MALES IN FULL-TIME NURSING FACULTY ROLES:
COMMON THEMES AND SHARED MEANINGS

by

JOHN L. HANKINS
ROY ANN SHERROD, COMMITTEE CHAIR
MARIETTA STANTON
CONSTANCE HENDRICKS
VIVIAN WRIGHT
RICK HOUSER

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ABSTRACT

In the United States there is currently a shortage of both nurses and nursing faculty. One part of this shortage is the low representation of minority groups, including men, in the profession. Although nursing was once a field dominated by males, today the profession has been feminized and males are underrepresented. A corresponding lack of male nursing faculty may contribute to the lower number of males in the profession as male nursing students do not find mentors and role models with whom they identify. Little research has been done regarding the factors that affect decisions of male nurses with graduate degrees to become and remain nursing faculty. Therefore, the researcher explored the lived experiences of male nursing faculty to develop a better understanding of factors that influenced their decision to become and remain faculty.
DEDICATION

This dissertation is dedicated to everyone who helped me through this process, especially those who have mentored me and enhanced my learning by sharing their experience. Also, this dissertation is dedicated to my family and friends who have tirelessly supported and encouraged me.
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I offer my sincere thanks to the colleagues, friends, and faculty members who have contributed their expertise and support in my educational pursuit. I would like to express my gratitude to all who have so willingly served on my committee, Marietta Stanton, Constance Hendricks, Vivian Wright, Rick Houser, and, especially, to Roy Ann Sherrod, my committee chair, for her continued support and encouragement through my challenges during this process.

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CHAPTER 1

INTRODUCTION

Lack of male nursing faculty is one key component in the shortage of nursing faculty, and the shortage of nursing faculty has contributed to a nursing supply crisis within the profession. This nursing supply shortage continues to be a major issue in quality of care within the U.S. health system (National League for Nursing, 2010). Buerhaus, Staiger and Auerbach (2004) projected that by 2025 there may be a shortage of 260,000 nurses. In 2006, there were an estimated 1,390 vacant, funded, full-time nursing faculty positions in the United States. The next year, in 2007, this number had grown to 1,900 (National League for Nursing, 2010). This shortage of nursing faculty leads not only to a lack of sufficient faculty in both the classroom and clinical settings, but also to the inability to admit thousands of qualified students to nursing programs throughout the United States. The cycle of decreasing numbers of nursing faculty leading to decreased admissions is one of a number of factors that have contributed to an increasing nursing shortage (Allen, 2008).

The increasing average age of nursing faculty members signals a nursing faculty workforce that is rapidly moving toward retirement. The National League of Nursing estimates that 75% of current nursing faculty are eligible to retire by 2019 (Falk, 2007). Twenty-one percent of current nursing faculty are expected to retire within the next 5 years, and 50% are expected to retire within the next 10 years. The increased workload and other stressors placed on existing faculty because of the faculty shortage can lead to faculty burnout and retirement earlier than planned (Bartels, 2007). To circumvent these outcomes, nursing program faculty and
administrators must become more creative in recruitment and retention efforts to attract qualified nursing faculty for their staff, including minorities, and address the provision of nursing education that better prepares nurse faculty for the academic setting (Bartels, 2007).

In addition to addressing the quantity of nurses and nurse faculty, the profession must make concerted efforts to address a nursing faculty workforce that currently does not reflect the diversity of students or patients served (Amaro, 2006; Anthony, 2004; Brady & Sherrod, 2003; Ruth-Sahd, 2003; Siela, Twibell, & Keller, 2009). In 2007, less than 23.6% of new nursing graduates from prelicensure RN programs self-identified as minority, while 34% of the total population self-identified as a member of a minority group. Nursing faculty in the United States is 84% White and 96% female. Minorities of all types are underrepresented in nursing in general, but significantly more so as nursing faculty. Males represent only 5.7% of the nursing workforce and 4% of nursing faculty nationally. The homogeneity of the nation’s nursing faculty in terms of gender, race, and ethnicity limits the system’s ability to adequately address needs of minority students and ill prepares nursing students to deal with needs of minority patients (National League for Nursing, 2010).

With regard to gender, male students have few, if any, male role models during their nursing education. Kippenbrock (1990), as well as Brady and Sherrod (2003), recognized the importance of the male faculty role pointing out that male students may identify better with male faculty and may see them as models of male nurses who have become successful in a female dominated profession. Ellis, Meeker, and Hyde (2006) suggested that male nursing students articulated frustration over the communication differences between males and their female professors and peers as well as a desire for more male educators in their educational nursing programs. Paterson et al. (1996), followed by Brady and Sherrod (2003), noted that male
students can feel uncomfortable exploring problems with female faculty because they may not understand the male student’s perspective.

Problem Statement

The challenges identified by both Kippenbrock (1990), Paterson et al. (1996), and Smith (2006) support the problem of the male nursing faculty shortage identified for this baseline study. There is a need to better understand the lived experience of male nurse faculty in order to increase recruitment and retention of male faculty. However, little research focusing on male faculty with regard to their lived experience and factors which affect their recruitment into and retention in nurse faculty positions has been done. This deficit leaves a gap in the literature that must be addressed if recruitment and retention efforts to increase numbers of male nurse faculty are to be successful. A deeper understanding of the perspectives and experiences within this population must be established.

Purpose

The purpose of this qualitative study was to explore the lived experiences of male nursing faculty to develop a better understanding of factors that influenced their decision to assume and remain in faculty positions using a phenomenological approach. Understanding of the lived experience of male nurse faculty members can assist in determining interventions that can better recruit and retain men as nursing faculty. For the purposes of this study, male nursing faculty will be defined as full-time male nursing faculty with a master’s degree in nursing and/or a higher degree in nursing or a related field. Evans (2004) stated that exclusion of men from the history of nursing leaves them without an appreciation for their historical roles as nurses and
may lead to a feeling that they must create a place in nursing rather than assuming a role which already exists. This feeling of exclusion may affect not only the choice of men to enter and remain in nursing, but also the choice of men to enter nursing education (Garbee & Killacky, 2008).

Conceptual Framework

The roots of phenomenology are in the philosophical traditions of Husserl. In phenomenology, the researcher explores the life experiences of people in an effort to discover the essence of that lived experience (Polit & Beck, 2008). The researcher will examine the lived experience of male nurse faculty through a Husserlian (descriptive) lens (Paley, 1997). The researcher was drawn to Husserl’s descriptive phenomenology because it recognizes that experiences as perceived by human consciousness should be valued and studied. Another premise of descriptive phenomenology as defined by Husserl is that the researcher must shed all prior knowledge of the phenomenon being studied and grasp the lived experiences of the persons being studied (Lopez & Willis, 2004). A phenomenological approach has been chosen for this study in order to develop a deeper understanding of the lived experience of male nurse faculty through identification and analysis of common themes among the member interviews.

The aim of this approach is to best describe the lived experiences of these men from their perspective (Creswell, 2009). It is important to gather subjective data regarding how these men interpret their lived experiences and the reasons they have chosen to become and continue to be full-time nursing faculty. A qualitative method was chosen for this study in order to allow the stories of the participants to direct the emergent research design. Qualitative research allowed the researcher to hear the voices of the participants as they described their experience. There is a
need in nursing to understand and describe accurately this lived experience. Developing a better understanding of their lived experience can assist in determining interventions, which can better recruit and retain men as nursing faculty.

Definitions

Careful consideration was given to the qualifications for participants in this study. It was the goal of the researcher to be both broad enough to allow for adequate participation and narrow enough to define the phenomenon being studied. After consultation with faculty advisors and review of the existing literature, the following definitions were formulated:

1. Male nurse faculty are licensed as a professional nurse with a minimum of a master’s degree in nursing and may possess a further graduate degree in nursing or a related field and who are current instructors in schools of nursing accredited by either the National League for Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing Education (CCNE).

2. Graduate degree refers to a master’s degree in nursing and a higher degree in nursing or a related field, which meets the requirements for a faculty position within an accredited school of nursing.

3. Full-time faculty refers to those faculty members in academic or clinical positions within an accredited school of nursing for either a 9- or 12-month contract as required by the institution.
Research Questions

There was one broad research question for this baseline study. What is the lived experience of male nurses with graduate degrees who are full-time male nursing faculty? There were four more focused questions that the researcher attempted to answer and they are as follows:

1. What factors attracted the male nurse with a graduate degree to become full-time nursing faculty?

2. What factors influenced the male nurse with a graduate degree to remain full-time nursing faculty?

3. What barriers did the male nurse with a graduate degree face in becoming full-time nursing faculty?

4. What barriers did the male nurse with a graduate degree face in remaining in a full-time nursing faculty role?

Significance of Study

The research is important given the current nursing shortage, the need for additional faculty to increase the number of nursing graduates, and the deficits in the diversity of the profession’s composition, and the increasing difficulty nursing schools have in recruitment and retention of male nurses as faculty. In the review of literature, the researcher conducted searches in CINAHL, Pub Med, ProQuest Nursing, and Allied Health Source using the following search terms: male nurse, male nurse faculty, nursing faculty, inequities in nursing, minorities in nursing, nurse faculty recruitment, and nurse faculty retention. The primary timeframe searched was 2004-2010; however, searches did reveal classic articles outside of this timeframe which
were included in the literature review. No studies were discovered that addressed factors that affect recruitment and retention of male nurses with graduate degrees into full-time faculty positions. This research will contribute to the literature concerning the lived experience of male nurses with graduate degrees from the time they receive their first graduate degree until the present and will contribute to an understanding of the factors that affect the recruitment and retention of these male nurses into nursing education. This study may also be useful to other disciplines that have underrepresented groups within their membership.

Summary

The current shortage of both nurses and nursing faculty will increase over time. The nursing workforce continues to age, with large numbers of nurses becoming eligible to retire each year. The shortage of nursing faculty continues to contribute to the shortage of nurses as nursing schools across the nation have limited capacity for new students.

Nursing is a female-dominated profession. Men in nursing encounter few male faculty while pursuing a nursing degree. The majority of role models and mentors for male students have been women. Males have benefited from the leadership and sacrifices women have made for the nursing profession; however, there is a need for the nursing faculty population to become more diverse in order to attract a more diverse population of nurses.

If the number of male faculty members is to increase, there must be a clearer understanding of what it means to be male and a nursing faculty member. The purpose of this qualitative study is to explore the lived experience of full-time male nurse faculty and develop a better understanding of the factors that lead to the recruitment and retention of male nurse
faculty. The researcher will take a phenomenological approach in order to get a deeper understanding of this lived experience.

The lack of research and the gap in the literature concerning male nurse faculty makes this research both timely and important to the nursing profession. In the study, the researcher explored both recruitment and retention factors related to male nurse faculty.

In the following chapters, the researcher will present the process and findings of the study. Chapter 2 contains a synopsis of the literature the researcher reviewed as a part of this study. In Chapter 3, the researcher details the research design and methodology. Chapter 4 is used by the researcher to discuss the findings of the study, and in Chapter 5 the researcher presents the findings as related to the literature, conclusions, and implications of the study.
CHAPTER 2

LITERATURE REVIEW

In the review of literature, the researcher conducted searches in CINAHL, Pub Med, ProQuest Nursing, and Allied Health Source for articles to gain a better understanding of relevant aspects for male nursing faculty. Search terms were male nurse, male nurse faculty, nursing faculty, inequities in nursing, minorities in nursing, nurse faculty recruitment, and nurse faculty retention. The primary timeframe searched was 2004-2010; however, searches did reveal classic articles outside of this timeframe, which are included in the literature review. The three main thematic areas focused on for the literature analysis included impact of and potential solutions to the current nursing shortage, a solution-specific focus using males in nursing, and barriers to males and male faculty. Each of these themes will be explored more thoroughly in the following literature review. As a result of this analysis, there was an identifiable gap in the literature for the lived experiences of male nurse faculty and influencing factors from that lived experience related to entering and remaining in nursing faculty positions.

Nursing Shortage and Potential Solutions

The nursing profession is experiencing a serious shortage of nurses yet thousands of students are turned away from nursing schools each year. By the year 2025, the nursing shortage may reach 260,000 (Buerhaus et al., 2004). Many qualified applicants are not accepted for admission because nursing schools do not have enough theory or clinical instructors.
to support the number of qualified applicants seeking admission (ACCN, 2005; ACCN, 2006; Allen, 2008).

The nursing faculty shortage must be addressed in ways that ensure long term solutions to the problem (Allen, 2008). Males have been represented in nursing since its beginning; however, over time nursing as a profession has become feminized (Evans, 2004). Anthony (2004) noted that Florence Nightingale’s great intent to ensure that women had control of their work benefited nursing in many ways, but also increased the gender bias against men. That gender bias has continued into modern times and may have relevance for male nursing faculty. The long history of male caregivers in nursing is overshadowed by a pervasive image of nurses as feminine. Although the literature reflects that men were the first nurses in history, the written history of nursing almost exclusively represents the role of women in nursing (Evans, 2004). Keogh and O’Lynn (2007) noted that while there is an increase in the number of men entering the nursing profession, they tend to enter specific areas of nursing. For example, in 2000 men made up 4% of the general nursing work force, but accounted for 30% of psychiatric nurses.

Males in nursing meet with many challenges to include acceptance by their peers (Garbee & Killacky, 2008). Studies have shown that the longer female nurses work with a male nurse, the more accepting they become of the male nurse (McMilliam, Morgan, & Ament, 2006).

Males who consider nursing as a career must deal with issues surrounding becoming part of a female-dominated profession. Men in nursing often face negative reactions from their family, friends, and other members of their support group. Brady and Sherrod (2003) pointed out that nursing programs are designed to meet the needs of the predominately female student population. Males differ in their learning styles (Brady & Sherrod, 2003). Graef, Tokar, and Kaut (2010) found that the more closely males hold to the traditionally male roles, the less likely they
are to seek career counseling. Males are culturally developed to value power, competency, efficiency, and achievement. Repeated instruction or demonstration may be perceived as a lack of confidence in their ability to master the skill (Brady & Sherrod, 2003; Gray, 1992).

Anthony (2004) and Smith (2006) have noted that male nursing students are limited in the clinical setting by bias that restricts what types of procedures they can and cannot do, with nursing schools limiting clinical experiences in areas such as obstetrics. This design creates barriers to the admission and retention of male students. Keogh and O’Lynn (2007) concluded that current nursing education programs have not provided an environment that male nursing students find suitable or which retain men for the nursing profession. They specifically cite barriers including “no guidance on the appropriate use of touch” and “different requirements/limitations for male students during obstetrics placements.” They reported that male nursing students were often excluded from providing the full range of care for female patients especially in obstetric placements.

Males in Nursing

Males who enter the female-dominated nursing faculty profession, and who have been successful in nursing practice, bring with them skills which they have learned in a female-dominated profession. Minimal research has been done on how male nursing students express care. The perception and response of faculty to the ways in which male nursing students demonstrate caring is but one area of research needed to better understand and serve male nursing students. Teaching strategies that address the unique individual needs of male nursing students are essential in a profession in which the number of males entering the profession is increasing (Grady, Steward, & Hall, 2008). Male nursing faculty bring a unique perspective to
the academic setting based upon their lived experience as a male nurse in the female-dominated nursing profession (Keogh & O’Lynn, 2007).

Male nurse faculty can bring understanding of the male nursing student’s experience as well as providing direct support to male nursing students. Just as there is minimal research concerning the lived experience of male nursing students, there is even less research on the lived experience of male nursing faculty. O’Lynn and Tranbarger (2007) reported that men in nursing face barriers based solely on gender. Male nurses face four primary stereotypes which are (1) the male nurse really wanted to be a physician but could not make it, (2) he is gay/effeminate, (3) the male nurse could not fit in the mainstream so they are hidden in nursing, and (4) if a male nurse is heterosexual he is a womanizer and is in nursing to be around women. Whether or not any of these stereotypes fit any individual male nurse, the greater body of male nurses must deal with these misconceptions (O’Lynn & Tranbarger, 2007). Evans and Frank (2003) noted that men often manage their masculinity through over-compensation in order to prove their masculinity or under-compensation to become less visible and avoid contradicting the female-dominated culture. Male nurses may feel a need to overachieve and are seen as wanting to move higher in the system more quickly. Men do, in fact, often move into leadership positions more quickly than do their female counterparts and also are more likely to work in specialty areas such as intensive care units or emergency rooms (Evans & Frank, 2003).

The segregation of professions, such as nursing, into female and male categories has resulted in the devaluing of jobs that require emotional work and are therefore seen as feminine. Emotional labor is undercompensated and this compensation disparity has led to lower wages and benefits in occupations that are seen as female by nature, including nursing and education (Guy & Newman, 2004). Men who come into nursing or become male nursing faculty must deal
with the ways in which nursing as a female profession is undervalued as well as the ways in which men in nursing are viewed. Males who choose to become nursing faculty are deciding to join an area of service to nursing in which males are an even great minority than are males in nursing as a whole (AACN, 2011: NLN, 2010).

In 2006, Irish researchers utilized a quantitative non-experimental descriptive design to examine how men in nursing identified themselves with traits traditionally seen as female or male in the work setting. This design allowed for a relatively large random sample of 250 male nurses from a population of 3,087 male general nurses in Ireland at the time of the study. The majority of respondents identified themselves as adhering to more female roles in the nursing workplace (Loughery, 2008). There is a need for additional studies to determine whether the majority of male nurses adhere to similar feminine roles in the workplace and whether this adherence to these roles carries over into the role of male nurse faculty members.

Courtenay (2000) noted that gender roles are constructed from cultural and subjective meanings, which shift over time and location. There is a high level of agreement within our society as to what are these collective and organized meanings and behaviors of gender. Males experience a significantly higher pressure to adhere to the roles and behaviors associated with masculinity (Goutenay, 2000). MacIntosh (2002) explored how gender, gender identity, and gender bias affect nurses. It was recommended that nurses become more aware of how nurses are socialized in the profession. Nurses must become more aware of gender bias and how it affects both individual nurses and the profession as a whole. This same awareness must extend to nurse faculty.

Male nursing students learn to care differently than females due to differences in social support, gender expectations, and the requirement to train within a female model of nursing.
education which may be less comfortable for males (Ellis et al.; Paterson et al., 1995). Male students often struggle to identify their place in nursing (Roth & Coleman, 2008) and one could reasonably assume that a similar situation might exist for male nursing faculty but little is known about the factors that affect a male nurse’s decision to enter the faculty role or to remain in that role. Males and females may both value intrinsic and extrinsic factors in nursing; however, they may value them differently (Romem & Anson, 2005). Men are more likely to have had a role model who was a nurse, while females often have had a dream of becoming a nurse since early childhood (Meadus & Twomey, 2007).

Barriers to Men in Nursing

Barriers to men in nursing, whether perceived or real, affect the number of men recruited and retained in nursing. Gender bias has both positive and negative effects on males in nursing. While men have been socialized to develop traditional career paths and may have some advantages in being promoted within nursing, research has indicated that male nurses face prejudice and are treated differently by both faculty and peers (Tracey & Nicholl, 2007). These barriers may also carry over into the male nurse faculty experience. There is a significant gap in research concerning why male nurse faculty leave the profession, which factors would attract males to become nursing faculty, and factors that would encourage male faculty to continue teaching in nursing programs (Smith, 2006).

Whittock and Leonard (2003) identified mentoring of novice faculty by senior faculty as an important factor in the recruitment and retention of nursing faculty. Job satisfaction in college and university faculty across multiple disciplines has been related to four key predictors: (1) satisfaction with their job; (2) effective leadership; (3) faculty commitment to students, career,
and the profession; and (4) a sense of academic community (Billings & Kowalski, 2008). If males do not see other males as members of the academic nursing faculty community, then they may perceive that there is not a place for them within that community. There is a need for additional research relevant to faculty in general, but especially to minority faculty, including males.

Novice faculty members need additional support in order to be successful. Flexibility, coordination of teaching assignments, and feeling rewarded for success are but a few factors that contribute to novice faculty success. Male nursing faculty can be even more vulnerable to the pitfalls faced by novice faculty given their many differences from their female counterparts. If they do not believe they will have mentors with whom they can identify [male], they may choose not to enter faculty positions (Brousseau & Alderson, 2008).

Lee (2009) noted that faculty and other nurses who are returning for doctoral studies benefit from a supportive employer and an educational environment that encourages flexibility for the working student. The stress of the process may be amplified for male students studying within a predominantly female environment. If the male student does not find the environment to be welcoming, they may be less likely to enter the environment as a faculty member. There is a need for those persons who are participating in the process to have increased institutional support including advance communication about changes in schedules, curriculum, and expectations (Lee, 2009). There is a need for additional research on the lived experience of males in nursing and more specifically the factors that influence male nurses to become full-time faculty or to seek other career paths (Seldomridge, 2004). The research clearly reflects that male and female nurses have different lived experiences beginning when nursing is first considered as an option for a profession, during the educational process, and throughout their career. Further research
specific to the male nursing faculty experience is needed to assist schools of nursing in enhancing recruitment and retention of males in faculty positions (Brady & Sherrod, 2003). The review of literature has revealed various approaches which have been used to examine barriers to males in nursing and nursing faculty positions, yet there is a need for study which will expand on this previous work and address the influences that lead to male nurses entering and remaining in nurse faculty positions.

Comparison to Minority Groups in Other Professions

Women in medicine have experienced similar challenges to those men in nursing have faced. Cropsey et al. (2008) examined survey results from 166 medical school faculty members who left the Medical School over a 4-year period. They discovered three primary reasons for faculty leaving the school of medicine: career advancement, salary, and leadership issues. Although women and men received comparable salaries at the time of hire, gender was a predictor of salary at the beginning of new positions and women were at lower ranks than their male counterparts at the time of departure from the medical school. Advancement opportunities and rates of advancement were lower for women than for their male counterparts.

Hierarchy also has been identified as a barrier to the advancement of women in academic medicine. Both male and female faculty recognized the hierarchy as a bottleneck to advancement; however, women were more likely to view the hierarchy as negative (Conrad et al., 2010).

There are also significant comparisons within education. Like nursing, education has experienced a feminization as an increasing percentage of teachers are female. This feminization
has been identified as a factor in behavior problems of male students lacking a male role model in the educational setting (Marteino & Kehler, 2006).

Pang and Park (2003) noted that teachers were similar to the larger population in their prejudices based on such factors as race, culture, language, gender, and social class. When asked to describe the typical American, the most common descriptors included male, White, tall, blond or medium brown hair, and well-dressed.

Sanatullova-Allison (2010), in a study of nine participants, identified the influence (whether positive or negative) of former teachers and family members as a key factor in deciding to enter elementary education. Former teachers were identified to be the most influential in the decision of education students to enter the profession. Male faculty may have a similar effect on the choice of male nurses to become nurse faculty.

King (2004) wrote that while institutional education is seeking a greater male presence within the elementary education system, cultural practices and assumptions about male teachers are an overwhelming barrier for many males who would otherwise choose elementary education as a profession. He has identified three underlying issues, “social expectations for female and male teachers when teaching is construed as caring; the inferred sexual orientations for suitable and unsuitable teachers; and the accusation of pedophilia used as a gatekeeper.” Additional issues may be particularly more relevant for other minorities. However, the voice of Black men has been largely unheard in the discussion of men in education. Little attention has been paid in the literature to the different ways in which Black men know and contribute to the knowledge base (Lynn, 2006).
Summary

The literature review reflects that minimal research has been done related to the lived experiences of male nurse faculty and the factors which affect their recruitment and retention. Studies that have focused on the male nurse faculty member have been predominantly quantitative and have focused primarily on identified barriers to recruitment. There is a need for studies which will yield fuller, richer data and which can be used to address male nurse faculty experience and the influences that lead male nurses to enter and remain in nurse faculty positions. The current qualitative phenomenological study will provide such data.

Over the years, the nursing profession has moved from a male-dominated profession to a female-dominated profession (Allen, 2008; Anthony, 2004; Evans, 2004). The culture of nursing has become feminized to the point that males may feel excluded (Brady & Sherrod, 2003; Garbee & Killacky, 2008). These barriers to males in the profession and their potential relevance to fewer males in nursing and in nursing faculty roles warrant additional study.
CHAPTER 3
RESEARCH DESIGN AND METHODOLOGY

The purpose of this study was to develop an understanding of the lived experience of male nurse faculty with an exploration of factors that influenced their decisions to become and remain nursing faculty. This baseline study was designed to identify common themes within the lived experience of male nurse faculty. From those commonalities, steps which can be taken to increase the recruitment and retention of males into nursing faculty positions were identified. Within this chapter are found a description of the research design and conceptual framework as well as the methodology including recruitment and selection, sample and setting, pilot interview, informed consent, interview, data collection procedures and setting, data management, data analysis, and trustworthiness. Ethical considerations, including the researcher’s positionality statement, are also included.

Research Design

The researcher utilized a descriptive qualitative design, as described by Streubert and Carpenter (2011), to examine the lived experience of male nurse faculty. Qualitative research is characterized by five elements, it “takes place in the natural world, uses multiple methods that are interactive and humanistic, focuses on context, is emergent rather than tightly prefigured, and is fundamentally interpretive” (Marshall & Rossman, 2011, p. 2). Because qualitative research occurs in the natural environment, participants are not brought into a lab or other unfamiliar environment. The researcher serves as the data collector which makes the interaction between the
researcher and the participants personal rather than impersonal by use of equipment or instruments of data collection (Creswell, 2007).

Qualitative researchers use multiple sources of data and analyze them using an inductive process. Data are arranged into groupings of meanings and themes which describe the phenomenon as uncovered from all sources. The process of developing the meanings and themes involves a continual review of the data against the developing themes and revision of the themes as needed to fully describe the phenomenon. Review and comment by the participants may also prove helpful in shaping themes. An accurate description of the phenomenon is dependent upon the researcher discovering the meanings of the participants and not the meanings of the researcher. The emergent nature of the process means that the initial research plan must be somewhat flexible allowing for changes in the questions, setting, or participants if it is discovered that changes are needed to ensure that the outcome is accurate and comprehensive (Creswell, 2007).

The perspective from which the researcher approached the research is often called the lens and influences the organization of the research. Qualitative research is interpretive and more subjective in its outcomes. The researcher is attempting to describe a complex phenomenon in a holistic way that can be understood by those who read the final work (Creswell, 2007; Marshall & Rossman, 2011).

A qualitative method was chosen for this study to allow the stories of the participants to direct the emergent research design. Qualitative research allowed the researcher to hear the voices of the participants as they described their experience and then define the themes which described lived experiences of male nursing faculty rather than measuring predetermined factors, which might not include the full experience of the participants. Participants in this study were
more than subjects of a study, they were active participants in the research process (Creswell, 2007).

Conceptual Framework

The researcher chose descriptive phenomenology as the specific method for conducting this qualitative research. The recognition that human consciousness has value and should be studied is in itself of great importance (Lopez & Willis, 2004). Descriptive phenomenology is characterized by freeing the researcher from preconceptions and allowing the participants, through their stories, to define the direction of the research. Streubert and Carpenter (2011) identified three steps in the method of descriptive phenomenology, intuiting, analyzing, and describing. Intuiting refers to the process of immersion of the researcher into the phenomenon as the researcher becomes the data collection tool conducting interviews, listening, and repeated reviews of transcripts. Analysis occurs concurrent with intuiting and forms and informs the research process. During analysis, the researcher “dwells with the data for as long as necessary to ensure a pure and accurate description” (Streubert & Carpenter, 2011, p. 82). Describing involves putting into verbal and written communication the description of the phenomenon so that someone not involved in the phenomenon or research can glean a better understanding of the phenomenon through the description by the researcher. The descriptive process cannot be separated from the process of analysis because the words chosen to be used in the description reflect the analysis (Marshall & Rossman, 2011).

Participants for this study were self-selecting; however, only those who actually held faculty positions were included based upon established criteria. Only those who have lived the experience can fully and adequately describe the experience (Streubert & Carpenter, 2011).
Colaizzi’s phenomenological research analysis method served as the assessment process to ensure the accurate expression of the individual participant’s experience was captured and interpreted into relevant meanings units (Sanders, 2003). These meanings units were then grouped into themes that define the lived experience of the participants (Marshall & Rossman, 2011; Sanders, 2003; Streubert & Carpenter, 2011). Participants were interviewed using questions that moved from a very broad to more specific format in order to attempt to capture the accurate expression of the male faculty members’ lived experiences. Descriptive phenomenology was chosen as the most appropriate to answer the research questions.

Methodology

Recruitment and Selection

Approval to conduct the study was granted by The University of Alabama’s Institutional Review Board before recruitment began. The researcher planned to use a two-level approach to recruit participants until saturation was reached. Saturation was determined as the point at which no new information was emerging from data (Creswell, 2009; Murhall, 2007). If recruitment strategies were not successful in level one, strategies from level two were to be implemented. All details for the proposed recruitment can be found in Appendix A. It was only necessary to use level one recruitment strategies. A recruitment letter describing the study and an informed consent form were distributed to deans and faculty of schools of nursing at a professional conference. Snowballing was also utilized with a portion of the participants being referred by other participants (Creswell, 2009; Murhall, 2007; Polit & Beck, 2008). Participants were asked at the end of the interview if they knew any other person who met the subject criteria and with whom they were willing to share information about the study. Printed information about the
study, instructions for anyone wanting to participate, and contact information for the researcher were provided to the interviewee to share with any qualified potential participants they knew. Qualified persons who learned of the study and contacted the researcher were provided additional information regarding the study and given the opportunity to participate. Once contacted by a potential participant, the researcher verified that the potential participant met the study inclusion criteria and scheduled a time and date for the telephone interview, if they met criteria. If they did not meet inclusion criteria, they would have been thanked for their willingness to participate with an explanation as to why they were not eligible. All participants who contacted the researcher were eligible for participation. No incentives were offered for participation in the study.

In a final step of level one, which was not used due to saturation having already been reached, the researcher planned to alphabetically list and number all schools of nursing accredited by either the National League for Nursing Accrediting Commission or the Commission on Collegiate Nursing Education. A computerized random number generator would have been used to generate a list of numbers. Schools with numbers corresponding to the random numbers generated were to be selected. Each selected school of nursing’s director or dean would have been contacted via email and provided with information about the study and requested to participate by sharing information about the study with their faculty or potential participants.

Contact between the participant and the researcher was initiated by the participant, based upon their interest in participating in the study. The researcher did not initiate contact with any participant. This initiation of contact by the participant helped to ensure that all participation was voluntary.
Sample and Setting

A purposive sample of full-time male nurse faculty was used for the study. A purposive or purposeful sample is comprised of individuals who can “purposefully inform the understanding of the phenomenon” (Creswell, 2007, p. 125). A purposive sample is appropriate when the researcher is studying a phenomenon about which only individuals who have experienced the phenomenon or have lived in the culture can provide information (Streubert & Carpenter, 2011). A purposive sample was chosen for this study because the researcher was seeking an understanding of the lived experience of male nurse faculty, which only male nurse faculty could provide. The criteria for participation was male nursing faculty with a master’s degree in nursing, who may also possess a degree in nursing or a related field beyond the master’s degree, who teach full-time, and live in the United States. For the purpose of this study, male nurse faculty were defined as men licensed as professional nurses with a minimum of a master’s degree in nursing, who might possess a further graduate degree in nursing or a related field and who were current faculty in schools of nursing accredited by either the National League for Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing Education (CCNE). Full-time faculty was defined as faculty members in academic or clinical positions within an accredited school of nursing for either a 9- or 12-month contract as required by the institution. Nurse anesthetist faculty were not included in this study due to differences in scope of practice and higher rates of compensation. It was the decision of the researcher, after consultation with nursing faculty, that the responses of nurse anesthetists to the research questions might be different from those of traditional nurse faculty and might skew the results.
Pilot Sample

Creswell (2007) noted the importance of a pilot interview to refine and develop the data collection process, research questions, and test technical aspects of the interview such as recording equipment. The first of the 11 participants served as a pilot interview, which was used to refine the interview questions and process. Information from this pilot interview was not included in study findings. The participant for the pilot interview held a PhD, was Caucasian, and fell within the age range of the study sample. The researcher used the experience of the pilot interview to refine the interview guide and validate the technical setup for the interview.

Study Sample

Ten volunteers comprised the study sample. The researcher arranged a mutually convenient time for the telephone interview. Participants were encouraged to allow 60 minutes, during which they could be in a quiet, private environment free from disturbances. Interviews were conducted with no telephone charges to the participant. Two of the participants were instructors, three were assistant professors, three were associate professors, and two were full professors. At the time of the interview, participants taught full time in six states across the United States. All participants had a minimum of a master’s degree in nursing. Of the 10 study participants 8 also possessed a degree in nursing or a related field beyond the master’s degree; two had DNPs and six had PhDs. Only one of the 10 participants indicated that he had been formally prepared as a nurse educator. They ranged in age from 32 to 60 years with a mean age of 49.88 years and a median age of 54 years. Of the 10, 4 were married and all were Caucasian.
**Study Interviews**

Telephone interviews were conducted with 10 male nurse faculty until data saturation was reached and the researcher was able to develop a descriptive insight into the lived experience of the male nurse faculty members included in the study. The sample size in qualitative research is typically smaller than that used in quantitative research (Cresswell, 2007; Marshall & Rossman, 2011; Streubert & Carpenter, 2011). Qualitative research seeks more to describe in detail fewer participants rather than to provide a more generalize description of more subjects. Creswell (2007) stated, “The intent in qualitative analysis is not to generalize the information (except in some forms of case study research), but to elucidate the particular, the specific” (p. 126).

**Informed Consent**

Informed Consent was obtained from all participants in the study prior to their being interviewed. A copy of the informed consent can be found in Appendix B. Information regarding the study, including follow-up procedures and the participant’s rights, were provided to the participant via mail before the interview and the participant provided verbal acknowledgement of receipt of the information and consent to the terms as a part of the recorded interview prior to the start of the interview questions.

Participants were given the informed consent as approved through the IRB process via email before being interviewed. Participants were encouraged to read the consent form before signing. A signed copy of the informed consent was returned to the researcher prior to the interview. Once the signed consent was received by the researcher, a mutually convenient time was arranged for a telephone interview.
Interview

The researcher chose semi-structured interviews via telephone as the tool for data collection. With a semi-structured interview, there are guide questions (Appendix C) but the format is more flexible, allows for storytelling, and ensures that relevant topics are covered. Interviews are conversational in nature and the researcher uses the questions to guide the participants to share their stories and experiences without the restrictions of a structured interview, which might have limited the data collected by the researcher resulting in incomplete findings (Streubert & Carpenter, 2011). Interviews were chosen as the data collection method for this study, because the researcher wanted to hear and record the stories and experiences of the participants first hand. As the researcher heard the expressions of their experience by the participants, he began the intuiting process of immersion into the phenomenon as described by Streubert and Carpenter (2011).

At the beginning of the interview, the participant confirmed their permission for the interview to be recorded. The researcher then shared the goal of the study, which was to understand the lived experience of male nurse faculty. The researcher began with a broad open-ended question concerning their experience as a male faculty member: “Please tell me about your experience as a male nurse faculty member from the time you received your first graduate degree until now.” This initial question was followed by additional questions designed to further explore the individual’s lived experience. These exploratory questions were based on the participant’s initial response and were designed to assist the researcher in more fully understanding the participant’s lived experience. The semi-structured interview guide was modified as needed based on feedback from each interview while attempting to obtain core data about the research questions. The researcher used probing questions as necessary throughout the interview to draw
additional information from the participant and further immerse the researcher into the experience of the participant (Streubert & Carpenter, 2011). The final question for each participant was, “Is there anything else about your experience as male nursing faculty which you think it is important for others to understand?” The researcher closed each interview by expressing thanks to the participant for their time and for sharing their story.

Research questions were developed and refined through the literature review and through review by experienced faculty members. To allow for the most complete data collection, questions needed to be general enough to allow for exploration but sufficiently narrow to delimit the study (Marshall & Rossman, 2011). The questions were further refined following the pilot interview (Creswell, 2007) and as the interviews progressed.

Data Collection Procedures

Prior to the beginning of the interview, the interviewer was in a quiet space where he would not be interrupted. The participants were asked to be in a similar place, quiet and free of interruptions. Each interview lasted between 45 and 60 minutes and was audio-taped and later transcribed by a professional transcriptionist. This approach allowed the researcher to focus on the interview without the distraction of having to take extensive notes or the fear of losing key information shared by a participant. The transcribed interviews were then coded as meaning units and themes were developed. The interview recordings could be reviewed as necessary to determine if voice inflection affected the meaning of any comments captured in the transcript (Creswell, 2007). Marshall and Rossman (2011) noted the horror of completing an extensive interview only to realize that data were lost due to mechanical failure. To address the possibility
of mechanical failure, two tape recorders were used to tape each interview and new batteries were placed in each recorder prior to the beginning of each interview.

Data were collected via recorded telephone interviews using open-ended questions in a semi-structured interview format as described above (Creswell, 2009; Murhall, 2007). The basic questions remained the same for each interview; however, probing questions were utilized by the interviewer to elicit a deeper or expanded level of response (Murhall, 2007). Follow-up telephone calls were included in the original methodology to be used to clarify responses and verify that responses had been clearly interpreted as indicated; however, these follow-up calls were not needed due to the clarity of the responses from the participants.

Data Management

Interviews were transcribed verbatim from audio tapes of interviews by a professional transcriptionist. Transcripts are locked in the researcher’s office. The researcher’s personal laptop computer is the only computer on which this confidential information is maintained. A secure password is required to access the laptop. The transcriptionist saved the transcripts only on a jump drive, which was returned to the researcher upon completion of the transcription process. The audio recordings, hard copies, and jump drive are stored in a locked file cabinet in the researcher’s office and will be maintained for a period of 10 years. Security procedures, including the use of confidential passwords, have been followed in order to protect the participants’ right to privacy. Only the researcher has access to the password and key. To facilitate follow-up as needed with participants, each interview was assigned a reference code. The list of codes and corresponding names and contact information for the participant is locked in the researcher’s office and only he has access to that information.
Data Analysis

Colaizzi’s seven-step phenomenological method is a tool that assisted the researcher with organization, building trustworthiness, and creating an auditable trail of the researcher’s data analysis. Colaizzi’s method was chosen for this study for those reasons and because it offered an easy-to-follow approach to research for the researcher. Colaizzi’s method provided a framework for this descriptive phenomenological study. The steps of Colaizzi’s method (Appendix D) provided a systematic way for the researcher to move from the broad to the more specific with ease (Sanders, 2003; Streubert & Carpenter, 2011). Intuiting, which is the immersion of the researcher into the phenomenon being studied, and analysis occurred concurrently throughout the process, which allowed the researcher to develop a richer understanding of the lived experience of full-time male nurse faculty while adapting the research questions as needed throughout the process (Streubert & Carpenter, 2011).

The decision-making process implemented at each stage in the analysis can easily be audited thus increasing reliability and trustworthiness of the process. This process combined with the accountability required at each step better ensures trustworthiness. The most important reason that Colaizzi’s method was chosen was the protection and empowerment that is given to those participating in the process. The ongoing communication between the researcher and participants as described by Colaizzi helps to ensure participant feedback throughout the process (Sander, 2003).

Finally Colaizzi’s method requires the researcher to examine their own subjectivity and bias. As the researcher moves through the steps they are required not only to engage with the participants but are also encouraged to be present with self while immersing in the data. This
immersion process encourages the researcher to spend time being present with the data in order to better understand both self and the participants (Sanders, 2003).

Research questions were used as a guide to review transcripts and relevant data for analysis. The specific data analysis method described by Colaizzi for qualitative data analysis was utilized to help ensure validity of the data analysis process (Sanders, 2003; Polit & Beck, 2008). Colaizzi’s seven step method was followed throughout the data analysis process.

- Semi-structured interviews were conducted using open-ended questions. A semi-structured interview guide was used and probing questions were interjected by the researcher based on the participant’s original response in order to encourage the interviewees to expand on their original answers.

- Interviews were transcribed. The researcher read the individual transcripts fully several times before beginning the analysis process in order to better understand the inherent meanings of each participant’s statements.

- Significant statements were extracted from each interview. The significant statements were documented in the coding log.

- Analytical log coding was done. The interviewer attempted to identify the meanings of the significant statements. Those meanings were then documented.

- The individual meanings taken from the significant statements were then organized by individual interview into themes. Identified themes were matched to individual research statements.

- The themes from all interviews were then clustered. The data were then merged and organized by themes. Analysis of the merged and organized coding identified the themes, which were consistent across interviews.
Member checks were done with participants to ensure that the researcher had captured the true meanings of the lived experience of the participants.

Qualitative research is an inductive process identifying specific experiences and meanings within the stories of the participants and then developing broader themes that describe the broader experience of the collective group (Munhall, 2007). In this study, transcripts of the interviews were coded, and then coding was reviewed and adjusted as meanings emerged. From these meanings, themes emerged which described the broader experience of male nurse faculty.

**Trustworthiness**

Validity for qualitative studies is often discussed in terms of trustworthiness (Polit & Beck, 2008). The Colaizzi method for data analysis was used to increase the trustworthiness of the research (Sanders, 2003). Review of written documents, interview transcripts, and follow-up with the participants to ensure accuracy of the transcription and accuracy of the researcher’s interpretation was done to increase trustworthiness of the study findings. Trustworthiness was enhanced with specific attention being given to credibility, dependability, confirmability, and transferability as identified by Lincoln and Guba (as cited in Polit & Beck, 2008; Creswell, 2007).

Credibility is confidence in the data and the interpretation (Polit & Beck, 2008). Credibility was addressed through sharing of interview notes and interpretation with an experienced researcher for review. Once the researcher had completed the initial analysis, the researcher’s chairperson was asked to serve as an expert reviewer. This review included feedback after three interviews were completed to assess for additional question needs or focus during the interview process and a general sense of findings. Six transcripts and the associated
coding, meanings, and themes were analyzed independently and in a joint session in which
identified meanings and themes were discussed. All questionable meanings and themes were
debated until a consensus was reached. This review by the researcher and the researcher’s chair
resulted in an 87.7 inter-rater reliability score.

Dependability refers to the consistency and stability of the evidence (Polit & Beck, 2008). Dependability was addressed in this study through the conducting of interviews until
adequate data were collected and saturation was reached.

Confirmability was recognized by Lincoln and Guba as objectivity and transferability is
the extent to which the results of the study can be applied in another context or to another group
of individuals meeting the same criteria as the study participants (Creswell, 2007).

Confirmability in this study was ensured by presenting participants with the researcher’s
interpretation of their interviews before final themes and meanings were defined. Participants
were contacted via telephone by the researcher to do member checks. The researcher shared with
each participant all identified themes and meanings (Appendix E) extracted from the data. The
researcher took note of comments and reactions from the participants. No participant verbalized
any disagreement with the themes and meanings. Several participants commented on how
important it was that the information from the study be published so that others might better
understand the lived experience of male nurse faculty. Each participant was encouraged to
contact the researcher by email or phone should they have any additional comments. This review
helped to prevent any prejudice or preconception of the researcher to color the results.

Comparison of the responses and interpretation of responses across the span of study participants
helped to ensure that the conclusions of the researcher can be transferred beyond the participant
group to a similar sample of male nurse faculty. This comparison allows the reader to better
understand the lived experience of the study participants as well as the conclusion of the researcher regarding the information collected.

**Ethical Considerations**

There was minimal risk of psychological or physical harm to the participants in the study and no concerns have been reported. Participants were allowed to withdraw from the study at any time without question as to why they chose to withdraw; however, all participants completed the study. Confidentiality of interviews was ensured through the use of pseudonyms preventing information to be traced to any individual.

The identity of the participants was protected at all times. Participant names and any other identifiers were deleted from the transcript of the interviews. Only the researcher is able to correlate the names of the participants with the transcription of the interviews. Participants were free to withdraw from the study at any time as stated in the informed consent; however, all participants remained in the study through its completion. There was minimal emotional or physical risk to the participants and no concerns have been reported.

**Researcher’s Positionality Statement**

The researcher identified and documented personal biases prior to beginning the interview process and made every effort to ensure a nonjudgmental perspective during the study (Munhall, 2007). During all interviews, the researcher maintained a nonjudgmental attitude ensuring that voice tones and other audible cues were avoided. The researcher did not voice any personal beliefs, bias, or opinions that would affect the validity of the interview process. A faculty mentor was consulted throughout the study to assist in avoiding research bias.
Consultation with a faculty mentor, as well as journaling thoughts, personal attitudes, and concerns to share with the faculty mentor, assisted in decreasing researcher bias.

Summary

This examination of the lived experience of male nurse faculty was conducted utilizing a descriptive qualitative design. The sample was a purposeful sample of participants interviewed via telephone. The anonymity of the participants was protected through processes approved by The University of Alabama’s Institutional Review Board. The first of 11 interviews was used as a pilot interview to fine tune the process and these data were not included in the results. The remaining 10 interviews were analyzed using Colaizzi’s methodology for research analysis. Ethical considerations were taken into account in the design of the study, and an informed consent was signed by each participant.

Participants were male nurse faculty licensed as professional nurses with a minimum of a master’s degree in nursing, who might possess a further graduate degree in nursing or a related field and who were current faculty in an accredited school of nursing. Participants self-selected and had the option to leave the study at any point without consequence. They were interviewed using a broad to specific series of questions to encourage them to discuss and reveal their lived experience in nursing education. Results can be found in the following chapter.
CHAPTER 4

RESEARCH FINDINGS

The purpose of the study was to describe the lived experience of male nurse faculty to develop a better understanding of that experience and identify factors that influenced their decision to become and remain faculty. Based on a general inductive analysis of responses to interview questions, several thematic representations emerged related to the overall lived experience research question and included motivation, external expectations, gender roles, mentoring, and environment. Themes emerged that were specific to recruitment into full-time faculty positions as reflected in exploratory research questions 1 and 3 and included motivation, gender roles, and mentoring. Additionally, themes emerged that were specific to exploratory research questions 2 and 4 related to retention of male nurses in full-time faculty positions and included external expectations, gender roles, motivation, mentoring, and environment.

Several themes emerged that were interwoven throughout more than one research question including motivation, external expectations, gender roles, and mentoring. However, interwoven themes may have reflected differences in similar sub-themes or meanings based on different research questions. Definitions of themes and sub-themes as they relate to this study are found in Appendix E and a conceptual map of themes and related themes is included in Appendix F. Themes and sub-themes are both presented in the results related to the broad research question of the lived experience and exploratory questions related to factors and barriers affecting decisions to become and remain male nurse faculty. In this chapter, the researcher presents the results based on responses of participants to the established research questions.
Research Questions

The researcher used one broad question followed by four exploratory questions for the study to gather subjective data regarding how participants interpret their lived experiences and describe the reasons they have chosen to become and continue to be full-time nursing faculty. The broad question was, “What is the lived experience of male nurses with graduate degrees who are full-time male nursing faculty?” The four more definitive exploratory questions were as follows:

1. What factors attracted the male nurse with a graduate degree to become full-time nursing faculty?
2. What factors influenced the male nurse with a graduate degree to remain full-time nursing faculty?
3. What barriers did the male nurse with a graduate degree face in becoming full-time nursing faculty?
4. What barriers did the male nurse with a graduate degree face in remaining in a full-time nursing faculty role?

Research Reliability and Trustworthiness

Credibility, dependability, confirmability and transferability, as identified by Lincoln and Guba (as cited in Polit & Beck, 2008; Creswell, 2007), were specifically addressed in ensuring trustworthiness. Credibility, confidence in the data, and the interpretation (Polit & Beck, 2008), was addressed through sharing of interview notes and interpretation with an experienced researcher for review. Six transcripts and the associated coding, meanings, and themes were analyzed independently by the researcher’s chair and in a joint session. This review by the
researcher and the researcher’s chair resulted in an 87.7 inter rater reliability score. Dependability, consistency and stability of the evidence (Polit & Beck, 2008), was addressed by conducting interviews until adequate data were collected and saturation was reached.

Confirmability, objectivity, and transferability were ensured by presenting the study participants with the researcher’s interpretation of their interviews before final themes and meanings were defined. Participants were contacted via telephone using the original telephone number they had provided the researcher to do member checks. The researcher discussed with each participant all identified themes and meanings (Appendix E) extracted from the data to validate that the information represented their lived experience. No participant verbalized any disagreement with themes and meanings. Comparison of the responses and interpretation of responses across the span of study participants helped to ensure that the conclusions of the researcher could be transferred beyond the participant group to a similar sample of male nurse faculty.

In addition to these strategies to ensure trustworthiness and those described in chapter 3, reliability and trustworthiness were further ensured through utilization of seven steps recommended by Creswell (2009). As previously noted, member checks were conducted via telephone with participants and their reactions to this summary of findings were utilized to clarify the revealed themes and meanings. To provide the reader with a better understanding of the shared lived experience of participants, and to help the reader vicariously experience it, the researcher used rich thick descriptions to describe the lived experience of the participants (Cresswell, 2009). The researcher explored and documented personal biases as reflected in the researcher positionality statement described in chapter 3, and consulted with a faculty mentor, my committee chair, throughout the study to assist in avoiding research bias. Negative case analysis was utilized to determine those things that were contradictory to the identified themes.
and outliers were identified and discussed with the chair. The researcher had *prolonged engagement* with data by reading each interview transcript several times in its entirety before beginning the coding process and completing the Colaizzi data analysis process (see Appendix E). *Peer debriefings* challenged the researcher to think deeper and answer difficult questions that otherwise might have gone unnoticed (Marshall & Rossman, 2011; Streubert & Carpenter, 2011). Peer debriefing was done with two peers who read the transcribed interviews, with identifiers removed, prior to the debriefing sessions. Themes and meanings identified within each interview were discussed with the peer. When there was disagreement, discussion occurred until an appropriate theme or meaning was identified. This process was completed with all 10 interviews as well as the pilot interview.

Upon completion of each interview, the questions and responses were reviewed by the researcher to ensure that the most complete information was being collected. The phrasing of questions and additional probing questions was adjusted to elicit fuller responses from future interviews. Following the fourth interview, the researcher’s chair reviewed the questions and interview transcripts to assess the process and offer suggestions to the researcher about modifications that would benefit the study.

Once the researcher had completed the initial analysis, the researcher’s chairperson was asked to serve as an expert reviewer. Six transcripts were reviewed independently and the associated coding, meanings, and themes were assigned. In a joint session, these reviews were discussed and ideas concerning the identified meanings and themes were exchanged. All questionable meanings and themes were debated until a consensus was reached. This review by the researcher and the researcher’s chair resulted in an 87.7 inter-rater reliability score.
Broad Research Question

What is the lived experience of male nurses with graduate degrees who are full time male nursing faculty?”

When participants were asked to describe their lived experience as male nurse faculty, they described it as rewarding and personally fulfilling. In spite of difficulties and differences, they expressed that the experience has been a positive one. Based on the results of the study, the lived experience of the successful nurse faculty who participated in this study can be described as fulfilling, satisfying, challenging, and full of opportunity. One participant summed up the experience, “In some ways it’s a little bit lonely, lack of male colleagues makes it just kind of an unusual dynamic sometimes.”

Participants also noted that they found joy in being faculty.

I’ve moved into the faculty role for several reasons. Part of it is I do enjoy the process. I enjoy the teaching and I thoroughly enjoy the students and being able to establish a structure for, for the discipline to evolve. That is something that is obviously intangible and I get great satisfaction from. Themes from exploratory research questions were used to understand the meaning of this experience. A thematic breakdown for the exploratory research questions follow. The themes and subthemes or meanings reflect the experience of the participants as they expressed it.

Exploratory Research Question 1

What factors attracted the male nurse with a graduate degree to become full-time nursing faculty?

A number of interview questions were designed to allow participants to describe factors that influenced their decision to become nursing faculty. Only one theme relevant to this
question emerged, motivation. The emerging subthemes related to motivation in the responses to question 1 were invitation, flexibility, opportunity, and purpose for teaching.

Motivation

One key theme related to the attraction of males into nursing faculty positions was motivation. Motivation was defined as those factors which provide incentive to the participant to become a nurse or faculty member. Four subthemes reflecting meaning units associated with motivation were identified of participants to the interview questions regarding influencing factors for decisions to become a faculty member. These subthemes included invitation, flexibility, opportunity, and purpose for teaching.

Invitation. Invitation was defined as participants being actively sought out by an institution or faculty member representing an institution. Based on analysis, men in this study did not set out to become faculty. In many instances (5 of 10) they were approached by a faculty member in the clinical setting who encouraged them to consider teaching as a profession. Rather than moving into a full-time position immediately, some worked part time as a clinical instructor before committing to a full-time position. This finding is illustrated in the response of one participant who noted,

You know, it kind of dropped on me. I had no desire to get into nursing education. To be honest with you, I had never even thought about it and my goal was to get into administration. . . . After doing a workshop for the hospital’s staff development department, the person who was over staff development asked me would I be interested in working in their department. I said, “Well, I’ve never thought about it.” So they started giving me the pros and cons and I thought well gosh the scheduling sounds pretty good and the money’s okay. I said I’ll try it so I did that for about two years. . . . So while I was in staff development I had to do this workshop on legalities . . . and the director of the school of nursing came to one of my classes and she asked me had I ever thought about teaching in a nursing program. I said, “Well, no, but I do enjoy teaching,” and she said, ‘I’m going to have an opening in August if you’re interested.
Another participant related an experience with a dean from a school of nursing at a national conference,

And he was a national leader although I wasn’t too familiar with him, but he heard me present at this conference and then later, introduced himself to me and said, “I think you should consider coming to the University of [deleted identifier].”

These are just two examples reflecting the invitation and not a conscientious intent on the part of the participant to pursue a nursing faculty position.

**Flexibility.** Flexibility is the ability to self-determine work hours, content, and other factors in the educational environment, as perceived by the participants. The ability to be flexible with their schedule was a motivator for all participants to move from clinical practice into education. All participants had previously worked in a clinical environment in which they worked swing shifts, weekends, and holidays. The time off; ability to set their own schedules, within some boundaries; and the flexibility to pursue their own research interests were identified as attractive factors selecting faculty positions.

Well, I guess this kind of goes with time off too, but there’s so much flexibility. There’s certain things that are very structured and I do like structure but if I need to take a day off for an important reason I can easily ask one of my co-workers can I swap this for this with you. I don’t know that that’s just in education. It’s just the fact that I have found good buddies to work with most places that I’ve worked and was able to work out a schedule with them so that it could free me up if I needed to do something. Another advantage is I really appreciate not doing the exact same thing every day. I do not want to go to a clinical site five days a week. I do not want to be in a classroom setting five days a week. I would not want to sit in my office five days a week, and with teaching I have a variety of all of those things and I like that.

**Opportunity.** For this study, opportunity was defined as a favorable combination of circumstances advantageous to the participants. Participants voiced that the opportunities afforded them as faculty members were motivational. Opportunities to pursue educational goals,
research and teach in chosen areas of expertise, and the ability to maintain clinical experiences were mentioned as positive opportunities afforded them as faculty. One participant shared how teaching allowed him to share his experience with students while keeping his hand in practice, “I never did want to be a desk junkie again, I did that for eight years, and I missed the helicopters landing, I missed the ambulance pulling up, I missed the things that you see clinically.” Another participant recounted how teaching allowed him to further his education, “I said ‘Well ma’am I don’t have my masters.’ She said, ‘Oh, we’ll pay for you to go get your master’s’ and I thought well my god this sounds great. So I started teaching for that reason.” Another related,

I know one thing that I would say that is beneficial, is that there are not very many male nurse educators, so, that world is wide open for us to make our headway and make advancements and make a name for men in nurse education.

Purpose for teaching. The reason as stated by participants for being nurse educators was referred to as the purpose for teaching. The participants universally indicated their purpose for teaching as a desire to share their knowledge with students. Beyond the sharing of knowledge, there was a greater purpose of bringing positive change to nursing and the community through their role as faculty. A participant stated,

I can share with you, there was a turning point in my life, probably in my early to mid-forties, when I realized that I was becoming too old to start something brand new that’s going to set the world on fire. And I realized if I was going to make a difference in the scheme of things--patient care outcomes and systems alterations--to enhance what we are all pushing to enhance, then my best opportunity was to encourage others and to help them move forward. That’s when I said, this is a good thing for me and I began to put more and more energy into teaching and academia than into clinical practice.

Another shared, “Why do I do it? Because I see that we can make a difference in the future of health care and of the caliber of nurses that are, are uh, hopefully going to be available to meet the needs.” One participant concisely stated the thoughts expressed by all participants, “The
other thing that keeps me going is I think I have a lot to offer the students and I want to be able to pass on what my early mentors gave me to those students.” The themes and subthemes described are clear reflections of influencing factors related to recruitment into nursing faculty positions by participants.

Exploratory Research Question 2

What factors influenced the male nurse with a graduate degree to remain full time nursing faculty?

Five themes, external expectation, gender roles, motivation, environment, and mentoring, emerged as factors that influenced the male nurse faculty member to remain in faculty roles. In the analysis of responses to this question, the subthemes that emerged related to external expectation were community expectations and student expectations. Within the theme of gender roles, male advantage and gender traits emerged. The subthemes that emerged related to motivation were flexibility, personal fulfillment, and purpose for teaching. Within the theme of environment, camaraderie, female faculty support, and personal support system were the emerging themes. Male versus female mentors and need for male mentors were the emerging themes within the theme of mentoring.

External Expectation

This theme is defined as expectation imposed on the participant from external sources such as the community and students. These expectations influenced both the decision to enter nursing and the decision to remain in nursing education. External expectation was a theme common to all participants. Universally, the participants expressed community support in their
roles as male nurses and male nurse faculty; however, most did address fears concerning the stereotypes that society often attaches to male nurses. Only two participants expressed any personal experience with those stereotypes being assigned to them personally. The male faculty members interviewed were concerned about how they were perceived by both students and the community. Each participant expressed a desire to be an example for others. The two subthemes associated with this theme were community expectations and student expectations.

Community expectations. These expectations referred to expectations imposed on male nurses and faculty by those within the community including both the medical and larger communities, as perceived by the participants. Universally, the participants expressed community support; however, seven did address fears concerning the stereotypes that society often attaches to male nurses. Few expressed any experience with those stereotypes being assigned to them personally. One participant shared, “Well I think there are some common stereotypes about men in nursing, but I don’t know that I have specifically been stereotyped, but I know there are some. It is not necessarily correct stereotypes, I mean many of us certainly are certain ways, but it is not all of us.” Although participants perceived strong community support there was also a sense of needing to be beyond reproach and be a contributing part of the community.

One participant shared,

I am active in my church and feel that I contribute there. I am also active in a couple of civic organizations where I believe I give back to the community, not as a nurse or educator, but as a member of the community. . . I feel supported by my community as a nursing instructor.
Student expectations. These expectations were considered to be expectations imposed on male nursing faculty by their students, as perceived by the participants. Students were seen by participants as expecting male faculty members to be more structured and have higher expectations of students. All participants also believed that students saw them as more strict in the enforcement of rules and standards. “I would think early on, first meeting me in say a clinical setting, yeah, students think there’s a, I don’t know if it’s a higher expectation, but that things that things are going to be more stern or strict.” One other participant spoke of the importance of his presence as a male role model for students in helping to influence students’ expectations of male faculty:

I think that they’re so rare, like here, I’m the only one, I think they need more than one male and they can compare and contrast and see my strengths, their strengths, but I’m the only thing they get to see here as far as a male gender. More male role models would allow students to experience the varied ways males do things and help to change preconceptions about male faculty members.

Gender Roles

Gender roles in the context of this study were those actions, thoughts, or communication patterns attributed to gender. The two subthemes identified for gender roles were male advantage and gender traits.

Male advantage. For the purposes of this study, male advantage means benefit males have over females based solely on gender, whether actual or perceived. Six of the 10 participants believed that male faculty had some advantages in advancement and recognition over their female counterparts”

The administration of the hospital, the administration of this university, and I think that this is probably reflective of most university systems that are predominantly male.
[Administrators] are bringing me into the fold a little more readily than I have seen them bring in females.

Another participant noted, “When I worked in a hospital, the respect between you [male nurse] and the physician, male physician, gave me an edge.” “I think that I’ve always had some opportunities, maybe a few more opportunities than maybe my female counterparts.” Only one participant said he did not believe he had any advantages as a male faculty member. These examples demonstrate the advantage participants felt they had over females within their institutions.

**Gender traits.** Gender traits were defined as the attributes of males and females as perceived by the general population or by the participants. One of these attributes identified by participants was linked. One participant stated, “I mean that’s what I try to do, not to say that I have no emotions either, but I try to be more concrete, more factual than bringing emotions into play” Another stated, “I would say I am objective, I’m very objective driven.” However, most of the participants acknowledged certain traits they associated with being more masculine or feminine, regardless of which gender was displaying the trait in a given situation. Organization, structure, and straightforward communication were associated with masculinity. At the same time, many attributed these same traits to their female mentors and colleagues. The need to discuss issues at length, talking behind someone’s back, and emotionalism were associated with female traits, although each of these traits was attributed to a male colleague by at least one participant. For example, one participant noted,

I think some people confuse personality with gender, so yeah, there are some women in my department who are emotional, um, but there is another male faculty in my department too, who can probable equal them, so um, he is kind of high strung and, you know, is quite loud and vocal and emotional.
Motivation

While motivation was a theme in factors influencing decisions to become a faculty member for participants, it was also a theme in their reasons for remaining faculty members. However, two of the subthemes for meaning units differ. The subthemes related to retention include flexibility, personal fulfillment, and purpose for teaching.

Flexibility. As previously noted, flexibility refers to the ability to self-determine work hours, content, and other factors in the educational environment as perceived by the participants. Time off, ability to set their own schedules within some boundaries, and flexibility to pursue their own research interests were identified as reasons to remain in faculty positions. Participants acknowledged that they quickly became accustomed to having the freedom to set their work schedule, within limits, in a way that was most beneficial to them.

I suppose my schedule is obviously much more flexible than as a clinician. I’m salaried so sometimes I take an afternoon off, but I come in on Saturday morning and I put in my time, but my schedule is much more flexible than being a clinician and that has a lot of advantages.

Long hours and hard work are balanced by the freedom to flex one’s schedule to include other things that bring personal fulfillment to their lives.

Personal fulfillment. Expressed satisfaction, joy, or sense of accomplishment of the participants in the success of the activities of male nurse faculty was referred to as personal fulfillment. Along with their passion, which was recognized as one purpose for teaching, the personal fulfillment that is achieved through teaching was identified as a source of satisfaction and motivation. Many of the participants expressed a sense of fulfillment when they saw former students become successful in their own careers. Some statements that expressed their personal
fulfillment included the following: “I’m very satisfied, I’ve got good outcomes.” “So, I have a sense of accomplishment, of what I’ve done and what I’m doing.” “I see that we can make a difference in the future of healthcare and of the caliber of nurses that are hopefully going to be available to meet the needs.” Personal fulfillment fueled their passion, which contributed to their purpose for teaching.

*Purpose for teaching.* The most common subtheme related to motivation for becoming and remaining faculty was a purpose and expressed desire or passion to teach others. Purpose for teaching was defined as reasons stated by participants for being nurse educators. Participants expressed a joy for sharing knowledge with nursing students.

I think that the thing that I would want, especially men who were thinking about going into nursing, to know is that not only is the profession great, but being able to inspire future generations of nursing, is like the best thing that you can do so why wouldn’t you want to do that? You know, I think it’s great.

“Why do I do it? Because I see that we can make a difference in the future of health care and of the caliber of nurses that are hopefully going to be available to meet the needs.” “I always loved, uh, I just enjoyed being able to teach students” Another shared, “I love opening a mind and I love helping them to see things in a different way. I love challenging their way of thinking about things, I love pushing them to become the best nurse that they can be.”

*Environment*

Another theme described by participants related to the decision to remain full-time nursing faculty was environment. Environment was defined as the circumstances or conditions surrounding the participant and has an internal and external component. Internal environments were related to the actual school of nursing and external environments related to their faculty
roles but outside of the school setting. There were four subthemes for meaning units associated with environment: camaraderie, female faculty support, personal support system, and family support.

*Camaraderie.* For the purposes of this study, camaraderie was referred to as deep friendship or “male bonding.” A lack of other male faculty with which they could have camaraderie was problematic for all but one of the male faculty who did not have male colleagues:

I guess I just miss some of that male camaraderie that I’ve had when I was a staff member working with the male nursing staff. You know, I’m not saying there is anything wrong with working with all females, but it’s just something different working with guys. Those males who worked with other male faculty reported feeling support from their male counterparts

*Female faculty support.* Female faculty support refers to supportive words or actions by a female faculty member toward a male faculty member as perceived by the participants. The majority (9 of 10) of the men did report healthy working relationships with female faculty. One participant reported,

You know, academia is just a very different world, it’s different than the clinical setting and the women here are very different. I have encountered a number of hardcore feminists and you know, I mean it was very clear that I was a member of the evil oppressing class, which I didn’t seem to get in the clinical setting.

In contrast, another participant replied, “I’m hard pressed to say that they are not accepting of me because of my gender. I think they are, in fact, some are very welcoming you know, to have a male in the room rather than all women.” “We [faculty] do things outside of work together, so I think it’s a strong, almost family type support.”
**Personal support system.** The men discussed being a part of the community with all participants reporting strong support from family and their communities. For example, one participant described his experience as follows: “Oh yeah, she [wife] has been supportive, when times are bad she’s been there for me, backing me up, supporting me. My children, I think they tell me that in their actions, they’re very proud of me.” Another participant said, “My community, my church, they all know I’m a nurse, a nurse educator, that’s been extremely beneficial and supportive.”

**Family support.** Family support is emotional, physical, or financial support provided to male nursing faculty by their families, as perceived by the participants. Participants referred to family often during their interviews and described it as valuable. Strong family support was seen as an asset in being able to become and continue as nursing faculty. For example, one participant noted,

My wife’s been extremely supportive but we met in nursing school and then she kind of knew that I never wanted to stay in the associates nurse so, she’s been supportive the whole way through. Um, my family has been extremely supportive.

**Mentoring**

Another theme related to full-time male nursing faculty remaining in nursing education was mentoring. Mentoring refers to the partnership between a less experienced nurse or faculty member and a more experienced nurse or faculty member who shares knowledge, skills, or perspective with the less experienced person to foster personal and professional growth. Meanings associated with mentoring were important in both the nursing and faculty experiences
of the participants. There were two subthemes for mentoring, male versus female mentors and the need for male mentors.

Male versus female mentors. Participants reported the importance of having strong role models from which to learn. Male role models were often not available for the participants as their careers progressed; therefore, most often these mentors were female by necessity. All participants had at least one strong female mentor. Although the respect and gratitude for the strong female mentors in their lives were evident, participants expressed a desire to have more male mentors and colleagues. Participants who did not have male mentors believed that male mentors would have been a positive addition to their learning process both as students and professionals. “I mean, there were a few female mentors out there, but I would say the strongest ones have been the male mentors within my life.” “Prior to him, all my mentors were women, and I really owe a lot of gratitude to those mentors, they taught me a lot.” “My mentors were women. We didn’t talk about gender a lot, their mentorship really focused on how to be an excellent clinician and have high accountability and expertise and compassion to the patient.”

Need for male mentors. All 10 participants expressed the need for more male mentors in the nursing profession. “I interviewed all the male students at my school and asked them, ‘Are there issues out there?’ One of the things that came up as a typical concern for many male students was the lack of role models.” “What I do bring is a certain perspective on the world that is male and I think that is beneficial and it can be very helpful for the growth of the process.” “I think that we need more male faculty members if for no other reason than if you had more male faculty members, I think you would see more males come into nursing.”
Exploratory Research Question 3

*What barriers did the male nurse with a graduate degree face in becoming full time nursing faculty?*

Three themes, gender roles, mentoring, and motivation, which were identified as factors in the decision of the participant to become full-time nursing faculty also emerged as barriers to becoming full-time nursing faculty. However, some different subthemes or meanings were associated with these themes related to barriers. Within the theme of gender roles, caring, communication, and gender traits emerged as subthemes. The subtheme of need for male mentors was the only subtheme that emerged for the mentoring theme related to barriers faced in becoming male nursing faculty. Salary and gender adaptation were the emerging subthemes related to motivation within the responses to this question.

*Gender Roles*

Gender roles are identified as the attributes of males and females as perceived by the general population or by the participant. Although the theme of gender roles was found in results for Research Question 2 and the subthemes are the same, the descriptions provided by participants in response to Research Question 3 related to barriers is different as noted in the examples provided. Meanings associated with gender roles affect the decisions related to both the nursing profession and nursing education. The majority of the participants (8 of 10) saw themselves as being different than female faculty. The concept of male faculty being more structured and less emotional than female faculty was common. The subthemes for gender role included caring, communication, and gender traits.
Caring. Caring in this study was defined as the feelings and expressions of love, affection, nurturing, support, etc. as perceived by the participants. Male faculty reported being less demonstrative in the way caring is expressed toward students. Participants expressed that female faculty were more likely to express caring through hugs and rewards, while male faculty were more likely to express caring by listening and ensuring that the students received the educational experience they needed to be successful in nursing careers. One participant said he showed caring “by making opportunities available for them, and helping them succeed, and being there for them.”

Participants did not report caring more or less than female faculty but frequently (6 of 10) reported that the manner in which they showed caring for students was different than their female counterparts. Participants expressed that female faculty were more likely to express caring through hugs and rewards while male faculty were more likely to express caring by listening and ensuring that the students received the educational experience they needed to be successful in nursing careers. For example, one participant described this as “I don’t think that I would say that one cares more than another. I wouldn’t put that in the rank in quality or quantity, but I think we do demonstrate our caring differently.” Males do not always understand the way in which females express caring, as evidenced by the comment of one participant who interpreted the rewards brought to students as bribes. When asked about caring, one participant noted:

Another thing that my female colleagues do that I will not do is, do what I feel is bribe the students. So on exam day they will come in or on the day that students do their evaluations, they come in with candy bars and treats and all this stuff.
Communication. Communication was defined as the written and verbal exchange of ideas. Three of the participants acknowledged differences in communication styles between male and female faculty. Participants’ perceptions were that male faculty tended to be more direct than their female counterparts. One participant expressed the following:

I think it was hard for me to communicate with some of the female students. I guess my style is I speak right up and tell you where your weaknesses might lie, and then I’m also very good about where you’re doing wonderfully. And so, I don’t candy-coat things.

Another said,

I was getting student evaluations in which, I think, some of the female students were saying compared to their other teacher that my style of giving feedback was harsh and so negative, and so forth and so on. . . . At that time [beginning of career] I felt that the biggest struggles, I think, were just focused on communication patterns and styles. I think that the way women communicate amongst themselves and the office politics that women engage in are different than men.

Gender traits. The manner in which gender roles are enacted are influenced by gender traits. Gender traits are those attributes of males and females as perceived by the general population or by the participants. The concept of nurses as female and the association of traits that are traditionally seen as female were shared as problematic by some participants.

I think one of the things that I find irksome is that there still tends to be a nursing propensity to always describe the nurse in female terms. And I think that’s one of the things that sort of gets my goat. They’re always saying the nurse, she, the nurse, she, the nurse she, or the faculty member, she or you know, the student, she, that kind of thing.

Another participant noted the way he was often introduced as a male nurse, but women were never introduced as female nurses. “Now I’m six foot two and I weigh over 200 pounds, you would think it was somewhat obvious that I’m a male. I have never heard anyone introduced as Ms. Smith, female nurse.”
**Mentoring**

The theme of mentoring was previously defined and also indicated in Research Question 2 results. Again, the descriptions provided by participants to support the theme and the subtheme are different than as described in Question 2. Only one of the subthemes from Question 2, need for male mentors, was described as a meaning unit for this research question.

*Need for male mentors.* The participants stated a need for both male role models and mentors. The majority of participants’ mentors had been female. Strong mentors who led by example, held the mentee accountable, provided structure, and acted as facilitative partners in a learning relationship through the mentoring process were valued.

One was just a phenomenal guy in nursing who taught me early on in my career how to function in the field, how to enhance my clinical skills, and to keep my eye on my personal response to patients’ needs and patients’ family needs. And that was quite an eye-opener. I will never forget that approach and that was definitely from a very strong male figure.

**Motivation**

For this study, motivation included those factors that provided reason, incentive, and enthusiasm for the participant to remain in the nursing profession or nursing education. Although motivation also was identified as a theme for Research Questions 1 and 2, the subthemes and/or descriptions were described differently by participants. There were two subthemes identified for motivation with regard to barriers to becoming a faculty member for participants: salary and gender adaptation.
Salary. Salary in this study referred to compensation including direct pay, insurance, and other financial benefit and was a barrier to recruitment, according to 9 of 10 participants. Participants noted that frequently nurses have to accept a decrease in salary in order to accept a faculty position. This decrease was problematic in making the decision to become faculty for participants; however, they also indicated that salary became less of an issue after they had been teaching for a period of time. Participants discussed learning to live with the salary. Salary was perceived to be more of an issue for males than for females by participants because of the traditional role of the male as the primary breadwinner. Some participants said salaries become more competitive the longer one teaches; however, others continue to work a part-time job in order to supplement their income as well as to keep up clinical skills. “Of course salary is an issue. I’d love to make more and I think that we, as educators, should make more, but I live very simple and I’ve learned to live that way and be happy with what I have.” “So, if you’re going to be the breadwinner of a family, and you truly have kids, family that you’re having to support through thick and thin, it’s going to be hard to recruit men in nursing education and retain men in nursing education.”

Gender Adaptation. For the purposes of this study, gender adaptation refers to changes participants made to their communication or action in order to feel accepted or comfortable in a predominantly female environment. Some participants expressed that they felt subtle pressure to adapt to a more feminine environment in order to fit in. In at least one case the pressure was not subtle:

So in conversations with the dean over that annual evaluation, one of the things that seemed to come up from the dean on multiple occasions is well, maybe you need to be more like the women here to kind of fit in. So that the students don’t, you know, I guess they won’t, that I’m so different from my female colleagues and um, maybe you need to
communicate in a more feminine style and be less, I guess less masculine in my communication patterns.

Another participant noted,

It’s not that they don’t like you but, it may be more social in the sense that they don’t want to be seen spending too much time with male faculty members. The girl talk, the sexual innuendo behind that, in the sense that somebody may think you’re spending too much time with a male. I don’t know what that is, but it’s definitely makes a difference. . . I think you have to learn to play the role, and so I had some difficulties at first.

Another participant expressed, “So, let’s face it, when you’re in the nursing program, you should figure that [female emotionalism] out. And if you can’t learn to adapt to it, then you might need to not do it [remain in nursing].”

Exploratory Research Question 4

*What barriers did the male nurse with a graduate degree face in remaining in a full-time nursing faculty role?*

A number of themes emerged from interview questions related to barriers for remaining in faculty positions from participants. Barriers were considered those things that hindered the participant and had to be overcome in order for the participant to remain in a full-time faculty role. As previously noted, some themes were interwoven in results for other questions but the descriptions and some subthemes are different. Themes for Research Question 4 included external expectations, gender roles, mentoring, and environment. Student expectation was the only subtheme which emerged related to external expectations in the analysis of the responses to this question. As related to gender roles, the subthemes of communication, gender traits, and student expectations emerged. Within the theme of mentoring the subthemes of male versus female mentors, the need for male mentors emerged. Horizontal violence and loneliness emerged within the theme of environment.
External Expectations

External expectations, which were factors influencing the decision to enter nursing education, also influenced the decision of male nurse faculty to remain in nursing education. The fear of the perceptions of those outside of the profession was a concern expressed by some participants. One example is captured in the following quote,

I think ever since I’ve been in nursing people have that idea that male nurses are gay and you have to be very careful that they don’t take all the males coming to talk with you simply because you are male out of context.

There was one subtheme, student expectations, related to this theme of external expectations although the theme had been indicated in results for Research Question 2 as well.

Student expectations. Participants’ described student perceptions of them that were based on students’ expectations of them. They also described how those perceptions of students affected their decision to remain in faculty positions. One participant shared,

There was one occasion, and I don’t know that it’s me being a male, but I did have a student just this semester that came to my office and told me that she thought that I was picking on her, giving her a hard time, harder than the other students. And over the course of the conversation she did say that um, part of the problem may be that I’m the only male instructor that she’s ever had. And so I ask her did she find me intimidating and she said yes. . . . Um, but she did and she, she actually indicated that it may be because I was male.

They do not fit student expectations. This response indicates that the perception of male faculty may have been influenced by expectations of students that the faculty member would be different because he was male.

Three participants expressed that they personally were perceived as more structured and firm than their female counterparts; however, these three participants attributed the difference to
personality rather than gender. Four of the participants did not perceive a difference in the expectations of students regarding perceptions of male and female faculty.

**Gender Roles**

The differing roles attached to gender affected the decision of the participants to remain in nursing education. Not all participants viewed the roles in the same way, but most acknowledged the roles as influential. The subthemes associated with meaning units in responses of participants to this research question were communication, gender traits, and student expectations.

**Communication.** The differences in communication styles and patterns contribute to the perceived acceptance or rejection of the male nursing faculty member and thus influence the decision to remain in nursing education.

I’m not running women down, I’m happily married, but you know, “I like your dress” and “Oh, those shoes are pretty,” and all that stuff, it just doesn’t happen when I’m there. And, um, the ones that are just there for the content, they tell me I like not having all that fluff. Just cut to the chase and tell us what we need to know, let’s move on. That’s, that’s how I’m a little different. I think there’s more fluff that goes with the socialization of teaching. Uh, one quick example, if a woman has a personal problem at home, generally, in the last 35 years, I’ve seen them come to work and tell the female faculty that, cry about it, worry about it, talk about it, whereas, a man, if he has a personal problem at home, he’s not going to go to work and tell it. He’s going to leave that, so that type fluff doesn’t enter into teaching for me personally.

Another said,

For example, many of the faculty here will ooh and ah over a grandbaby or the pictures of a family member’s wedding and that’s not necessarily my interests. And, my interests are not theirs so, in that aspect, on a social level, there is a little bit of a division between myself and the female faculty.
**Gender traits.** Participants saw themselves as less emotional than their female counterparts. They shared that the emotion expressed by the women they work with can be difficult for them to deal with. “But, um, I would say that overall, probably the hardest thing that I had to deal with, as a male faculty member is--how do I say this in the politically correct way--um, is dealing with the emotional aspects.” Although they did not see the emotion or lack thereof as right or wrong, the differences in communication style and the way males and females process information, ideas, and situations create daily challenges for them. One participant described the difference in the way males and females process information, ideas, and situations,

I think they [females] think about things a different way, you know, my background’s been critical care nursing, you know, I value process but after a point in time, process needs to turn into product. I think that the women, many of the women that I worked with, liked to process a lot more than I do.

One participant expressed,

And, at that time I felt that the biggest struggle I think was just focused on communication patterns and styles. Um, I think that the way women communicate amongst themselves and the office politics that women engage in are different than men.

**Mentoring**

Mentoring emerged as a theme in Questions 2 and 3 as well as in this question related to barriers to remaining in a full-time nursing faculty role. Subthemes of male versus female mentors and the need for male mentors were defined within the interviews.

**Male versus female.** Participants in this study reported that mentors were chosen based on ability and availability rather than gender. As one participant expressed, “There were hardly any leaders you know, in the nursing arena that were males.” Mentoring relationships were most often not formal mentoring agreements, but rather the sharing of knowledge and experience by
more experienced nurses and faculty with less experienced nurses and faculty. One participant illustrated the barrier brought about by not having a male mentor by saying,

Truly here in faculty I am the only male in the college of nursing on this campus and it gets kind of lonely; and quite honestly the lack of similar interests create a division between myself and the female faculty.

This mentor gap can create a barrier to retention, which successful faculty have to overcome.

Need for male mentors. Lack of male mentors was noted by most participants. While acknowledging the contributions of their female mentors, they did express that male mentors would have been beneficial to them and the desire for male mentors to be available to generations of male nurses just beginning their education and careers.

I see things very, very differently than most of my [female] colleagues. That’s noticeable and I would say generally welcomed, but it is noticeable and the students see it as well. We have about 10% of our students who are men and um, I want them, I want to be visible for them uh, and uh, help them with anything they might perceive as being a challenge, being a male student. . . . However, what I do bring is a certain perspective on the world that is male and I think that that is beneficial and it can be very helpful for uh, the growth of the process. . . . I think that, I think that we need more male faculty members if for no other reason, and I think, I think if you had more male faculty members, I think you would see more males come into nursing.

Environment

As defined earlier, environment refers to the circumstances or conditions surrounding the participant. An environment that was perceived to be non-supportive was a barrier to male nursing faculty members remaining in their faculty positions. Subthemes that emerged related to the environment and barriers to remaining in faculty positions were horizontal violence and loneliness.
Horizontal violence. Five participants described a phenomenon that is identified in the literature as horizontal violence. None of the participants specifically used the term *horizontal violence*; however, the behaviors they described are the explicit behaviors referred to as horizontal violence by Brunt (2011); Curtis, Bell, and Kirkham (2006); Ditmer (2010); King-Jones (2011); Longo and Sherman (2007); Vessey, Demarco, and DeFaxio (2011); and Weinand (2010). This term refers to the interaction between people in which the face-to-face interaction is polite and apparently friendly, but the interaction with those away from the presence of the other person is negative, and in the extreme, designed to hurt the other person (Brunt, 2011; Ditmer, 2010). Participants expressed that men were more up front in dealing with conflict and moved past it more quickly, while women were more likely to deal with conflict in a passive aggressive manner typical of horizontal violence. All of the subjects expressed that this behavior was not universal among all their female colleagues, but most had witnessed examples of this behavior in their nursing careers. As one participant recalled his experience,

> What I was seeing a lot in that initial position was that a lot of my female co-workers, I felt, were rather passive-aggressive. They would all be nicey, nicey to each other, but when doors were closed, there was a lot of gossiping and back-stabbing, and stuff like that, that I found really dissatisfying.

Loneliness. Loneliness, defined as a feeling of being different and of being a minority, was reported by participants. One participant said,

> And I think that [being a minority] is isolating. We are fortunate to have several males on our faculty and it’s really nice just to kind of go into their office and de-stress and debrief and say, “What’s going on here?” I’m the only male faculty that’s full-time, so in that regard, it’s kind of lonely, I guess.
Summary

The researcher used the research questions as a framework around which to describe the lived experience of full-time male nurse faculty. Each question has associated themes and subthemes or meanings derived from the collective responses of the participants. Themes and subthemes may be associated with multiple questions, although the subthemes are not always the same for each question and theme. These themes and subthemes, however, provide insight into the lived experience of male nurse faculty members.

The answer to the question of “What is it like to be a male nurse faculty member?” is complex; however, the study results provided insight into the lived experience of male nurse faculty. Participants shared that while they were in a minority and faced struggles, these factors did not take away from the fact that they found fulfillment and benefit from working in this environment.

Participants’ recruitment into nursing education was reflected in a number of themes which include motivation by factors including flexibility, opportunity, and a purpose for teaching that reflects a passion to share their knowledge and experience with their students. While some may have a goal of becoming faculty throughout their educational process, most men interviewed were invited to teach by a mentor or professor in the clinical setting or a nursing school administrator who noted their ability to work effectively with students.

Analysis of the responses related to why male nurse faculty chose to remain in their positions revealed five common themes: external expectation, gender roles, motivation, environment, and mentoring. Perceived expectations of the community and of students were significant in participants’ decision to remain in nursing education. They expressed a desire to set a positive example, viewed being male as an advantage in moving up in the organization, and
recognized male gender differences that were not always problematic. Freedom of the academic environment, personal fulfillment found through teaching and working with students, and camaraderie with other faculty, support from female faculty members, and a strong personal support system outside of the educational environment were also motivators to remain in educational roles.

Barriers to becoming nursing faculty were identified by these men as gender traits, mentoring, and motivation. Differences in gender traits, especially in expressions of caring and communication, were significant for the men. Participants credited male and female mentors, who were structured, organized, and expected a high standard of performance with assisting them to overcome barriers enhancing their success. All participants acknowledged the value of their female mentors; however, they universally expressed that male mentors were important to the development of male nurses and male nurse educators and there were too few of them. Motivations that were barriers for some included salary because starting salaries in nursing education are often not competitive with the clinical setting and gender adaptation because participants felt pressure to become more like female nursing faculty to fit in and be successful.

Barriers to remaining in nursing education as a male were related to four themes: external expectation, gender roles, mentoring, and environment. Participants perceived that students expected them to be more strict, organized, and less caring than their female counterparts. Gender roles and mentoring, as previously discussed, also represented barriers to male nursing faculty remaining in their educational roles.

Two subthemes related to the theme of environment emerged as barriers to male nursing faculty remaining in the educational environment. Horizontal violence, the antagonistic interactions between peers, contributed to an environment which was uncomfortable for men and
in which participants expressed they preferred not to work. As a minority, male nursing faculty also expressed feelings of loneliness. Overall, these successful male nurse faculty members expressed that although they were in a minority and experienced difficulties, their experience was rewarding, fulfilling, and one which they intended to continue to enjoy. Discussion, recommendations, and conclusions for these findings can be found in chapter 5.
CHAPTER 5

DISCUSSION, CONCLUSIONS, LIMITATIONS, AND RECOMMENDATIONS

The purpose of this study was to provide insight into the lived experience of male nurse faculty. This chapter includes discussion of the findings; conclusions based on the findings; limitations of the study; and recommendations for practice, education, and research. In the conclusions section, the researcher addresses the lived experience of male nurse faculty through an examination of factors that attract men to become full-time nursing faculty, factors that influence retention of male nurse faculty, and barriers to becoming and remaining nurse faculty.

The researcher sought to better understand the lived experience of male nurse faculty through the identification of shared themes and meanings resulting in knowledge helpful in the recruitment and retention of male nurse faculty. The researcher began with a broad literature review, which was narrowed to focus on literature related to male nurses, male nursing students, and nursing faculty. This literature review resulted in data which informed the study design and was also used for a comparison with results of this study.

In an analysis of the responses of participants, five major themes emerged: external expectations, gender roles, mentoring, motivation, and environment. The analysis was done through a process that included the following: immersion in the data through multiple readings of the transcripts, selection of significant statements that the participants used to describe their lived experience, grouping these statements into defined meanings, and grouping the meanings into themes. The defined meanings and themes were adjusted as the process continued until final meanings and themes emerged that were descriptive of the lived experience of the participants.
To briefly summarize findings, external expectations were imposed on the participants from the community and students. The expectations from the community, as perceived by the participants, were closely related to gender roles as they are defined within the community. Student expectations included expectations of male faculty that were based on gender rather than on faculty role. For example, a common expectation of students was that male faculty were stricter than female faculty.

Gender roles included those actions, thoughts, or communication patterns attributed to gender. Participants expressed that while they believed they cared just as much as their female counterparts, they were often perceived as less caring because their caring was expressed differently. Closely related to the way males expressed caring was the style in which male faculty communicated. Participants expressed that they were more likely to communicate in a straightforward and concise way. Certain gender traits were also identified as a part of the differences in gender roles. Among these traits were organization, straightforward communication, and less emotional expressions of caring, among others. Participants also acknowledged they sometimes experienced an advantage in advancement and being heard by their administration. Student perceptions of male faculty were closely related to student expectation and included different expressions of caring and a stricter attitude.

Mentoring represented a partnership between a less experienced nurse or faculty member and a more experienced nurse or faculty member who shares knowledge, skills, or perspective to foster personal and professional growth. All of the participants counted females among their mentors and expressed gratitude for what these female mentors shared with them. All of the participants further stated the need for male mentors, whether or not they had personally had a male mentor.
Factors that provided incentive to the participant to become or remain a nurse or faculty member were included as motivation. Meanings associated with motivation were flexibility, opportunity, purpose for teaching, personal fulfillment, invitation, salary, and gender adaptation.

Environment, the circumstances or conditions surrounding the participant, was defined by camaraderie, female faculty support, horizontal violence, loneliness, minority, personal support system, and family support. The presence or absence of each of these contributed to the participants’ decision to remain in their faculty roles. Environmental factors are also the factors which the participants expressed as most influential to their remaining in their current positions. Some participants expressed that they had moved to new universities based upon changing environments. As the environment of one university changed in ways which no longer allowed them to meet their personal goals, they begin to seek opportunities at other schools which they perceived to have environments more conducive to their personal goals. Factors that participants reported as changing in negative ways included the loss of camaraderie, increases in horizontal violence, and increased feelings of loneliness as a result of changing staff.

Discussion

As data were analyzed, responses to the four exploratory questions centered around the broader concepts of recruitment and retention; therefore, participant responses to the broad question regarding the lived experience of male nurse faculty and the exploratory questions regarding factors that influenced their decision to enter and remain in nursing education, as well as barriers participants faced in entering and remaining in nursing education, have been grouped by the researcher into three groups for the purpose of discussion. These groupings are lived experience, recruitment, and retention.
Lived Experience

With regard to the broad research question of the lived experience of male nurse faculty, the responses of participants revealed an experience which has struggles and barriers to overcome, yet is perceived by the participants to be worthwhile and fulfilling. These participants had all become and remained faculty members and represented the perspective of those who have addressed and overcome whatever struggles and barriers they may have faced. Their experiences were similar in most aspects, but some differences were noted. A more detailed description follows in the discussion of responses to specific questions.

Recruitment

Responses to questions about factors that influenced the decision of male nurses to enter nursing education revealed several factors which related to the theme of motivation. The motivators discussed below are invitation, flexibility, opportunity, and purpose for teaching. The literature review did not specifically reveal invitation as a motivation; however, an invitation to teach was reported by half of the participants as significant motivation in their decision to become full-time faculty, as they had not previously considered the possibility. None of the participants identified becoming nurse faculty as a goal, but five reported that they were motivated to consider the possibility as a direct result of an invitation from a leader within a school of nursing. This research finding is supportive of the work of Hessler and Ritchie (2005) who wrote that a faculty member with similar interest to a clinical nurse may influence the clinical nurse to consider becoming nursing faculty. This finding also supports the work of MacKay (1999), in his book *Dig Your Well Before You’re Thirsty*, who writes of building a pool of potential employees through continuously asking qualified people if they would be interested
in joining the team. This factor indicates that for schools to increase the number of male nursing faculty, they must be proactive in recruiting efforts by actively soliciting male nurses to become educators rather than passively waiting on qualified males to apply. The added flexibility of nurse educators contrasted with the weekend, nights, and holidays worked by clinical nurses was also motivational for participants in entering faculty roles. They also noted the ability to study and research areas of their choosing, variability of their day-to-day routine, and opportunities afforded them as faculty exceeded the opportunities afforded clinical nurses. Outreach efforts by schools of nursing searching for experienced nurses to join the faculty should include information about the freedom and opportunities afforded to nurse educators. Participants who indicated that advancement opportunities served as motivators for recruitment is noteworthy and supports the work of Evans and Frank (2003) who noted that men may manage their masculinity through over achievement and often move higher in the system more quickly than their female counterparts. More specifically, participants cited opportunities to advance their education and to be involved in advancement of the profession as motivators. Participants also noted a purpose for teaching. As clinical nurses, they strove to improve clinical skills and improve the care of patients, while as faculty they saw an opportunity to participate in what they believed was the greater purpose of bringing positive change to nursing and the community as faculty. Schools of nursing can appeal to the altruistic nature of many nurses in recruitment by helping them to see that as nurses they touch many individual lives, but as nursing educators they multiply their efforts by training the generations who will touch thousands of lives and will perpetuate the high standards and caring of nursing practice.

Although salary may be an issue for all nurses and nurse faculty, it is specifically relevant to the participants in this study because as males they viewed themselves in the traditional role of
primary breadwinner for the family, supporting the work of Guy and Newman (2004). Salary was a barrier for all but one of the participants as they made the decision to become faculty. In order to accept a faculty position, male nurses may take a cut in salary as reported by study participants. If nursing programs are to be competitive in recruiting the best qualified candidates into entry level faculty positions salary scales must be examined.

Retention

When asked why they remained in faculty positions, study participants’ responses reflected common themes, which included external expectation, gender roles, motivation, environment, and mentoring. These themes reflect that overall satisfaction with their faculty roles and environments were important to male nursing faculty members and that in general, they were satisfied as reflected in the literature for faculty in general. Faculty satisfaction is closely related to positive experiences in the above themes and not dependent upon an experience free of challenges (Baker, Fitzpatrick & Griffin, 2010). External expectations arose from the community and students. All of the participants reported mostly positive experiences with external expectations in contrast with the work of O’Lynn and Tranbarger (2007) who noted four barriers to men in nursing based solely on gender as discussed in chapter 2. This contrast indicates that schools of nursing who recruit male nursing faculty must also be actively working to retain those faculty members by addressing the factors which improve satisfaction. This proactive stance may involve developing opportunities for male nursing faculty to experience positive support since overall external expectations may be outside of the influence of the university. Although the literature reflects negative connotations for males in the traditionally perceived female role as nurses (Garbee & Killacky, 2008), the positive experience for these participants may be
influenced by their longevity in the nursing profession supporting the work of McMilliam et al. (2006) who noted that the longer female nurses work with a male nurse, the more accepting they [female nurses] become. Participants acknowledged some stereotypes of male nurses, but few reported personal negative experience with the stereotypes being applied to them. While they did acknowledge a difference in the expectations of male faculty by students, all participants reported positive relationships with students, indicating that not all aspects of gender differences are necessarily barriers within the nursing education environment. These differences may be accepted and viewed as assets rather than liabilities and may further serve as opportunities for each gender to learn from the other.

Brady and Sherrod (2003) stated that men in nursing often face negative reactions from their support group, but all of the participants in this study reported strong support from family, friends and their social network. The question that remains unanswered at this point is whether men who enter and remain in nursing do so in part because of the support from family, friends, and their social network, or whether it is due to their longevity in the profession they have forged for themselves communities of support exclusive of those who are not supportive. These two concepts are not mutually exclusive and may both be factors; however, the question remains as to whether one or the other of the concepts is more influential.

As a whole, the group experienced family support from both immediate and extended family members. Courtenay (2000) noted the importance of support from family members as a key part of the cultural influence on male nursing students. This support was helpful to them throughout their journey from student to nurse to faculty member. One participant cited that some family members were skeptical when he first chose nursing as a career but as his income and status as nursing faculty rose they became more impressed:
While I was still going to school my parents were skeptical, so they were pleased when I finally got a real job. I think they were so relieved I had a job, and when they saw that I could make a living, I think because I was always happy they didn’t care and are now proud of my accomplishments.

Although schools of nursing have little influence over the family support for faculty members, selection of candidates for faculty positions who indicate they have the support of their families may lead to longer tenures with the university.

The perception of gender roles also affected the decision to remain in faculty positions. Participants acknowledging that they experienced some advantage in certain areas, and were more likely to be seen as leaders, and felt that their voices were more welcomed by administration is consistent with the findings of Tracey and Nicholl (2007) who acknowledged the advantage males have in some aspects of nursing education.

Gender traits were also a factor in the retention of male nursing faculty. Certain traits, whether demonstrated by a man or woman, were perceived to be either more of a male or female trait. For example, organization, structure, and straightforward communication were seen as male traits, while the outward expression of emotion and the need to discuss issues for lengthy periods of time were perceived as female traits by participants in this study and are consistent with the work of Graef et al. (2010). Educational opportunities need to be provided for nursing faculty to help them understand the differences in the traits of males and females and develop skills to facilitate working better with each other. An understanding of the differences may lead to better working relationships even without either gender adapting to the other. Adaptation by either or both genders will further enhance the collaborative environment, as indicated by Brady and Sherrod (2003).

Research has shown that male nurses demonstrate caring differently than female nurses (Brousseau & Alderson, 2008). Analysis of participant responses in this study also revealed that
male faculty express care differently and often feel judged by both students and female faculty because of the way they express caring.

I don’t think that I would say that one [male or female] cares more than another. I wouldn’t put that in the rank in quality or quantity, but I think we do demonstrate our caring differently. . . . I may demonstrate my caring to my students by inviting them out to lunch or having a session, an open session, of discussion where a female faculty may have a different approach.

The importance of the retention of male nurse faculty is supported by the literature and responses of participants within this study. The literature reflects that male nursing students learn differently than their female counterparts (Brady & Sherrod, 2003; Ellois, Meeker, & Hyde, 2006; Gray, 1992; Patterson et al., 1995). This difference in learning style was supported by a study conducted by one participant at the university where he teaches. He reported that his study revealed a higher rate of failure and a higher dropout rate among male nursing students as compared to female nursing students. He attributed this difference to the difficulty male students had with learning in a female-oriented environment and to the lack of male role models. This report further supports the need for teaching strategies that address the unique needs of male nursing students, as the number of male nursing students is increasing (Grady et al., 2008). As noted by Keogh and O’Lynn (2007), male nursing faculty may assist in providing these teaching strategies as they bring a unique perspective based on their lived experience and can provide support to male nursing students facing similar challenges.

When asked about reasons for remaining in nursing faculty positions, responses indicated motivation for participants to remain in faculty roles included flexibility, as discussed above; personal fulfillment; and a reason for teaching. The responses of the participants were consistent with the work of Romen and Anson (2005) who said that male and female nurses both value intrinsic and extrinsic values related to personal fulfillment and purpose for teaching in nursing,
although they may value them differently. Personal fulfillment was expressed as the satisfaction participants experienced when they saw one of their students become a successful nurse. A defined reason for teaching was also noted as a motivator for remaining in the profession. Schools that create an environment in which male faculty can experience personal fulfillment in the roles and exercise their reason for teaching may experience a greater retention rate based on the satisfaction of the male faculty members.

The environment in which male faculty worked contributed to their decision to remain. McIntosh (2002) explored how gender roles and gender bias affect nursing. His findings regarding the socialization of nurses into the environment of nursing are supported by the responses of the participants whose descriptions of environment included camaraderie with other male faculty members, support from female faculty members, and a personal support system outside of their educational community, which undergirded their professional lives. These themes are also aligned with the satisfaction of male faculty in their roles and this satisfaction translates into a higher likelihood of the male faculty member remaining in their positions. These themes which related to male nursing faculty closely paralleled the literature on factors which influence the satisfaction of faculty in other disciplines as well (Baker, Fitzpatrick, & Griffin, 2010; Welk, & Thomas, 2009). Schools of nursing that have few male faculty may consider developing opportunities for male nursing faculty to interact with male faculty from other programs or other schools of nursing to foster opportunities for camaraderie. Also, developing a culture of support in which female faculty, as well as male faculty, express support for new male faculty members will help to address issues around satisfaction and retention.

The role of mentoring in recruitment and retention of faculty has been demonstrated in studies by Billings and Kowalski (2008), Brousseau and Alderson, (2008), and Whittock and
Leonard (2003). Mentoring was identified by all participants in this study as key to their remaining in nursing faculty roles and supports the findings of the researchers previously noted. As noted earlier, only one of the participants was formally prepared as a nurse educator. The lived experience and perceptions of these participants may have been different had they been formally prepared. Formal preparation would likely have better prepared them for the experience of being nurse faculty. This lack of formal preparation further supports the need for mentoring to assist the novice faculty member in becoming a successful educator. Administrators can develop mentoring programs within the schools of nursing to help novice faculty move into the educational environment. If there are no other male faculty in the school of nursing, facilitation of mentoring relationships with other male faculty from other departments may be beneficial. All participants had been successfully mentored by at least one female mentor, but all participants also expressed the need for male mentors. Participants who did not also have a male mentor expressed that while they were appreciative of what they learned from their female mentors, they believed they would have benefited from a male mentor. Schools of nursing would benefit from efforts to provide male faculty mentors, either from within the school of nursing or from other departments, to assist novice male faculty with the transition into the educational environment and facilitate retention efforts.

Male faculty as well as female faculty may have difficulty finding time to mentor. Mentoring is often not seen as a high priority investment of time by faculty members (Whittlock & Leonard, 2003). Administrators should emphasize with experienced faculty members the importance of mentoring novice faculty, which promotes effective leadership and a sense of academic community as noted by Billings and Kowalski (2008). Making an investment of time in mentoring less experienced faculty should be listed among the responsibilities of faculty
members and should be included as a part of their evaluations. Although few participants had male mentors, all participants indicated a need for male role models and mentors. Because all study participants had female mentors and these participants have remained in nursing faculty positions, mentoring of male nursing faculty can be successful by either female or male mentors and should be considered.

Gender adaptation, changes which participants made to feel accepted or comfortable in a predominantly female environment, was also reported by participants as problematic as supported by Loughery (2008) who related a 2006 Irish study in which the majority of the participants identified themselves as adhering to more female roles in the nursing workplace. This finding was supported by the report of one participant who was advised he would be better accepted by students if he acted more like the female faculty. Such gender adaptation contributes to a sense of dissatisfaction and exclusion on the part of male nursing faculty and should not be fostered as part of the educational environment.

Barriers to retention identified by participants have been supported in the literature (O’Lynn & Tranbarger, 2007). A sense of being seen as different within their faculty team resonated throughout the interviews. The participants did experience exclusion from some activities; however, the majority felt they were a part of the team and worked well within the team. As one participant shared,

There are times when I'll be in my office and I'll hear something going on and I'll walk down the hall and there will be six or seven people in one office eating lunch together, and they will not have asked me to join.

Another shared, “I've got a lot of support and had a lot of great help from the female staff.” Developing awareness as a part of the culture of the school of nursing would benefit not only the male faculty members, but the faculty as a whole. Participants indicated that often this exclusion
was not deliberate, but was a matter of familiarity. New faculty, especially those who are different in some way, may find it difficult to break into the established culture. A deliberate effort is needed by existing faculty members to open this culture to all faculty and ensure that new faculty, especially minority faculty, are offered full participation.

The participants in this study acknowledged that they had chosen a profession which was seen as a female profession and in which females are a majority. Unlike Garbee and Killacky (2008), who wrote that males in nursing face struggles with acceptance by their peers, the majority of the participants did not express a current lack of acceptance professionally, but did express that they were in a minority and most reported feelings of loneliness associated with being socially isolated from the female nurses. This isolation was evidenced by the exclusion of males from lunch outings and was attributed by some of the men to a lack of common interests outside of their professional lives.

Gender sensitivity awareness for both faculty and student may be used to not only enhance the experience of male and female faculty, but also enhance the educational experience of the students and contribute to their educational experience as noted by Ellis et al. (2006). All participants described themselves as having good relationships with their students. They believed students viewed them as having higher expectations and as being stricter. One participant shared, “I think early on, when first meeting me in say a clinical setting, I would be seen being male and I think there’s a, I don’t know if it’s a higher expectation, but you know they expect things are going to be more stern or strict.” They did see themselves as being more objective and less emotional than their female colleagues. “I think I would keep it in the category of emotionalism. I don't see aggressiveness, now I see some assertiveness, and I see some occasional passive aggressiveness in the women, but I would say emotionalism . . .”
Participants were not comfortable with horizontal violence, which they identified as a barrier to retention. Horizontal violence was noted by Weinand (2010) and supported by King-Jones (2011) to be largely a female phenomenon including gossip, innuendo, scapegoating, passive aggressive bulling, bickering, and the destruction of professional integrity. This behavior created an environment in which participants expressed they preferred not to work. One participant reported having changed from one school to another based in part upon horizontal violence at the school from which he left. The awareness of violence in the workplace has become more prevalent over the past few years (Ditmer, 2010). The news often reports on these physically violent acts where an employee or former employee acts against the employer, supervisor, or other employees. Less reported is the usually nonphysical horizontal violence, which is also referred to as lateral violence (Center for American Nurses, 2008). Other behaviors associated with horizontal violence are verbal abuse, threats, intimidation, humiliation, exclusion, denial of access to opportunities, discouraging, and withholding of information (Ditmer, 2010). Ditmer (2010) reported that over 51% of nurses inflict intimidating behavior on other nurses. She stated that it is commonly accepted that nurses “eat their young” through demeaning nursing students as a rite of passage into the profession.

Conclusions

Some conclusions can be drawn from descriptions of the shared experiences of the male nurse faculty who participated in this study. The conclusions are based on analysis of responses of the participants as they related their lived experience and are the basis for the recommendations which conclude this chapter.
Lived Experience

In relation to the broad research question regarding the lived experience of male nurse faculty, participants in this study encountered and overcame struggles and barriers in their experience while becoming male nurse faculty. As male nurse faculty they have continued to face some obstacles but voiced that overall their experience was positive and they were fulfilled in their roles. All felt they were making a significant contribution to both the lives of the students they taught and to the nursing profession as a whole. These male nurse faculty members noted differences from their female counterparts, but expressed that these differences, if addressed properly, could be complimentary rather than adversarial.

Recruitment

With regard to recruitment, none of the participants began their education intent upon becoming nurse educators. Only after they became nurses did they consider becoming faculty. For each participant there was some event or life change that caused them to consider becoming nursing faculty. For most, this event was an invitation from a staff member in a school of nursing. The flexibility afforded to nursing faculty members as opposed to the stringent hours of work, often working overtime, nights, weekends, and holidays in the clinical setting was motivational to these participants. Opportunities to research, study, and teach in areas related to their personal interests and improve the quality of nursing as a whole were also motivational.

Participants possessed a sense of purpose and wanted to make a difference in lives of students and in nursing as a profession. “I love opening a mind and I love um, helping them to see things in a different way. I love challenging their way of thinking about things, I love
pushing them to become the best nurse that they can be. . . .” This love of teaching nursing students is an extension of the love for nursing for these participants.

Retention

Participants in this study had all remained in nursing education for reasons centered on factors which influenced overall satisfaction. Perceptions of the participants and overall satisfaction may have been influenced by the lack of formal preparation to be nursing educators. Once males entered the field of nursing education, external expectations, gender roles, motivation, environment, and mentoring affected the decision to remain in nursing education. These male nurse faculty members expressed that they felt supported by the communities in which they lived, including social and religious arenas. Universally, participants expressed support from their families and some even mentioned the benefits that faculty positions afforded to their families.

Satisfaction was also influenced by the environment in which the participants worked. An environment in which they felt they were accepted, appreciated, and valued as a member of a team contributed to their overall satisfaction. Participants were interested in being able to contribute to the development of a successful nursing workforce and in advancing the nursing profession.

Participants acknowledged the advantage men have in moving up in the profession as identified by Evans and Frank (2003) and Tracey and Nicholl (2007). This advantage was especially noted in dealing with male administrators whom the participants felt were more anxious to hear from a male faculty member than from a female faculty member. This “good ole’ boys club” was perceived as a being a benefit to the male nurse faculty. The traditional role
males play as the primary breadwinner for the family and the need to earn a better salary to better provide for their families was seen as motivators to pursue advancement.

Horizontal violence, although not directed at the participants, contributed to an uncomfortable work environment. Male nursing faculty chose not to participate in this behavior and were uncomfortable with the fact that it existed in the educational environment. This passive aggressive behavior damaged trust and hindered building a sense of team among faculty members.

Participants in this study expressed a desire to have more male role models. The reality is that there are few male faculty members to serve as role models. If men do not see anyone who shares similar traits with them they may fear making the transition into faculty roles.

Attitudes regarding traditional gender role assignments served as reminders to the participants that they were male in a predominantly female profession. These reminders are present beginning in the educational process and exist into faculty assignments. Participants were excluded from certain procedures and observations during their educational process. Rather than participating directly in obstetric and gynecological clinical experiences, they were rather directed to audio/video presentations for this education. In the educational environment, male nurse faculty are often introduced as, John Doe, male nurse. This gender label is not applied to female nursing faculty as Jane Doe, female nurse. This distinction in form of address is a reminder of the exclusion male nursing faculty may feel in the educational environment.

Finally, consideration of any inherent female hostility by participants must be addressed. Descriptions of their lived experience by a few of the participants carried an underlying, although never overtly expressed, feeling of anger or resentment toward women. In one participant this somewhat negative view was particularly noted. This underlying anger may have
influenced the descriptions of their experiences as related to interaction and observation of their female counterparts.

Limitations of the Study

The researcher has identified limitations for this study that provide an opportunity for enhanced research. In this study, the researcher examined the lived experience of the male nurse faculty participants, but did not include male nurses who also held graduate degrees but who did not choose to become nursing faculty. An understanding of the lived experience of male nurses who chose not to enter nursing education would provide insights regarding strategies that could be used to influence male nurses to choose to enter nursing education rather than remain in clinical roles. This understanding will contribute to the recruitment of more nursing educators.

Participation in this study was limited to males who are nurse faculty members, have remained in nursing education, and have shared some common experiences. The lived experience of males who once held faculty positions but chose to leave those positions to return to clinical nursing or another profession may differ from the experience of males who remained in nurse faculty positions. Further research into the experience of those male nurses who chose to leave educational roles may yield factors that were not revealed by the participants in this study and provide additional information that can be used to enhance the retention of male nursing faculty.

The sample for this study was small. Although interviews were conducted until saturation was reached and no new data was being reported, a larger sample would possibly ensure a fuller representation of the population. The sample for this study was a relatively homogenous sample of White males.
There was little prior research on the lived experience of male nurse faculty members and the literature search revealed related studies, but very little against which the findings of this study could be compared. This lack of prior research resulted in an exploratory research study rather than an explanatory study.

The data collected for this study were self-reported by the study participants and could not be independently verified. An examination of the lived experience is by its nature self-reporting; however, the inability to verify data is noted.

Recommendations

The conclusions drawn from the descriptions of the lived experience have allowed the researcher to make the following recommendations in the areas of practice, education, and research related to recruitment and retention of male nurse faculty. These recommendations were informed by an increased understanding of the lived experience of study participants.

Practice

Those in the practice arena can facilitate recruitment and retention of nurse faculty in a number of ways. Mentoring programs in the clinical setting, which allow mentors to identify potential faculty members in the clinical setting through the observation of their instructional skills and provide faculty mentors to them, could be helpful in identifying potential nursing faculty. Mentors can then assist potential faculty members in preparing for faculty positions, guide them in their educational process, and serve as both a support and resource in the transition.
Bridge programs that allow qualified clinical staff to teach limited course loads while maintaining their clinical positions would allow nurses to be exposed to academia and allow time for them to explore teaching as a full-time option (Yoder, 1996). Not all clinical nurses would choose to enter nursing education, but a bridge program provides the opportunity for exploration of this career path in a safe environment. Qualified nurses who chose to enter nursing education would increase the number of nurse educators thereby expanding the capacity of nursing programs to train more nurses to help meet the need for clinical nurses. Additionally, qualified nurses who experience nursing education and do not enter full time nursing education may fill roles as adjunct or part time faculty and also increase the capacity of nursing programs to train more students.

Qualified clinical personnel who show a propensity for nursing education in daily practice settings should be invited to become faculty. Qualified persons may not otherwise entertain the notion of becoming faculty, absent an invitation. Numbers of potential nurse educators may be in the clinical setting and have not considered the possibility of becoming nursing educators. Recognizing the educational propensity of nurses and making a deliberate effort to recruit those nurses into educational roles may further increase the number of nursing faculty and the capacity of nursing programs as noted above. Extending invitations to minority nurses will increase the number of minority nurse educators and will assist in creating a nursing faculty that more closely reflects the diversity of the nursing students being trained.

Establishing assistance programs for clinical nursing staff demonstrating an ability to instruct others in which they can become qualified to teach in schools of nursing would also prove beneficial. These programs could include tuition payment or reimbursement of educational costs, more flexible schedules for educational pursuits, or other accommodations to make
receiving the additional needed more attractive to prospective faculty members. These programs would benefit the practice setting long term by providing faculty who are experienced in the clinical setting and can better share the clinical perspective with students thus better preparing them for clinical practice. Qualified nurses who have an interest in becoming nurse educators may be encouraged to move forward by assistance programs which allow them to receive the education they need to become nurse educators. Special programs which focus on minority nurses would once again assist in increasing the number of minority nurse educators helping to create an environment more reflective of the student population.

Education

Deliberate efforts should be undertaken to recruit male nurse faculty. Direct contact, in the form of a personal invitation, was revealed in this study as a key factor for males entering nursing education. This invitation is not necessarily a formal invitation, but may simply be a question such as, “Have you ever thought about teaching nursing?” Conscious efforts to extend invitations to males and other minorities in nursing will add to the diversity nursing education and will help to increase the number of nurse educators resulting in an increased capacity for educating a new generation of nurses.

Development of a faculty orientation program that specifically and positively addresses gender differences would be beneficial to the retention of both female and male faculty. Helping female faculty to understand the behavioral differences such as the ways each gender communicates and expresses caring would help to provide an environment more conducive to success for male nursing students. Differences should be emphasized as complementary rather
than threatening and each gender should be encouraged to appreciate the differences rather than be threatened by them.

Development of a mentor program in which trained mentors work with new male faculty to assist with the transition from the clinical setting to academia could assist in the retention of male nursing faculty. When available, mentors for male faculty should be male. When other male nursing faculty are not available within the school of nursing, it may be advisable to pair the new faculty member with a female nursing faculty member and a male faculty member from another discipline in order to provide a balanced mentoring process. While nurse educators have been well trained in nursing, many may not have been formally prepared for roles as educators. Effective mentors can assist these novice faculty in acquiring the skills needed to effectively teach the skills they possess.

Inclusion of opportunities for all faculty formally preparing nurse educators for the roles and responsibilities which they are undertaking would help to ensure that educators have not only the knowledge of content which they need to teach, but also the skills they need to teach that content. This education could be at the masters, doctoral, or post-doctoral level, but should precede the nurse becoming an educator.

Administrators and faculty leadership should create dialogue among all faculty members and provide education concerning horizontal violence. These behaviors need to be brought to light and identified as inappropriate and damaging to the integrity of the working environment, as well as destructive to the trust necessary to build a successful educational team (King-Jones, 2011). Addressing and reducing horizontal violence within the working environment may have a positive effect on the retention of faculty, especially male faculty who expressed that they are not comfortable with participating in or observing the horizontal violence around them.
Address issues of horizontal violence when they occur. Occurrences of horizontal violence should be dealt with through progressive discipline, as would any other unacceptable behavior within the educational environment (Vessey, DeMarco, & DiFazio, 2011). Education about what constitutes horizontal violence, how it damages the working environment, and alternative ways to handle situations. As discussed above, a reduction in horizontal violence in the work environment may have a positive effect on the retention of male nursing faculty and an improved working environment for all faculty.

**Research**

Further research concerning the factors that affect the recruitment and retention of male faculty is needed. Research focusing specifically on gender roles and the effect of male adaptation in schools of nursing on retention of faculty would enhance knowledge about the male faculty experience. This knowledge would assist in creating environments in which male nursing faculty can feel welcomed and contribute fully to the nursing faculty team.

Research regarding the relationships of such factors as supportive environment and retention in nursing education would inform the profession as to whether the supportive environment adds significant weight to the decision to become faculty or whether those who choose to become male nurse faculty design and develop their own supportive environment to meet their personal needs. The participants in this study had supportive environments and had entered and remained in nursing education. What was not revealed in the responses was whether the supportive environment encouraged participants to remain in nursing education or if those who remained in nursing education created their own supportive environment. Either or both may be true. It was clear in the analysis of the responses in this study that a relationship exists
between the supportive environment and the decision to become faculty; however, the question of which was the cause and which was the effect, if in fact a cause/effect relationship exist, could not be answered and warrants further research.

Summary

In this chapter the researcher presented the multiple themes and meanings that are interwoven into the lived experience of male nurse faculty. Some themes and meanings crossed multiple questions and the results must be taken as a whole to understand their experience. An understanding of the effect of motivation, external expectations, gender roles, environment, and mentoring on the decision of male nurses with graduate degrees to enter and remain in nursing education will help to improve recruitment and retention of nurse educators as a step toward resolving the current nursing shortage by increasing the number of faculty available to increase the number of nurses.

The researcher found that male nursing faculty acknowledge the challenges they face, but are fulfilled in their roles. The educational environment in which participants received their education and have been male nurse faculty members did allow for these participants to become and remain nurse educators. However, participants did identify areas which if improved, might increase the number of male nurse faculty through providing information to enhance the recruitment and retention of male nursing faculty.

In a profession that is predominately White female, special attention must be given to inclusion of minorities, including males, and to ensuring educational and professional experiences that foster growth, fulfillment, and a sense of belonging. Within education, the development of faculty and mentoring programs that address the needs of male students and
faculty would enhance the educational experience of male nurses. Awareness and understanding of differences in the ways males communicate and care as well as other gender traits which may be different is significant to making nursing education, and ultimately nursing, more representative of the communities which they serve. Within the practice setting, establishing programs that help to identify and encourage those clinical nurses with an aptitude for teaching would be beneficial to expansion of nursing faculty. This analysis of the responses of participants in this study did shed light on the lived experience of male nurses, but it also left unanswered some questions related to males in nursing education. Further research into the lived experience of male nurses needs to be conducted to gain an increased understanding of the lived experience of male nurses as a larger population and to address questions such as, “What is the lived experience of male nurses with graduate degrees who chose not to enter nursing education?” and “What is the lived experience of male nurses who were once faculty members and chose to leave nursing education?” which are not addressed in this study. This additional research would add to the body of knowledge regarding the factors that influence male nurses with graduate degrees to enter and remain in nursing education.
REFERENCES


APPENDIX A

RECRUITMENT STRATEGIES
Recruitment Strategies

<table>
<thead>
<tr>
<th>Month</th>
<th>Level</th>
<th>Recruitment Activity</th>
<th>Follow-up</th>
</tr>
</thead>
</table>
| 1     | I     | • Referral: Faculty members of schools of nursing were provided printed material explaining the study through their deans or directors and contact information for the researcher which they can share with potential participants.*  
• Snowball sampling: Study participants were provided printed material explaining the study and contact information for the researcher which they could share with potential participants.*  
• Volunteers: Qualified persons who learned of the study and contacted the researcher were provided information regarding the study and given the opportunity to participate.* | If at least 10 participants were not recruited into the study during the first two months, the researcher planned to move to Level II recruitment activities. |
| 3     | II    | In addition to continuation of the activities in Level I:  
• Participation was to be solicited through a formal letter of request in which the possible participants, as identified through professional nursing organizations for male nurses such as the American Assembly of Men in Nursing and selected nursing faculty were given information regarding the study and contact information to use in order to inform the researcher of their willingness to participate.  
• Information about the study and contact information for the researcher was to be posted in professional journals, electronic bulletin boards, and other forums available to male nursing faculty.* | |

* At no time did the researcher make the first contact with a potential participant. First contact in all situations was made by the potential participant.
APPENDIX B

INFORMED CONSENT
This informed consent form is for male nursing faculty who we are invited to participate in a research study entitled, “An Examination of the Lived Experience of Male Nurse Faculty.”

Principle Investigator       John L. Hankins, RN, BSN, MBA
Name of Organization       University of Alabama
                                Schools of Education/Nursing
                                Tuscaloosa, AL

This Informed Consent Form has two parts:
• Information Sheet (to share information about the study with you)
• Certificate of Consent (for signatures if you choose to participate)

You will be provided a copy of the full Informed Consent Form via mail or email.

Part I: Information Sheet

Introduction
I am John Hankins, an EdD candidate at the University of Alabama. You are invited to participate in a qualitative research study investigating the lived experience of male nurse faculty. In making your decision as to whether or not to participate in this study, you may consult with anyone with whom you feel comfortable. You may have time to make your decision. If you have any questions at any point, please feel free to address them with me.

Purpose of the research
At a time when there is shortage of nursing instructors and there are male nurses who are qualified to be nursing instructors few males enter nursing education as instructors. This study will examine the lived experience of male nurses who are currently serving as nursing faculty.

Type of Research Intervention
The research will involve telephone interviews with you by me as the principle investigator.

Participant Selection
You have been chosen to participate in this study because you are a male nurse with a graduate degree and are currently serving full time as a faculty member in a school of nursing.

Voluntary Participation
Your participation in this research is entirely voluntary. It is your choice whether to participate or not. Your decision whether or not to participate will not be revealed to your employer.
Procedures

Research will be conducted via telephone interviews. If you do not wish to answer any of the questions during the interview, you may say so and I will move on to the next question. The information recorded is confidential, and no one else will have access to the information documented during your interview in any format which would connect your answers to you. The entire interview will be tape-recorded, but no-one will be identified by name on the tape. The information recorded is confidential, and no one else will have access to the tapes. The tapes will be locked in a secure location for a period of 10 years, then destroyed.

If follow up interviews are needed to clarify or verify any information you share, a phone call or email will be used to set up a follow up interview. In order to facilitate follow up as needed with participants, each interview will be assigned a reference code. The list of codes and corresponding names and contact information for the participant will be kept locked in the researcher’s office and only he will have access to that information.

As themes emerge in the analysis process, you will be given the opportunity to review and comment on the themes the researcher identifies in the process of analyzing the input from participants.

Risks

There is a risk that you may share some personal or confidential information by chance, or that you may feel uncomfortable talking about some of the topics. However, we do not wish for this to happen. You do not have to answer any question or take part in the interview if you feel the question(s) are too personal or if talking about them makes you uncomfortable.

Benefits

There will be no direct benefit to you; however, your participation is likely to help us learn more about the factors which affect the decision of qualified male nurses to become nursing instructors.

Reimbursements

You will not be provided any incentive to take part in the research.

Confidentiality

I will not be sharing specific information about you with anyone. The information that I collect from this research project will be kept private. Any information about you will have a number on it instead of your name. Only I will know what your number is and that information will be kept confidential. It will not be shared with or given to anyone.

Sharing the Results

Nothing that you reveal as a part of the interview will be shared with anybody in such a way so as to identify you by name. The knowledge that we get from this research will be shared with you before it is made widely available to the public. Each participant will receive a summary of the results.

Right to Refuse or Withdraw

You do not have to take part in this research if you do not wish to do so. You may stop participating in the interview at any time that you wish. I will give you an opportunity at the end
of the interview to review your remarks, and you can ask to modify or remove portions of those, if you do not agree with my notes or if I did not understand you correctly.

**Who to Contact**

If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact me at (334) 354-1052 or via e-mail at johnlhankins@yahoo.com.

This proposal has been reviewed and approved by the Internal Review Board of the University of Alabama, which is a committee whose task it is to make sure that research participants are protected from harm.
Part II: Certificate of Consent

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study

Print Name of Participant__________________
Signature of Participant ___________________
Date ___________________________
        Day/Month/Year

Statement by the researcher/person taking consent

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this ICF has been provided to the participant.
Print Name of Researcher/person taking the consent________________________

Signature of Researcher /person taking the consent________________________
Date ___________________________
        Day/Month/Year
APPENDIX C

SEMI-STRUCTURED INTERVIEW GUIDE
Semi-Structured Interview Guide

My name is John Hankins and I am a doctoral student in the MSN/EdD program at the University of Alabama. The purpose of my study is to examine the lived experiences of full time male nursing faculty from the time they receive their first graduate degree until the present. This is a descriptive phenomenological study. For the record, are you are willingly participating in this study and do you understand there is no penalty for choosing not to participate or for withdrawing from the study? Do you further agree to the recording of the interview? You may ask me any questions you may have. I would like to talk to you about your personal experiences as a male nurse who has become full time nursing faculty. I am most interested in the experience you have had from the time you received your first graduate degree until now but invite you to share any information that will give me more insight into your lived experience. The interview should take less than an hour. I will be taping the session because I want to capture your experience in the most realistic way possible. I may take a few notes during our time together but mostly I want to listen to what you have to tell me about your journey.

- The information you share with me will be kept confidential and pseudonyms and interview codes will be used to ensure you are not personally connected to the information you share with me. You don’t have to discuss anything you do not choose to and you may end the interview at any time.

Are there any questions about what I have just explained? Are you willing to participate in this interview? We will now begin the interview questions.

1. What is it like to be a male nurse faculty member?
2. Please tell me about your experience as a male nurse from the time you received your first graduate degree until now.
3. What factors helped you to decide to make the transition to become faculty?
4. Of the factors you named, which ones do you consider the most important and which are less important?
5. What barriers or challenges specific to your being male have you encountered on your way to becoming a faculty member?
6. What barriers or challenges specific to being male do you experience in your current faculty position?
7. What are the reasons you continue to stay in a full time faculty role?
8. Are there other things you feel would be beneficial for me to know that could be beneficial to the study?
9. Are there any questions you would like to ask me?
10. Do you know of any other full time male nurse faculty you could recommend that could bring information to the study?

I am very grateful for the time you have allowed me to spend with you. I will gladly share the findings of the study with you once the study is complete.
APPENDIX D

COLAZIZZI’S STEPS FOR DATA ANALYSIS
Interviews

- Read protocols (transcriptions)

- Extract significant statements

- Define meaning of significant statements

- Group meanings into themes

- Cluster themes

- Description of the phenomenon
APPENDIX E

DEFINITIONS OF THEMES AND SUBTHEMES
**External Expectations**—Expectations imposed on the participant from external sources including the community, students, and family

*Community Expectations*—Expectations imposed on male nurses and faculty by those within the community including both the medical and larger communities as perceived by the participants

*Student Expectations*—Expectations imposed on male nursing faculty by their students as perceived by the participants

**Gender Roles**—Action, thought or communication patterns attributed to gender

*Caring*—The feelings and expressions of love, affection, nurturing, support, etc. as perceived by the participants

*Communication*—Written and verbal exchange of ideas

*Gender Traits*—Attributes of males and females as perceived by the general population or by the participants

*Male Advantage*—The benefit males have over females based solely on gender, whether actual or perceived

*Student Perception*—The understanding (whether correct or not) which students hold regarding the thoughts, motives or actions of faculty members based upon the faculty members gender, as perceived by the participants

**Mentoring**—Partnership between a less experienced nurse or faculty member and a more experienced nurse or faculty member who shares knowledge, skills or perspective with the less experienced person to foster personal and professional growth

*Male versus female mentors*—Statements regarding whether mentors were male or female
Need for male mentors--Expressed desire for or evidence of the need for more male mentors in both nursing education and practice

Motivation--Those factors which provide incentive to the participant to become a nurse or faculty member

Flexibility--The ability to self determine work hours, content, and other factors in the educational environment as perceived by the participants

Opportunity--A favorable combination of circumstances advantageous to the participants

Purpose for Teaching--The reasons as stated by participants for being nurse educators including an expressed deep desire to teach

Personal Fulfillment--Expressed satisfaction, joy, or sense of accomplishment of the participants in the success of the activities of male nurse faculty

Invitation--Participants were actively sought out by an institution or faculty member representing an institution

Salary--Compensation

Gender Adaptation--The changes participants made to their communication or action in order to feel accepted or comfortable in a predominantly female environment

Environment--The circumstances or conditions surrounding the participant

Camaraderie--Deep friendship, “male bonding”

Female faculty support--Supportive words or actions by a female faculty member toward a male faculty member as perceived by the participants
Horizontal Violence--Hostile and aggressive behavior by individual or group members towards another member or groups of members of the larger group, non physical inter group conflict manifested in overt and covert behaviors of hostility

Loneliness--Expressed feeling of isolation or segregation from the larger group.

Minority--The only one or one of a few males within a larger group comprised predominantly of women

Personal support system--Family, friends, religious or social organizations which undergird the participant

Family Support--Emotional, physical or financial support provided to male nursing faculty by their families as perceived by the participants
Exploratory Research Question 1

*Theme 1-Motivation*
- Subtheme- invitation
- Subtheme-flexibility
- Subtheme- opportunity
- Subtheme-purpose for teaching

Exploratory Research Question 2

*Theme 1-External Expectations*
- Subtheme-community expectations
- Subtheme-student expectations

*Theme 2-Gender Roles*
- Subtheme-male advantage
- Subtheme-gender traits

*Theme 3-Motivation*
- Subtheme-flexibility
- Subtheme-personal fulfillment
- Subtheme-purpose for teaching

*Theme 4- Environment*
- Subtheme-camaraderie
- Subtheme-female faculty support
- Subtheme-personal support system
- Subtheme-family support
Theme 5-Mentoring

Subtheme-male versus female mentors
Subtheme-need for male mentors

Exploratory Research Question 3

Theme 1-Gender Roles

Subtheme-caring
Subtheme-communication
Subtheme-gender traits

Theme 2-Mentoring

Subtheme-need for male mentors

Theme 3-Motivation

Subtheme-salary
Subtheme-gender adaptation

Exploratory Research Question 4

Theme 1-External Expectations

Subtheme-student expectations

Theme 2-Gender Roles

Subtheme-communication
Subtheme- gender traits
Subthemes- student perceptions

Theme 3-Mentoring

Subtheme-males versus female mentors
Subtheme-need for male mentors
Theme 4- Environment

Subtheme-horizontal violence

Subtheme-loneliness
APPENDIX G

IRB APPROVAL
March 7, 2011

John Hankins
College of Nursing
Box 870358

Re: IRB#: 11-OR-070 "Males in Full Time Nursing Faculty Roles: Common Themes and Shared Meanings"

Dear Mr. Hankins:

The University of Alabama Institutional Review Board has granted approval for your proposed research.

Your application has been given expedited approval according to 45 CFR part 46. Approval has been given under expedited review category 7 as outlined below:

(7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies

Your application will expire on March 6, 2012. If your research will continue beyond this date, complete the relevant portions of Continuing Review and Closure Form. If you wish to modify the application, complete the Modification of an Approved Protocol. Changes in this study cannot be initiated without IRB approval, except when necessary to eliminate apparent immediate hazards to participants. When the study closes, complete the appropriate portions of the Continuing Review and Closure Form.

Please use reproductions of the IRB approved stamped consent forms to obtain consent from your participants.

Should you need to submit any further correspondence regarding this proposal, please include the above application number.

Good luck with your research.

Sincerely,

[Signature]

Carpanato T. Myles, MSM, CM
Director & Research Compliance Officer
Office of Research Compliance
The University of Alabama
This informed consent form is for male nursing faculty who we are invited to participate in a research study entitled, “An Examination of the Lived Experience of Male Nurse Faculty.”

Principle Investigator: John L. Hankins, RN, BSN, MBA
Name of Organization: University of Alabama
   Schools of Education/Nursing
   Tuscaloosa, AL

Faculty Advisor: Roy Ann Sherrod, DSN, RN, CNE, CNL
University of Alabama
Capstone School of Nursing

This Informed Consent Form has two parts:
- Information Sheet (to share information about the study with you)
- Certificate of Consent (for signatures if you choose to participate)

You will be given a copy of the full Informed Consent Form

Part I: Information Sheet

Introduction
I am John Hankins, an EdD candidate at the University of Alabama. You are invited to participate in a qualitative research study investigating the lived experience of male nurse faculty. In making your decision as to whether or not to participate in this study, you may consult with anyone with whom you feel comfortable. You may have time to make your decision. If you have any questions at any point, please feel free to address them with me.

Purpose of the research
At a time when there is shortage of nursing instructors and there are male nurses who are qualified to be nursing instructors few males enter nursing education as instructors. This study will examine the lived experience of male nurses who are currently serving as nursing faculty.

Type of Research Intervention
The research will involve personal interviews with you by me as the principle investigator.

UNIVERSITY OF ALABAMA, IHB
CONSENT FORM APPROVED: 2/7/11
EXPIRATION DATE: 3/1/2012
Participant Selection
You have been chosen to participate in this study because you are a male nurse with a graduate degree and are currently serving full time as a faculty member in a school of nursing.

Voluntary Participation
Your participation in this research is entirely voluntary. It is your choice whether to participate or not. Your decision whether or not to participate will not be revealed to your employer.

Procedures
Research will be conducted via personal interviews. During the interview, I will sit down with you in a comfortable place or if more convenient the interview may be conducted via telephone. If you do not wish to answer any of the questions during the interview, you may say so and I will move on to the next question. Only you and I will be present unless you would like someone else to be there. The information recorded is confidential, and no one else will have access to the information documented during your interview in any format which would connect your answers to you. The entire interview will be tape-recorded, but no one will be identified by name on the tape. The information recorded is confidential, and no one else will have access to the tapes other than a transcriptionist who will transcribe the tapes, but will not have access to information which will identify the person who is being interviewed on the tape. The tapes will be destroyed once the research data is compiled.

If follow up interviews are needed to clarify or verify any information you share, a phone call or email will be used to set up a follow up interview. In order to facilitate follow up as needed with participants, each interview will be assigned a reference code. The list of codes and corresponding names and contact information for the participant will be kept locked in the researcher’s office and only he will have access to that information.

As themes emerge in the analysis process, you will be given the opportunity to review and comment on the themes the researcher identifies in the process of analyzing the input from participants.

Risks
There is a risk that you may share some personal or confidential information by chance, or that you may feel uncomfortable talking about some of the topics. However, we do not wish for this to happen. You do not have to answer any question or take part in the interview if you feel the question(s) are too personal or if talking about them makes you uncomfortable.

Benefits
There will be no direct benefit to you; however, your participation is likely to help us learn more about the factors which affect the decision of qualified male nurses to become nursing instructors.

Reimbursements
You will not be provided any incentive to take part in the research.

Confidentiality
I will not be sharing information about you with anyone. The information that I collect about individuals during this research project will be kept private. Any information about you will have a number on it instead of your name. Only I will know what your number is and that information will be kept confidential. It will not be shared with or given to anyone.

Sharing the Results
Nothing that you reveal as a part of the interview will be shared with anybody in such a way so as to identify you by name. The knowledge that we get from this research will be shared with you before it is made widely available to the public. Each participant will receive a summary of the results.

It is my goal to publish the results of this study; however, no personal information which can be related to any individual will be published.

Right to Refuse or Withdraw
You do not have to take part in this research if you do not wish to do so. You may stop participating in the interview at any time that you wish. I will give you an opportunity at the end of the interview to review your remarks, and you can ask to modify or remove portions of those, if you do not agree with my notes or if I did not understand you correctly.

Who to Contact
If you wish to ask questions, you may contact me at (334) 354-1052 or via e-mail at johnhankins@yahoo.com.

You may also contact my faculty advisor, Dr. Roy Ann Sherrod, at the University of Alabama, Capstone School of Nursing at (205) 348-1033 or via email at rscherrod@bama.ua.edu.

This proposal has been reviewed and approved by the Internal Review Board of the University of Alabama, which is a committee whose task it is to make sure that research participants are protected from harm.
Part II: Certificate of Consent

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Print Name of Participant __________________________
Signature of Participant __________________________
Date __________________________
          Day/Month/Year

Statement by the researcher/person taking consent

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this ICF has been provided to the participant.
Print Name of Researcher/person taking the consent __________________________

Signature of Researcher /person taking the consent __________________________
Date __________________________
          Day/Month/Year

UNIVERSITY OF ALABAMA

CONSENT FORM APPROVED: 2/11/14
EXPIRATION DATE: 3/10/2017