5, 2012). While these two samples may not encompass all who work in the profession, they suggested that health promotion in higher education is a female-dominated profession.

While I was able to find one study on professional development needs of health promotion professionals in higher education, I was unable to locate any research studies focused specifically on men working as a health promotion professional in higher education. However, I located two studies of male peer health educators. Peer education is educating youth and young

adults by using their peers as the educator (Beshers, 2008). While these two studies did not focus specifically on male health promotion professionals working in higher education, their information is transferrable.

Cupples et al. (2010) wrote a program review on recruiting, training, and evaluating the use of college-age male sexual health, peer health educators. The peer educators did outreach work, conducted educational sessions, and developed marketing and educational materials. The educational sessions were conducted for men ages 13 to 25 at schools and universities. Cupples et al. found that the college-age male peer educators were popular with those they worked with and with the faculty. Additionally, the peer educators connected well with young men. The researchers also found that retention was an issue because the peer educators eventually graduated from college. However, the current peer educators encouraged more men to enter the program to serve as future peer educators (Cupples et al., 2010). The findings of the study indicated that having older males available to work with younger males could be helpful when discussing health issues. Additionally, male involvement could help to recruit more men to the field.

A second study that examined male peer health educators focused on the lack of men involved in sexual health education groups (Beshers, 2008). This study focused on sexual health peer education groups working with community youth rather than the higher education population. Beshers (2008) administered surveys to 40 sexual health peer education programs. The survey included demographics, questions about the program structure, and questions on recruitment. The researcher tested the survey for face validity prior to administration. Beshers (2008) found that the average percentage of male peer educators in the groups studied was 24.9%. The researcher indicated that some barriers for male participation included sexual health

education being perceived as a women's issue, a lack of confidence with communication and relationship-building skills, and an inability to express their male personality characteristics (Beshers, 2008).

The focus of both of these studies was on peer health education, and more specifically, sexual health education. Though these two studies did not focus on health promotion in higher education, they did allude to the fact that there is a lack of involvement among men. While both articles identified barriers to participation for male practitioners, both discussed recruitment efforts centered on men. I asked men about their experiences in college. I learned that some participants were involved in peer health education groups and other student leadership opportunities.

### Conclusion

Much of the research reviewed focused on a limited number of nontraditional careers for men. Additionally, the majority of research focused on why men enter nontraditional careers and barely cover why men maintain their nontraditional career over time. "Methodologically and statistically rigorous investigations are critically needed to better understand predictors and mediators of nontraditional career choice as well as outcomes of those choices" (Heppner & Heppner, 2009, p. 60). Additionally, while there was literature available on career entry and persistence for student affairs professionals, I was unable to locate information on career entry and persistence in health promotion in higher education.

The studies reviewed in this chapter indicated that the topic of men in nontraditional careers is an important focus area. The information obtained through this research could be important for colleges and universities that prepare students for future employment, for

employers looking to diversify their fields, and for men considering a nontraditional career. I asked participants about their motivations for entering a career in health promotion in higher education and why they remain. I also asked what factors positively and negatively influenced their career entry and persistence. By learning this information, I am now able to share findings with practitioners in the field and faculty in academic preparation programs. These professionals could utilize the findings to recruit and retain male health promotion professionals. More broadly, practitioners in other areas of student affairs who are interested in recruiting and retaining male professionals may be able to utilize the findings of this study. In the following chapter, I discuss the methodology I utilized to conduct this study. Subsequent chapters outline the findings, and I discuss the findings in the context of the literature.

## CHAPTER 3

### METHODS

Previous research found that men connect well with other men on health issues and that older men may positively influence young men (Beshers, 2008; Cupples et al., 2010; Harris & Edwards, 2010). However, men are underrepresented in the field of health promotion in higher education (National Association of Student Personnel Administrators, 2011; A. Ticker, personal communication, November 5, 2012). Based on previous research, having male health promotion professionals could be important for institutions of higher education. Therefore, there is a need for more information on why men choose to enter and remain in health promotion in higher education. Having men on a health promotion staff may well assist with connecting male students on campus with health resources. Institutions of higher education could utilize the data I obtained to better recruit and retain male health promotion professionals.

In the first two chapters, I introduced the purpose of the study, the significance and need for this research, and I provided a review of the related literature. In this chapter, I discuss the rationale for using a basic interpretive qualitative research methodology, the research sample and setting, methods for data collection and analysis, and issues regarding trustworthiness of the data.



## Purpose

The purpose of this basic interpretive qualitative study was to explore the perceptions of men working as health promotion professionals in the higher education setting regarding their entry into and persistence in their chosen profession.

## Research Questions

In order to conduct this research and address the stated purpose above, the following research questions guided this study:

1. What influenced participants in their decision to enter health promotion in the setting of higher education?
2. What continues to influence participants to remain in health promotion in the setting of higher education?
  - 2a. What benefits do men perceive working in health promotion in higher education?
  - 2b. What challenges do men perceive working in health promotion in higher education?

## Methodology

According to Creswell (1998), qualitative research “is an inquiry process of understanding based on a distinct methodological tradition of inquiry that explores a social or human problem” (p. 15). The purpose and research questions developed for this study lend themselves to a qualitative approach, as I sought to explore and understand the perceptions and experiences of men entering and remaining in the field of health promotion in higher education.

I chose a basic interpretive qualitative approach because my research focused on understanding the experiences and perceptions of men currently working as health promotion professionals in higher education. The goal of a basic interpretive qualitative study is to discover and interpret the meaning of experiences of a group of participants (Merriam, 2009). According to Merriam (2009), the purpose of this approach is to better understand “1) how people interpret their experiences, 2) how they construct their worlds, and 3) what meaning they attribute to their experiences” (p. 23). Similarly, Bogdan and Biklen (2007) state that researchers using the basic interpretive qualitative research approach gather data in order to learn how people understand their lives and experiences. In basic interpretive qualitative research studies, the researcher analyzes the data to look for recurring or common themes and the findings reference previous research (Merriam, 2002). I used the literature reviewed in Chapter 2 as context for my findings.

I utilized a basic interpretive qualitative approach and I also employed a general phenomenological perspective. According to Patton (1990), a general phenomenological perspective focuses on what people experience and how they interpret that experience. “One can employ a general phenomenological perspective to elucidate the importance of using methods that capture people’s experience of the world without conducting a phenomenological study that focuses on the essence of shared experience” (Patton, 1990, p. 71). I focused on how men interpreted their experiences and perceptions as men working in health promotion in higher education. This was an exploratory study; therefore, I did not focus on shared experiences.

I chose a basic interpretive qualitative research approach because it allowed me to obtain information on the participants’ understanding and meaning of their experiences and perceptions while working as a health promotion professional in higher education. This approach allowed

me to explore, in their own voices, how participants entered into their career and why they remained.

## Research Procedures

### Research Participants

The research participants were five men working as health promotion professionals in higher education. Each was required to have a minimum of 5 years of experience in the field. I did not include men who left this field, retired, or who moved into other positions within higher education. I excluded those who left the field, because they would not have been able to speak about persistence. Additionally, I chose to exclude those who retired because they may not have been able to speak about factors regarding entry and persistence in the same way as men currently employed. All participants worked at public or private 4-year higher education institutions in the United States.

The first selection criterion was that all participants self-identified as male. For the purposes of this study, being a man, or male, was a socially constructed role in a given society rather than a biological sex (World Health Organization, 2013). Therefore, the participants may or may not have been born biologically male. All five participants self-identified as male.

The second selection criterion was that all participants must work at a 4-year institution of higher education in the United States. I chose this criterion because I focused my research on institutions of higher education in the United States. I chose to only include 4-year institutions because the majority (96.9%) of health promotion professionals who completed the *ACHA Health Promotion Section Needs Assessment 2012* (2012a) indicated that they serve at a 4-year

institution. The number of men in this field is not large; therefore, I sampled participants from across the country and at both public and private 4-year higher education institutions.

In order to select participants who had a strong understanding of health promotion in higher education and their persistence in the field, all participants were required to have a minimum of 5 years of professional experience in health promotion in higher education. I chose this because those in the profession for several years should be information-rich cases because they have more experience in the field (Patton, 1987).

I utilized purposeful sampling to recruit and select participants. "Purposeful sampling is based on the assumption that the investigator wants to discover, understand, and gain insight" (Merriam, 2009, p. 77). I chose this method so I could select those information-rich cases from whom I could gain the most understanding and insight (Patton, 1990). I identified eight men who worked as health promotion professionals who I was aware of through reviewing the member directory of the ACHA's Health Promotion Section. I asked the eight men to participate in the study through an initial e-mail that explained the study, the selection criteria for inclusion, and the nature of the questions I would ask (see Appendix A for a copy of the recruitment e-mail). Five men agreed to participate, one refused, and two never responded.

### Data Collection

Prior to beginning data collection, participants completed an informed consent form (Appendix B). The informed consent form includes the purpose of the study, the estimated amount of time that data collection would take, as well as how I planned to use the results (Creswell, 1998). As participants worked at institutions around the country, I e-mailed the consent form to them and instructed them to sign it and then either e-mail a scanned copy back

to me or fax it to me. I also instructed participants to keep a copy of the signed consent form, and I kept the signed forms in a locked file separate from the raw data collected.

I conducted semistructured interviews because they allowed for flexibility with the questions and their order while gathering specific data (Merriam, 2009). I wanted to gather specific information from participants about their career path and their experiences and perceptions as men working in health promotion in higher education. I also wanted to have the flexibility to change the order of questions so the conversation could flow smoothly and to ensure I had the ability to ask follow-up questions. Semistructured interviews allowed me to ask various questions of substance based on previous and potentially unexpected responses from participants (Merriam, 2009).

For the purposes of this study, I utilized Seidman's (2006) three-interview series. In this series, the first interview focused on the participants' life history, the second on their experiences directly related to what was being studied, and the third allowed the participants to reflect on the meaning of their perceptions and experiences (Seidman, 2006). Each interview lasted between 45-90 minutes and took place over the course of 3-5 weeks for each participant. I did not give participants a copy of the questions ahead of time.

I chose this approach for several reasons. First, it allowed me to build rapport with the participants. According to Glesne (2006), part of building rapport with participants is spending enough time with them to show that I was interested and invested, nonjudgmental, and that I would keep the promise of confidentiality. Additionally, the three interviews allowed me to obtain depth of information. I had the time needed to "capture the unseen that was, is, will be, or should be; how respondents think or feel about something; and how they explain or account for something" (Glesne, 2006, p. 105). Finally, by conducting three interviews, I gained a holistic

perspective of the issue so that I could understand the factors that influenced each participant's decisions to enter into and remain in the field of health promotion in higher education (Patton, 1990).

I structured the interviews using an interview guide that provided a list of questions and topics to explore with each participant during each interview (Patton, 1987). The guide allowed me to “build a conversation within a particular subject area, to word questions spontaneously, and to establish a conversational style – but with the focus on a particular predetermined topic” (Patton, 1987, p. 111). I developed guides for each interview (Appendices C, D, & E) to give structure to them while allowing for flexibility in how and when I asked the questions.

I interviewed participants located at institutions of higher education across the United States; therefore, I utilized telephone interviews. I used a speakerphone so I could record the interviews using a digital recorder. In order to maintain confidentiality, I conducted the interviews in a private space with a white noise machine running in the background. I also took notes throughout. Recording and making notes allowed me to review both what was said by each participant and any thoughts that I had during the interviews (Merriam, 2009). I kept all audio files in password-protected files on a password-protected computer and will delete all audio files after 3 years following completion of the study. I transcribed all recordings so I could become more familiar with the data and could begin data analysis (Merriam, 2009).

I began the first interview by reiterating the purpose of the research study, and I confirmed my intent to maintain confidentiality of all information collected (Bogdan & Biklen, 2007). For the first interview, “the interviewer's task is to put the participant's experience in context by asking him or her to tell as much as possible about him or herself in light of the topic up to the present time” (Seidman, 2006, p. 17). I focused my questions on influential

experiences during participants' childhood, time in school, and professional experiences. I also asked about their role in their current position. Finally, I asked some demographic questions relevant to the study (Merriam, 2009). The first interview guide is in Appendix C.

The second interview focused on experiences that related to the topic of this study (Seidman, 2006). My questions focused on why participants chose a career in health promotion in higher education and why they remained. I also asked questions regarding their perceptions of the benefits and challenges of being a male in their career. Finally, I asked participants questions about experiences and relationships with students, colleagues, friends, and family. An interview guide for the second interview is in Appendix D.

During the final interview, I asked participants to "reflect on the meaning of their experience" (Seidman, 2006, p. 18). The focus of the final interview was on what we spoke about during the first two interviews, and I asked them about specific experiences or perceptions that they discussed previously. "The combination of exploring the past to clarify the events that led participants to where they are now, and describing in concrete detail of their present experience, establishes conditions for reflecting upon what they are now doing in their lives" (Seidman, 2006, p. 19). I also asked questions about their future career goals in order to determine whether they planned to persist. Additionally, I asked specifically about the influence their gender had on their career. An interview guide for the third interview is in Appendix E.

I gave participants the chance to review the transcripts and my interpretations of the data through member checks (Merriam, 2009). Additionally, when I needed other clarifying information after completing an interview, I contacted the participants via e-mail.

### Data Analysis

I utilized a constant comparative approach when analyzing data collected. This method of analysis consisted of “comparing incidents applicable to each category, integrating categories and their properties, delimiting the theory, and writing the theory” (Glaser & Strauss, 1967, p. 105). While the constant comparative method is most often used when conducting grounded theory studies, Merriam (2009) states that it has been utilized when conducting other types of qualitative research. First, I reviewed the interview transcripts to determine what themes and issues reoccurred within each interview. Glaser and Strauss (1967) refer to these themes as incidences. Then, I created categories for the themes and compared across the interviews to determine which categories were consistent and that there was consensus among the participants (Glaser, 1978). Additionally, the approach required me to continue to collect data until saturation or the point at which I discovered no new information (Creswell, 1998).

Because the constant comparative method calls for analysis to begin prior to the completion of data collection, I coded data continuously throughout the process of data collection (Glaser, 1978). I coded all transcripts by hand. I utilized the open, axial, and selective coding method discussed by Corbin and Strauss (2007). First, I utilized open coding to develop categories based on the data collected (Creswell, 1998). I reviewed the data to look for “words, phrases, patterns of behavior, subjects’ way of thinking, and events that repeat and stand out” (Bogdan & Biklen, 2007, p. 173). According to Merriam (2009), these are called units. I highlighted the units in the transcripts of each interview by hand.

The next step of data analysis was axial coding. I used the units from the open coding process to develop categories based on the patterns that repeat throughout the data collected (Merriam, 2009). This required me to focus on one category at a time and to bring the units



together into themes (Merriam, 2009). During the last phase of the coding process, I conducted selective coding in which “the researcher identifies the story line and writes the story that integrates the categories in the axial coding model” (Creswell, 1998, p. 57). I utilized the previous research discussed in Chapter 2 when I conducted selective coding. By using this data analysis plan, I gained a better understanding of why participants chose to become health promotion professionals in the setting of higher education and why they remained.

### Conceptual Framework

In the current study, I explored why men enter and remain in a career in health promotion in higher education. I studied men working in this field in regard to their motivation for entry, factors impacting their persistence in their career, and any issues and challenges they encountered when working in a female-dominated profession. I found literature on career entry and persistence on men working in other nontraditional careers and on professionals working in student affairs that I utilized when completing the analysis of this study. I utilized the literature as a starting point rather than focusing only on factors discussed previously.

Within the literature reviewed in Chapter 2, I found many factors that influenced career choice. I utilized factors impacting career choice to frame the findings of this study. Some of these factors included educational interests (Carmichael, 1992; Sargent, 2004; Werhan, 2010), the environment (Chusmir, 1990), perception of the career (Gottfredson, 1996; Williams, 1995), contact with an influential person working in a nontraditional career (Betz & O’Connell, 1992; Blimling, 2002; Calhoun & Taub, 2014; Gillingham, 2006; Hunter, 1992; Rice & Goessling, 2005; Taub & McEwen, 2006; and Werhan, 2010), and having a positive experience as a

student leader while in college (Blimling, 2002; Hunter, 1992; Taub & McEwen, 2006). I discuss these factors in Chapter 5.

My other issue of interest was persistence of men working in health promotion in higher education. The literature I reviewed discussed both factors that assist with and factors that challenge persistence. Factors that have a positive impact on persistence include developing relationships and having a mentor when beginning a career (Betz & O'Connell, 1992; Calhoun & Taub, 2014; Dohner et al., 1990; Galbraith, 1992; Gillingham, 2006; Koberg et al., 1998; Renn & Hodges, 2007), having a high satisfaction and morale (Rosser & Javinar, 2003), involvement in professional organizations (Chernow et al., 2003), connecting with other men in the field (Gillingham, 2006; Koberg et al., 1998), and male privilege (Giesler, 2013; Loschiavo, Miller, & Davis, 2007).

Factors that negatively impacted participants include low morale, low job satisfaction and not feeling valued (Calhoun & Taub, 2014; Hogue et al., 2010; Rosser & Javinar, 2003); lack of understanding of the field (Blimling, 2002); lack of advancement opportunity (Blimling, 2002; Calhoun & Taub, 2014); moving into more administrative roles (Carmichael, 1992; Sargent, 2004; Simpson, 2005; Williams, 1992); balancing masculinity, gender, and the work (Calhoun & Taub, 2014; Cross & Bagilhole, 2002; Giesler, 2013; Sargent, 2004; Simpson, 2005; Werhan, 2010); and being stereotyped (Calhoun & Taub, 2014; Carmichael, 1992; Sargent, 2004; Simpson, 2005; Werhan, 2010). I discuss these factors in detail in subsequent chapters.

## Trustworthiness

The entire study including recruiting participants, data collection, analysis, and reporting must be trustworthy (Merriam, 2009). Collecting and analyzing data and reporting findings in a transferable, dependable, and credible way assists with the trustworthiness of a study (Lincoln & Guba, 1985; Merriam, 2009). I utilized several strategies to ensure trustworthiness.

I performed member checks with participants in order to establish credibility (Lincoln & Guba, 1985). Credibility is established by ensuring that participants agreed with my interpretation of their experiences. According to Lincoln and Guba (1985) conducting a member check “is the most crucial technique for establishing credibility” (p. 214). Member checks required me to share data collected and the analysis with participants and to ask for their feedback (Creswell, 1998). I needed to establish that my data and analysis were recognizable to my participants. According to Merriam (2009), “participants should be able to recognize their experience in your interpretation or suggest some fine-tuning to better capture their perspective” (p. 217). I followed-up with all participants via e-mail after the interviews to ensure the interviews were transcribed correctly. I shared my analysis on two separate occasions with participants, and I received feedback from two of them. By working with my participants to see that my interpretations of their experiences were correct, the data collected should be credible (Lincoln & Guba, 1985).

I also utilized peer debriefing to enhance the credibility of the findings. Peer debriefing is a process that involves “locating a person (a peer debriefer) who reviews and asks questions about the qualitative study so that the account will resonate with people other than the researcher” (Creswell, 2003, p. 196). According to Lincoln and Guba (1985) peer debriefing helps keep the researcher honest because “biases are probed, meaning explored, [and] the basis

for interpretation clarified” (p. 308). I utilized peer debriefing to discuss and defend my findings and to discover any assumptions I made regarding the findings (Lincoln & Guba, 1985). By completing peer debriefing I was able to ensure that I had not made assumptions regarding participant experience and that I had not missed any themes in my analysis of the data. Lincoln and Guba (1985) recommend choosing a peer debriefer who is neither a supervisor nor supervisee, but is someone who will take the job seriously. Therefore, I asked a health promotion in higher education colleague at another institution to review my interpretations of the findings in order to determine whether the findings resonate with others.

Finally, in order to establish transferability I used thick descriptions of the data as a trustworthiness strategy. According to Lincoln and Guba (1985), using thick descriptions allows for both the researcher and the reader to make judgments about the transferability of the conclusions. Thick descriptions “may transport readers to the setting and give discussion an element of shared experience” (Creswell, 2003, p. 196). Merriam and Simpson (2000) state that thick descriptions include enough detailed information about the participants and findings so that it is obvious to the reader why I made my interpretations. In subsequent chapters, I discuss participants’ background, perceptions, and experiences in order to create thick descriptions for the reader; therefore, establishing transferability.

### Ethical Considerations

I utilized the “Ethical Issues Checklist” discussed by Patton (2002) that includes factors such as obtaining informed consent from study participants and maintaining confidentiality, among others. I discussed the purpose of the study with all participants, and all participants signed an informed consent form prior to participating. I kept interview transcripts, as well as

my interview notes, in a locked drawer separate from the signed informed consent forms. I kept all audio and electronic files in password-protected files on a password-protected computer. The only other people who had access to the raw data were my dissertation committee members. I also gave the participants the opportunity to review their own raw data. Conducting the study in an ethical manner should increase the trustworthiness of study findings (Lincoln & Guba, 1985; Merriam, 2009).

### Summary and Conclusion

I utilized a basic interpretive qualitative methodology to explore the experiences and perceptions of men working in health promotion in higher education. I recruited participants using purposeful sampling. The criteria for inclusion included self-identified males currently working as health promotion professionals in 4-year public or private higher education institutions in the United States. All participants had a minimum of 5 years of professional experience as a health promotion professional in higher education.

The participants engaged in semistructured interviews regarding this entry and persistence in their career. I utilized the constant comparative method to analyze the data collected in the interviews. The methods discussed above allowed for the data collected and the findings to be credible and trustworthy. I utilized previously completed research as a starting point for analyzing the data; however, I also looked for new information on career entry and persistence not previously documented in the literature. The findings of the current study provide a better understanding of the experiences and perceptions of men working in health promotion in higher education. In the next chapter, I discuss the data collected, and in the final chapter, I provide conclusions and suggestions for further research and practice.

## CHAPTER 4

### FINDINGS

The purpose of this chapter is to reveal the findings of this basic interpretive qualitative study. I explored the following research questions.

1. What influenced participants in their decision to enter health promotion in the setting of higher education?
2. What influences participants to remain in health promotion in the setting of higher education?
  - 2a. What benefits do men perceive working in health promotion in higher education?
  - 2b. What challenges do men perceive working in health promotion in higher education?

In this chapter, I briefly describe each of the five study participants. Subsequent sections outline the findings of the two research questions. The purpose of this study was to explore the perceptions of men working as health promotion professionals in the higher education setting regarding their entry into and persistence in their chosen profession.

#### Participants

For the purposes of this study, I interviewed five men currently employed in health promotion in higher education (see Table 1). All names used are pseudonyms.

Table 1

## Participant Demographics

Name	Age	Years in field	Race	Institution type	Position type
David	37	11	Caucasian	Public	Director
Harry	35	14	Caucasian	Private	Director
James	36	11	Black	Public	Director
Mark	42	18	Caucasian	Public	Director
Matt	47	16	Filipino	Private	Health educator

All participants indicated involvement either locally or nationally with health promotion, wellness, or student affairs organizations. I knew Harry, James, and Mark through membership in national health promotion organizations. While I did not know David or Matt prior to this study, I knew their names through their involvement with the ACHA.

Health promotion in higher education is a female-dominated field; therefore, the men in the profession are easy to identify. In order to preserve the confidentiality of the participants, I discuss their education, career progression, and current institution at a minimum. The following description of each participant serves to provide context for the perceptions and experiences discussed later in this chapter.

### David

I spoke with David during the final weeks of the Fall 2014 semester. As a child, David wanted to be a paleontologist, but as he got older, his interest in science led him to medicine. He worked at a hospital while in college but determined that was not the right fit for him. He learned about public health while exploring other options and “thought it was an intriguing notion to work on the health of populations and not just individuals.” After completing a

bachelor's of science degree in biology with a chemistry minor, he explored graduate programs in community health science and, more specifically, health education. He completed a master's degree in public health and participated in the Peace Corps Master's International Program. He served in the Peace Corps for over 2 years in Africa in a health education role. Upon returning to the United States, David did not have a career goal. While speaking to a friend about the possibility of going back to school to pursue a second master's degree, David's friend stated, "it sounds like you want to be in the collegiate environment but not as a student." He came across a "posting for an alcohol, tobacco, and other drug prevention specialist" and he applied, got the job, and began his career in the field.

David worked at four institutions of higher education, both public and private, located within different geographic regions of the United States. Additionally, he earned a second master's degree in higher education leadership. At the time of the interviews, David had recently started a new director-level position at a new institution. He indicated that much of his work consisted of relationship building, attending meetings, supporting and supervising staff, and working with students. In the future, David wanted to continue his work in health promotion in higher education. He planned to earn a Ph.D. degree in public health science and "maybe have a faculty-type role but still maintain my role as a practitioner."

### Harry

I completed Harry's interviews at the beginning of the Fall 2014 semester. We began all three interviews with a brief conversation about the activities related to the beginning of the new academic year. Harry seemed excited about participating in the study and indicated interest in hearing the findings.



Harry had worked in health promotion in higher education throughout his professional career. He indicated an interest in education from the time he was a child; however, his interest pertained to the K-12 field. Harry never considered higher education as a career until graduate school. Though he earned a bachelor's degree in education to teach elementary school, his involvement in peer health education and experiences with student affairs influenced his career change. While considering positions in primary education, he also did "a little bit of poking around of entry-level gigs mostly around areas like res life and judicial." He said that he had not considered a position in health promotion in higher education until he worked as a graduate assistant in the health promotion department with peer health educators.

Harry was the director of his department at the time of the interviews. He oversaw two departments, one focused on alcohol and other drug education and the other focused on general health issues and sexual assault prevention. He supervised both professional and student staff and worked collaboratively with many other campus departments. Harry indicated much of his work centered on meetings with other professionals, community organizing, supervision of staff, administrative duties, and working with the peer health education group. He spoke passionately about his work, especially his interactions with the students. While Harry stated no intention of leaving higher education, he mentioned feeling "tension between remaining in health promotion and continuing to advance." Harry discussed going back to school for a terminal degree, possibly in public health, as he had "aspirations at some point in time of potentially being a dean of students or a chief student affairs officer."

### James

I also interviewed James during the first part of the Fall 2014 semester. James spoke about his intention to look for opportunities outside of health promotion in higher education during our first conversation. However, he also talked positively about his work. James mentioned an interest in learning more about men in this profession based on the findings of this study.

James originally “flirted with the idea of going to med school”; however, while in college, he determined “what clinicians did wasn’t exactly what I was looking for.” His experiences while growing up and involvement as a student leader on campus helped him recognize his “passion to create change and help improve the lives of other people” which led him to public health. He worked as a health educator in the topic of sexual health at a community organization while he earned his master’s degree in public health. After completing his degree, he chose to leave his position because he wanted a new challenge. He accepted a position as a health educator at his alma mater. He stated that “the idea of working with college students and different issues just seemed appealing.”

During the course of his career, James worked at two institutions. At the time of the interviews, he was the director of his department. In his role, James supervised multiple professional staff members, collaborated with other departments, worked with regional and national college health organizations, and served on many committees on campus. His department focused on alcohol and other drugs, sexual health, stress management, nutrition, and sexual assault prevention.

James indicated that in the future, he did not see himself “in an environment where I’m educating college-age students.” He spoke about his interest in positions in organizations

outside of higher education, but he “wouldn’t go as far as saying that I won’t be in public health.” In higher education, he felt he had “reached a ceiling...in career growth specifically” and that he needed to feel like he was “professionally growing and maturing in sophistication of work.”

### Mark

I spoke with Mark during the middle part of the Fall 2014 semester. He indicated excitement to participate in the study. Originally, Mark explored careers in cardiology and the military; however, due to health issues the military was not a feasible option. During high school, Mark attended a substance-abuse prevention camp, though initially, he “hated being there.” He stated that he gave it a chance and grew to love the work. Mark then began involvement in both the camp and its “sister organization” as teen staff. These experiences fostered his interest in substance-abuse prevention. After earning his bachelor’s degree in psychology and communication studies, Mark worked at a substance-abuse prevention organization for a year and a half before returning to school for his master’s degree in clinical psychology. During this time, Mark worked at the health promotion office on campus as a graduate assistant. That position eventually became a full-time, and he had been there ever since. He completed a Ph.D. degree in public health and was the only participant with a terminal degree.

At the time of the interviews, Mark supervised three full-time staff members and multiple graduate students. His job consisted of running the department and a state-wide alcohol and drug prevention grant. In his role, he spent most of his time supervising staff and students, “putting out fires,” handling administrative duties, collaborating with professionals on campus

and across the state, and assisting with assessment. Additionally, Mark taught classes at the college.

Mark indicated uncertainty regarding his future goals. “My career aspiration was to kind of be a director of a prevention unit...I achieved that rather early in my career.” He expressed thoughts of pursuing a career in teaching; however, he indicated his dream job was “to have a dual appointment with a college health service and an academic health education/health promotion program or a college student affairs program.”

### Matt

I interviewed Matt near the end of the Fall 2014 semester. Like Mark, Matt spent his entire career at the same institution. Matt said that he loved his work with students and stated no interest in moving into a more administrative director role. He considered himself a “health and happiness educator.”

Matt’s interest in career always centered on doing work that focused on self-improvement. Experiencing “dorm-based programming” in college as well as the “gurus of self-help in the 70’s, 80’s, and even 90’s” drew him into that type of work, especially work regarding the topics of sex and sexuality. He earned a bachelor’s degree in psychology and a master’s degree in sociology. Upon graduation, he entered a position at the county health department and then a position at a community organization; he did AIDS prevention programming in both positions. Mark’s presentations and education at the university while working at the community organization came to the attention of the university’s director of the health promotion department. She approached him when a health educator position became available.

Matt's worked in 80% part-time position. He was the only participant not employed full-time. His position consisted primarily of doing educational presentations, meeting one-on-one with students, and meeting with small groups. He also did some educational work in the surrounding community at schools and other community organizations. Matt stated that he planned to continue doing this work as long as he can. He had no interest in moving up in the organization and was adamant that his place was educating, not in meetings. He expressed a keen interest in learning more wellness topic areas and increasing his skills with blogging and writing.

#### Factors of Entry Into Health Promotion in Higher Education

I first examined factors that influenced each participant in their decision to enter health promotion in the setting of higher education. During the course of data analysis, I found several factors regarding participants' decision to enter a career in health promotion in higher education. Six major themes emerged from the data including (a) an attraction to or interest in teaching, helping others, and health; (b) being one of very few men; (c) it is more than just a public health or student affairs degree; (d) influence from others; (e) experiences growing up; and (f) experience as a student leader (see Table 2). This section provides evidence regarding each of the themes.

#### Attraction to or Interest in Teaching, Helping Others, or Health

All five participants described an attraction to or interest in teaching, helping others, or health. Matt stated that "You know, I grew up in the 70's and 80's during the self-help

Table 2

## Factors of Career Entry

Theme	Subthemes
1. An attraction to or interest in teaching, helping others, and health	
2. Being one of very few men	2a. A lot of women in graduate school 2b. Female-dominated
3. It is more than just a public health or student affairs degree	3a. What is college health? 3b. Coursework did not prepare me for this
4. Influence from others	
5. Experiences growing up	
6. Experience as a student leader	

movement and was really affected by that. So I think, looking back, I was very attracted to self-improvement.” While Harry initially wanted to work in K-12 education, he stated, “I’ve always had a tendency toward education and towards teaching... It felt like a very natural place for me and a very good fit. Coupled with the fact that I just had this interest in health and wellness issues.” Similarly, Mark did not initially intend to work with college students; however, he became interested in health education at an early age:

Really when things became serious, and then became real, was probably when I was a sophomore and had gone to a week-long substance-abuse prevention camp the prior summer; I was going back the second summer as teen staff. That’s really, kind of, really where I decided I wanted to do something with a helping profession, social services where I’m, “Ok, I want to do prevention, health education, health promotion for a living”... So, I got involved in that and then I went back the next summer, had the time of my life and, just kept staffing that camp and staffing the community program through high school and through college. And really decided that substance-abuse prevention was what I wanted to do.

David and James both planned to enter medical school but realized early on that it may not be the right fit.

I always had a desire to go to medical school and become a doctor. I went into pre-medicine when I started college, and at the end of my freshman year in high school I started working at the local hospital. I just became disillusioned very early on with the medical system. So I started, finally, for the first time, thinking, “Hmm, maybe medicine isn’t the way to go,” even though everyone was definitely pushing me in that direction when I expressed an interest in it. So I started exploring other fields casually in the healthcare discipline, and I had never really come across public health, but I found it and thought it was pretty cool. But I just really fell in love with public health, so I started exploring graduate programs and the different disciplines within public health as a field and really settled on the community health science, health education component of it. (David)

That was kind of my original thought, being a physician. Then, you know as things progressed in my academic career, I was realizing, I guess, that I was experiencing, you know, a struggle. And, with medical professionals, what clinicians did wasn’t exactly what I was looking for... Once I made my decision to switch majors and kind of found health and science education, which was my undergraduate [major], you know, all of the classes were really focused on giving students a broad perspective on very topically centered things like alcohol education and drug education. (James)

While none of the participants planned to enter a career in health promotion in higher education, all described career interests that eventually led them to the field. This factor did not connect directly with participants’ gender; however, literature on men entering nontraditional career did discuss this factor. I discuss this in Chapter 5.

#### One of Very Few Men

All participants discussed the female-dominant nature of health promotion in higher education and being one of very few men. Additionally, several participants found a similar gender make-up in their graduate program.

### Female-Dominated

In regard working in health promotion in higher education three participants said the following:

I am often the only man in the room. But I think when you find yourself among your peers, and there are so many groups in which this is the case, I could very well be sitting in a meeting with 25-30 people and be the sole male-identified voice there. And I think with that brings its own set of challenges and opportunities. I don't mind it...it's taken a little while, I'd say professionally, to get accustomed to it because it does, it tends to be a female-dominated profession. (Harry)

It's definitely something that I tend to notice every so often, or I may think, like, wow, I work with a lot of women. It's even more pronounced at annual meetings and ACHA where I'm one of very few men. It's one thing when I'm with my four other direct reports, but when it's me and, like, 40 other people in a session, and I'm, like, one of maybe 5 males, yeah, you can, you can kind of see that distinction. And that's where you're like, "Wow, there really are a lot of women in this profession." (James)

The field tends to be very female-dominated. The majority of folks that I tend to work with, seem to work with, are female. Very few males... You know a lot of times you don't think of a male Caucasian as being a minority, but in health education, I really do kind of feel that way. (Mark)

All of my participants perceived the field as being female-dominated, especially when attending meetings with other professionals. However, none of the participants indicated that this perception discouraged them from entering their career.

### A Lot of Women in Graduate School

Several participants discussed the female-dominated environment while in college.

Harry said that "As an education and human development major, I was often the only guy in my academic courses as well." David and James had similar experiences in graduate school:

I was really surprised when I got to graduate school, and it was me and maybe one or two other guys in my department, which was community health science. There were a lot of men in the epidemiology programs. They were represented in biostatistics. They



were represented in tropical medicine. In the softer or more social science disciplines, aspects of public health, more of the helping aspect, less of the empirical, more of the helping or practically based, I was really surprised to see there weren't more guys. (David)

Maybe grad school was where I noticed a little bit, more of a, there were more women in the program than there had been in the bachelor's level. So I didn't walk in knowing that, right? It became something that over time I realized, "wow, there really are a lot of women in public health." And, in fact, it's more accurate to say there aren't many men in public health. (James)

None of the participants stated that the female-dominated nature of their degree program or the field influenced their decision to enter; however, it could impact men considering the field of health promotion in higher education. I discuss this in Chapter 5.

#### It is More Than Just a Public Health or Student Affairs Degree

Participants described two distinct challenges to entering this career related to their degree programs. These included not learning about it as a potential career and completing degree programs that did not cover all the knowledge and skills needed to enter.

#### What is College Health?

Participants indicated that preparing for a career in health promotion in higher education may be difficult because people may not be aware of it as a career option. Two said,

I had no idea that [college health] was even a thing. In public health school, I knew there was school health, but everything that we ever talked about, or case studies, or peer reviewed articles that I've read tended to focus more in the K-12 system. I don't think once in graduate school I came across an article about college health, or nothing that I remember coming across, at least. Or if I did, it didn't make an impression. (David)

I guess, through the process of college and learning in different classes and organizations I mentioned, I kind of really just stumbled across health education per se, and then more specifically, the field of public health. I didn't have that vision of, like, being a professional in health education or higher education, by any means. (James)

The majority of participants indicated that they did not learn about health promotion in higher education during graduate school. However, all participants entered the field more than 10 years ago; therefore, I do not know if there still is a lack of awareness of the field.

### Coursework Did Not Prepare Me for This

In addition to not knowing about the field, several participants mentioned that a degree in health promotion or higher education student affairs may not cover the skills and knowledge needed for a career in this field.

I started to see the work I do in higher education as two sides of the same coin. One isn't necessarily more important than the other. On one side, you know, I'm a public health guy. I use that stuff on a day-to-day basis. The scope of my work is public health, health education. However, I also see myself as a student affairs person. So anytime we address issues, and I encourage my staff to do the same thing, we try to look at problems from two different lenses. Number 1, the determinants of behavior and the underlying theory, we look at all the public health evidence-informed, theory-based practice. But we also look at our population, and we look at it from a student affairs developmental theory perspective as well. So we also take a look at that when we are designing programs as well and what is developmentally appropriate for, you know, the particular group that we're dealing with, coupled with the public health theories as well. (David)

The higher ed admin programs are great but you've got to sort of carve out your own niche and your own path. It's still important to learn the developmental theories and higher ed law and public policy, and the HR stuff. You know, all of that stuff is great if you do eventually want to be a dean or a manager, and those sort of skills have been invaluable for me. But none of my coursework prepared me for this. I mean, maybe my undergraduate, better than my graduate degree, to be honest. You know, my psych background and education background that I think are sort of strong transferrable skills to what I actually do day-to-day. Curriculum design, assessment, and, you know, things like that. (Harry)

I think so much of health has to do with other human beings, not just us, what other people are doing. If other people are wearing bicycle helmets, then my students would wear their bicycle helmets. You know? And so I really think that sort of a sociology, anthropology background or a feminist studies background that deconstructs culture would be very helpful because there is so much in the culture. So those are the fields that I would put in there. Human biology, I guess, too. (Matt)

The participants did not indicate that these factors negatively impacted their career entry.

However, they suggested that there is a lack of knowledge about the field and the need for more training. These factors did not directly relate to the gender of the participants; however, they all discussed how training and education outside of public health and student affairs may be needed for those individuals entering the field.

### Influence From Others

Three participants discussed how others influenced the direction of their career. Both David's family and educators at the school he attended while growing up encouraged his interest in a medical profession:

And when I was in high school, I went to a private Catholic high school 'cause the schools in my area, the public schools I should say, weren't terribly good, so, anyways, I went to a private school and, you know, they were all about the alumni and creating successful graduates and stuff. I mentioned medicine, and I never really got any sort of, you know, "have you considered anything else?" They just thought that would be a great profession to pump graduates from the high school into.

Harry spoke about family:

My grandmother was a long-time educator and a principal, and we lived with my grandparents for quite a while, and I definitely admired her as a role model. And my mother was, and still is, an elementary school teacher as well, so I feel like I have it in my blood, and I was always interested in pursuing that career path, and eventually you know ended [up] there in a little of an unusual way, I suppose, but still all related, I'd say.

Mark described an influential relationship that developed through his involvement in the community prevention organization:

When I first met him, he was a prevention coordinator, kind of helping run the chapter that I got connected to. I just did a lot of work with him in planning events, alcohol-free alternatives, and social events. So I probably got to interact with him at least on a weekly basis, if not more. So in addition to the prevention, he was an Eagle Scout, so we could

also talk a lot about scouting, different things like that. And to this day, I seek his guidance and counsel for different issues, different professional matters. He was just a good role model for me...Probably because of him I ended up going into psychology and speech comm as undergrads and really was open to substance-abuse prevention as a career. His background was more psychology/social work, not very much health promotion/health education, so I think that's really why I kind of went that direction regarding discipline rather than just going directly into health promotion, health education.

For these participants, the influence of others encouraged their decision to pursue a degree program that eventually led them to health promotion in higher education. Though this factor did not relate to the gender of the participants, it did have an impact of their career entry.

Additionally, none of the participants mentioned the gender of their influencers.

### Experiences Growing Up

Several participants described experiences while growing up that influenced their overall career goals. Family dynamics impacted Harry and Mark:

Personally, one of the reasons I decided to focus so much of my career specializing around substance-abuse prevention is having grown up in an alcoholic home. And always sort of having that as a source of influence in my life. And, you know, it is such a huge determiner in terms of my traits and characteristics, who I am and how I operate. You know, if there is a way in which I might be able to help support a student who's gone through, you know, a similar sort of experience or potentially help prevent a student from heading down that path themselves, I think that has always been something that is sort of an additional inspiration for me to keep fighting the good fight. (Harry)

I think the other reason that I'm having some difficulty talking about this is that part of the pull for me to go into substance-abuse prevention, which led to the health promotion in higher education, is that I'm an adult child of an alcoholic. So I think really trying to deal with that and finding a home in prevention were really strong factors that led me into this career path. (Mark)

James spoke about his experience of moving to a new community and how the environment exposed him to health-related issues he had not seen previously:

I guess I stared certain health issues in the face without realizing it, you know? I'm seeing, literally, I'm in 7th grade, and there's a girl pregnant next to me. I'm seeing, I'm hearing about gun violence, I'm hearing about things that are just effecting the community on an everyday basis, not just on a regular, but on an everyday basis. So I think those are the types of things that, I guess, helped trigger my or gave me the opportunity to then demonstrate that I had a desire to be, to effect change in a social capacity. To really, like, it doesn't have to be like this. So a lot of that certainly is rooted in racism and discrimination and things like that I kind of experienced, and it was more in my face at that time of life.

While different aspects of their environment growing up impacted the participants, the experiences influenced their ultimate career direction. Though this factor did not relate to the participants' gender, each described how their environment impacted their decision to enter health promotion in higher education.

#### Experience as a Student Leader

Three participants discussed student leadership experience. Harry's leadership experience began in middle school and continued through college:

My middle school had a really neat peer leadership class, and a conflict resolution program that I joined which first really introduced me to that skill set, the type of work that peers could do to support one another. I was able to continue that work through high school with an actual for-credit course on peer leadership, which was amazing. Much of that focused on sexual health and HIV/AIDS at the time. This sparked my interest in health promotion, and as soon as I got to my undergraduate institution, I immediately sought out the peer education program on campus. There, it was more of an umbrella organization covering a whole cadre of issues from alcohol to sexual assault, body image and eating, and it was a pretty all-inclusive organization and a good training ground for me. So while I was studying to be a school teacher at the time, it, at some point within my late undergraduate years, it became apparent that you can actually do student affairs health promotion work on a college campus professionally and get paid for it! It was a pretty wild moment of recognition for me to realize that I could kind of combine my skills and passions that I had in terms of being an educator and possibly work with the big kids instead of the little kids.

Similarly, Mark's experience as a student leader during high school influenced his career trajectory. Additionally, Mark's involvement in health promotion in higher education began while working as a graduate assistant in a health promotion office:

Even when taking the graduate assistantship, I really didn't think of it as a long-term commitment. It wasn't really until the second year of my program where, you know, I was enjoying what I was doing at my assistantship, but when I was at my internship, I was just really kind of miserable. I think the other aspect of the clinical internship that really dissuaded me from counseling and psychology to health education and health promotion was that I found counseling to be monotonous. So I found that a lot of times, my clients would come in and it was just a broken record. Every session would sound very similar to the session before it. I just wasn't helping facilitate any headway with my clients, but I felt back at my assistantship working with students, I was getting students to have epiphanies, that I was helping guide them to greater awareness and greater behavior change. It was just more exciting; it seemed to be a better fit.

Unlike Harry and Mark, James was not involved in a health-related group. However, a different involvement influenced his career trajectory:

I was getting more involved with organizations on campus, and just being more of a student leader. And you know, I think that kind of pointed me towards a passion to just be part of organizations that create change. I just enjoyed that process of things. I think I always had a knowledge that I wanted to help improve the lives of other people, you know, in a very broad sense.

While they had different types of leadership roles, experience as a student leader influenced career choice for these participants.

In the following chapter, I discuss each of these factors of career entry in more detail. Additionally, I discuss them within the context of the literature and provide details on implications for practice and future research. While not all of these factors related directly to the participants' gender, the literature on men entering nontraditional careers indicates that many of the factors are consistent with previous research.

## Factors of Persistence in Health Promotion in Higher Education

I also explored factors impacting career persistence. Some factors related directly to the participants being men, while others seemed more generalizable to women as well. I first describe the factors that participants perceived as benefits and then those that participants perceived as challenges (see Table 3). Finally, I describe findings regarding how some participants did not consider their gender in terms of their work prior to this study.

Table 3

### Factors of Persistence

Type	Theme	Subthemes
Perceived benefit	1. Fulfilling and enjoyable	
	2. Mentorship	2a. Students and newer professionals 2b. Participants' mentors
	3. Professional relationships	
	4. Support from friends and family	
	5. Privilege that comes from being a man	
Perceived challenge	1. Feeling unsupported	
	2. Salary	
	3. What do you actually do	
	4. Career aspirations	
	5. Moving up means more administration	
	6. Balancing being a man and a lack of men in the profession	6a. Gender and the work 6b. A "different kind of man" 6c. More men
	7. Sexual identity	

### Perceived Benefits

During the course of the interviews, I found several factors that benefitted the participants. The five major themes included (a) participants finding the work fulfilling and enjoyable, (b) mentorship, (c) professional relationships, (d) support from friends and family, and (e) the privilege that comes from being a man.

#### Fulfilling and Enjoyable

All participants shared aspects of their work that they found to be fulfilling and enjoyable. They stated that the challenge and diversity of the work kept them interested in the field. Three spoke of how the work made them feel:

I think the most positive would be just seeing projects come to fruition...I'd say I really enjoy that part of my job is, you know, seeing the things that can be challenging at times certainly, but to actually get to a point where, you know, you're accomplishing major milestones with your projects or you're getting the burst of creativity and it kind of manifests within the team in some of the work that we do. So I find that rewarding when we've achieved that sense of accomplishment in any given project or task. (James)

I am happiest, I feel most alive, when I am presenting, when I am training, when I am teaching, and I know I'm in the zone and I know that the audience or that the class or whatever group that I am delivering whatever I'm doing to, is there with me on every word. That is when, I just, that is, like you know, "Ok this is what I was meant to do. This is where I feel most alive." (Mark)

My job is fulfilling every single day. And every single day, I'm really able to get to the heart of where students are suffering. I mean, we are talking in an hour, an hour and a half, not to solve the problem, obviously, because that's not possible, but to really have them go, "Wow, I really clearly see that what I'm doing is painful but it's also normal. And then they can start to go about their life going wow, this is part of the human experience." And then trying to get help to start to move forward. So, very fulfilling. (Matt)

Participants discussed specific parts of their job that they found particularly rewarding and motivating including their interactions with students, developing new initiatives, working



through challenges, and mentoring students and newer professionals. While this factor did not relate to participants' gender, all five discussed how enjoying aspects of their jobs assisted with their persistence.

### Mentorship

Participants discussed mentorship as an important aspect of their work. Participants discussed two distinct areas of mentorship including mentoring students and newer professionals and their relationship with their mentors.

Students and Newer Professionals. In terms of students, four participants spoke about the positive impact of working with students. Harry and Mark discussed working with peer educators. Mark stated, "I really liked the peer education aspect of working with groups, program planning, program design; you know, developing goals and objectives and figuring out how you can meet those things. I also liked the mentoring aspect." David, Harry, and Matt all spoke about interacting with the general student population. Harry described one instance in which he connected with a student leader during new student orientation:

We got to chatting, small talk. I could tell something else was on his mind and he said, "you know, you also met with me my freshman year, and I don't know if you remember the details, but I was a mess and had made some really poor decisions and was drinking in a really dangerous way, and we met, and what you were able to share and had me think about really turned things around for me, and I've never had the opportunity to tell you that." And now as a junior or a senior, he said, "I'm in a totally different place, you encouraged me to connect with some leadership organizations on campus" which is what he has done and all that...It was just a sweet, really, really sweet and very, very rare type of moment... You know, rarely, if ever, do you hear what the outcomes are, and to have had an actual live conversation with someone who felt compelled, for whatever reason, to share more about their experience and how whatever I may have shared in that moment, who knows what it was, you know, made that difference and helped that one person get back on a better path. I mean, it was a pretty special thing for me.

In addition to mentoring students, participants discussed the importance of mentoring newer health promotion professionals. David stated, “Despite being a director, I have an open door policy, and, you know, if my door is open, it’s an invitation. So I really pride myself on being accessible to my staff, student staff, and just students in general.” Similarly, Mark said,

I think I’ve always interacted with younger professionals, but I kind of feel like younger professionals are seeking me out for wisdom and guidance. I can kind of be their Obi-Wan Kenobi, and I get a lot of satisfaction and reward working with younger professionals and seeing them grow and develop. They’re the next generation to come, and, you know, part of my mentality is my legacy will be what they do and that’s important. One [mentor relationship] that comes to my mind is basically the relationship that I have with my current, with one of my current assistant directors. She was one of our grad assistants, and now, you know, she has been my assistant director for 2 years. So just seeing her grow and develop. You know, it’s kind of funny. She is beginning to have a lot of “Mark-isms.” You know, we’ll be in meetings, and something will happen and then I don’t have to say what I want to say because she’s saying it. Or, you know, we’re to the point where we don’t have to have a lot of those developmental conversations because she’s bringing up those points before I need to, so that’s awesome.

None of the participants talked about mentoring male students and professionals.

However, one participant did mention that a lack of men in the profession may make it more difficult for him to mentor men.

Participants’ Mentors. Participants discussed the positive impact of their mentors. Harry talked about professional support he received when starting in his first position;

I got a lot of support from family and a lot of support from the dean whom I was interacting with at the time... I felt pretty lucky as well. I certainly worked very hard to earn what I’ve been able to achieve, but, you know, you know, a lot of times it’s good timing and a lot of luck and someone who is willing to take a chance on you. You know, my supervisor at the time, I’m forever grateful to him for taking a chance on me and just welcoming me with open arms. It was just a great learning experience, the couple of years that I spent there.

Mark stated that his mentor from his high school prevention program remained an important mentor throughout his professional career. Participants discussed mentors in student affairs and

outside of higher education; however, I found that no participants had had a mentor in health promotion in higher education. I discuss this in the next chapter.

Three participants discussed gender as it related to their mentors. Harry stated that all of his mentors had been male. Similarly, James stated, “I have a few mentors and people that I consider trusted colleagues on campus that are male and even in my professional network that have nothing to do with the institution.” Unlike Harry and James, Matt said that “My supervisors have almost always been women. One of my supervisors at the county was a gay man... Again, different energy, right, then maybe a heterosexual guy or, you know, different feelings, different awareness.” While participants discussed male mentors, none indicated gender as a requirement for mentorship.

### Professional Relationships

Participants discussed connecting with other professionals. They spoke specifically about connecting with colleagues in health promotion in higher education. David discussed making professional connections:

I’ve always been very involved within my regional affiliates of the American College Health Association. So you know, you go to the regional conference or even the national conferences, and I’m certainly not the hotshot in the field of college health by any stretch, but I do know a lot of people. I’m very well connected. Former colleagues or associates within the field have always, you know, I occasionally get e-mails from them, a personal note, or just, “Hey, I know you did this kind of work in the past, and I’d really like to get your opinion on it.” Those sorts of things. So I’ve cultivated good professional relationships.

Mark spoke about how his connections in the field assisted him professionally and personally:

I think one of the reasons I continue doing what I do is because of the friendships and professional relationships that I have with many others. Even though they are people that I only get to see a few times a year... You know, the people I think that I really regard as my true friends are other health educators and other health promotion people, which

makes staying in the field valuable and going to different conferences and trainings worthwhile. And if I left health promotion, not that those friendships would end or cease, but there'd just be less opportunity to see those folks and to run into them and, you know, co-present with them and hang out at conferences and different things like that, so I think a lot of the connections are important... I mean, they're great professionals, they're great individuals, and they're great friends. I just can't hold these people up high enough, they just mean so much, and that helps [me] remain in the field, it helps wanting to stay in the field, it kind of helps keep me on my A-game.

While participants mentioned that connecting with other professionals was positive, they also noted that conferences and meeting with other professionals was when it was most obvious that they are the gender minority in the field. Therefore, in terms of gender, this factor can be both a benefit and a challenge.

#### Support From Friends and Family

In addition to support received from mentors, participants also discussed support from friends and family. Participants talked about their spouses, other family members, and their friends outside of the field. James shared that while his friends may not completely understand his job, he can make connections with them about aspects of his work. "A lot of my friends are attorneys, so when I talk about policy development, that makes sense to them. Some of my friends are in business, and [when] I'm talking about marketing and communication, we can speak the same language then." Mark spoke about receiving support from friends and family in his life:

I mean, most of my friends, most of my family, particularly those who have known me since high school and, you know, were doing prevention with me in high school and prevention with me in college so, you know, it's the fit... So I think those people that know me affirm that it is a good fit. People have told me that they can't see me doing anything else. Good friends have told me that, you know, that they couldn't see me doing anything else and if I tried to do something else, they didn't think I would be happy. They think I would be miserable. So, I mean, most of my friends in my inner circle really think it's a good fit.

Overall, participants indicated that friends and family supported the career and their work. However, as indicated by James, they did not always understand the career. I discuss this further in the challenges section. Though this factor does not directly relate to participants' gender, it does contrast some of the literature on men in nontraditional fields. I discuss this in Chapter 5.

### The Privilege That Comes From Being a Man

All participants discussed their perceived privilege as men. David perceived that he may benefit during interactions with senior administrators:

You know, I was talking about how I'm very aware of being, you know, what privilege comes with being White, being male, being straight-identified. I understand being a straight, White male in today's society and in today's professional work environment has advantages. It really bothers, me but at the same time, I'll be perfectly frank, it's kind of nice. So with college health, the health center, those communities notwithstanding, a lot of my interactions or, especially as I become more of an administrator and as I've risen in position in higher education, a lot of my interactions, quite frankly, are with, you know, other directors, vice presidents, or vice chancellors, you know, depending on the school and beyond. A lot of those senior positions are still occupied by men, and, for better or worse, it confers some advantages. I don't think that you know if I walked in as a woman, there would necessarily be, like, a different outcome to a meeting or anything like that. I think it's a lot more subtle than that, but I definitely sense that.

Harry and Mark described the following:

I suspect there are parts of my presentation and my being, just the way in which I am out there as a White, male, heterosexual administrator that I'm not even aware of, as self-aware as I try to be in terms of how I am perceived or treated, perhaps as compared to my female counterparts and/or staff members who are primarily female as well...but I do imagine that there are some, there are some differences just based on the privilege that I have. And, you know, I really just try to be mindful of that. Mindful of that space as best I can and contribute what I think I can to the conversation and really just be mindful of, I suppose, of any power dynamics or, you know, things that just might feel a little bit different in a space like that. (Harry)

I'm sure I have benefitted as a result of being a male. Have there been times when I've intentionally stopped and gone "Oh I've benefitted because I'm a male?" Um, I really

don't recall ever having that mental conversation with myself. You know, I've got some colleagues who are, like, you probably make more money than me because you're a male. I mean, I've had those conversations before. Knowing my campus culture and campus history, it wouldn't surprise me if I'm making more than some of my colleagues who are female because I am male. (Mark)

Matt said, "I mean, I don't doubt that I benefit from some kind of male privilege." However, participants struggled to describe specific instances of that occurring.

I found that participants believed that they benefitted simply from being men. However, they could not always indicate ways in which they had benefitted. I found that some participants felt that the field was not valued as highly as other areas of student affairs and that felt that other factors of their being may mitigate male privilege. I discuss this in the next chapter.

### Perceived Challenges

The participants described a number of factors that challenged them in their role as health promotion professionals in higher education. The seven major themes included (a) feeling unsupported, (b) salary, (c) others not understanding what they do, (d) career aspirations, (e) moving up into more administrative roles, (f) balancing being a man and a lack of men in the profession, and (g) sexual identity.

#### Feeling Unsupported

All participants described times in which they did not feel supported by their institution, department, or supervisor. David felt that professionals in health promotion are viewed differently than other professionals working in student affairs:

I don't think, as a field of health promotion or even college health in general within higher education, it has as much clout as some other fields in student affairs in senior level positions. So it's actually a great illustration of my point because I'm a director

here but I don't feel like I'm a real director. So my boss, the other day, said something like, "I'm sorry David, I need to cut our meeting short by about 5 minutes because I've got to get across campus for a department heads meeting." And I remember thinking, "Oh, I'm a department head, too. Why am I not at the meeting, you know?" And it's kind of the concept that we're not really a real department. We will never have our own building here or probably not for the foreseeable future. We're probably always going to be housed either within the health center building or within the counseling building or within someone else's departmental building. When I worked at my second institution, I had a director title, but I wasn't...me and a couple of other positions at the university who had director titles weren't real directors. We weren't the res life director, the director of judicial affairs or student conduct, we weren't the director of student activities, we weren't those traditional old-school, hard-core student affairs departments. So partly ranting a little bit, and it's a bit of a frustration. So maybe if we could create health promotion offices that are their own entities and that have a comparable level of influence and prestige as some of these other student affairs departments within the university structure, that might entice people to stay.

Mark discussed a challenge of health promotion in higher education:

In higher education, the goal is to graduate students, to make responsible citizens, to have them be academically successful, to have them develop leadership skills, to have them develop critical thinking skills, to be good writers, and the main goals of the institution are not necessarily to promote health and wellbeing. Some do, but many do not hold that as their key priority, so in higher education we have to be able to connect what it is that we do, how what we do helps contribute to those goals. Sometimes that's a lot more difficult than what it sounds.

Matt stated that "We're a very small department. We keep getting smaller every day.

Prevention, again, is just not valued."

I asked specifically about challenges related to working in health promotion in higher education. Two participants described specific experiences. David described his experience of working toward a campus-wide tobacco ban:

Honestly, I thought I was going to get fired by the Board of Regents [for pursuing the university tobacco ban]. I was starting to get personal invitations [to attend board meetings] from this particular board member, you know, around this issue, and I was very fearful. In fact, I started looking for other jobs in part because I thought it was a very real possibility that I would lose my job over this...So that was probably the most stressful year of my career, was that whole process. As they say, it was the good fight, and that was the fight I was willing to have. I really thought I was going to lose my job.



Harry discussed an instance that occurred during a presentation to faculty living in residence halls. A faculty member asked,

“All of this is fine and good, but at the end of the day, what are your two goals? If you boil this down to just two things, what is it that, you know, you’re trying to accomplish, and what’s your point?” So, I said, “Well, you know this is a period of time mentally where a lot of our students are starting to create life-long health habits for better or for worse. And, so, for many of them, some of those patterns aren’t so healthy and can continue post-college. So if there is a way in which we might be able to intervene at a critical point in time and prevent, for instance, the onset of disease, alcoholism, you know, that would be one of my goals. The other one is, I don’t want to lose someone on my watch if I have responsibility for this. With all of these great resources available, I don’t want to have a student die of an overdose for fear of getting help.” And his very candid response right there in the moment was, “Well, neither of those are going to be achievable at a place like this, and, you know, you should probably look for employment elsewhere because we will have a death, and there’s no way that you’d be able to effectively intervene in the trajectory of someone who’s going to drink to the point of that.” So that was it, he just completely shut down the conversation.

Participants did not suggest intent to leave the profession because of a lack of support; however, they found it challenging. While this factor did not relate directly with participants’ gender, all indicated that feeling unsupported was a potential challenge to persistence for professionals in the field.

### Salary

Four participants discussed salary as a challenge. Additionally, several felt that for men, salary was especially important. Two participants said,

This sounds shallow to say; it’s not the most lucrative field in the world. I suppose you can make a good salary depending on what you’re doing or how you’re doing it. I’m certainly, I’m not complaining about my financial stability, but I really struggled financially as a new professional for the first few years I was getting that initial entry-level experience. That was, that was a real challenge. I know people that, for example, just out of college with bachelor’s degrees who are making almost twice as much as I was after 2 years in the Peace Corps and a public health degree, you know, and 2 or 3 years working as a public health professional in college health. So that was a bit of a



frustration. I guess I could have done my homework ahead of time, but that was a bit of a surprise. (David)

I don't know if my salary is, I'm assuming it's pretty, you know, competitive with other health educators. I'm not complaining. But having said that, for someone who lives in this area, I don't make a lot of money. I don't complain because I feel like, you know, for whatever reason, our family situation is such, it's enough. Like I said, you know, on the financial end of things, as a male or a female in this culture, you know, it might not be a bad idea to, um, think about having your own business on the side. (Matt)

One participant discussed low salary as a reason he considered leaving the profession.

Similarly, participants discussed salary in terms of gender. Three participants indicated that salary may be especially impactful for men. Mark said that

of those males that we've had as graduate assistants, none of them have gone into health education. They've gone into health administration. It's interesting because in talking to those males during their internships or graduate assistantships and afterwards, what I find is that they're really looking for more financially lucrative positions. They end up getting out of health education and finding health-related positions or other things that are paying a lot better. So, you know, as a field, we need to increase our salary.

Based on the feedback from participants, for men, salary could have a negative impact on persistence.

### What Do You Actually Do?

Participants indicated that health promotion in higher education is not a well-known profession. I asked questions about how participants explained their work to others. Four said that while they try to explain, most people do not understand the work. Participants said the following:

I think if I, back to our previous conversation, if I had pursued a career in tropical medicine and I was a disease hunter and I worked in West Africa and you know, was fighting Ebola, I think I would have all attention at every cocktail party and every family gathering. But I think people either don't understand it or [have] just somewhat of a passive disinterest in college health. (David)

I'm never one to really be the center of attention and don't strive to be, so usually my goal is to just find the common ground with anyone I'm interacting with, friends, family, and talk about that. But you know what I mean? My mother, like, to this day, I think, has very little clue of what I do. It's funny, it's very laughable to try and see her give me advice on things that, like, you realize, I do this professionally. (James)

I'll be honest; I find it easier to tell people at dinner parties that I'm an astronaut. Everyone knows what an astronaut is. Being an astronaut is not political. If they're really interested they will be like, "Now what is it that you really do?" And I say, "Well I work with students." If they are more interested, they will continue to pursue it. But I think it really is a challenge to tell people what it is that we do because we do so many things. To say we keep students healthy is so ambiguous and vague. Well, what does that really mean? A lot of people, once they find out I work at a university, they go, "Well are you a teacher?" "Well, I'm not a professor but I do a lot of teaching and education and focusing on learning." "But you're not a teacher?" "I'm a teacher, but I'm not a professor." "Well, what's that mean?" "It means that I'm not typically in front of a class in a classroom giving a lecture. I'm doing other things – communication campaign, one-on-ones, environmental strategies, socioecological approaches." Sometimes it's just easier to tell people you are an astronaut and pray that they move on. (Mark)

Participants felt challenged by this; however, none indicated that it impacted their persistence in the field. Not understanding the field was not directly connected to the participants' gender; however, the majority shared that it could be a challenge.

### Career Aspirations

Four of the participants spoke about their career aspirations and how they may need to leave health promotion in higher education in order to further advance. Three said,

I don't really see myself leaving the field of higher education, but I could potentially see myself leaving health promotion eventually. What would maybe keep me in health promotion would be the possibility of being able to do those kinds of things but within the context of higher education health promotion. So for example, what's pretty cool about my job here, and makes me feel a little more satisfied, is that I actually have a director position. I'm not subsumed beneath a university health service. I'm not an office within a bigger department. I actually, you know, I'm a department head. That gives me a certain sense of career advancement where I'd never had that. It was never really a possibility at other universities. I could continue to do health promotion but still satisfy that senior-type leadership position. (David)

I still have aspirations, at some point in time, of potentially being a dean of students or a chief student affairs officer, though I need, I will likely need the terminal degree and proper credentials for that to happen along with some more experience outside of the realm of health promotion, and so those moving parts complicate matters a little bit. But I do feel like at the type of institution that I'm accustomed to working at and that I enjoy working at, I could probably elevate one more degree, to, like, an associate dean of students. Which I'd be open to at the right school in the right opportunity, but also it would have to be a position that had some oversight and some responsibility for a health promotion function. So, happy to sort of expand that portfolio and get some more general higher ed admin experience for which I was trained. But I would not be willing to completely let go of the health promotion piece. (Harry)

When I was an undergrad, you know, my career aspiration was to kind of be a director of a prevention unit, a prevention program. I achieved that rather early in my career. I've been happy with that. It's only recently that I've kind of begun questioning what is the next step? What is it that I want to do? Where is it I want to go? You know, I haven't really come up with any answers. When I went to get my Ph.D., I always said it was to open up doors. I think it has the strong possibility of doing that. I just haven't found any future pathways that I've fallen in love with. When I think of being director of a health service you know, I'm not finding that exciting. It, you know, initially it's not appealing to me. So, and I think it's just because I love health promotion and health education so much. I know if I were to become the director of a health service, it's dealing more with the clinic and dealing more with a wide variety of other things and doing more management, and more administration. I mean, yes, it all benefits our students and makes our campus a healthier and safer place, but it's going to be a big paradigm shift for me. (Mark)

Most participants indicated a desire to stay in the field; however, they also found a lack of advancement opportunity beyond their current role. One participant indicated this factor as a reason he considered leaving the field. Other participants stated that this factor could impact men as they may be expected or encouraged to advance. I discuss this in Chapter 5.

### Moving Up Means More Administration

While participants spoke about wanting to advance in their career, they also discussed the challenge of advancing into more administrative roles. David and James stated that in their

director role, they had less day-to-day direct student interaction. Two others described how advancement can be challenging:

I think as my career has evolved, perhaps it's just the result of maturing and becoming more sophisticated, but, you know, I start moving from more direct service to more client management, administration, leadership, guide others. So, unfortunately, you know, I think I spend more time doing administration management, with a dash of statistics, assessment, research. I really don't get to spend much time doing that program development, program implementation front-line types of activities. I miss doing those things; I miss the thrill of doing those things. I don't miss being on campus at 8 o'clock, 9 o'clock, 10 o'clock at night, or on the weekends. So I mean there's definitely give and take. But I miss it, I mean; it's why, it's why I got into this field. It's what I find exciting and invigorating.... Sadly, as a result of moving up, you know, I don't get those opportunities as much. And I can tell that my skill set is diminished because I don't get to practice and exercise that skill as much as I would love to. (Mark)

I don't have a lot of ambition in regards to climbing any ladders. I'm a pure educator which means, like, my place is in front of people presenting in some way. Or writing, I'm trying to do more writing, blogging, that kind of stuff. I need to be sort of outward facing towards the people I'm serving. I don't see myself as being very good at being at meetings or logistical anything...the more money you make, the higher up you get, the less education you do. You end up at meetings, you end up dealing with finances and budgets and whatever, logistics, but you're not doing much education directly...Maybe some people want to do that. For me, like, my place should be educating. That's what I do, and it wouldn't be health for me or for anybody else if I was not doing that. (Matt)

Therefore, while participants indicated an interest in advancement, they also found that taking on a more administrative role took them away from aspects of their career that they enjoyed. I discuss this contradiction in greater detail in the next chapter.

### Balancing Being a Man and a Lack of Men in the Profession

I asked participants about their definition and perception of masculinity and how masculinity impacted work in health promotion in higher education. While each participant answered in a different way, they included similar characteristics when describing masculinity; strength, leadership, protection, security, provision, and compassion. Additionally, participants

shared that they believed society and people in the lives of men play a role in how men view masculinity. Harry said,

All the messages that maybe were conveyed from a very early age or influenced by the media or all of these other pieces – you know, I think don't actually paint an accurate picture of what it means to be a man and so for me, I think being masculine is less about aggressiveness or not crying or not emoting and more about the opposite actually and standing up for others and operating from an ethic of care and listening and being supportive and compassionate. And I think those are the, those are the factors to my mind [that] go into what masculinity should look like.

Participants discussed gender three ways including their gender in terms of their work, being viewed as a “different kind of man,” and their desire to see more men in the profession.

Gender and the Work. I asked participants about how being male and their masculinity impacted their work. Two spoke about how their gender impacted work with other professionals:

I've also replaced female directors. People in my role have always been female, and just, you hear things when you talk to your staff. There seem to be closer relationships with the female staff to the director or supervisor who is a female. So I've got great relationships with my team here for example; however, I think there was a lot more personal interactions between my predecessor who was female and the team that I currently work with, and I'm not sure if it was because she was a woman or because of her personality. Maybe her personality lends itself to more social interactions with the staff. I'm not really sure. But sometimes I wonder if, you know, being a guy is kind of limiting some of those interactions, and what would it be like if all things being equal, if I was female instead of male? Had the exact same track record, same experience, everything, but I was biologically, um, a female; what would that look like? I'm not sure that I have the answer to that. I'd have to imagine it would be different, though, in some regards. (David)

The gender roles are factoring into conflict at work and then my ability to resolve conflicts at work, you know, is again related to gender differences. So whether that's stereotypically about, like, can I be “too rough” when I'm speaking to anybody in particular? You know, as I'm trying to discipline or take corrective action? Is there such a thing as me being too rough, too firm, too aggressive? So, my approach to conflict may be things that are, like, “We're going to push through this, and we're going to fight through this, and, you know, we're going to, for lack of a better term, man up.” That's how I may look at handling conflict. That's probably very true in terms of how I handle different situations outside of work, is this idea that sucking it up. All these different

stereotypical male things that I don't seem or I don't feel able to do or say the same way [when] talking to staff when resolving conflict. (James)

Similarly, Harry and Matt discussed times when their gender impacted working with students:

I found, was sort of a tendency of mine was just sort of, come to the rescue. Feel like I needed to assure, particularly people who were struggling sort of intro-psychically, with something that they, you know, they did or had done to them when alcohol was involved. And for me to almost rush to reassure or to feel like, you know, everything is going to be ok, or I'm sure it wasn't that bad... So, you know, it may not be harmful, but it may not contribute to having the best impact or outcome on the program, and so I've often sort of wondered is it just something about my style, my background, my training that contributed to that and/or is it more of a male instinct where sometimes you might feel the need to protect or to shelter or insulate or make things better when sometimes people just sort of need to experience what they experience? (Harry)

When I worked at the YWCA, we had a young women's empowerment group that I co led with my female counterpart, and she said to me after this one session, "You're standing up, you're the only male in the room, you're older than everyone else, you kind of had a loud voice, and it wasn't a participatory session." And it was humbling, you know? And there have been a number of situations like that, where, even recently, where I've had to be humbled because I was misusing my power in some way or unaware of my power in some way. (Matt)

The gender of both the participants and those they are working with may be important considerations for male professionals. Based on feedback from all the participants, their gender impacted interactions with students and professionals. While challenging, none of the participants indicated that these interactions negatively impacted their persistence.

A "Different Kind of Man." Three of the participants indicated that they are sometimes viewed as being a "different kind of man." James stated,

I think my training, my experiences in many ways make me... what's the word I'm looking for... I don't want to say enlightened, but I'm a different male, you know, when it comes to my perception of male norms and my exposure to the field and some of the many things that we do that are really more egalitarian in nature and really speak to breaking down gender roles... So I just think there's this idea of being more attuned to, again, what are very very traditional expectations, roles, behaviors, etc. But then, also

kind of saying things that are much more progressive and, I think, essentially allow you to...receive messages and perceive behaviors differently than that a “very traditional male.”

Similarly, Matt stated that because of his work in emotional health, “I think my reputation precedes me. Like, I don’t think I’m viewed as a normal guy. I don’t make any sense. People don’t know what to do with me.” Participants did not say that this perception impacted them negatively or that it influenced their persistence in the field.

More Men. Four participants described the benefits of more male involvement in the field. Matt stated, “The male voice has a particular power to it, which, again, may be rooted in a problematic imbalance, but for now we can avail ourselves of that privilege to use it for good meaning.” Other participants had the following thoughts on how more men would benefit the field:

I do think it would be a benefit to having more men in the field because, you know, there are so many, men play such a critical role on a number of different health issues whether it be for their own personal health and the expenses that, you know, that we as a society pick up for, you know, their lack of knowledge. I think having more men to speak more messaging and then, you know to, related to more male audiences would certainly benefit all of us as a whole. (James)

Personally, I would like to see more men. I mean, it is going to seem cliché but, you know, the more diverse you have of a population, the better off that population is going to be. So I mean, you’re just going to get different viewpoints, different perspectives, people bring different competencies, different attitudes. Could we continue going and succeeding the way we are now? Oh yeah, definitely. (Mark)

Similarly, three participants spoke about how their gender benefitted their work. Two described specific experiences working with male student groups on campus and how having a male educator is beneficial. James stated,

I would also say that at times when I am doing presentations, I think my maleness is generally why I’m there. We recognize that students, male students, are more likely to



take to me, or it helps to have me there because I'm a man. And I think that's where it becomes an advantage.

Matt stated, "In an ideal world, you'd have a male and a female presenter and maybe a transgender presenter too." Participants indicated that having more men in health promotion positions would benefit the student population.

While being the only man in the department may be beneficial, some participants suggested that it can also be a challenge. David and James described times in which being the only person available to talk to a student could be challenging for the student:

I've worked on, historically, have been, dare I say "women's issues." Issues that perhaps disproportionately impact females. Notably, issues related to eating disorders and body image, working with survivors of sexual assault, relationship violence, and stalking. So students coming to me with those issues tend to be women, and, of course, these issues impact men as well but I would, arguably statistics would show that women are disproportionately impacted. So it does create, I think, a certain level of weirdness. I think women, female students with these issues are probably more comfortable talking to another woman. So I've never had any complaints. I've never really had students who've, that I know of, who have chosen not to come work with me on these issues. But I've also been sensitive to the fact that, if there, if there is a female student and she's impacted by these issues, she may be more comfortable speaking to a female colleague or staff member of mine. So I will make the referral or offer that as well if they so choose, and, you know, students will take me up on that sometimes. (David)

I think the most unique experience is when it's a female student coming in for something related to sexual health or reproductive health. I think that's, you know, typically, over the course of my career, there's always been that moment where it's, like, "Oh!" They may be a little uneasy with talking to me about things. And I think that I understand that, and I guess I'm used to it, so it's not a big deal. For me, it's not anything that is a challenge per se. And I think I immediately go in with a demeanor and professionalism that quickly establishes credibility. Now, I'll never be certain that's always the case, but I've never had anyone say that "I'd rather speak to a female," you know, I've never experienced that. If it did, I'd be ok with it, and it's fine. It's not something that really happens. (James)



While balancing masculinity and a lack of men in the profession did not negatively impact the majority of participants, one indicated that the lack of male energy was a reason he was looking for employment outside of this field.

### Sexual Identity

Three of the participants discussed the assumption of sexual identity as a challenge. I did not ask about sexual identity, but all shared their heterosexuality at some point during the interviews. Harry, James, and Mark mentioned a perception that the majority of men in health promotion in higher education were homosexual. Harry described an experience:

I think a lot of people questioned my sexuality, and why that would matter, I don't know. But I think people were curious and perhaps would perceive that if I am a male in health promotion, I must be gay. And again, why that would matter or what impact that would have on my job, I don't know. But I think that was something that I experienced sort of directly and indirectly... But I do remember fielding, whether it was in college or graduate school, you know, perhaps even early in the career, just fielding a lot of personal questions around so, you know, "So do you have a partner?" or, "Are you dating anybody?" You know, and not necessarily in the context of what could be construed as an appropriate conversation with someone you're developing more intimate professional relationship with. But sometimes sort of coming up where it just didn't seem like it fit, and people just probing... There's just something that also struck me, I guess, some assumptions that are made about young men going into health promotion.

While some participants indicated that this assumption was a challenge, the same participants said that they work with students and colleagues or are friends with people who identify as homosexual. The participants did not indicate that the perception of homosexual identity impacted their persistence.

### Gender Not Considered

The purpose of this study was to explore the career entry and persistence of men in health promotion in higher education. Many of my questions related to the gender of the participants and how gender impacted their perceptions and experiences of their career. However, several participants indicated that their gender was not something they thought about regularly. One said, “until I’ve had these conversations with you, I haven’t really given a lot of consideration or put special emphasis on my sex or my gender in regards to my work.” The participants talked about a lot of information regarding their gender once I asked the questions; however, at times they seemed to struggle to think of specific challenges or benefits related to their gender. I discuss this further in the following chapter.

### Summary

In this chapter, I described the findings of this study and the evidence to support the findings. Through the process of open, axial, and selective coding, I developed categories that help explain why participants entered and remain in the field of health promotion in higher education. I found a number of factors that impacted participants’ entry into the field. Additionally, I found many factors that benefitted and challenged persistence in the field and that not all factors directly related to the participants’ gender.

In the following chapter, I discuss my findings as they relate to the literature reviewed in Chapter 2 and how researchers and practitioners in the field of health promotion in higher education and student affairs might utilize the findings.

## CHAPTER 5

### DISCUSSION

The purpose of this final chapter is to discuss the findings described in Chapter 4 within the context of the literature available on men in nontraditional careers and careers in higher education and student affairs. The purpose of this basic interpretive qualitative study was to explore the perceptions of men working as health promotion professionals in the higher education setting regarding their entry into and persistence in their chosen profession.

#### Discussion of Findings

Through this study, I sought to answer the following research questions:

1. What influenced participants in their decision to enter health promotion in the setting of higher education?
2. What influences the participants to remain in health promotion in the setting of higher education?
  - 2a. What benefits do men perceive working in health promotion in higher education?
  - 2b. What challenges do men perceive working in health promotion in higher education?

Based on the data collected, I found many factors that impacted the career entry and career persistence of participants. In the following sections, I explore the findings of my study based

on the literature available on men entering and persisting in nontraditional careers and professionals entering and persisting in careers in student affairs in higher education.

### Career Entry

After completing the data analysis, I found six major themes of career entry that resonated with participants including (a) an attraction to or interest in teaching, helping others, and health; (b) being one of very few men; (c) it is more than just a public health or student affairs degree; (d) influence from others; (e) experiences growing up; and (f) experience as a student leader (see Table 2). Some positively impacted career entry while others could negatively impacted career entry. Additionally, not all factors related directly to the participants' gender.

#### Attraction to or Interest in Teaching, Helping Others, or Health

All participants discussed an interest in teaching, helping others, or health prior to their career entry. While this did not directly relate to participants' gender the literature indicates that men entering nontraditional careers had an interest in the topics of their career prior to entering (Carmichael, 1992; Sargent, 2004; Werhan, 2010). Similar to the participants in this study, those in Werhan's (2010) study were not aware of the career option in FCS until college. However, their interests led them to pursue a FCS degree program. In the current study, participant interests included medical practice, substance-abuse prevention, K-12 education, and wellness education. While no participants indicated knowledge of health promotion in higher education initially, all had an interest that eventually led them into the career.

### One of Very Few Men

A factor directly related to participants' gender was experiencing a female-dominated environment in two distinct areas; in graduate school and in their professional career.

#### A Lot of Women in Graduate School

The two participants who earned public health degrees and the one who earned a degree in education said that they became aware of the female-dominance of their career choice while completing their degree. Research indicates that more women than men enter programs and earn degrees in student affairs and public health (National Center for Education Statistics, 2012b; Renn & Hodges, 2007; Taub & McEwen, 2006). The participants discussed the female-dominated nature of their programs in regard to the student body; however, none spoke about the gender of the faculty. The literature I reviewed did not discuss gender of faculty either. The female-dominated nature of their degree programs did not negatively impact the participants' decision to enter health promotion in higher education. Previous findings indicate that men may not believe that just because a career is female-dominated, it is nontraditional (Williams, 1995). Though participants in this study perceived their career path as female-dominated, they did not state that this was a barrier to entry for them. However, two discussed how a female-dominated degree program could discourage men from entering:

People are drawn towards groups, affinity groups or otherwise, with like-minded people often who not only share a lot of characteristics but often who look like them. And so, unless you're super comfortable in your own skin or willing to take a risk, I think it can be a little intimidating to consider entering a profession where literally you could always be the only person of that identified sex or gender, you know, in that space and in that room. And I think some people are just inherently more comfortable and open to that, and for others, I do wonder if that would be something that would discourage pursuit of that career option. (Harry)

At that point in time, you know, 20-24 years ago, those folks may have had a lot more traditional views. There's a part of me that questions perhaps when faced with that transformation; the issues of social justice, equality, egalitarianism, feminism. It may be those topics are scary to folks, to males because then they have to question their identity. They have to question who they are, they have to question their sense of right and wrong. And those are hard questions to answer. Maybe the process is too hard or the answers are things that they're not comfortable with. And as a result, that effects their selection of a career in health promotion or something else. (Mark)

Gottfredson's (1996) theory of career entry suggests that if a career is stereotyped as a career for women, men may be less likely to enter. Based on the statements of the participants, earning a degree that is stereotyped as for females could impact a man's interest in pursuing that career. However, for the participants in this study, a female-dominated degree program did not impact their desire to enter the degree program or career they chose.

The ACHA's *Guidelines for Hiring Health Promotion Professionals in Higher Education* (2014a) states that preferred degrees for professionals include Public Health, Health Promotion, and Health Education, and more women than men earn degrees in these fields (National Center for Education Statistics, 2012b). Mark noted that female applicants comprised the majority of his applicant pool for previous graduate and professional positions. Therefore, the field itself may be restricting who applies and is considered qualified for these positions.

### Female-Dominated

Similarly, the participants all perceived health promotion in higher education as a female-dominated career; however, this perception seemed to develop only after entering the field. Participants noted that the female-dominant aspect of the field was especially apparent at conferences and meetings with many health promotion professionals. A lack of knowledge of the career, a finding I discuss later in this chapter, may have impacted the participants'

perception. I found that none of the participants knew about this field until during or after graduate school, so they may not have known the field was female-dominated. However, based on previous research, even if they had known, that demographic may not have impacted their career entry (Williams, 1995).

### It is More Than Just a Public Health or Student Affairs Degree

Participants discussed two challenges to career entry in health promotion in higher education related to their degree programs including people do not know what it is and there is not a standardized training for the career.

### What is College Health?

Similar to the literature on student affairs, participants indicated that they did not learn about health promotion in higher education as a career option until college or after (Blimling, 2002). Three participants said they “stumbled” into it. Mark stated that while completing his Ph.D. degree in public health, the faculty in his program did not know how to effectively explain or categorize this field:

One of my biggest frustrations when I was working on my doctorate is that my faculty never really knew where to put college health promotion. It wasn't community health. They would kind of lump it into school health, but then they would have to retract that and say, “Well, when we're talking school health and that's not really college health.” My faculty didn't really know where to fit it, and many of them had not really had much interaction with the college health promotion office. So they weren't very likely to promote it as a career possibility.

This factor did not directly relate to the participants' gender and none of the literature on men in nontraditional degrees discussed lack of knowledge of the field as a barrier to entry.

However, all of the participants discussed the lack of knowledge and understanding of health

promotion in higher education as a potential barrier to entry. I discuss this further in the next section. Another factor to consider is that the participants entered the field 10 or more years ago. I do not know whether knowledge or understanding of the field has increased in the past 10 years. However, the findings from McNeil's (2012) study indicate the knowledge of the field has not increased. Further research with newer professionals may be needed to learn whether knowledge of the field has increased.

### Coursework Did Not Prepare Me For This

Four participants stated that the training they received in their degree programs did not cover everything needed for entering this field. James shared,

I think that one of the, my biggest critique with our field/industry is that it doesn't do a whole lot in regards to actually true job and career preparation. There are a lot of people in our field who, you know, they are driven by their passion to help people and serve. And that's great. But I think it's important to make sure that they have an understanding that this work is grounded in science, and it should be approached in a logical, you know, methodical way... You know, so I feel like it shouldn't be so heavily driven by leaders who stumble upon it or accidentally run into it. (James)

I found this consistent with a dissertation focused on determining whether there is a need for a graduate-level preparation program for health promotion in higher education. Though the study did not discuss gender, the findings of McNeil's study indicate a need for "skill-based development and an understanding of the unique elements of higher education as a setting of practice" (2012, p. 66). Along with the need to build the skills necessary for the job, connecting with faculty in an academic department may also benefit students. Faculty and administrators in academic programs can act as mentors and role models to male students (Werhan, 2010). With no degree program focused on this field, there may not be a way to connect students with



faculty or administrators who understand the field. This implication could impact both men and women interested in the field of health promotion in higher education.

Mark described a program specifically for health promotion in higher education as not only a need but as something he saw as a possible step for himself career-wise:

My dream vision would be to have a dual appointment with a college health service and an academic health education/health promotion program or college student affairs program where there would at least be a certificate, if not a master's [degree] in college health promotion. And then I could combine supervision and practical experience in the applied setting but also be a faculty member and mentor in the academic instructional setting. So yes, I think we need those kind of things. But I think if there were some institutions that were to develop some programs, I think within a few years, they would find it very lucrative and, you know, I think they would literally have an overabundance of applications. I think there are a lot of undergrad students, I think there are a lot of peer ed students who are saying, "I want to do this, I want to go into it." And if it were made available, you know, the field of dreams; if you building it, they will come. I think it would be a great opportunity for the field. And you know if no academic institutions are willing to do it, then it would be really nice to see whether it's ACHA, whether it's NASPA, whether it's BACCHUS. It would be nice to see some kind of health and wellness in higher education certificate program. Particularly for those that don't have health education, health promotion backgrounds.

These findings present a potential barrier to career entry. Participants could not enter a degree program specifically for health promotion in higher education because it did not exist. Based on the research on men entering nontraditional careers, I found this concerning. If there were such a program, faculty and academic advisors could act as recruiters, encouraging men to consider the field (Werhan, 2010). The literature also calls for male professionals to connect with men in training to encourage them to enter the field and to act as mentors and educators (Galbraith, 1992; Gillingham, 2006; Rice & Goessling, 2005). Similarly, literature on entry into student affairs indicates that connecting with someone currently working in student affairs may encourage entry into the field (Blimling, 2002; Calhoun & Taub, 2014; Hunter, 1992; Taub &

McEwen, 2006). When this study's participants entered college, there was no specific degree program, which made facilitating these types of connections more difficult.

In order to overcome this barrier, current health promotion practitioners could work with male students who have an interest in health, wellness, or education, to encourage them to consider entering into the field. Practitioners and faculty could develop a degree or certificate program aimed at those interested in working in health promotion in higher education and assist with career entry and knowledge of the field. Faculty could cover content specific to this field, and connections between faculty, practitioners, and those wishing to enter the field could be made more easily. A degree or certificate program could benefit both men and women interested in this field. Additionally, several participants discussed an interest in teaching. They could explore teaching classes on health promotion in higher education in a public health or student affairs degree program.

### Influence From Others

Participants discussed how influencers impacted their career entry. "In order for entry-level men in student affairs to be strong role models, they will need to have support themselves (Calhoun & Taub, 2014, p. 47). Three participants in this study said that people influenced their decision to pursue a degree in medicine, education, and substance-abuse prevention. The three talked about very different influencers: family, teachers in high school, and a mentor. Werhan (2010) discusses family and teachers as a support for men pursuing a female-dominated career. Participants discussed a spouse and teachers in college, respectively. David and Harry talked about parents and grandparents; and David discussed teachers in high school. Mark connected with a mentor who worked in substance-abuse prevention who positively impacted his decision

to enter the field of health promotion in higher education. Though this factor does not directly relate to participants' gender, several studies of men indicate that mentor relationships and connecting with a person working in the field positively impacted men's decision to enter a nontraditional career (Betz & O'Connell, 1992; Calhoun & Taub, 2014; Gillingham, 2006; Koberg et al., 1998; Williams, 1992).

### Experiences Growing Up

Three participants indicated that experiences growing up impacted their career interest. Two said that they grew up in households where alcoholism was present, and both spent many years educating on the topic of alcohol and substance-abuse prevention. A third participant moved to an area as a young man where he witnessed teenage pregnancy, and he went on to spend a lot of his early years in the field doing sexual health work. Chusmir (1990) found that external influences such as a man's family and society can impact his decision to enter a nontraditional career. However, Chusmir focused on adult male attitudes toward men's role in a family and men's attitude regarding children, not on how family impacted the men growing up. Therefore, while the literature includes information on family in regard to career entry, it does not discuss it in the same way as participants in this study.

### Experience as a Student Leader

Three participants spoke about how being a student leader positively influenced their career entry. Literature on career entry in student affairs indicates that involvement as a student leader in a student affairs department was a positive factor for career entry (Blimling, 2002; Hunter, 1992; Taub & McEwen, 2006). Participants in the current study discussed involvement

in peer education and Greek life. Two studies include Greek life as a student leadership opportunity (Blimling, 2002; Hunter, 1992). I did not locate literature on peer education related to eventual career entry into student affairs. However, David discussed peer education as a potential entry point for the field, based on his experiences with other health promotion professionals:

A lot of my health educators over the past few years, they were peer health educators in college. They might have been an intern in the health promotion office, or they might have been an undergraduate student in the health promotion office, and/or they might have had a graduate assistantship in a health promotion office or within their public health or health and human services department or whatever it was structured as. So I would encourage someone to get involved in any or all of those ways to see if it's a good fit. To see if it's something they enjoy doing. I would encourage people to get involved doing college health in whatever ways they can. Again, through peer health education, unpaid or paid internships, or paid/unpaid undergrad or grad positions.

Health promotion practitioners may want to encourage those involved as student leaders, including male peer health educators, to consider a career in health promotion in higher education. However this could prove difficult because participants mentioned and the literature suggests that peer education is female-dominated (Beshers, 2008).

The literature reviewed focuses on undergraduate student leadership; however, David described how a graduate student working in his office decided to enter the field:

A wonderful young lady, she was in the college student personnel administration program. She didn't know what career track she was going to have in student affairs, but in her mind it was probably going to be judicial affairs or residence life or, you know, something more traditional. One of the great things about the program, the CSPA program, was that they require students to do two different 1-year graduate assistantships in two different departments. Two very different departments. So, you're exposed to, very intimately exposed to other departments in student affairs. That's what happened with this young lady. She got placed in our department and she just fell in love with health promotion. She was like, "Wow, I knew you guys did this work but I didn't realize how cool it was." So I had some individual meetings with her and just kind of, you know, answered her questions and kind of told my story, kind of outlined potential options of things she might want to consider. I mean, that's what she's going to do. She's graduating this May, and she's probably going to either enroll in yet another

master's program for public health or otherwise just try and move into a college health, health promotion professional field.

Similarly, Mark stated that his involvement as a graduate assistant led to his decision to enter the field. Participation as a leader may not be relegated to undergraduates. Researchers may want to focus on graduate student involvement as a possible factor of career entry into health promotion in higher education. Practitioners should encourage those with an interest in health or student affairs to consider a graduate assistantship or internship with their department. This factor did not directly relate to participants' gender; however, the majority of the participants indicated that student leadership may be an important factor for career entry.

While not all related to their gender, the participants discussed factors that impacted their decision to enter health promotion in higher education. Additionally, they talked about potential barriers that could negatively impact entry. Health promotion practitioners may want to reach out to undergraduate and graduate students in leadership positions and those with an interest in health, wellness, and education. Practitioners could also work with faculty to educate them on the career and to assist faculty in promoting the field. Practitioners and faculty may want to explore the possibility of establishing a degree or certificate program for health promotion in higher education to assist with the preparation of future practitioners. Finally, practitioners interested in teaching might consider developing a class on the field for a public health or student affairs degree program.

## Persistence in Health Promotion in Higher Education

The analysis of the interviews led to a number of factors that benefitted or challenged participants (see Table 3). I found that some factors related to gender, while others did not directly connect to gender.

### Beneficial Factors

Participants discussed multiple factors that they found beneficial about working in health promotion in higher education. The five major themes included (a) participants finding the work fulfilling and enjoyable, (b) mentorship, (c) professional relationships, (d) support from friends and family, and (e) the privilege that comes from being a man.

### Fulfilling and Enjoyable

Positions in student affairs attract some new professionals because they find the work fulfilling (Taub & McEwen, 2006). Participants discussed positive aspects of their work which included interaction with students, developing initiatives, and having a positive impact on the campus environment. Two participants described specific examples of challenging initiatives that stood out for them as positive experiences:

I think probably my proudest moment was when I worked at my second institution and we were successful not only in implementing a 100% smoke-free policy on the campus, but we did it in conjunction with a smoke-free municipal policy for all restaurants and bars. It's probably one of the most rewarding and stressful situations in my career. It's one of my proudest moments because despite all this work and the adversity, with one fell swoop, this policy created a much healthier campus environment that really impacted a lot of people. So it was very rewarding, it was very exciting, and what made it even sweeter and one of my favorite moments was it was against a lot of adversity. Initially, there was a lot of support for this policy, and I had a lot of people behind me, and I was definitely in charge on behalf of the campus. I was this point person. I spoke at more city council meetings, I was on the radio more, I was on TV more than I'd ever

been in my entire life about anything. This was big news anywhere but essentially for such a small community and small campus, but at a certain point when things kind of got weird and kind of hot under the collar, all of a sudden, I was kind of leading the charge with the proverbial saber and looked back over my shoulder and all of a sudden, there weren't so many people behind me. So overcoming that adversity and creating such a great effect was just amazing. So that was probably my favorite moment when that finally happened. (David)

Being charged with overhauling our alcohol policy for our annual rivalry football tailgate, but in order to do that, we really needed a pretty multidisciplinary group. And one was convened. And I had a key part in that process. But really, everybody from medical and mental health services, to the dean's office and athletics, to the city and town government, our relations people, our PR folks, students, alumni, facilities, you know, some of our maintenance people, campus police, traffic, safety. I mean you name it, everybody was around the table really strategizing and working on this together, and we came up with what I think was a really terrific plan... We had a significant reduction in citations [and] virtually no hospitalizations or admissions to our infirmary. (Harry)

Similarly, participants discussed the importance of connecting to, mentoring, and working with students and how much they enjoyed those experiences. Previous research indicates that men in student affairs find mentorship and role-modeling to be important aspects of their job (Calhoun & Taub, 2014). Participants described their experiences working with students:

To know that you are in a position to influence their lives, to create success in their part in the collegiate environment, you know? I talked about seeing myself as a student affairs, higher education professional and yeah, sure, I surely want to help our students, empower them to make smarter, safer, healthier decisions that's going to impact their health and their quality of life, but it also helps them create success both in the classroom and out of the classroom. I see that as well. And just on a more individual level, it's just really fun to work with students. I was just having a great conversation with one of my students, one of my undergraduate students whose intention is to go to medical school, and checking in with him and, you know, he's just picking my brain about things. Just these informal conversations with students that aren't really part of the job. If you can impact their life in some small way or just support them and validate what they're experiencing. Just reminding them that they will be successful and they can get through this, and just those kinds of interactions are really great. So I think that's what keeps me coming back day-to-day. (David)

I'm starting to meet with students that are going through break-ups and other life challenge, trying to figure out how to use the tools that I have to help them to go through

difficult situations. So this one student that went through a break-up with somebody that was really not good for her, not really good for anybody at that point. Borderline abusive in terms of emotional, not violently abusive but sort of putting her down, the way she looks and what have you. But she was having the urge to contact him or pick up his texts or when he would call. So we just worked out a few theory pieces that I still use today that could help people to think about how they can manage situations like that where intellectually, you know that you shouldn't be with this person but emotionally, you're still attached to them because, well, you were dating for 2 years. That was really a nice moment where I was able to not try to fix the problem per se, but help them to reframe it in a way that they can actually hold it better. So moments like that really, really powerful, really, feel like I'm actually, like I'm helping somebody. (Matt)

Most participants indicated positive feedback regarding their profession. Rosser and Javinar (2003) focused their research on career satisfaction, morale, and intent to leave student affairs. The researchers found that those who felt unhappy in the profession and at their institution had low job satisfaction and morale. I found no literature on men in nontraditional careers that studied enjoyment as a factor of career persistence; therefore, this could be an area of study for future research.

### Mentorship

Several participants stated that as seasoned professionals in the field, mentoring students and newer professionals was an important aspect of their career. Secondly, participants shared experiences with their mentors.

Students and Newer Professionals. Previous research indicates that entry-level men in student affairs desire to mentor, role-model, and teach other men. Also, male mentors positively influenced entry-level men (Calhoun & Taub, 2014). Participants talked about the importance of mentoring and educating students. David discussed meeting with students to talk about their future goals:



I'm happy to meet with students about all sorts of things. Students who are interested in the Peace Corps; I invite them to come talk to me. I'll make a lot of time to talk because that's a big decision, a big commitment. So I'll block out a couple hours of my time to talk about that. I've also had a lot of students coming to me who were interested in a career in student affairs or specifically, health education in higher education. I will make myself available for 1, 2, or more hours. I'll go have lunch with students, you know, to talk about these things because it's really important and it really takes away from my desk time, which is nonexistent these days. But it's really important for me to interact with students.

Mentoring students and newer professionals may benefit both the mentor and mentee, as it seemed to bring certain participants satisfaction (Rosser & Javinar, 2003). Additionally, one of the factors of career entry I discussed previously was an interest in helping others. Mentoring students and newer professionals may be fulfilling participants' desire to help others. Research suggests that men in nontraditional careers should reach out to and mentor newer men in the field (Dohner et al., 1990; Gillingham, 2006). This study's findings therefore confirm that mentoring benefit men in nontraditional careers. Similarly, Renn and Jessup-Anger (2008) found that new student affairs professionals felt that their "mentors and supervisors played in their lives during their transition into the field" (p. 328).

None of the participants discussed mentor relationships with younger male professionals in the field. However, there may not be many such men for them to mentor. One participant said that women comprised the majority of applicants for positions. Mark talked about multiple mentor relationships; however, all with female professionals. Both male and female professionals in the field could reach out to newer male professionals. Even though some studies indicate that same-gender mentor relationships are preferable (Koberg et al., 1998), others found that being in the same field was more important than gender (Betz & O'Connell, 1992).

Participants' Mentors. Four participants discussed relationships with their mentors. They shared stories of how their mentors assisted them both personally and professionally, and I

found this consistent with previous research (Renn & Hodges, 2007). Harry described how one of his mentors assisted his career advancement:

When I was approached about the opportunity at my current school, I was really conflicted about it and had a lot of heart-to-heart discussions with my supervisor at the time, which I think can be very awkward and not something that a lot of people would necessarily pursue. And I think that I just elected to be very forthcoming and transparent about it, and in retrospect, I suspect that was appreciated. But what I really appreciated about my supervisor at the time is that, you know, he was such an understanding and compassionate person and, you know, really allowed me to sort of talk things through with him. I mean, clearly, he had a stake in the outcome, but he also, he also had a stake, I felt, like a genuine stake in what was best for me and for my family and for my future... And, you know, I feel like at some point, you know, he just sort of gave me a nudge and without saying as much just said, "You know what you need to do right?" And I did, and I sort of took a leap of faith, but I was really grateful for that compassion and understanding.

While participants discussed mentorship, none had had a mentor in health promotion in higher education. Studies of men in nontraditional careers indicate an importance of mentorship within the field (Betz & O'Connell, 1992; Dohner et al., 1990; Galbraith, 1992; Gillingham, 2006). Two participants discussed mentors within higher education student affairs. Harry stated,

The people with whom I've interacted with, that have been most influential in my training and, you know, in my personal and professional development have all been deans. You know, I don't feel like I ever had a health promotion person, specific, like, health promotion person that was, like, looking after me. Certainly lots of elders and wonderful colleagues along the way, but I think most of the people who know me most intimately and have offered, you know, sage advice and counsel over time have been in more dean of students-type role. And I just find that very interesting. I'm not sure what that means, if it's circumstantial, if it's who I'm drawn to, or I'm not sure. I don't know what it means.

Mark felt that when he was a newer professional, mentorship within the field was not available:

I think about my generation of health educators, and I think about those folks who were kind of the leaders before my generation, and they're really a generation ahead... I believe that I felt that lacking in the profession. And I think it is very important for us not to make that mistake.

I was surprised by this finding, as I felt I received mentorship by professionals in the field. Because participants entered the field 10 or more years ago, I do not know whether there is still a lack of mentorship for newer professionals. Participants never stated that a lack of mentors in the field negatively impacted their persistence. The research on men in nontraditional careers did not discuss mentors for men outside of their nontraditional career in regard to career persistence. Researchers may want to explore if there are any other nontraditional careers where there is a lack of mentorship for men in the field.

Participants also discussed gender in regard to their mentors. The majority had male mentors. Koberg et al.'s (1998) study indicates that people are more likely to have mentors of the same gender. One of my participants discussed having female and homosexual male mentors in the field of wellness education. Though their research focused on career entry rather than career persistence, Betz and O'Connell (1992) found that a mentor in the same nontraditional profession, regardless of gender, might benefit a man in that career.

I found that mentorship played an important role in participants' professional and personal lives. Practitioners may want to make an effort to reach out to students and newer professionals to assist with career entry and persistence. Additionally, men in other nontraditional career may want to connect with newer male professionals.

### Professional Relationships

Participants discussed the importance of connecting with other professionals in the field. Harry stated that his colleagues are "fun. They are some of the smartest, most well-intentioned people that I know. But, you know, I hold them in such high regard. They're creative, they're talented, they have good senses of humor." Other participants said that they enjoyed spending

time with other professionals and that they looked forward to conferences and meetings where they would see other health promotion professionals. The student affairs literature states that involvement in professional organizations and conferences allows new and seasoned professionals to network with other professionals (Chernow et al., 2003). The participants utilized involvement in professional organizations such as the NASPA and the ACHA to connect with other professionals. However, several participants noted that it was most apparent that they were the minority in the profession when attending conferences with other health promotion professionals.

It may be beneficial to create a time and place for male practitioners to connect with each other. Practitioners volunteering with regional and national organizations could facilitate mentoring and conversations for male professionals. Research about men in nontraditional careers indicates they benefit from connecting with other male colleagues (Gillingham, 2006; Koberg et al., 1998). Therefore, connecting with other men in the field may aid in career persistence for men in health promotion in higher education and men in other nontraditional careers.

### Support From Friends and Family

The participants all mentioned that they received support from friends, family, colleagues in the field, and/or mentors. David said,

My spouse has a good understanding of what I do. Understands the importance of it. She's an accountant, and she does finance in higher education. So, she understands the university tempo. It's not necessarily 8-5 banking hour's kind of business.

Similar to David's experience, the participants in Werhan's (2010) study stated that support from a spouse is important.

These findings contrast with some of the literature, as men in nontraditional careers were sometimes seen as lacking ambition or as taking a “step down” (Carmichael, 1992; Sargent, 2004; Williams, 1992). Simpson (2005) discusses how some men choose not to talk about their work in a nontraditional career to friends and family because they would not be supported. None of the participants discussed doing this; however, choosing not to remain silent could be attributed to the fact that those outside of the field may not understand health promotion in higher education or that it is female-dominated. If those outside of the field do not know about the demographics, they may not view health promotion as nontraditional for men. I discuss this further in the challenges section. However, based on participant feedback, experiencing support from friends and family may benefit career persistence for men in nontraditional fields.

#### The Privilege That Comes From Being a Man

Participants stated that they believed they may benefit in some way because of their gender; specifically in terms of a better salary and connecting with male administrators. I found this to be consistent with the literature in which both men in a nontraditional career and men in student affairs believed they benefitted because of their gender. Male social work students believed they had more interesting placements and were given more challenging jobs because of their gender. They also felt that they had the unique position of acting as mentors to male clients because they could connect with them (Giesler, 2013). Entry-level men in student affairs stated that it may be easier for them to assume leadership roles because they are men (Calhoun & Taub, 2014).

Participants did not talk about male privilege in terms of career advancement, which is inconsistent with some of the literature. Research indicates that being male in a nontraditional

career may lead to easier advancement to upper-level administrative positions (Calhoun & Taub, 2014; Lupton, 2006; Sargent, 2004; Williams, 1992). One possible explanation for my participants' silence could be the lack of advancement opportunities in the health promotion in higher education field above the director role. Additionally, while participants felt privileged, several also indicated that they felt health promotion may be considered "less than" other areas of student affairs. Some spoke about how other administrators sometimes have to be reminded of the role health promotion plays on campus. Therefore, the power and control that some men look for when they advance professionally may not be available in this field (Calhoun & Taub, 2014). I discuss these challenges further in the next section.

While participants said that they experienced male privilege, it was difficult for some of them to recall exact moments or times they benefitted. Instead, they stated that because of their gender, they may make more money and they may connect better with male administrators. The literature on gender in student affairs indicates that the majority of professionals entering a career in student affairs are female (Renn & Hodges, 2007; Taub & McEwen, 2006; Turrentine & Conley, 2001). However, males comprise the majority of those in senior-level positions (Engstrom et al., 2006; Hamrick & Carlisle, 1990; Turrentine & Conley, 2001). The participants may therefore be correct about their assumption that men in this field are privileged.

Practitioners in health promotion in higher education and in other nontraditional careers may want to develop ways to talk to male students and practitioners about privilege (Loschiavo et al., 2007).

There may be other factors that counteract male privilege. "Men have multiple aspects of identity...that cause them to understand power and privilege in a variety of ways" (Loschiavo et al., 2007, p. 198). James said that his race may mitigate the benefits of being male:

I would consider my current place of employment, it's very, in its not-so-great moments, is still a very patriarchal organization. So do people listen to me a little bit more than some of my colleagues? Probably. And is it a function of my gender? Probably. But it doesn't also hurt that I'm the leader of the department, so it's any one of those things. So yeah, in that way, I think it has something to do with all that. I think that if anything is sometimes more of an immediate, you know, before you consider my maleness, I think people tend to consider race into the equation. Being one of very few Black persons in public health, then my maleness comes into it. When you said benefits, I was, like, well, yeah I see benefits, but then sometimes are they negated or equalized by other, by my race.

Research suggests that fewer non-Whites enter student affairs, and few reach the level of senior student affairs officer (Engstrom et al., 2006; Turrentine & Conley, 2001). However, Engstrom et al. (2006) found that “though women and non-Whites continue to be underrepresented as SSAOs, once they do achieve these positions, and once individual and institutional factors are controlled for, they appear to be paid equitably” (p. 258). Future researchers may want to explore race and male privilege as they relate to working in nontraditional careers.

The five factors that participants discussed benefitted them and may have positively impacted their career persistence. The information I presented in this section could be used by professionals working in other nontraditional fields for men to aid in their persistence. I discuss this further in the implications section.

### Challenging Factors

Each of the participants described challenges that they faced, and one participant discussed his intention to leave the field because of some of the challenges. Some of these factors relate directly to gender, while others were more general. The seven major themes were (a) feeling unsupported, (b) salary, (c) others not understanding what they do, (d) career

aspirations, (e) moving up into more administrative roles, (f) balancing being a man and a lack of men in the profession, and (g) sexual identity.

### Feeling Unsupported

I found that not feeling valued or supported at one time or another by their institution, their department, or their supervisor challenged participants. Harry stated that “much of what I do in my role, it’s not the sexiest topics, it’s not what’s at the forefront of people’s minds. They always have to be reminded of these issues and how they’re [sic] impacting students.” These experiences impacted not just participants but their entire department. James described an experience that impacted his department:

I know it was a big deal for my team particularly. It wasn’t just a move, it was a...I think it represented a lot of things. Here we are, in what was probably one of the nicer suites of the building. You know, all of my staff had very nice-sized offices with windows, and then, we get moved into a spot that is basically opposite of that. Small offices, no windows, and part of the reasoning or rationale behind the move was that, you know, we were, another department was essentially needing to expand and to have more providers, so we were asked...we were not asked, we were told that we’d be moved. So I just think the whole process of it felt very challenging for my staff in particular. They attached a lot of meaning to that, and it was hard to not take that personally. I’ve got to, you know, carry the flag and be positive, and be the leader. When, you know, at the same time, I had my own concerns and frustrations and maybe they weren’t as difficult for me personally, just because my own demeanor and just how I approach challenges. But I still recognized and embraced all the feelings that my staff was feeling. And then I had to, you know, again, carry the flag but also still defend my team. It was just very, you know, difficult, and it just was not a fun time.

Participants also discussed the fact that feeling unsupported could be especially problematic for men in the field. David described that feeling unsupported could be detrimental to male persistence in health promotion in higher education:

I don’t want to stereotype men but, if men are coming from that masculine, want to be in charge, want to be in the leadership kind of mentality, that might be how some men define masculinity, then they might identify with that notion or maybe that stereotype.



And they can't be a "real director" even if they can, you know, even if there is that opportunity for advancement, as the case with my department. You know, if they need something more substantial, something more real to satisfy that, they might not get it within the traditional historical context of how a health promotion department operates. They might have to, or feel the need to move into another area. Or move into another discipline to satisfy that.

Calhoun and Taub (2014) found that some newer male professionals in student affairs desired to advance within the field to roles with more power and control. If men in health promotion in higher education perceive that they are not seen as "real directors," then they may perceive a lack of power and control. This could negatively impact persistence for men in health promotion in higher education and for men in other nontraditional careers. Additionally, Rosser and Javinar (2003) found that feeling unhappy in the profession of student affairs and going unrecognized by the institution can lead to decreased satisfaction and morale. Eventually, these feelings could lead to professionals leaving their positions. None of the participants stated an intention to leave the profession because they felt unsupported.

### Salary

Participants discussed not feeling valued monetarily. Mark stated that "there's part of me that's, like, with my skill set and the skills that we have as health educators, I could probably go and do a million other things and probably find some things that are more financially lucrative." Two participants wished they had understood the low salary prior to entering the field. Others talked about how professionals may want to consider consulting, educating, or presenting outside of their institution in order to earn extra money. I found no research on the salary of professionals working in health promotion in higher education; therefore, I cannot say how it

compared to others working in health promotion outside of higher education or to professionals working in other areas of higher education.

Salary could be especially problematic for men in the field. A study of entry-level men in student affairs indicates that the desire or need for a higher salary could influence participants to leave the profession (Calhoun & Taub, 2014). Participants stated that low salary may impact male entry and persistence in health promotion in higher education:

I don't know that my, any of my female colleagues feel the same way. I don't know that they are sitting there thinking about, worrying about how much money they are going to make in a year so that they can take care of their families. And, you know, not...feeling a sense that they're the sole providers and don't know that they have this. I don't know what it's like to be a woman first and foremost, obviously, so I don't know exactly how they feel. But I know what I'm missing is that conversation, like, I don't feel like I can have that in a professional setting, you know, where it's, like, me and whoever else, we're on the same page when it comes to those types of thoughts and feelings and ambitions and aspirations. I mean, when it comes to salaries and things like that, it's certainly going to help attract more men if it's perceived as an opportunity to earn a good income...I wouldn't say that, we certainly don't have horrible incomes by any stretch, but certainly, in comparison to other fields...I think we do ourselves a disservice when saying, "Oh, you're just not going to make a lot of money if you come into public health." Well, money motivates a lot of people to do a lot of things, so that's probably not the best PR message to say. (James)

I think, to put it bluntly, I think men, often in the role that has been sold to them and offered to them, look for satisfaction in regards to money and prestige and power and, you know, hierarchy and some of these other things. (Matt)

Calhoun and Taub (2014) found that men "who were projecting family commitments in the future" indicated a greater interest in leaving the field for a higher salary (p. 42). Therefore, men entering health promotion in higher education may consider leaving the field for a higher salary elsewhere. Researchers may want to explore if men in other nontraditional career leave to find employment in more lucrative fields. Practitioners in the field of health promotion in higher education may want to be aware that salary may be a reason why men are choosing not to enter and remain in the field.

### What Do You Actually Do?

A general lack of understanding of the field challenged participants. When I asked participants to describe how they explained their profession to others, three participants laughed. James stated, “People don’t know what we do, and that’s just a function of public health. I think most people just don’t have much of a clue what I do on a day-to-day basis.” Matt’s response was “Which, by the way, is the joke of our field. You know, ‘What is it you do anyway?’” Participants stated that even when they tried explaining their career, many still did not understand. Some participants seemed frustrated by this fact.

This factor is not directly connected to participants’ gender and the literature on men in nontraditional careers does not discuss this challenge. However, one study indicates that student affairs is not considered as a career option because it is not discussed prior to entry into college (Blimling, 2002). If people do not know about or understand a career, how can practitioners recruit new professionals into the field? For the participants, this did not seem to impact their persistence; however, it did seem to cause some frustration. I do not know if this impacts persistence in other nontraditional careers for men as none of the literature discussed a lack of awareness of the field.

There is some documentation available about this career: the ACHA published the *Standards of Practice for Health Promotion in Higher Education* (2012b) and the *Guidelines for Hiring Health Promotion Professionals in Higher Education* (2014a) that outline expectations of health promotion professionals working in higher education. Practitioners could utilize these tools to help explain the work.

### Career Aspirations

The lack of advancement opportunity challenged some participants. Four participants discussed not knowing their next steps professionally. James said,

I believe that I've reached a ceiling. So growth and career growth specifically. I think, and I think Number 2 right along with that is just, you know, this level of needing to feel challenged. Needing to feel that you're, you're professionally growing and maturing in sophistication of work, you know. So I think that kind of, the competitive spirit or whatever you want to call it, I think, is where I don't feel, I don't feel I'm getting fulfilled career-wise that way.

Three other participants planning to continue in the field discussed possibly moving into a faculty role or advancing to a SSAO position. Literature on student affairs indicates that professionals may advance into a SSAO role because of the need for a new challenge (Blimling, 2002). In a study of entry-level men in student affairs, the majority of participants discussed their motivation to advance in the field in order to make a difference, though some wanted to advance in order to gain more power and control (Calhoun & Taub, 2014). I found that none of the participants wanted to advance because of a desire for more power or control. Some of the literature on men in nontraditional career indicates that some men feel like they must advance into more administrative positions because those roles are more gender appropriate (Carmichael, 1992; Sargent, 2004; Simpson, 2005; Williams, 1992). The participants in this study did not discuss this as a reason for wanting to advance.

I found that participants did not discuss male privilege in terms of advancement in the field. This may be because participants did not feel there was a position within health promotion in higher education into which they could advance. The literature on nontraditional careers for men did not discuss a lack of advancement opportunity as a barrier to persistence; therefore, it may be something for researchers to explore in the future. Previous literature indicates that more

men have advanced into SSAO positions than women; however, this was not discussed by participants (Engstrom et al., 2006; Hamrick & Carlisle, 1990; Turrentine & Conley, 2001). I did not include any participants who held SSAO positions. Researchers may want to study male health promotion professionals in SSAO positions or student affairs leadership roles in regard to male privilege.

I found that participants perceived a lack of advancement opportunity; however, they also seemed hesitant to advance because they enjoyed their work. I discuss this contradiction further in the next section. Depending on the institution, there may be opportunities for health promotion professionals to advance. While writing this chapter, I learned that one participant accepted a position as a SSAO and he will still oversee wellness initiatives. Therefore, there may be some opportunities for men to advance while still overseeing health promotion. The *ACHA's Guidelines for Hiring Health Promotion Professionals in Higher Education* (2014a) includes two levels of health promotion professional: staff and director. Practitioners may want to consider adding a SSAO-level position to this document because these positions may exist at some institutions.

### Moving Up Means More Administration

The majority of participants stated their desire to advance; however, advancement may remove them from some of the work they enjoyed. David, James, and Mark all discussed the fact that as directors, they presented less often than they did while in a staff role. Matt had no intention to advance because he did not want to give up his work as a health educator. The literature on men in nontraditional careers indicates that men sometimes feel pushed or forced into more administrative roles (Carmichael, 1992; Sargent, 2004; Simpson, 2005; Williams,

1992). Studies also indicated that men are expected to move into more administrative roles because they are more legitimate or appropriate for men (Carmichael, 1992; Sargent, 2004; Williams, 1992). I did not find that participants felt pressured to advance or that staff-level positions were considered inappropriate for men. Instead, most of the participants had a desire to advance within higher education but to maintain some of their role as health promotion professionals. Participants suggested that they would want to teach or maintain administrative oversight over the health promotion department if they advanced. Making these types of positions or opportunities available may assist with persistence.

I was surprised when analyzing the findings because the two previous sections contradict one another. While participants indicated a desire to advance, they also wanted to continue at least some of the staff-level duties such as presenting and working directly with students. None of the literature on men working in nontraditional careers or professionals in student affairs discussed this type of contradiction. Some men, like Matt, may choose to remain in a staff-level position while others may advance to director-level and beyond. For some men, working in the staff-level position throughout the course of their career may be fine. However, it may be beneficial for practitioners in ACHA or NASPA to determine if there is a need for a health promotion SSAO position at some institutions of higher education.

### Balancing Being a Man and a Lack of Men in the Profession

Participants discussed balancing their masculinity and their work as a health promotion professional as a challenge. I asked all participants to define masculinity. Harry shared the following:

I think a lot of that translates to our work in health promotion because often, you know, there are perceptions or messages that in order to be a real man, you need to drink a lot,

you need to be aggressive, you have a right to your sexual conquests, um, you shouldn't cry, you shouldn't express too much emotion at all because that's a sign of weakness. You can get physical if and when you need to be physical. Even sort of images of, you know, what men, I guess, should look like, and so I think a lot of that, you know, has influenced thought processes and gender norms and stereotypes and sort of how people relate to, to one another.

I asked participants and their gender and their role as health promotion professionals.

Participants discussed gender in terms of their work, being viewed as different from other men, and about the need for more men in the profession.

Gender and the Work. The participants discussed several ways that their being male impacted their work with other professionals and with students. David, James, and Mark all described challenges interacting with female staff members:

I know in our office, there are times when I'm like, "Ok, we have a young woman whose apparel and dress may be questionable, may not be as professional." I.E. you know, a little too much cleavage showing, and I'll go to my female colleagues and ask, "Can you be the one having this conversation with them?" 'Cause I just think it's kind of creepy, you know? "Oh, you know, the 42-year-old boss is noticing that I'm showing too much cleavage and is coming in to have this conversation with me about it." I think it is far easier to ask my female staff to have that conversation with that female. (Mark)

Sargent (2004) states that there is sometimes suspicion of a man's intent when working with young children. While not exactly the same issue, in Mark's example, he seemed concerned that others could feel uncomfortable if he were to discuss inappropriate attire with a young female employee.

David and James discussed instances in which their gender impacted interactions with students. They felt that female students may not feel comfortable talking with them about certain "women's" issues. The literature indicates that having men in certain roles benefitted nontraditional professions because male professionals could then connect with male students and clients. However, these studies do not discuss issues of connection between male

professionals and female students and clients (Giesler, 2013; Sargent, 2004; Werhan, 2010).

Researchers on men working in nontraditional careers may want to focus on this in the future.

A “Different Kind of Man.” Three participants felt that they were viewed as being different from other men. Mark said,

I’m kind of like the anti male. A lot of it has to do more with my personal life than maybe my professional life. My approach to parenting, my approach to family is really kind of egalitarian, equality than perhaps what a lot of my friends view. You know, those conversations and those viewpoints come into everyday conversations at work... I will make a statement, and a lot of times, the ladies in the room will be like, “Oh wow, you know, my husband would never think that way, or, my husband would never make a comment or my husband would never allow that because they typically have more traditional views, more conservative views.” I like to think that being a health educator has helped me stay away from hegemonic thoughts and tendencies. I think being a health educator has made me more aware of when I do fall into hegemonic tendencies and viewpoints.

Calhoun and Taub (2014) found that some men in student affairs felt that they had a responsibility to “counter traditional gender stereotypes and combat the negativity that exists about men, power, and privilege” (p. 45). While my participants noticed this perception about themselves, they did not indicate that it negatively impacted their persistence in the field.

More Men. Participants spoke about the lack of men in the profession. James said that missing male energy was a reason he considered leaving the field. “There are times where I do envision being somewhere else. Some other type of area where I’m able to just be a little bit more free and natural.” He described how he connected with other men and got exposed to male energy by spending time with his friends outside of work. Some men in nontraditional careers reported feeling a conflict between their work and maintaining a masculine identity (Simpson, 2005). Another study discusses how men in nontraditional careers developed coping mechanisms to handle the role strain (Cross & Bagilhole, 2002). I do not know why the majority



of men in this study did not experience role strain but men in other nontraditional careers do. This may be an area for future researchers to explore.

While the majority of participants did not discuss role strain or the need to develop coping mechanisms, some participants talked about a desire to connect more with men in the field. Four of them spoke about the benefits of having more men in the field. David said,

I think it would bring a different perspective to the discipline. I think it's, you know, being an underrepresented group, I think there is perhaps a difference in the male perspective in our discipline, not only in terms of what we bring to the table but just maybe also how we do the work that we do. I think it could add an element of diversity that isn't quite there, and I think that's always a good thing to have a lot of different perspectives, a lot of different ideas, approaching work through different lenses, and so in a general sense, I think it's a great thing... If you had, as it pertains to college health programs, if you had more men helping to create these programs, helping to put on these programs, that might have some sort of impact in helping to reach and engage men. I'm not sure that's accurate or if that would have a significant impact, but I think that might be, I might be on to something there.

All participants shared an interest in the findings of this study because they wanted to know more about other men in the profession. Future researchers and practitioners in the field may want to explore ways in which men in the field could connect with one another.

None of the participants shared that they ever felt discriminated against because of their gender. Mark stated,

And it really kind of falls into stereotypes that, well, "Ok, you're the male so you need to set up the gazebo," or you know, "Come help lift things." Actions that would be attributed to, "You're male; you have physical strength, therefore would you please do this, or do this." But I wouldn't say those are everyday situations. I don't feel like I've really, I mean outside of that, I don't feel like I've been discriminated against as a male in the health promotion profession.

This finding contrasts with the literature that states that men in some nontraditional careers may be discriminated against and are not allowed to work in certain areas or are viewed negatively because of their career choice (Lupton, 2006; Sargent, 2004; Williams, 1992). Another study

found that male librarians were made to feel uncomfortable by the female “in-group” (Hickey, 2006). Calhoun and Taub (2014) state that men in student affairs reported being asked to take on more male roles like doing physical labor and making difficult leadership decisions. The participants did not discuss experiencing discrimination; however, several talked about being asked, because of their gender, to meet with or present to male students. Practitioners in health promotion in higher education and other nontraditional career for men may want to be aware of any gender-based bias or discrimination that could potentially occur because the literature reveals it impacts persistence (Johnson, 2010)

### Sexual Identity

Three participants stated that the majority of men in the field may be homosexual. I found no research on the sexual identity of those in this field; therefore, I cannot say if this perception is, in fact, a reality. Two of the participants said that others in the field have made them feel uncomfortable, at times, by making assumptions about their sexual identity:

The men that are in public health, many of them are homosexual and I am not. So I think that it also changes gender dynamics in that regard as well. You know, so it's, I'd be lying if I said that I didn't think, "Do people think I'm gay?" Because, you know, I'm talking about sex, and I'm at this conference, or there are other men who are more likely gay because of, they just look, the way that they are presenting themselves. You know? So does that mean by association that I'm also gay, even though I'm not? So, you know, it's not a big worry by any means, but certainly it's something that I think about, and there are times that where, you know, you kind of get used to... So in one regard, I know I shouldn't be bothered by people asking or wondering or thinking and all that. In certain professional conferences... you know, conference sessions are over, now it's time to be casual and social where that conversation comes up about, you know, why are you doing this? And/or, you know, questions about sexual orientation and things like that. (James)

Several studies suggest that there is an assumption that men in nontraditional careers are homosexual (Carmichael, 1992; Sargent, 2004; Simpson, 2005; Werhan, 2010). While two

participants discussed uncomfortable experiences, they did not state that it impacted their career persistence. Similarly, entry-level men in student affairs indicated that homophobia was a factor in gender role conflict but something that they were comfortable dealing with (Calhoun & Taub, 2014).

David described a different challenge in regard to sexual identity. Rather than be perceived as homosexual, his heterosexuality sometimes made LGBTQ students wary of him:

I did a lot of work at my third institution with the LGBTQ community. My position, along with my assistant director, we co-coordinated the LGBTQA education program. So I was very, very, and I still am in fact and always have been, but probably because of the nature of my position was a very active support, advocate, and ally for the LGBTQ community. And one of the things that, I think ultimately I built trust with the students that identified as LGBTQ, but there was always this, for the most part, I wouldn't say always, but more often than not, whenever there's a new student within the program or as new students were getting to know me, I think there was an inherent caution. I don't want to say distrust, but an inherent caution that I was a guy because whether it's a stereotype or there's some truth to it, I think I was perceived as being more homophobic than perhaps a woman might have been. I think that once the students got to know me, that's certainly 100% not me. But I kind of sensed standoffishness with both men and women who identified as, you know, LGBT. And so that was kind of an interesting reflection that I've had about that. And again, I don't think it really impacted my work ultimately, but I did have to do a little extra relationship building perhaps or making a point to let students know that I was definitely cool with them being 100% who they are.

All participants identified as heterosexual; however, several stated that they had either worked with, been friends with, or were accepting of those who identify as homosexual. Jome et al. (2005) found that men employed in nontraditional careers are more accepting of homosexual men than those who worked in more traditional careers.

I did not include gender identity as one of my selection criteria for participants nor did I ask about sexual identity. However, all participants mentioned their sexual identity during the interviews. Giesler (2013) had a similar experience when interviewing male social work students, as they made a point to share their heterosexual orientation. I did reach out to two

individuals whom I knew were homosexual; one was unable to commit the time to the interviews and the other never responded to my e-mail about participating. I do not know the sexual identity of others who did not respond to my recruitment e-mails. For three of the current participants, I did not know their sexual identity when I asked them to participate. Therefore, while there may be a perception of homosexuality in the field, I do not know if this is a reality. Researchers may want to focus on the experiences of homosexual men working in health promotion in higher education in order to gain their perspective, as I did not cover it in this study.

These seven factors challenged participants and may have an impact on career persistence for men working in health promotion in higher education. While not all related to participants' gender, the information gathered could be utilized by men working in other nontraditional careers to aid in their persistence.

#### Gender Not Considered

While not a major theme, I believe it is important to point out that some participants said that they did not consider their gender regularly, or at all, prior to the interviews. I asked questions regarding how gender impacted their work with students or with colleagues and what it was like to be a man in this field. Some made comments like, "I actually don't, I don't know. And it may just be a blind spot that I have, but I'm not sure what the benefits of being a male in health promotion," and "What does it mean to be a man working in health education? Um...you know, I don't think about it."

Based on this feedback, until I began asking these questions, gender was not something some participants considered regularly in terms of their work. I believe this is important to note

because men in the field may not think about their maleness or how their gender impacts their work on a regular basis. This may be different than men in other nontraditional careers. None of the literature I reviewed indicated that men in other nontraditional careers did not think about their work in regard to their gender. Participants in this study discussed the benefits of having more men in the field:

I would love to hear more from other men in the field. I think that, you know, I don't have a lot of interaction, and I don't have these types of conversations with other men... I think that was beneficial to hear because there are times I feel very isolated and feel like, you know, I'm alone in this thinking. And it, and that adds a certain level of frustration, like, you know, it's, I can't, and I think that's where some of the career side of things, it's like, well, I don't have many men who can relate specifically. (James)

It hasn't changed the quality of my friendships, but I know that there are times like, one of the things that I feel is that there are not a lot of people I can go talk to about all the different responsibilities and roles that I have as a professional, as a health educator, as a husband, as a father, those types of things. There are just not a lot of people to connect with to kind of talk about the challenges of holding all those different roles. (Mark)

Therefore, while being male may not be something that the participants consider regularly, these findings suggest that recruiting more men into the profession would benefit the men currently working in the field.

### Implications for Practice

Based on the data collected, I found practice implications for two specific groups: health promotion and student affairs professionals working in higher education and graduate-level preparation programs at institutions of higher education. Additionally, professionals in other nontraditional fields for men may be able to utilize the findings of this study in regard to career entry and persistence. Each of these groups could utilize the findings in a different way.

The findings suggest that more men in health promotion in higher education could be beneficial for both students and practitioners. In order to increase awareness of the profession and encourage men to enter, current health promotion and student affairs professionals could reach out to men who might be interested in this field including current male peer educators and male student leaders. Both participants and previous studies suggest that involvement as a student leader positively impacted entry into professions in student affairs (Blimling, 2002; Hunter, 1992; Taub & McEwen, 2006). Additionally, practitioners could reach out to graduate assistants and interns in student affairs and men in student affairs, public health, psychology, and education graduate programs, as the findings of this study suggest that men in these programs may be interested in the profession if they knew it existed. Practitioners could also encourage graduate students to consider completing internships or assistantships in their offices. The findings of this study and of previously completed studies of men in nontraditional careers and student affairs professionals suggest that connecting with current practitioners in a field can positively impact career entry for men considering a nontraditional career or a career in student affairs (Betz & O'Connell, 1992; Calhoun & Taub, 2014; Gillingham, 2006; Koberg et al., 1998; Williams, 1992). This finding suggests that professionals in other nontraditional fields for men could also male students in gender nontraditional degree programs to encourage career entry.

Health promotion and student affairs practitioners can reach out to faculty in student affairs and public health programs to describe the type of work done in health promotion offices and to share the ACHA's *Guidelines for Hiring Health Promotion Professionals in Higher Education* (2014a) and the *ACHA Standards of Practice for Health Promotion in Higher Education* (2012b). As participants suggested, faculty in public health and student affairs

graduate programs may not know or understand health promotion in higher education. By learning this information, faculty may be more willing and able to discuss this as a career option. Previous research suggests that faculty could positively influence a man's decision to enter a nontraditional career (Werhan, 2010). Finally, several participants indicated that they had an interest in teaching. Male health promotion professionals could consider joining the faculty in public health or student affairs degree programs. This would benefit both career entry and persistence. Participants indicated that they enjoyed teaching but had a desire to continue in their administrative role. This role would allow practitioners an opportunity to teach and could facilitate conversations with students about the field. Additionally, they could then also serve as faculty mentors to students interested in learning more about the field. Current practitioners could also provide mentorship and guidance to newer professionals at their institution and throughout the field. Some participants indicated that this was missing for them, and previous research on student affairs suggests that practitioners reach out to newer professionals (Blimling, 2002; Calhoun & Taub, 2014; Hunter, 1992; Taub & McEwen, 2006). None of the literature on men working in nontraditional fields discussed a lack of awareness of their field; however, they professionals in these fields may want to determine how men in their field learned about it. This could aid in recruiting more men into nontraditional careers.

Male and female practitioners involved in regional and national associations such as the ACHA and the NASPA could set up networking opportunities for male practitioners at conferences or work to create mentorship opportunities to connect more seasoned with newer male professionals. Participants suggested that connecting with other men would be beneficial. Research of men in nontraditional careers suggests that men currently in nontraditional careers should reach out to and mentor newer men in the field (Dohner et al., 1990; Gillingham, 2006).

The findings of this study suggest that mentoring and connecting with others in the field benefitted participants. Men working in other nontraditional fields could also look into setting up mentorship opportunities for newer male colleagues because research suggests this may aid in career persistence. Additionally, those involved with professional organizations could utilize conferences or webinars to educate SSAOs and other higher education administrators on health promotion in higher education. Some participants indicated that their administration did not understand or value their work; therefore, they could utilize these conferences and meetings to educate administrators.

Faculty and staff working in graduate-level programs at institutions of higher education could explore the possibility of adding a health promotion in higher education graduate or certificate program to their department. While not specific to gender, the participants indicated that this is a need that could benefit both male and female health promotion professionals. Previous research indicates that a program for health promotion in higher education is needed and that a certificate program was under development at one university (McNeil, 2012). If a degree or certificate program is not a possibility at an institution, faculty and staff in student affairs and public health programs could work with the health promotion professionals on their campus to learn more about the profession. They could also review both that ACHA's *Guidelines for Hiring Health Promotion Professionals in Higher Education* (2014a) and *Standards of Practice for Health Promotion in Higher Education* (2012b). By doing this, they would be better prepared to discuss health promotion in higher education as a career option with students. They could also facilitate connections between interested students, both male and female, and the health promotion professionals on campus. If there were male health promotion



professionals on campus, faculty could connect interested male students with these professionals for potential mentoring.

### Implications for the Literature

The findings of this study add to the body of literature on men in nontraditional careers and to the literature on professionals in student affairs in higher education. In terms of career entry, the findings are consistent with much of the literature including an interest in the field (Carmichael, 1992; Sargent, 2004; Werhan, 2010), influence from others (Betz & O'Connell, 1992; Blimling, 2002; Calhoun & Taub, 2014; Gillingham, 2006; Koberg et al., 1998; Taub & McEwen, 2006; Williams, 1992), and having a positive experience as a student leader (Blimling, 2002; Hunter, 1992; Taub & McEwen, 2006). Therefore, the findings of this study add to the literature on men in nontraditional careers and professionals working in student affairs.

However, I found other entry factors not discussed in the literature. Participants discussed a lack of awareness of health promotion in higher education as a possible career and a lack of a preparation program as two barriers to entry. None of the literature on men in nontraditional careers discussed these as potential barriers to entry. Several of the nontraditional careers discussed in the literature including nursing and education do have degree programs; therefore that would not be a barrier to entry for those careers. I do not know if other nontraditional careers are more well-known; therefore, I do not know whether a lack of awareness could be a barrier to entry. Additionally, participants described experiences as children that shaped their career choice, which did not come across in any of the literature

reviewed. These factors add to the body of literature and may aid in further exploration by other researchers.

In terms of career persistence, many of this study's findings are consistent with the literature including beneficial factors such as mentorship (Betz & O'Connell, 1992; Calhoun & Taub, 2014; Dohner et al., 1990; Galbraith, 1992; Gillingham, 2006; Koberg et al., 1998; Renn & Hodges, 2007), connecting with male professionals in the field (Calhoun & Taub, 2014; Gillingham, 2006; Koberg, et al., 1998), support from friends and family (Werhan, 2010), and aspects of male privilege (Giesler, 2013; Loschiavo et al., 2007; Lupton, 2006; Sargent, 2004; Williams, 1992). However, some of the findings are not consistent with the previous literature.

I found that participants experienced a lack of mentorship in the field and previous literature indicates mentorship in the field is important for men in nontraditional careers (Betz & O'Connell, 1992; Dohner et al., 1990; Galbraith, 1992; Gillingham, 2006). This presents a potential challenge to career persistence for men in health promotion and potentially for men in other nontraditional careers. None of the literature on nontraditional careers discussed how a lack of mentorship could challenge persistence; therefore this finding provides future researchers a potential issue to study. I also found that participants received support from friends and family while the literature indicates a lack of support for men in nontraditional careers (Carmichael, 1992; Sargent, 2004; Williams, 1992). I do not know why men in health promotion in higher education receive support from family and friends and some men in other nontraditional careers feel unsupported. If men in other nontraditional careers felt supported it may aid in their career persistence. This discrepancy could be studied in future. Finally, little of the reviewed literature on men in nontraditional careers discussed men's enjoyment of their work. The participants in this study all discussed how they found the work fulfilling. Only one

study of student affairs professionals related to this; it found that a high job satisfaction and morale benefit career persistence (Rosser & Javinar, 2003). It may be important to learn from men in other nontraditional careers what aspects of their work they find enjoyable and fulfilling because this information could be used to aid in their persistence.

Similarly, I found some factors including low salary (Calhoun & Taub, 2014), feeling conflict between the male identity and the work (Calhoun & Taub, 2014; Cross & Bagilhole, 2002; Giesler, 2013; Sargent, 2004; Simpson, 2005; Werhan, 2010), lack of advancement opportunity (Blimling, 2002; Calhoun & Taub, 2014), moving into more administrative roles (Carmichael, 1992; Sargent, 2004; Simpson, 2005; Williams, 1992), and sexual identity (Carmichael, 1992; Hickey, 2006; Sargent, 2004; Simpson, 2005; Werhan, 2010) that are well researched that challenged participants. However, one factor discussed in the literature, feeling discriminated against (Lupton, 2006; Sargent, 2004; Williams, 1992), did not seem to challenge participants. I do not know why men in health promotion in higher education do not experience discrimination from coworkers or those outside of the field, but future studies could explore this further. Additionally, several participants indicated that while they wanted to advance in their career, they felt no pressure to advance. This contrasts with some of the previous literature which indicates that some men in nontraditional careers are pushed into more male-appropriate administrative roles (Carmichael, 1992; Sargent, 2004; Simpson, 2005; Williams, 1992). None of the participants considered the health educator role as less appropriate for men and the director role as more appropriate. I do not know why there is this difference between health promotion in higher education and other nontraditional careers; however, future research could study this further.

The findings of this study add to the information available on men in nontraditional careers and student affairs professionals. While some of what I found is consistent with the literature, I found additional factors of career entry and persistence that researchers may want to explore further.

### Recommendations for Future Research

The findings of the current study indicate that more research needs to be completed on men in nontraditional careers, student affairs professionals, and on health promotion in higher education. In regard to career entry, some participants indicated peer education as a positive factor. While not directly related to gender, future research could focus on peer education as a potential motivator for career entry into student affairs and health promotion in higher education. Though research on peer education could focus on both genders, researchers could pay researchers could explore male peer health educators in higher education, as previous research focused on male peer educators in community settings (Beshers, 2008; Cupples et al., 2010). However, research indicates that men may be underrepresented in peer education groups. Therefore, future research could examine male entry into peer education groups.

Similarly, some participants indicated that experiences as graduate students impacted career entry; therefore, researchers could explore graduate students working in health promotion in higher education and other areas of student affairs on their experiences. While this finding was not gender specific, future research could focus on male graduate students in health promotion and student affairs. Finally, there seems to be little information available regarding career entry as a result of the impact of experiences in childhood. This may be a factor of career

entry that future researchers on both men in nontraditional careers and professionals in student affairs should focus on.

In terms of career persistence, participants indicated that salary could be a factor that negatively impacts persistence, especially for men. While I found some information on salary for professionals working in student affairs I found no information regarding the salary of health promotion professionals. The ACHA Health Promotion Section could add a question regarding salary ranges at the staff and director levels to its next needs assessment. Similarly, participants mentioned there was a lack of understanding about health promotion in higher education outside of the profession. Research on men in nontraditional careers and on professionals in student affairs could explore how a lack of understanding might impact career entry and persistence. In terms of gender, participants indicated that their gender impacted their work with students. I did not locate any literature on how the gender of a professional impacted working with students in any student affairs departments. Therefore, more research on how the gender of the professional impacts working with students may be needed.

As I discussed previously, the participants in this study did not include all demographic possibilities. Future research could focus on the demographic areas this study does not include. Additionally, when I asked participants about challenges, two of them mentioned demographics that impacted their work. Harry discussed age as a challenge:

Just huge struggles for me, early on, feeling like I constantly had to prove myself and battle against almost a sort of, like, reverse ageism. Like, I was discriminated against and not given the sort of credit that I maybe deserved or could work to earn because I was perceived as being so young in the role and just not really taken seriously. And so that was tough, for quite a few years, to feel I was constantly, you know, battling uphill and with that.

Similarly, James said that for him, both race and gender were a challenge:

I guess ultimately what I'm saying is sometimes I feel this tug-of-war between how race-neutral, gender-neutral I kind of need to be and to maintain a certain expectation, a professional expectation, while also feeling a sense of, am I doing my maleness, or am I doing my gender and race a disservice by not being vocal and not speaking up on certain things because of that, you know?

These may not be factors that challenged the persistence of all participants; however, these two examples are possible future areas of exploration.

### Limitations

A basic interpretive qualitative approach requires the researcher to analyze the data and present the findings based on his/her interpretation and for the researcher to reflect on and interpret the data collected. (Creswell, 2003). This could result in my having interpreted the data incorrectly. However, in order to ensure trustworthiness, I conducted member checks, that required me to share my analysis and interpretation with participants (Creswell, 1998). I received feedback from all participants regarding the data collected. I shared my analysis with participants on two occasions, and I received feedback from two participants regarding my interpretation of the findings. Additionally, I utilized thick descriptions and peer debriefing which both aid in establishing trustworthiness (Creswell, 2003; Lincoln & Guba, 1985). Therefore, my interpretation of the data should be considered credible and trustworthy (Lincoln & Guba, 1985).

The findings of this qualitative study are not generalizable to the entire population of men who worked in health promotion in higher education; however, they may be transferrable (Merriam, 2009). I focused specifically on men currently working in health promotion in higher education, and all participants had at least 10 years of experience. I did not include retirees or those no longer working in health promotion in higher education. Men may have left to pursue

advancement in higher education to work in health promotion outside of higher education or to take on a new type of career. I hoped that by including men with several years of professional experience, they would have had more experiences to draw from and may have had a better understanding of why they had persisted. Finally, I sampled participants working at 4-year institutions located in the United States. The majority of participants identified as White and all were at least 35 years old and self-identified as heterosexual. While not generalizable to all men working in the field, the findings may be transferable and provide important insight about men working in health promotion in higher education in other countries, men with fewer years of experience in the field, men who left the profession, men working in the field at other types of institutions, and men working in other nontraditional careers.

Another possible limitation is that I am female-identified while my participants were male-identified. Several studies indicate that participants might be more at ease when speaking with an interviewer who is their gender (Cross & Bagilhole, 2002; Lupton, 2006). However, I have a similar professional background as the participants, as I am a health promotion professional in the higher education setting and, I hoped that this commonality would allow the participants to feel more comfortable discussing information with me.

A final limitation to this study is that I worked in the same profession as the participants. I knew and had interacted with three of the participants previously at conferences and through involvement in national health promotion organizations. These previous interactions could have made the participants more comfortable because I understood and knew the profession. However, it could have made the participants less likely to discuss certain pieces of information if they were concerned about confidentiality. I expressed the confidential nature of this research as well as the use of pseudonyms regarding the findings. By taking these steps to ensure

confidentially I believe I put the participants at ease so that they were willing to discuss their career entry and persistence openly.

### Conclusion

This study explored career entry and persistence of men in health promotion in higher education. I found multiple factors that impacted career entry and persistence for men in this field. Many of the findings are consistent with the literature; however, other findings require future research. The findings can be used by researchers to develop new studies on men in nontraditional careers and men in student affairs and health promotion. Practitioners in health promotion and faculty in graduate preparation programs can utilize the findings to reach out to and work with men interested in or working in the field. Finally, those working in graduate preparation programs can utilize the findings to develop courses or programs focused on health promotion in higher education.



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## APPENDICES



APPENDIX A  
RECRUITMENT E-MAIL

Subject: Invitation to participate in dissertation data collection  
NAME:

My name is Alicia Czachowski. I am in the process of completing my Ed.D. in Adult & Higher Education at Northern Illinois University and am currently working on my dissertation on men who work in health promotion in higher education. The title of my study is *Male Health Promotion Professionals: Why They Enter and Remain*.

The purpose of my study is to explore the perceptions of men working as health promotion professionals in the higher education setting regarding their entry into and persistence in their chosen profession. I will be conducting interviews with men currently working in health promotion in higher education at public and/or private 4-year institutions of higher education on why and how they entered their career, as well as what has kept them working in this career. More specifically, I am looking for participants who have been employed in this field for 5 or more years.

I am contacting you to invite you to be a participant in this study. The study will consist of participating in three 60-90-minute phone interviews over the course of 3-4 weeks. Additionally, I intend to audio record each interview. If you have any questions about the study, please contact me using the phone number or e-mail address provided below.

If you are willing to participate in this study, please confirm with me via e-mail. Once I receive the confirmation, I will e-mail you an informed consent form to complete. More information about the study is available on the informed consent form. Please review this information. Once you sign, please return a scanned copy to me at the e-mail address below. Once I receive the signed form, I will work with you to set up a time for the first interview.

The data obtained will be used by me only. Participant's names and the names of any departments/institutions where the participants have been employed will not be included in the final report and any publications resulting from the study. I can share the final report with you.

Thank you, in advance, for helping with this project. If there is someone else you believe I should be speaking to about this project, please let me know.

Thank you,

Alicia K. Czachowski, MPH, CHES  
Counseling, Adult, & Higher Education  
Northern Illinois University  
DeKalb, IL 60115  
Phone: 315-430-8987  
Email: aczachowski1@niu.edu

APPENDIX B  
INFORMED CONSENT FORM

*Male Health Promotion Professionals: Why They Enter and Remain*  
Counseling, Adult, & Higher Education  
Northern Illinois University

I agree to participate in the research project titled *Male Health Promotion Professionals: Why They Enter and Remain* being conducted by Alicia Czachowski, a graduate student at Northern Illinois University. I have been informed that the purpose of the study is to explore the perceptions of men working as health promotion professionals in the higher education setting regarding why and how they entered their career and what has kept them working in this career.

I understand that if I agree to participate in this study, I will be asked to do the following:

- Participate in 3 interviews with the researcher via telephone. Each interview will last approximately 60-90 minutes over 3-4 weeks. Interviews will be audio recorded.
  - During the first interview, participants will be asked to answer questions about why they chose to become a health promotion professional, why they chose the setting of higher education, experiences of previous and current employment, and how they entered this career.
  - The second interview will allow the researcher and the participant to follow-up on what was discussed in the first interview and will go into more detail on the experiences and perceptions of working in a female-dominated profession.
  - During the third interview the researcher and the participant will review previous findings and clarify the meaning of the data collected in the first two interviews.
- The researcher may also contact participants via phone after the final interview if any additional information is needed.

I am aware that my participation is voluntary and may be withdrawn at any time without penalty or prejudice, and that if I have any additional questions concerning this study, I may contact Alicia Czachowski at 315-430-8987 or by e-mail at [aczachowski1@niu.edu](mailto:aczachowski1@niu.edu) or the dissertation chair, Dr. D. Eric Archer, by e-mail at [darcher@niu.edu](mailto:darcher@niu.edu). I understand that if I wish further information regarding my rights as a research subject, I may contact the Office of Research Compliance at Northern Illinois University at (815) 753-8588.

I understand that the intended benefits of this study include helping researchers and practitioners to better understand why men choose to enter and remain in health promotion in higher education. The findings of this study will add to the understanding of men working in nontraditional careers and in health promotion at institutions of higher education. The findings could be used to aid in encouraging more men to enter and remain in this career.

I have been informed that potential risks and/or discomforts I could experience during this study include the possibility of discomfort from sharing both positive and negative personal experiences while working as a health promotion professional and the possibility of feeling discomfort from sharing information about other professionals in higher education, and departments and institutions in higher education where I have been employed. Finally, I may feel discomfort sharing this information with the researcher as she also works in health promotion in higher education. If I feel uncomfortable at any time I can choose not to answer a

question without penalty. I understand that there is no risk of physical injury from participation in this study.

I understand that all information gathered during this study will be kept confidential. The consent form and the transcripts of the interviews will be kept confidential. My name as well as the names of any of my colleagues and departments/institutions where I have been employed will not be included in the interview transcripts and the final report. All records will be kept locked in a filing cabinet and all electronic files will be password-protected.

I understand that my consent to participate in this project does not constitute a waiver of any legal rights or redress I might have as a result of my participation, and I acknowledge that I have received a copy of this consent form.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

I understand that the researcher would like to audiotape the interviews and I agree to allow the researcher to audiotape any interviews in which I participate. I understand that I may decide to disallow the researcher from audiotaping at any time.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Alicia K. Czachowski, MPH, CHES  
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APPENDIX C  
INTERVIEW 1 GUIDE

1. Describe what you wanted your career to be when you were growing up. How did this change over time?
2. How did you become interested in health promotion?
  - a. Experiences?
  - b. A person/people?
  - c. Interaction with students?
  - d. Compliments your personality?
  - e. Your environment/society?
3. Describe your education/training.
  - a. Degree program(s)? Majors/minors?
  - b. Internship?
  - c. Certifications?
  - c. Interactions with professionals already in the field?
4. Describe your career progression.
  - a. How many years have you worked in health promotion in higher education?
  - b. What health promotion in higher education positions have you held? What have your job title been?
  - c. At what type(s) of schools have you worked?
  - d. Have you worked outside of health promotion in higher education? If so, what type of career?
4. Describe your current job/career.
  - a. At what type of school do you work?
  - b. How would you describe your health promotion program?
  - c. How has your work changed over time?
5. What influenced you to enter a career in health promotion in higher education?
  - a. An event/experience?
  - b. A person?
  - c. A mentor?
  - d. Compliments your personality?
  - e. Your environment/society?
6. What has influenced you to continue being employed in this field?
  - a. Experiences?
  - b. A person/people?
  - c. A mentor?
  - d. Interaction with students?
  - e. Compliments your personality?
  - f. Your environment/society?

7. How would you describe what you do to someone interested in becoming a health promotion professional in the setting of higher education? How would you prepare them to become involved?

- a. What important things should someone know?
- b. What is expected of a health promotion professional in the setting of higher education?
- c. What are the other people involved in the profession like?
- d. What would you have wanted to know before you decided to pursue this career?

8. Demographic questions:

- a. Age in years:
- b. Ethnicity/Race:



APPENDIX D  
INTERVIEW 2 GUIDE

1. Describe a typical day at work.
  - a. What experiences do you have?
  - b. What positive events occur?
  - c. What negative events occur?
  
2. Describe your favorite moment working as a health promotion professional in higher education. Describe your least favorite moment.
  - a. A moment presenting/educating?
  - b. An interaction with a student or colleague?
  - c. A special event?
  - d. Why was this moment your favorite/least favorite moment?
  
3. How do students respond to you as a health promotion professional working in higher education? Do you perceive any difference in how they respond to male versus the female professionals?
  - a. Positive reactions?
  - b. Negative reactions?
  - c. Any changes throughout your career?
  
4. How have other health promotion professionals responded to you as a health promotion professional working in higher education? Do you perceive any difference in how they respond to male versus the female colleagues?
  - a. Positive reactions?
  - b. Negative reactions?
  - c. Any changes throughout your career?
  
5. How have the people in your life responded to your being a health promotion professional working in higher education?
  - a. Friends?
  - b. Family?
  - c. Colleagues?
  - d. Others who work at your institution?
  - e. Positive reactions?
  - f. Negative reactions?
  
6. What impact do you perceive your gender has on your experiences in your career?
  - a. Perceived benefits?
  - b. Perceived consequences?
  - c. Any discrimination?
  - d. Any impact on career persistence?
  
7. What advice or information could you share with a new male professional working in health promotion in higher education? How might this change if the new professional was female?

APPENDIX E  
INTERVIEW 3 GUIDE

1. What is your personal definition of a health promotion professional working in higher education?
  - a. What qualities or personality traits should they possess?
  - b. Do they need any special skills or talents?
2. What does it mean to you to be a man working in health promotion in higher education?
3. I will follow-up and explore the meaning given to some of the specific experiences from the first two interviews.
4. Where do you see yourself in 5 years? 10 years?
  - a. If in health promotion, why do you believe you may remain?
  - b. If in another career or role, why do you believe you may leave?