MEN IN NURSING: A QUALITATIVE STUDY EXAMINING THE MALE NEOPHYTES LIVED EXPERIENCES IN NURSING PRACTICE

by

LORI JONES HILL

AARON KUNTZ, COMMITTEE CHAIR
BECKY ATKINSON
KARL HAMNER
MARILYN HANDLEY
EVELYN WOODS

A DISSERTATION

Submitted in partial fulfillment of the requirements for the degree of Doctor of Education in the Department of Educational Leadership, Policy, and Technology Studies in the Graduate School of The University of Alabama

TUSCALOOSA, ALABAMA

2014
ABSTRACT

Male nurses face challenges in their education and practice as a result of their gender and stereotypes associated with being a male in a female dominated profession. The purpose of this study was to gain an understanding of the educational and practice experiences of the male neophyte nurse. This was accomplished by listening to the words of the male neophyte nurses in this study and analyzing their words with the use of critical phenomenology.

Using a qualitative descriptive study design, participants were recruited to engage in a three part interview series with the interviewer. These interviews led the participant to describe what led them to enter the nursing profession; challenges with gender encountered in the educational and practice setting, and a reflection on how these experiences impact their lives.

There were six participants in the study. Each participant had graduated from a Bachelor of Science nursing education program within the past five years. Participants were registered nurses currently practicing nursing in the state of Alabama.

Findings from the study were significant in that all participants in this study experienced exclusion, devaluation, and challenges associated with being male in a female dominated profession. These experiences associated with gender impacted the participant’s attitude and development as a nurse. Recommendations for future study include comparative studies of male and female neophyte nurse experiences and recruiting a larger number of participants.
DEDICATION

This dissertation is dedicated to my mother, Brenda Jones, and my daughter, Jolie Hill. I hope through the completion of this project I can better our futures.
ACKNOWLEDGMENTS

I would like to thank my dissertation committee for working with me to complete this educational journey. This is truly the greatest academic challenge that I have ever faced and I am grateful for your feedback and support that allowed the completion of this project. I thank the participants of this study who so willingly gave me their time, attention, and stories that allowed me to write and understand. I hope I brought to life your words and conveyed your experiences truthfully.

I credit Dr. Evelyn Woods with giving me the idea to start this long journey and encouraging me to hang in there and finish. Dr. Woods was my teacher in my undergraduate nursing program and then my colleague and friend when I began my career in nursing education. She has been an inspiration to me as a person and as an educator. I hope I can continue her no nonsense approach to life and education.

I especially want to thank my mom, Brenda Jones, for her support and sacrifices that have allowed me to believe that I could do this, even when I wanted to quit. Because of my mom, I have always believed that I was capable of most anything. My mom encouraged me to go to nursing school and the education that I received has been my life
saver. Being a nurse has provided me with financial independence and a sense of job
security that I feel is unmatched by most other professions. The patients, experiences, and
students that I have encountered throughout my career have changed me as a person and
have made me see the world in a different way. The thanks that I have for my mom goes
beyond the childcare and housekeeping that she has so willingly given over the years that
it has taken me to complete this program.

I want to thank my daughter, Jolie Hill, who has listened to me complain,
observed my struggles both personally and professionally, and has been with me through
it all. We have spent many hours sitting at our dining room table both doing
“homework”. I have missed some awards days and field trips and for that I apologize to
you. Thank you for excusing me and understanding. One of the reasons that I wanted to
complete this doctorate program was the hope of securing a better future for us. Being
your mother is the greatest accomplishment of my life and I could not be more proud of
the sweet, kind, beautiful young woman that you have become. Please remember that
education is an investment in you that in turn makes the world a better place.

Finally, I would like to thank Jacksonville State University. The administration and the
College of Nursing have been supportive of me in the writing of this dissertation
and I am forever grateful. Allowing me a flexible work schedule and a supportive environment have made this experience easier. I hope to return all the favors that have been granted by my colleagues during this process.
TABLE OF CONTENTS

ABSTRACT .............................................................................................................. ii

DEDICATION ........................................................................................................ iii

ACKNOWLEDGMENTS ........................................................................................ iv

LIST OF TABLES ..................................................................................................... viii

CHAPTER 1 INTRODUCTION ................................................................................. 1

CHAPTER 2 REVIEW OF LITERATURE ............................................................... 12

CHAPTER 3 METHODOLOGY .............................................................................. 30

CHAPTER 4 RESEARCH FINDINGS ....................................................................... 46

CHAPTER 5 DISCUSSION, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS .................................................. 82

REFERENCES ....................................................................................................... 103

APPENDIX ............................................................................................................ 107

vii
LIST OF TABLES

TABLE 1. INTERVIEW PARTICIPANTS……………………….37
TABLE 2. THEMATIC BREAKDOWN …………………………50
CHAPTER 1
INTRODUCTION

Men are entering the nursing profession in increasing numbers (Ellis, Meeker, & Hyde, 2006). However, males continue to account for only a small percentage, approximately 6%, of the nursing profession (Ellis, et.al, 2006). This information has significance for the nursing workforce which is seeking diversity in order to better serve a diverse population. While the number of male nurses entering into the profession has increased by 226% since 1980 (Cude & Winfrey, 2007) this has had little impact on the amount of males in the nursing profession. Only 6% of the approximately three million registered nurses in the United States are male (Sanner, Canella, Charles, Parker, & Baldwin, 2010). A campaign recently initiated by the American Association of Male Nurses seeks to increase the amount of men enrolled in nursing schools to 20% by the year 2020.

Male nurses are at a disadvantage in several areas of the nursing profession. While some may argue that male nurses advance to administrative positions faster than their female counterparts and receive higher rates of pay ("Men in nursing occupations," n.d.), male nurses remain at a disadvantage in various areas of the nursing profession. The disadvantage exists in employment opportunities and educational experiences where men are functioning in a female dominated profession. Men are guided toward areas in nursing that are considered more masculine where females are at liberty to choose the area of nursing that appeals to their interest (Herakova, 2012). Although gender-based barriers exist, the particular affiliation of these barriers to male student educational achievement, retention, and contentment, and the shift of men into professional nursing practice are relatively unexplored phenomena. This study seeks to understand the experience of the recent male nurse graduate currently practicing in the nursing world.
Background of the Problem

Data from the 2010 United States (U.S.) census statistical abstract indicates that 49.3% of the population is male. Ellis and colleagues (2006) found that the male gender accounts for nearly half the population yet comprises only 6% of the nursing workforce. As the nursing profession seeks diversity in order to better serve the population, it is worthwhile to investigate the experience of the male nurse. The data from the census supports the argument that nursing education programs need to recruit and retain students of various backgrounds, races, and genders in order to better serve our varied population. The composite of the nursing workforce should mirror the make-up of the population for which it cares. A nursing workforce with diversity will promote care for a diverse population (Billings & Halstead, 2009). A variety of nursing personnel will lead to better care through understanding and relating to problems that are uncommon to the Caucasian white female, which currently dominates the nursing profession (Ellis, et. al., 2006). The profession must plan for diversity and a growing population that seeks healthcare.

There is an impending shortage in the nursing workforce due to the aging trend in the United States ("Men in nursing occupations," n.d.). It is a social concern when the nursing profession struggles to meet the needs of the population. This aging trend leads to the need for expanded healthcare due to the sickness of this aging population. With a longer lifespan comes an increased healthcare need. The demographic shift that quadruples the population that is over the age of sixty brings a need for increased geriatric care providers. This population will utilize healthcare services for preventive as well as acute care. As technology advances the healthcare
industry, there is an increased demand for professionals to understand and implement the technological advances of the industry.

The recruitment and retention of more males in the nursing profession can help to close the gap of the nursing shortage. More males in the nursing workforce are beneficial to the profession. Many patients prefer male nurses ("Modesty violation," n.d; Fisher, 2009). Some male patients are modest and prefer same sex care with intimate procedures such as urinary catheterization, prostatectomy care, and vasectomy care among other procedures. There have been several cases where male patients have sued healthcare entities because of modesty violations ("Modesty violation," n.d). Modesty violations occur when clients request that a member of the same sex perform their intimate care and the nursing unit allows a member of the opposite sex to perform the care despite the client’s wishes.

Not only are there issues with modesty and intimate care, there are educational concerns with the lack of male nurses in the nursing profession. Male nurses have difficulty identifying with the mission of nursing (Chou & Lee, 2007). A contributing factor is that unlike their female colleagues there are a limited amount of male nurses with which the male nursing student can identify. The overall mission of nursing and mentors intersect when there is a lack of male role models to demonstrate behaviors that are specific to the male gender and embrace the nursing mission of caring and service. Increasing the number of male mentors repels the societal view that nursing is feminine or “women’s work” (Chou & Lee, 2007). There are few male nurses serving in educator roles. Therefore, even when beginning their nursing education it is difficult to have a relatable mentor. Overall, there is a lack of role models, mentors, and preceptors for male nurses. Previous studies have identified that nursing education programs have failed to provide learning environments that are ideally conducive to enticing and retaining men as
students (Bednarz et al., 2010; Ellis, Meeker, & Hyde, 2006; Smith, 2006). This is a significant educational issue further limiting male nursing students.

Men may be reluctant to enter the profession due to stereotypes and gender bias experienced in nursing education programs and a professional nursing workforce dominated by women. Findings indicate that most nursing programs continue to operate for the traditional student defined as a young, white, unmarried female (Smith, 2006). The nontraditional student in nursing has been identified as a student with any of the following characteristics: older than age 25, lives off campus, maintains part time enrollment, is male, is a member of a minority group, has dependent children, has a general equivalency diploma, has had any remedial education, or speaks English as a second language (Bednarz, Schim, & Doorenbos, 2010). Nursing education must consider that the time for operating nursing programs with the traditional student as the primary focus has expired. More nontraditional students are interested in nursing and education must strive to be all inclusive.

While this study focuses on the experience of the male nurse, this is a social issue impacting a variety of nontraditional students attempting to enter the nursing profession. Studies continue to identify gender role discrepancies in the clinical setting that assign nursing responsibilities based on societal standards (Torkelson & Seed, 2011). It becomes both a social and educational issue when men are limited in the type of patient care assignments that are delegated to them. Men who have a desire to work in a special interest area, such as a department that specializes in the care of women and children, should be able to do so without being labeled as “gay” or a pedophile by society. While nursing cannot change societal values, the nursing profession and nursing education programs can set a standard that impacts the current attitude that society has of men in the nursing profession.
The public opinion of nursing is that it is a profession for women. Societal norms continue to create a bias that limits the role of the male in nursing (Meadus & Twomey, 2007). There are historical beliefs in place that dictate which professions are male and which professions are female. Gender-role conflict occurs when behaviors contradict established gender role perceptions. Ironically, men had a large presence in the nursing profession prior to reforms instituted by Florence Nightingale. The roles of men and women in nursing were essentially the same until the mid-to-late 1800s. When schools of nursing were established, males and females were not allowed to cohabitate. As Nightingale promoted the education of women and the expansion of the careers of women, males were essentially excluded from the field of nursing. This exclusion of males from nursing education basically demoted the males working in the nursing profession to the job of housekeeper and orderly (Dossey, 1999).

While it is formidable that the education of nurses became a valued commodity, it is an indignity that it came at the exclusion of an entity of people already serving in the profession. This initial exclusion of males from the nursing profession instituted by Florence Nightingale and her followers serve as a basis for the attitudes that predominate in society today concerning the male nurse. This historical event has an effect on nursing today. Men are set against others preconceived notion of masculinity. This preconceived notion of masculinity establishes a culture in nursing that is predominately female. Male nurses must work against wholly female educational and practice settings. The impact of masculinity and concepts of gender roles interfere with performance and evaluation of role expectations in a way not experienced by female nurses.

The educational experience of the male nurse should not be limited by societal ideations of masculinity and femininity. The male student nurse should have the same opportunities as the
female nursing student and have the ability to experience the same clinical settings and activities. This means more than simply placing male students in the same areas as the female nursing students, it infers that there has to be equality in the experience itself. It has been identified that male nursing students often begin their clinical rotation in areas that specialize in the care of women and children contributing to an increase in fear, anxiety, and fear of rejection as compared to female nursing students (Tzeng, Chen, Tu, & Tsai, 2009). Female nurses experience less role conflict in relation to social values. This should be a significant educational concern because those male students are at a disadvantage before the clinical rotation begins.

Statement of the Problem

The individual experience of the male nurse concerning his educational experience and its application to his practice is valuable and is underserved by the existent research. The problem is that gender impacts experiences of nursing and it remains unknown how these gendered experiences impact the individual male nurse and their early years. This is a project aimed at exploring the impact of these gendered experiences. Nursing curriculum and the institution of nursing fails to address specific gender issues that males face in the educational and practice setting. Much is known about the challenges that the male nurse faces. Issues with stereotyping, gender bias, and exclusion have been well researched. The knowledge gap lies in what has been done with this knowledge. While research has identified the problems that are faced by male nurses there is little evidence that the lived experience of the male nurse is being addressed in nursing programs today. It is difficult to establish mentorship for male nurses entering practice when there are so few male nurses in practice. There is a lack of supporting evidence that indicates that male nurses are encouraged to enter into mentorship with practicing
male nurses or immersed in support groups for male nurses. Research findings indicate that male nurses are not encouraged to apply to their desired area of practice but instead are directed toward areas that are considered by society to be more masculine (Fisher, 2009; Evans, 2002). This study addressed challenges faced by male neophyte nurses through analysis of their own words.

Purpose of the Study

The study sought to generate participant narratives that help give a better sense of the lived experiences of men in nursing. The purpose of this study was to examine the lived experience of the neophyte male nurse. For the purpose of this study, the neophyte male nurse was a male nurse practicing no more than five years. These experiences were defined by the words of the participants of this study. The design was a qualitative descriptive research study. Interviews were the primary source of data. Semi-structured qualitative interviews surrounding male nurses and their educational and work experience were the focus.

Significance of the Study

It is significant to determine the answers to the questions that are left in the gap in the knowledge concerning the male nurse. The answers to these questions could improve the educational experience for the male nurse. This type of research may also help to improve the professional working of the male nurse as well as the societal ideas concerning men in nursing. The responses to the problems remaining in the breach of knowledge could help to expand the number of males working in the nursing profession and allow more freedom of choice in the areas where they are employed. This knowledge can be used by educators to improve overall operation and management of nursing programs, including recruitment strategies, and curriculum
Development. Education programs could also use this information to attract more males to nursing education programs by offering the reassurance that their programs are committed to providing an educational experience that is inclusive of the nontraditional student. Employers could use this knowledge to develop male nurse mentor programs that may increase job satisfaction for males and encourage males to work in their area of interest rather than concentrate in areas where they are expected to work.

Research Questions

1.) What are the lived experiences of neophyte male nurses with gender roles in their profession?
2.) How do factors of educational instruction and professional practice influence male neophyte nurses’ experiences with nursing?
3.) What societal structures do male neophyte nurses reveal as impacting their gendered experiences in nursing?

Guided by principles of phenomenological inquiry, the researcher sought to describe and interpret this intricacy by documenting how issues of gender and power shape individual male neophyte nursing experiences and how the individual male neophyte nurse operates in a profession dominated by the female gender and a patriarchal system. These overarching research questions were used to frame the study by focusing on interactions and practices as experienced by the individual.
Theoretical Framework

Critical Phenomenology

The theoretical approach of this study was based on critical phenomenology. Martin Heidegger believed this way of questioning defines our being or our nature. Heidegger believed that when one immerses themselves in a world of presuppositions they lose touch with the truth of the world (1962). Edmund Hesserl (1970) believed that experience is the source of knowledge. He purposed that one can only gain a clear representation of the truth if the object of exploration is present. This study sought to have the individual present their experiences in their own words with the understanding that the demographics of the profession indicated that the individual male nurse is the minority in their chosen profession. Phenomenological research accepts that the individual participant makes sense of their lived experiences according to the personal significance the experience has on the individual (Standing, 2009). Critical phenomenology, specifically, delves into the layers of one’s lived experience with the understanding that there is significance in the words and activities of the individual based on the context in which these lived experiences occur (Wals, 1993). Critical phenomenology differs from stand-alone phenomenology in that it takes into consideration the situation or environment from which the words of the participant emerge. This context could be physical, but also could be a constructed psychological environment. The interpretation of the experience of the participant comes through the participant and is a valid experience of that person (Taminaux, 1987; Wals, 1993). While traditional phenomenology focuses on the words of the participants, critical phenomenology takes into consideration the situation and environment in which the words of the participant emerge (Wals, 1993). The situation and type of environment in which participants are immersed have a significant impact on their words and experiences (Taminaux,
1987). This is especially significant when words emerge from complex environments, which in turn shape the perceptions of the participants regardless of their awareness of this occurrence (Taminaux, 1987; Wals, 1993).

By utilizing a qualitative descriptive research design, the issues of gender and power can be explored through the words of the individual. This design elicits descriptions about the experience by those immersed in the experience. Obtaining a description of the experiences of the male nurse allows us to learn about the educational and practice knowledge of the participant and the barriers and facilitators to these experiences. The researcher must take into consideration the issues of dominance and submission in relation to power in a population when evaluating data presented by an individual. In the case of the individual male nurse, the lived experience occurs in a profession dominated by women. This can have a direct impact on the content of the data collected.

Assumptions

The following assumptions were made for this study:

1. Participants in the study will answer honestly and accurately to the interview questions based on their particular experience.

2. Participants will complete the interview process and answer all questions to the best of their ability.

Summary

The main purpose of this study was to explore the lived experiences of the male neophyte nurse. This study sought to gain a better understanding of the impact of educational and practice experiences of the male neophyte nurse. This study was significant in that the words of the male neophyte nurse lead to the development of ideas that can improve educational and practice...
experiences for this population. In turn, this could lead to more males entering into the nursing profession and further diversifying the nursing profession.
CHAPTER 2
REVIEW OF LITERATURE

This study examined the experiences of men in the nursing profession. There is limited research available on the topic of the male neophyte nurse. The purpose of the literature review was to broaden the researcher’s understanding of the experiences of men in nursing in the nursing profession. By conducting a review of the literature, it was discovered that a gap in research exists concerning the problems that have been identified and the existence of any changes to improve these acknowledged problems. For purposes of review, literature from disciplines including education and nursing were reviewed for relevance. In this chapter, research reviewed is specific to men in nursing.

Search Approach

A keyword search of the University of Alabama’s library databases was conducted using the following terms and phrases: male nursing students, men in nursing, history of men in nursing, gender issues in nursing, and curriculum. Databases used included CINAHL Plus with Full Text, ProQuest Nursing and Allied Health Sources, ERIC (EBSCO: online). The literature review was divided into sections that were determined to be of importance based on the findings of the search and the direction of the study. The review of literature seeks to address the following: history of men in nursing, problems male nurses face in practice, issues men face in nursing education programs, provide a definition of gender and power and how that impacts men in nursing, and provide an operational definition of curriculum and its application to this study. The review of literature also features a theoretical basis for this study focusing on critical phenomenology.
In order to gain more insight into the direction of nursing, it is important to examine events in history that have made the profession what it is today. Providing a relevant history of the male gender in nursing assists to develop an understanding of how current functional patterns in nursing developed over time. An examination of the history of men in nursing allows a better understanding of how the male became the minority within the profession.

Males experience nursing education programs as well as nursing practice differently than their female counterparts. In addition to the problems that women encounter in nursing, males have an added burden as a result of gender issues. An example would be the lack of male nursing instructors and being mistaken for a physician while in the clinical environment. Review of the literature paints a picture of problems that males face in practice, but there is little evidence that there have been changes in curricula to correct these issues or prepare male nurses to better handle these situations.

It is essential to this study to provide operational definitions of gender and curriculum. There are many interpretations of gender and gender roles. This literature seeks to provide a definition of gender that is pertinent to this study and supported by theory. The same principle applies to curriculum. Because males in the study will be interviewed regarding the congruence of their practice and their educational preparation, it will be established that the educational preparation is formal in nature and directed by a clear set of guidelines.

History of Men in Nursing

Utilizing a phenomenological approach allows the study participants to offer a voice for their experiences as a minority population in the nursing profession. Phenomenology is the study
of experience or the ways phenomena are experienced by a group or the individual (Lester, 1999). Providing a background to the history of men in nursing is foundational to the use of critical phenomenology for the theoretical framework of this study. Heidegger (1962) believed in the “historicality of understanding”. Heidegger stated that a person’s understanding of their lived experiences is directly related to their preconceptions about the past. The history of men in nursing illustrates how men became to be a minority in the profession and how there is a loss of power because of this population shift. This foundational piece of nursing history can guide the interpretation of the lived experience by the individual male nurse. According to critical phenomenology, this also plays a role in data interpretation. Interpretation of the words and actions of the participant cannot be considered in separation of the context in which the experience occurred (Wals, 1993).

The segregation of men in nursing has a historical background. Dossey (1999) indicated that the feminization of nursing began in the mid-nineteenth century when Florence Nightingale became the face of nursing and established nursing as a profession for women. Florence Nightingale believed that every woman was naturally a nurse. Nightingale assumed that because women had a natural penchant for nursing there was no need for supervised training from a male physician (Dossey, 1999). A hierarchy was established in nursing early in the process of developing nursing into a profession:

“In the family based institutional model that emerged, the dominant role of father was assumed by men physicians. Nurses as women and patients as children completed the institutional family and reflected general social values regarding the division of labor based on gender.” (Evans, 2002, p. 323)
Before the reforms instituted by Nightingale, men and women performed essentially the same roles in the world of health care. The development of nursing education programs began to eliminate men from the field of nursing. In the era of nurse education, the cohabitation of males and females in an education program was not allowed. Nursing education programs under the direction of Nightingale became a career choice for women and promoted nursing education for the female gender. Males continued to work in hospitals, but because of the lack of education that had begun to be viewed as valuable, men were retained as orderlies, housekeepers, and maintenance staff. Historically, men were primarily assigned to work in asylums and were kept on separate nursing registries in Britain (Evans, 2002). Males were assigned to care for other males and also set apart to provide care for patient populations considered undesirable such as those with problems with alcoholism, men with sexually transmitted disease, and violent or mentally ill patients (Mericle, 1983). This indicates that there was a pattern established early in nursing history that dictated which areas of nursing are acceptable for males and which areas are acceptable for females.

These historical findings serve as a basis for the societal view that some hold today that nursing is a feminine profession. An informal survey of a small sample of the general public found that many males oppose men in nursing and that many hold the belief that men in nursing are homosexual. It has also been discovered that high school counselors generally do not encourage males to enter nursing (Meadus & Twomey, 2007). In addition, the general population will often mistake male nurses as doctors, another societal preconception with a historical basis (LaRocca, 2007).

Interestingly, history has shown that in times of crisis and war, males can cross over into the female territory of nursing without retribution or concern about gender roles (Evans, 2002).
Men have worked in the nursing profession for centuries, but the accomplishments of men in nursing are not a predominant part of nursing history (Mackintosh, 1997). Historically, this may have sent a mixed message to males in nursing. The message being that in events of crisis or nursing shortage male nurses are needed and appreciated but in ordinary times there is no role for men in this profession.

Problems Men Face in Nursing Education Programs

Nursing education must consider the implication of advertising on the recruitment of a diverse student nursing population. As argued by Billings and Halstead (2009), nursing schools are focusing their attention on securing a more diverse nursing student body, one that is more reflective of the society at large. Marketing to the male population would be a significant consideration. In 2002, Johnson & Johnson instituted a campaign to raise public awareness of nursing as a career. The campaign sought to attract more people to the nursing profession. A large part of this campaign was targeted toward men and minority populations (Bednarz, Schim, & Doorenbos, 2010). Currently, there is a perception among male nursing students that nursing programs are developed for women and by women to the exclusion of the male gender (Ellis, Meeker, & Hyde, 2006). This is an important implication for this study in that for several years nursing education programs and the nursing profession claim to be seeking diversity but research indicates that nursing continues to lack diversity and education programs have not adapted to be more inclusive of males. An anecdotal article in the June 2009 issue of the American Journal of Nursing reports that in some nursing programs there continues to be favor given to female applicants. A former nursing professor states that many of her colleagues voiced doubt that the male gender could be as caring as the female gender (Molyneux, 2009).
Advertising and media primarily display nurses as female. Most advertising for nursing programs display female nursing students. Commercials and television nurses are mainly female.

In a recent study by Roth and Coleman (2008), primary source and empirically based articles were examined for male perceptions regarding nursing. Roth and Coleman (2008) reviewed articles for images of the nurse and the nursing profession, student’s perceptions of nursing as a career, characteristics of men who choose nursing, and environmental acceptance of male nurses. Findings indicated that the majority of images and depictions of nurses were women. Of 598 images reviewed, there was only one male nurse anesthetist (Roth & Coleman, 2008). This can have an impact on men entering the nursing profession in that they begin their career with the preconceived notion that nursing is not a masculine profession. This idea can hamper their education by predicing ideas of inferiority.

Studies indicate that male nursing students find nursing school more difficult than anticipated (Bell-Scriber, 2008; Ellis et al., 2006; Smith, 2006). Male students cited communication between men and women as a barrier to their nursing education experience. Male students tend to favor the more scientific courses and often struggle in courses such as community health and psychosocial nursing. This finding is ironic in that many men are employed in the area of psychosocial nursing. This can be attributed to the physical side of psychosocial nursing where men are often utilized to restrain patients and demonstrate a “show of force” that would be difficult for female nurses (Ellis et al., 2006; Halford & Leonard, 2003).

Male nursing students believe that requirements for nursing school are not conducive to students with outside jobs or families (Bell-Scriber, 2008; Smith, 2006). This is a particular problem for males with families in that they are often the major provider or significant contributor to the family income. The time required for lecture, clinical, labs, and paperwork has
been described as overwhelming. Males have previously reported that they have difficulty relating assignments to their nursing practice and therefore find it difficult to view the assignments and activities as anything but “busywork”.

There is a clear lack of male nurses in particular areas of nursing. The clinical specialty areas with the least amount of male nurses are women’s health, obstetrical nursing, and neonatal nursing (Cude & Winfrey, 2007). This is in stark contrast to the gender of the physicians in these same areas. Male nursing students reported that while they received the same training as their female counterparts in these areas of nursing, their experience was different. Male nursing students reported that the nursing staff in these areas treated them with disdain. They were also told to stay out of the way or stand in the corner (Cude & Winfrey, 2007). Researchers have discovered that males begin the obstetrical clinical rotation with an increased amount of anxiety in comparison with their female peers (Tzeng, Chen, Tu, & Tsai, 2009). Clinical instructors play an important role in assisting students to navigate patient care and attitudes associated with other healthcare providers that may be contributing factors in the negative male nursing experience (Tzeng et al., 2009).

There is limited research on gender bias as it applies to males in nursing education. Studies indicate there are several reasons men may not choose nursing as a career choice that center around gender and role expectations by nursing faculty (Grady, Stewardson, & Hall, 2008). Among cited reasons for male reluctance to enter the nursing profession is the lack of male faculty members. Male nursing students report an inequitable treatment by nursing faculty as compared to the treatment received by their female peers. Male nursing students also report that faculty using the word “she” referring to the nurse in scenarios creates a sense of bias. The use of the word “she” in referring to the nurse creates a sense of exclusion among the male
nursing students (Molyneux, 2009). Faculty members were also noted to make anti-male remarks in the classroom. Research indicates that there is a lack of awareness by nurse educators of the unique needs of male learners. Educators’ characteristics and behaviors contributed to negative male perceptions of the nursing experience. Currently, there are only 29 male deans of nursing schools countrywide and only 5% of nurse educators are male ("Men Change Nursing," 2012). This further contributes to a power shift toward the female gender in that diversity does begin at the level of education for male and minority students.

**Mentorship**

An identified barrier for males in nursing school is the lack of other male nurses to serve as support and mentors (Meadus & Twomey, 2007). Male nursing students can go through nursing education programs without having contact with other male nurses (Smith, 2006; Ellis, et.al, 2006). This can be attributed to the lack of men in the nursing field as a direct result of the segregation of men in nursing that began as early as the Florence Nightingale nursing reform movement. Men have identified lack of male role models as a barrier to entering nursing education programs, further hindering the vision of nursing to increase cultural diversity (Meadus, et. al., 2007). Past studies (Smith, 2006; Meadus & Twomey, 2007; Ellis, et. al., 2006) have identified that male nurses would find it beneficial to have male nursing support incorporated in nursing programs. This support may come in the form of male nursing instructors, male clinical instructors, and male preceptors (Ellis, et.al., 2006). O’Lynn (2004) found that nursing programs have done little to address the needs of male nursing students. The environment continues to be primarily female driven and, as a whole, fails to “provide an environment optimally conducive to attracting and retaining men as students” (O’Lynn, 2004, p. 235).
The lack of male mentors in nursing education programs also impacts the male nursing student’s ability to acclimate to the world of nursing. Findings from Ellis and colleagues (2006) found that differences in communication styles of men and women were a barrier and that male nursing students felt that exposure to more male role models in their nursing education could help to balance this difference. Chou and Lee (2007) found that a lack of male mentors for men in nursing education programs can hamper the development of nursing philosophies among male nursing students. Philosophy reflects belief and present ideas, which in the case of male nursing experience is being shaped by females with minimal influence from males. The absence of male mentors and educators also perpetuates the notion that nursing is a female profession (Evans, 2004).

Curriculum Defined

Because participants in this study describe their experiences in practice and relate those experiences to their education, it is important to establish a clear definition of curriculum as it applies to this study. This study sought to generate conceptions of where learning occurred for the participants of this study. Curriculum is defined by Ralph Tyler (1949) as all of the learning by the students that occurs in school and is planned and guided by the school to achieve the educational goals established by the institution. Tyler also believed that any educational system is an extension of the values of its community and society at large. An institution of education should have a philosophy of education and the curriculum should center on that philosophy.

Curriculum should consider the needs of the students as an important source for the development of educational goals. A school’s educational effort should focus on gaps in the present development of students. These gaps, which are essentially education needs, are identified through studies and feedback from students (Tyler, 1949). A curriculum is
implemented with the intention that learning will occur. The curriculum of a nursing program should be ever changing. There are many factors that should guide change in a nursing program. Curriculum should be guided by collaboration between students, faculty, and the population served as well as the healthcare industry in general. Nursing curriculum should also be directed by conflict and the need for change (Iwasiw, Goldberg, & Andrusyszyn, 2009). Interestingly, male students have indicated that nursing programs have not evolved to be as inclusive of the male student (Smith, 2006). A nursing curriculum that is viewed as a developmental process must institute changes that are beneficial to and inclusive of all students. Findings from the literature review strongly suggest that nursing curriculum has failed to evolve based on the conflicts and problems that have been identified by male nursing students and nursing professionals.

Factors that influence change in curriculum for any profession include social, political, and economic factors. Studies indicate that many nursing education programs have had the same curriculum in place for decades (Bell-Scriber, 2008; Waters, Rochester, & McMillan, 2012). For curriculum to evolve there should be an identification of relevant trends and themes in nursing practice. Bell-Scriber (2008) indicates that while challenges for the male nursing student have been readily identified, nursing education has not capitalized on these findings to facilitate student learning by bringing gender and experience to the forefront. As late as 2008, it has been identified that nursing educators can often have a negative attitude toward male students that can impede learning in a nursing program (Bell-Scriber, 2008).
Problems Male Nurses Face in Practice

Men face special challenges in nursing practice. The male nurse faces challenges to his masculinity. The male nurse may find it difficult to maintain a masculine identity in a female dominated profession. The male nurse faces assumptions about his sexuality and the purpose of his touch. What is considered touching in a professional manner by a female can be construed as sexualized or perverse when delivered by a male. The male nurse most likely enters his place of employment daily with the understanding that he is the minority (MacWilliams, Schmidt, & Bleich, 2013). For these reasons, the male nurse is at an increased risk of experiencing role stress.

Role stress can be defined as the result of a difference between a person’s awareness of behaviors within a specific role and what in actuality is being achieved by the individual currently operating in that role (Riahi, 2011). Role stress influences a person both physically and mentally. Emotionally, role stress can cause the individual to experience feelings of uneasiness, burnout, depression, and fatigue. Role stress can cause changes in weight, increased heart rate and blood pressure, along with coronary artery disease and gastrointestinal problems (Riahi, 2011). These problems are more likely when a person has difficulty coping with job demands. It has been identified that male nurses may struggle with coping in practice (MacWilliams et al., 2013).

Unlike female nursing students, male students have limited opportunities to work with male nurses in clinical settings. This puts male nurses at a disadvantage because they have limited amount of contact with professionals of their own gender before entering professional practice (Molyneux, 2009). This may further create problems when transitioning from the educational setting to the practice setting. Most male nurses enter into practice never having
worked with a nurse of their own gender. This has the potential to increase stress when there is a lack of orientation to specific issues that the male nurse faces in practice.

Stereotypes have sexualized the male touch. These stereotypes create complex interactions between the male caregiver and the patients, both male and female. Situations that are acceptable for female nurses may be deemed inappropriate for the male nurse due to societal stereotypes. These same stereotypes place male nurses in roles where they may be subject to accusations. There is a clear indication that nurse education has a responsibility to prepare male nurses to interact with female patients in a variety of settings that protects both the nurse and the patient from accusation and harm. This fear of accusation of improper behaviors creates an increased anxiety and sense of cautiousness when caring for patients. This cautionary behavior may limit their ability to do caring work. The stereotypes of the male as an aggressor or the male as a pedophile serve to sexualize the role of the male nurse and further impact their ability to perform the same roles as female nurses (Evans, 2002). Some males have reported that these same stereotypes prevented them from entering into nursing as a career, although they believed they would have been successful as nurses.

Male students report a lack of instruction by nursing faculty concerning the appropriate use of touch. This may increase a pre-existing anxiety that female patients may accuse them of sexually inappropriate behaviors. The act of providing intimate care for female clients is a challenging experience for male nurses. Interview participants in a research study reported feeling negatively when they implemented nursing care to female patients (Prideaux, 2010). This is one of many situations that can increase role stress for the male nurse. Nurse educators have a duty to assist male nurses to interact with female clients (Inoue, Chapman, & Wynaden, 2006). Female patients may also experience increased stress when their intimate care is provided by a
male nurse (Prideaux, 2010). Because of cultural responses, providing care to female patients can also be problematic for male nursing students, perhaps more so than female nursing students caring for male patients. This is an issue that should be addressed in nursing curricula in order to prevent these feelings of inadequacy and discomfort experienced by the male nurse in the practice setting.

Sources reveal that nursing work is divided among males and females based on the sexualization of the male body (Fisher, 2009). Male nurses operate under a binary system. Patients are often assigned to male nurses based on their sex. This can be a barrier to the practicing male nurse. While some patients, male or female, may prefer care from a health care provider of the same gender, unless there is a special request this should not be a consideration. Segregation of male nurses occurs when patient assignments are based on prejudice or social constructs.

Further research indicates that there are marked gender differences in regards to hospital spaces I don’t know if I understand this sentence (Halford & Leonard, 2003). Researchers related this gender definition of space directly to the high number of female staff in hospitals. There appears to be areas in healthcare settings that are off limits to males. Most often, these areas are found in areas of women’s and children’s services. Here again, there is a social construct in place that labels these areas as “female” and it is implied that males found in these areas are not there for professional reasons.

The theme of male nurses as cautious caregivers was obtained through data collected in two rounds of semi-structured interviews with eight male nurses practicing in Nova Scotia, Canada. Data analyzed thematically supported by both feminism and masculinity theory was used as a method for assessing the data. The findings indicated that male nurses are shackled by
the stereotype of sexual aggressor and that male nurses are homosexual (Evans, 2002). While this data has a limited sample size, this is evidence of a perceived gender bias among male nurses. This increases role stress for the male nurse.

Studies have also identified a gender bias in nursing research (Polit & Beck, 2008). The bias has been found to be continual and statistically significant. On average 75.3% of nursing research study participants were found to be female. While this statistic somewhat parallels the nursing workforce population, it must be noted that this is a significant limitation of current nursing research.

While women are accustomed to facing a double standard in society, men may face double standards within the nursing profession. A 2009 court case stated that the laws against gender discrimination, originally implemented to protect women, are applicable to male caregivers in the healthcare field. (Keller v. Indiana Family and Social Services Administration, July 22, 2009). However, the court found no gender bias in a case where larger males had to restrain psychiatric patients. The complainants, both over 6 feet tall and weighing more than 250 pounds, stated they had an increased exposure to hazardous duty as compared to their female counterparts. They were also called from breaks more frequently than female co-workers to respond to emergencies. The court ruled that the complainants did not have a case due to the fact that they could not produce a female staff member with a similar job description and similar physical characteristics who was not called for emergencies.

The Impact of Gender

The World Health Organization offers operational definitions of sex and gender. Sex is defined as the biological and physical characteristics that make up a male and female. Gender is
defined as socially constructed roles, conduct, attitudes, and qualities that a given society considers appropriate for men and women ("Gender," 2013). This study focuses on gender role and the impact of attitudes surrounding gender within the nursing profession.

Michel Foucault identified a relation between power, body, and sexuality. The theory emerged that the body and sexuality are cultural constructs rather than a phenomena that developed naturally. There was a broader implication that the gender roles developed through the exercise of power. Foucault writes extensively about his work with genealogy in which he examines the intricate and shifting system of relations between power, knowledge, and the body, which from a historical perspective produce specific forms of partisanship. The favoring of one group or opinion is the foundation of partisanship. Foucault surmises that society has molded each individual into the person they are, favoring or disavowing some thoughts and beliefs over others based on their societal acceptance. Foucault believed that the socially constructed power structure led to the subjectivity and resistance of the less dominant gender (Foucault, 1978). Historically, males have been thought of as the dominant gender. There is a shift in power in the nursing profession. When males were pushed out of nursing in the era of Nightingale reform, the male gender became a less dominant presence in the world of nursing. Power shifted to female nursing professionals and male nurses currently work against resistance to change in the nursing workforce. Thus, when it comes to the nursing profession, females represent the partisan view.

Foucault speaks of “critical history”; an explanation of the complex and shifting network of relations between power, knowledge, and the body. History can provide an explanation of the social constructs that are now in place. Looking at historical practices and attitudes gives a foundation as to the beliefs and attitudes that people have today concerning gender roles (Foucault, 1982). If power regulates life experiences such as birth, death, disease, health, and
sexual relations as Foucault surmises, then it is imperative to consider the impact of power structures on individual behaviors. Foucault writes of power as a negative and repressive force that acts to control behavior and censor thought processes or actions that are different than that of the majority. The normalization of society occurs through repression and constraint. Ironically, Foucault theorized that the practices that normalize a society were started in hospitals, schools, military branches, and prisons and then applied in a more broad sense to bring about social regulation and control. Through these societal standards of normalcy, sex and gender have deep links to the identity of the individual.

Most often when individuals in Western civilization think of repression and segregation, minorities and women are mentioned. Some may recall segregation of the mentally ill or specific religious sects. In this study, the male nursing professional is examined as a target of a type of segregation and repression that comes from being a minority gender in a profession that is dominated by the opposite gender.

Nursing is composed primarily of white, female professionals (Smith, 2006). This creates a power shift in the nursing profession. Women have the majority and hold the power within the profession. Based on this knowledge, the lived experience of the male nurse is impacted by a dominant force within the profession. The phenomenological experiences by the male nurse occur in an environment that is gender skewed toward females. This is in contrast to life outside the nursing profession, where men are generally viewed as the majority and as a dominant force (Evans, 2002). This study develops with the knowledge that the phenomenological experiences of the male participants are influenced by the power shift in which they operate professionally. According to Heidegger (1962), it is impossible to separate the mind from the body and it is impossible to interpret one’s lived experience without the knowledge of one’s past. Using critical
phenomenology as a guide, the researcher must consider the context of the interpretation provided by the participant.

**Critical Phenomenology**

Critical phenomenology is a specific type of phenomenological research that dissects multiple layers of the participants’ lived experiences (Wals, 1993). Velmans (2006) reports that critical phenomenology has a valid place in psychological science and research because it incorporates both scientific elements and common sense. This method of research is useful for investigating phenomenon that occurs in a complex environment (Wals, 1993). In this study, the complex environment is the female dominated work force in which the male nurse operates.

Critical phenomenology allows for the verbalization of real life experiences with the understanding that participants connect meaning to their experiences in light of the context in which the experience occurs (Taminaux, 1993). While the researcher interprets the words and actions of the participant, the ultimate meaning of lived experiences is established by the participant. In critical phenomenology, the researcher does not doubt the validity of the interpretation of the experience, knowing that the meaning verbalized by the participant is authentic to the individual. Critical phenomenology does not view participants as variables or data. Critical phenomenology seeks to learn and know people in their own world (Wals, 1993).

Velmans (2006) states that critical phenomenology is an investigation into the “reports” of the participant. This means that the researcher must not look at the words alone, but must also become aware of the context in which the reports occur. In the case of this study, the researcher is exploring nurse “maleness” by looking at several ways in which being male shapes the experiences of being a male nurse in a female guided profession. The use of critical
phenomenology allows data to be analyzed with the understanding that the males in this study are expressing experiences that come from a female dominated profession. Critical phenomenology allows the researcher to take into consideration the situation and the environment in which phenomena occur (Wals, 1993). Velmans (2006) illustrates that a study that occurs in an environment in which there are multiple factors at work must take these factors into consideration in order to generate a more truthful story of experiences. This is the hallmark of critical phenomenology.

Summary

This literature substantiates that a significant challenge for the nursing profession is to create a diverse workforce that will be better equipped to care for an increasingly diverse population (Roth & Coleman, 2008). There is a lack of adequate research on gender bias in nursing education and more information is needed to assist educators with the task of developing a diverse profession. Much of the research is limited by the number of participants in the studies and the types of data collection. The literature review reinforces the need for further study concerning gender bias in nursing education. As the nursing profession requires diversity to serve a diverse population, previous studies provide an opening for further study. The research indicates a gap between the findings of previous studies and implementations to change in nursing education programs. The analysis of the literature confirms that while there is a clear sense of gender bias among males in nursing education there has been little effort among programs to incorporate policy or curriculum changes in lieu of the results of research. A thorough review of the literature establishes that this research study would be a contribution to the field of nursing education.
A qualitative descriptive research design was chosen for this study to explore the lived experiences of the male nurse. Qualitative research is an extensive method for the study of social phenomena (Marshall & Rossman, 2011). Qualitative research provides the opportunity for the researcher to evaluate conventions and stereotypes through the eyes of the participant (Glesne, 2011). This study occurred in the natural world and evolved based on the data collected. The research focused on content and the context of the words of the participants. The narratives provided by the participants are the product of systematic inquiry which is a hallmark of qualitative research. “Qualitative research is fundamentally interpretive” (Marshall & Rossman, 2011, p. 2). The narratives of the participants were interpreted by the researcher and required systematic reflection.

Research Design and Methodology

Phenomenology

Phenomenology is a qualitative research method that allows the researcher to understand and explore the common experience of the participants. Using a phenomenological approach, the researcher seeks to investigate, describe, and interpret the real life experience of the participant (Glesne, 2011). Phenomenological approaches highlight personal involvement and interpretation. This type of research has intersections with other qualitative methods such as ethnography and hermeneutics. Phenomenology seeks to describe experiences free from preconceptions or hypothetical assumption (Husserl, 1970). More recent theorists emphasize the importance of making the thoughts and beliefs of the researcher evident in the interpretation of data (Glesne, 2011). By adopting a phenomenological approach, words and descriptions can
flow primarily from the participant rather than the researcher, limiting the opportunity of bias from the researcher.

**Critical Phenomenology**

Critical phenomenology is an important element used to expand upon traditional phenomenology. While the study obtained the words of the participant, as with traditional phenomenology, data was analyzed with the knowledge that these words occurred in a specific environment or context that was significant to the manifestation of experiences by the participant. Critical phenomenology allowed the researcher to consider the environment from which experiences and perceptions emerged; a significant factor in understanding the meaning and impact of the words of the participants in this study. Reports given by the participants were valid and significant to the participant and these experiences occurred within an environment, in which the participants were minorities, a factor that may have a direct impact on their perceptions. In using critical phenomenology, it was imperative that there not be a separation of cognitive content and the contextual world of the participant (Taminaux, 1987; Wals, 1993).

The primary data in this phenomenological based research was the participant interview. The researcher selected individuals who have experienced a common phenomenon and analyzed data with the belief that there was a shared perception of the events among participants. Phenomenological methods utilize effective strategies that bring issues to the forefront through the perception of the individual. More importantly, qualitative descriptive research methods that incorporate multiple participants can strengthen inference when commonalities emerge through the descriptions provided by multiple participants.

The use of phenomenology in nursing research allows an examination of both positive and negative aspects of the human experience (Ironside, 2001). Phenomenological research
seems pertinent to nursing education as it seeks to recognize how individuals interpret and make sense of their lived experience (Standing, 2009). Using phenomenology as a tool, the qualitative researcher’s beliefs are incorporated into data synthesis. The interpretive dimension of phenomenology allows this type of research to inform, support, or refute policy and current standards. To lend credibility to qualitative research, each phase of the process is well documented. Included in the documentation is an explanation of the researcher’s thoughts and decisions (Donalek, 2004).

For this study, male neophyte nurses were asked to reflect on their experiences with gender in practice, to discuss these experiences in the interview process, and to elaborate on the impact of these experiences in their current practice and past nursing education. Using a qualitative descriptive study with a phenomenological approach allowed the researcher to gain an understanding of the experiences of the male nurse and the responses of the male nurse to these experiences.

The researcher chose a qualitative descriptive study using a phenomenological approach because of the interest in developing a better understanding of the experiences of the male nurse from the depiction of several participants. This method allowed the researcher to guide participants into describing a similar experience in order to better understand their lives. The researcher believed that other research approaches would not provide the depth of understanding as would a phenomenological approach to this study. The researcher was looking for what was common among the participants and their reactions and feelings surrounding this commonality in order to gain a better understanding. Therefore, the best method to explore the lived experience of the male nurse was by utilizing a qualitative descriptive study with a phenomenological approach.
An interpretive phenomenological approach was used for this study. Husserl (1970) believed that the phenomenological researcher is concerned with the structures of thinking and their relation to the things known. The phenomenological researcher must create a link between objectivity and subjectivity and this is completed by using “regressive inquiry”, a term coined by Husserl. The phenomenologist collect data through the interview process by which the participant reflects back on past experiences or events and offers their perception of those experiences. The phenomenological researcher then must analyze and interpret the possible meaning in the discourse provided by the participant.

Through the investigation of the lived experiences of the male nurse, the qualitative descriptive research design allowed the researcher to gain an understanding of the experiences of the male nurse and how those experiences impacted their life and practice. Male nurses were interviewed and asked to share their experiences related to gender and practice. Male nurses were also asked to share educational experiences related to gender.

Investigating male nurses’ experiences with gender issues in practice through interviews informed the study, allowing the researcher to explore the meanings of the experiences to the individual nurse and determine how those experiences impact the individual personally and professionally. Utilizing a phenomenological approach and allowing participant information to shape the study allowed the researcher to focus on shared experiences and how those experiences impacted the life of the individual.

Methodology

The qualitative descriptive research study used a purposive sample group consisting of 6-10 male nurses in current practice. The participants were asked to share their experiences from
their practice and education regarding gender. An operational definition of gender from the World Health Organization (2013) was utilized in this study. The World Health Organization defines gender as “a socially constructed role, conduct, attitudes, and qualities that a given society considers appropriate for men and women” (“Gender”, 2013, p.1).

The interview design for this study was informed by Irving Seidman (2006). Participants were interviewed on three separate occasions. The researcher opted for the three interview schedule in order to gain in-depth information regarding the participants’ life history, contemporary experience, and to allow the participant to reflect on the information provided in the interviews. The researcher used a semi-structured interview guide to conduct the interviews. The interviews were audio recorded and conducted at mutually agreed upon locations. After each interview was conducted, the interview was transcribed by the researcher. Analytical memos were written for each interview. Each participant received an email containing themes that were identified by the researcher for verification of accuracy. Themes were identified utilizing inductive data analysis and thematic analysis was used to produce findings and conclusions of the study. Marshall and Rossman (2011) described thematic analysis as the assembling of events and behaviors in relationship to the phenomena being studied.

Recruitment and Selection

Sample Selection

Institutional review board permission was obtained from the University of Alabama Institutional Review Board (Appendix A). After approval was received, an announcement (Appendix B) was placed on employee notice boards of three hospitals in a southeastern state.
The announcement explained the purpose of the study, provided contact information of the researcher, and provided purposive sample inclusion criteria.

Potential participants contacted the researcher and were screened to determine if they met inclusion criteria. Participant eligibility included: male gender, a currently practicing nurse, and a graduate of a Bachelor of Science nursing program within the past five years. When it was determined that the potential participant met the inclusion criteria, an in person meeting was scheduled at a time and location convenient to the participant and mutually agreed upon by the researcher. Interviews began with the first participant that contacted the researcher and met the inclusion criteria. Snowballing was utilized in order to gain more participants. The researcher projected that if there were more participants than anticipated, the pool would be narrowed based on the graduation date from the nursing program, accepting the most recent graduates into the study. This was planned in order to provide the most recent recollection of the education experience by the participant.

At the conclusion of each personal interview, participants were asked to inform colleagues that may meet inclusion criteria of the study to contact the researcher and/or provide the researcher with contact information of potential subjects. This type of sampling is known as snowballing and uses social or professional networks of the identified participants to provide the researcher with an expanded pool of potential participants (Vogt, 1999).

The researcher anticipated 6-10 participants for the purposive sample. The researcher sought to sample among participants with similar educational backgrounds and practice experience. The selection and sampling began with accessible sites as is common in convenience sampling, with the anticipation that sample sites had potential for growth with the input from participants should snowballing occurred (Marshall & Rossman, 2011). Each participant was
screened by phone to ensure inclusion criteria were met. After the participant was determined to meet criteria for inclusion in the study and consented to be an active participant in the study, face to face meetings were arranged at mutually agreed upon locations.

Sample Size

There were a total of six participants in this research study. Two participants responded to flyers placed at three hospitals. These two participants provided names and contact information for five other potential participants. Four of the five contacts agreed to participate in the study and met the inclusion criteria. One participant declined to participate related to his inability to schedule all three of the interviews within the time frame for the study. All of the participants worked at one of three hospitals that were located within 25 miles of each other.

Approach

After each participant agreed to take part in the study and inclusion criteria were met, participants were interviewed on three separate occasions, face to face, for 30 to 60 minutes by the researcher. Each semi-structured interview was conducted by the researcher at a location agreed upon by both the participant and the researcher. Participants were interviewed at the office of the researcher or at a local coffee shop in a private area.

Sample Selection

Three of the participants worked in the critical care area and three of the participants worked in the medical surgical area. Six of the participants were employed full time and one participant was employed on an as needed basis. The participant employed on an as needed basis worked full time as a nurse for two years and had recently decreased his workload in order to pursue a graduate degree.
Interview Techniques

Interviews were conducted using a semi-structured interview protocol. The interview process was designed to illicit enough information to provide a rich description of the experiences of the participants relevant to gender issues in practice and nursing education. This rich description was useful in increasing the researcher’s understanding of the phenomenon experienced by the male nurse. Using a phenomenological approach assisted the researcher to allow the participant to describe experiences in their own words. The researcher then explored and analyzed the meaning of the individual lived experience (Marshall & Rossman, 2011). Because the genre of the study was the individual lived experience and the focus of inquiry was the individual, the main strategy for data collection was the interview.

Demographic Data

Participants were assigned alternate names in order to protect their confidentiality. The following table depicts the study demographics.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Area of Practice</th>
<th>Years of Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark</td>
<td>26</td>
<td>Critical Care</td>
<td>2</td>
</tr>
<tr>
<td>Matthew</td>
<td>24</td>
<td>Critical Care</td>
<td>3</td>
</tr>
<tr>
<td>Luke</td>
<td>28</td>
<td>Critical Care</td>
<td>3</td>
</tr>
<tr>
<td>Ken</td>
<td>23</td>
<td>Medical-Surgical</td>
<td>3</td>
</tr>
<tr>
<td>Adam</td>
<td>26</td>
<td>Medical-Surgical</td>
<td>2</td>
</tr>
<tr>
<td>Tyler</td>
<td>29</td>
<td>Medical-Surgical</td>
<td>4</td>
</tr>
</tbody>
</table>

Table 1. Interview Participants

Kvale and Brinkmann (2009) described the interviewer’s responsibility as that of a miner that attempts to dig knowledge from the interviewee’s pure experiences. This study utilized the most typical type of interview for qualitative research, the interview guided or topical approach to interviewing. This method was utilized in order to glean more specific information from the participants about their experiences related to gender in their practice and educational setting.
Open-ended questions were used to allow the phenomenon of interest to develop from the viewpoint of the participant rather than the researcher (Marshall & Rossman, 2011). This type of interviewing was employed in order to develop a greater understanding of the experiences and the impact of these experiences on the life of the participant.

### Interview Protocol

The purpose of phenomenological interviewing is to describe the meaning of an experience that several individuals share (Seidman, 2006). Interviews are intimate encounters that depend on trust (Marshall & Rossman, 2011). Ensuring participants that their information would be kept confidential and they would be anonymous in this process was essential in developing trust.

An interview protocol was developed using guidelines provided by Kavle and Brinkmann (2009), in *InterViews: Learning the Craft of Qualitative Research Interviewing*. The review of literature guided the selection of questions included in the interview protocol. Open-ended questions were developed to allow the participant to explain experiences they have had related to gender in practice and educational settings. Developing an interview schedule informed by Seidman (2006) led the researcher to create three separate interview protocols. The first interview focused on the life history of the participant, how they came to be a nurse, and factors that influenced their decision to become a nurse (Appendix E). The second interview centered on the contemporary experience of the male nurse and focused on specific issues with gender that he may have encountered in practice and the educational setting (Appendix F). The final interview allowed the participant to reflect on information provided in the previous interviews.
and put into his own words how he makes sense of his educational and practice experience as a nurse (Appendix G).

Data Collection

The participant was asked to give written consent at the onset of the interview process. The consent (Appendix C) allowed permission for the audiotaping of the interviews and for the collection of demographic data. Demographic data was collected using a data collection form (Appendix D) at the beginning of the interview and included age, race, sex, the date of graduation from the Bachelor of Science nursing program, the number of years the participant has practiced as a nurse, and the current area of nursing in which the participant is employed. Demographic data were obtained to increase the researcher’s understanding of the life of the participant.

Participants were allowed to ask the researcher questions about the study prior to beginning the face to face interview series. Participants were informed that the researcher may need to contact them later, after the interviews, if any data clarification was needed by the researcher. The participant would be notified that a follow up interview, if needed, could be done by phone. Participants could opt out of the study at any time.

The researcher sought to achieve data saturation through data gained from the interview process. Saumure and Given (2008) state that data saturation has occurred when new themes and patterns stop emerging from the data collected. Member checks were used by the researcher in order to assure accuracy of the data collected and increase trustworthiness of the study. The researcher reviewed identified themes with the participant during the third interview, as a member check. The participant was provided a copy of interview transcripts upon request. Member checking allowed the researcher to ask participants if the information collected was
correctly recorded by the researcher (Marshall & Rossman, 2011). Participants were informed that a copy of the transcribed interview with identified themes would be emailed to the participant for verification. By interviewing participants, the researcher achieved a better understanding of the issues faced by the male nurse.

Data Management and Analysis

Data Management

Data was protected by keeping all materials in a locked cabinet in the office of the interviewer. The only key to the cabinet is owned and secured by the interviewer. The door to the office remains locked when unoccupied. The interviewer was the only person to have access to the audio recordings and transcriptions produced during the study.

Interviews were audiotaped and transcribed for this research study. The interviews were transcribed as soon as possible after the completion of each interview. Data from the transcription was coded through reading, rereading, and analyzing the words of the participant. The researcher looked for issues of significance as indicated by the participant through their words and the researcher’s interpretation of those words.

Data Analysis

Data analysis is a search for similar statements and themes. Data analysis required the researcher to bring a sense of structure and meaning to the data that had been collected. Data was initially organized and the researcher immersed herself in the data in order to reduce the data and produce in-vivo data codes. Themes are often established during a literature review and this researcher was looking for these themes as well as new and emerging themes (Marshall & Rossman, 2011).
Analytical memos were written after each interview. By writing throughout the research process, the researcher developed better understanding of phenomenon as well as emerging themes. Development of this insight led the researcher to guide the study in a particular direction in order to expand their understanding of an emerging theme (Richards, 2005). In this research study, the analysis was conducted at the conclusion of each interview prior to proceeding to the next interview. Through data analysis, meaning and organization were brought to the themes that emerged during data collection. Principles of phenomenology guided data interpretation in that the researcher was aware that the individual’s lived experiences occurred in an environment that had components of dominance and in turn contributed to feelings of loss of power or submission by the participant.

Trustworthiness and Validity

Trustworthiness refers to the goodness of the research practices utilized in a study. Lincoln and Guba (1985) broadened the concepts and terms utilized to determine trustworthiness for qualitative research. Among these concepts are the engagement in reflexivity by the researcher and member checking, which were utilized in this study.

The researcher utilized reflexivity in the writing of analytical memos after each interview. This type of writing assisted the researcher in developing initial codes and helped to identify links between coded data (Marshall & Rossman, 2011). Participants were offered the opportunity to clarify transcripts and suggest changes, if warranted. This served as a member check. The third interview in the three interview series provided participants the opportunity to clarify themes the researcher had identified as emergent. The researcher reviewed the data prior to writing the final analysis of the findings.
Timeline

Institutional Review Board approval was obtained from the University of Alabama IRB during the summer 2013 semester. After participants contacted the researcher, interviews occurred throughout the fall 2013 semester. Interviews were spaced from three to seven days apart. This allowed time for the participant to process information, yet still allowed the participant to remain connected to the interviewer and the data provided (Seidman, 2006). Conducting the three interview series also assisted the researcher in developing a working relationship with the participants.

Ethical Considerations

There was no foreseeable harm to participants in this study. Informed consent was obtained prior to the initiation of data collection. A copy of the informed consent was given to each participant. Participants were informed that they could obtain a completed study upon request. Participants were also informed that they could opt out of the study at any time. Information was kept confidential and all participants were assured anonymity. All data collected was stored in a locked file cabinet in the office of the researcher with plans for destruction of collected data in five years.

Participants in the research study did not receive compensation. Participation in the study benefited the participants as it is hoped this study provided a contribution to the field of nursing education and influenced policy and curriculum changes in nursing education programs. Participation in this study contributed to research in the field and encouraged a more positive environment for male nurses.
Researcher Positionality Statement

Review of the literature clearly indicates that male nurses face special challenges in nursing education programs as well as issues in nursing practice that females do not experience. Research studies arrived at this conclusion when males began entering the nursing profession in increasing numbers and continue to arrive at this same conclusion today. Years have passed and research continues to indicate that nursing curricula has not evolved by rectifying any of these issues.

As a practicing female nurse, I never really considered the issues faced by males in the profession. I had often had male patients ask if there was a male nurse or orderly that could perform intimate care or place catheters, but I did not stop to consider the impact of my inability to fulfill that request due to the lack of male nurses. The challenges facing males in the nursing profession became evident to me at the beginning of my teaching career in a nursing education program within a community college setting.

I had male students in clinical that came to me in the later stages of their education program having never cared for a female patient because their previous clinical instructors did not assign patients of the opposite sex to male nursing students. I found this to be disturbing and also thought this to be a disadvantage to the student who would soon be entering the nursing field and expected to care for a variety of patients.

Personally, I am concerned with fairness and equality among students. As a coordinator of a major course, I was responsible for clinical scheduling within that course. After sending a preliminary schedule to clinical faculty, I was approached by several senior faculty and told that I had placed too many males together in groups. They related that they did not like to take several males together to clinical but were unable to provide any concrete rationale other than
that was just a personal preference and a known standard among the clinical coordinators at that institution. It was this experience, in combination with observing some unequal treatment of male students and hearing female nursing educators speak negatively about male students, which sparked my interest in males in the nursing profession.

In my nursing education career, I have worked with few male nurse educators and I believe that this limits the perspective of nursing education programs. I think this also is a disadvantage for students entering the profession who are seeking a role model to emulate. Choosing nursing as a career is one of the best decisions that I have ever made. I consider myself to have been fortunate to have mentors and role models that have helped to shape my career. I hope that my research furthers the efforts to make this career possible for more people and enhances their nursing education experience.

Summary

This qualitative descriptive research study adopted a phenomenological approach. The study explored the opinions and perceptions of the male nurse regarding gender issues they experienced in practice and how their educational experience prepared them for these experiences in practice. A definition of gender from the World Health Organization (2013) was utilized for this study. Participants of the study were required to be male, be a recent graduate of a Bachelor of Science nursing program, and be a practicing nurse.

Semi-structured interviews were conducted using an interview protocol that allowed participants to elaborate on their lived experiences in practice and education. Six participants were interviewed by the researcher. Each interview was recorded, transcribed, coded, and analyzed. Analytical memos were made by the researcher at the conclusion of each interview.
Research questions were used to guide the study and the researcher used the analytical memos and emerging themes to guide each following interview.

Contents of each interview were reviewed for ways that nursing education programs can target issues faced by male nurses. Education programs could incorporate teaching and clinical strategies into curriculum that addressed these findings. This in turn could make transition into professional practice less stressful on the male nurse and increase his confidence in practice.
CHAPTER 4
RESEARCH FINDINGS

In this chapter, the findings from the thematic breakdown of the data obtained while exploring male nurse’s lived experience with gender in education and in practice are described. The purpose of this study was to describe the lived experiences of the neophyte male nurse in educational and practice settings. For this study, a neophyte male nurse was defined as a male nurse who had been practicing nursing for no more than five years. Using the broad research questions as a guide, the researcher completed a series of three interviews with each participant. The development of the three interview series was guided by Seidman (2006). The data was then carefully analyzed and reviewed for emergent themes. Through the themes that emerged from the findings, a better understanding of the meaning of the lived experience of the male nurse was obtained.

Participant Overview

Mark, a 26 year-old Caucasian male, who practices nursing in a 28 bed critical care unit, participated in this study. He initially graduated from an associate degree nursing program and after practicing for one year, obtained his Bachelor of Science degree through a local university. This was an online program that required no additional clinical time. He appeared younger than his stated age and was vocal and animated when he discussed his experiences. He had a tendency to drift away from the semi-structured interview questions and focus on personal experiences that significantly impacted his experiences.

Another participant, Matthew, was 24-years-old at the time of the study. His race is Caucasian. He received his education solely from Bachelor of Science nursing program and
stated that he knew he wanted to be a nurse when he was in high school and pursued his education with that goal in mind. He also practiced in a 28 bed critical care unit. He worked the opposite shift of Mark and they have no interactions at work. He had been practicing nursing for 3 years when this study began and the critical care unit is the only area he has worked. Matthew worked night shift and elaborated that this shift was dominated by older female nurses who have been practicing nursing for many years and also have worked together on this particular unit for a number of years.

Luke, a 28-year-old, Caucasian male nurse, practiced nursing in a critical care unit in a different facility than Mark and Matthew. This facility was approximately 25 miles from the hospital in which Matthew and Mark were employed. Luke was currently pursuing an advanced practice degree in nursing and had decreased his work status from full time to part time. He too reported that he was the only male nurse on his unit and shift. Prior to beginning a career in nursing, Luke worked in the retail industry. He stated that he had thought about nursing as a career when he was younger, but was reluctant to pursue the career due to financial issues and time constraints. Like Mark, Luke obtained his initial nursing degree from a community college and then completed his Bachelor of Science degree online. Luke stated that the advanced degree he was currently pursuing was a combination of online and traditional courses.

Ken, at 23-years-old, was the youngest participant in the study. His race was Caucasian. He began his nursing education at a local university directly out of high school, where he had obtained dual enrollment credits that he felt provided him an advantage when applying to nursing school. He also participated in a health education course in high school, which is the reason he chose nursing as his primary career choice. He currently practiced medical surgical nursing on a floor that specializes in post-surgical care.
Another participant, Adam, a 26-year old Caucasian male, had practiced nursing for three years in a medical-surgical setting at the time of the study. Ken and Adam worked at the same facility, but did not work on the same floor and were not on the same shift. Adam worked night shift and Ken worked the day shift. They did know each other; however, Adam and Ken were classmates during their nursing education program.

Tyler, a 29-year-old Caucasian male, was the oldest participant in the study. Nursing is also a second career for him. He was employed by an automotive manufacturing company that offered a buyout for certain employees. He stated that he had thought about nursing in the past after experiencing a long-illness with a family member and the buyout provided him with the incentive to pursue nursing as a career choice. He verbalized that nursing provided a challenge for him that did not exist in his previous job. At the time of the study, he had worked on a medical-surgical unit for four years. This unit specialized in gastrointestinal illnesses.

There were three primary research questions the researcher answered through the data analysis. The overarching research questions were: (1) What are the lived experiences of neophyte male nurses with gender roles in their profession? (2) How do factors of educational instruction and professional practice influence male neophyte nurses’ experiences with nursing? and, (3) What societal structures do male neophyte nurses reveal as impacting their gendered experiences in nursing? This chapter begins with an explanation of gender experiences, a presentation of emergent themes and subthemes deduced from the data. Participant experiences are used to illustrate the meaning of gendered experiences to male neophyte nurses. The participants are given voice by participant representation of their experiences. Finally, the research questions are answered by the researcher.
Gendered Experiences Defined

The operational definition for gender used for this study defines gender as “a socially constructed role, conduct, attitudes, and qualities that a given society considers appropriate for men and women” (“Gender”, 2013, p.1). Through the use of semi-structured guided interview questions participants provided descriptions of their understanding of gendered experiences in their practice and educational settings. Gendered experiences refer to the labeling of experiences as being more male or female.

Participants provided a variety of responses including: feeling excluded, challenged, and devalued because of their gender. Throughout the literature, the male nurse has encountered challenges, devaluation, and has been excluded from areas of nursing considered “female”, such as obstetrics and pediatrics (Bell-Scriber, 2008; Chou & Lee, 2007; LaRocca, 2007). The participants of this study described gendered experiences that were in alignment with these findings. The participants had similar experiences with similar interpretations of their causes and meanings. The descriptions and the meaning of gendered experiences hold for the participant the way each participant was impacted by the experience.

Themes

The major themes that emerged from the data were feeling devalued, feeling excluded, feeling challenged, and resilience. Many of the same themes were interwoven throughout the three interviews with the participants. The researcher used these major themes to break down the data into subthemes that were common among the participants. There was thematic consistency across interviews. The emergent themes were found to be intertwined throughout the interview data. These themes were further broken down into subthemes in Table 2.
### Table 2. Thematic Breakdown

<table>
<thead>
<tr>
<th>Emergent Theme</th>
<th>Subtheme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exclusion</td>
<td>Minority, Masculine Roles, High Expectations</td>
</tr>
<tr>
<td>Devaluation</td>
<td>Murse, Incivility</td>
</tr>
<tr>
<td>Feeling Challenged</td>
<td>Conflicting Opinions of Males as Nurses, Lack of Respect</td>
</tr>
<tr>
<td>Resilience</td>
<td>Early Exposure to Healthcare, Discomfort</td>
</tr>
</tbody>
</table>

The themes that emerged from this study were not isolated. Minor themes interact with each other and inform the major themes that emerged from the study. Subthemes were directly interactive amongst each other with some themes overlapping and producing the same results for the participants. For example, the experiences participants had with masculine roles and being the minority in the workplace interacted to cause the male neophyte nurses to feel excluded socially and professionally. These themes overlapped with the feeling of being devalued and treated with incivility. Major themes and subthemes were gained from analyzing the similar experiences of each participant.

**Feeling Excluded**

The major theme of feeling excluded produced the subthemes of minority, masculine roles, and high expectations. Participants in this study indicated they felt excluded in a number of ways. Subthemes emerged from the various acts and constructs that led these participants to feel excluded. Participants stated that they often felt excluded because they are a minority on the basis of gender. Mark stated, “I feel like I get left out a lot because I am not one of the girls.” This is an example of how male neophyte nurses are excluded because they are the minority
gender in the nursing workforce and demonstrates the intersection of the major theme of feeling excluded with the subtheme of minority. Adam related that he felt like a minority because of his gender when he was excluded from social activities that occurred on the unit. Adam stated, “They [referencing the female nurses on his unit] will have little parties in the break room all the time. I never know about them until I walk in on them in progress.” Adam’s story also highlighted how *masculine roles* are derived from the major theme of *exclusion* as this is a theme that developed from the experiences of the participants. Adam went on to state, “I think because I am a man and they don’t think that I’m interested in parties, baby showers, or social type functions. I am there for the brawn.” This sentiment was expressed by another participant, Mark, who stated, “I know they think I’m the muscle of the unit because I am a man. I guess they think that men have never ending muscle strength.” This statement highlights the mix of subthemes from the major theme of feeling excluded. Masculine roles emerged as a subtheme of this overarching category and were expressed by Mark. Statements such as these shaped the answers to the research questions describing the male neophyte nurses’ experiences with gender in their educational and professional roles.

*Higher Expectations*

Another subtheme that emerged from the major theme of *feeling excluded* was the feeling of the participants that they were held to *higher expectations* than their female counterparts. Feelings of the participants that they were held to higher expectations intersected with the major theme of feeling excluded in that this was a defining component of the neophyte male nurses’ experiences that made them feel separated. Many of the participants indicated that being held to higher standards than their female counterparts became a source of stress and aloneness. These themes seemed to co-exist in that the feelings of being excluded, separated, or singled out, would
emerge through actions of other nurses that made the participants feel different than their female counterparts. Ken illustrated this point by his statements concerning being held to a higher standard than others on his unit. Ken stated, “I just feel like I’m meant to do more and know more. It is more pressure on a male nurse than the women there because you feel like you need to prove yourself.” Matthew stated that as a student nurse he felt he had to be smarter than the average female student because it was expected. He stated, “At the beginning of nursing school one instructor was pretty obvious that she expected the men in the course to be ideal students.” He went on to relate that this instructor told the students as a group that she had problems with male students acting as if they would not be held to the same rules as the female students. Matthew stated, “That kind of lets you know that you better not make any mistakes.” This aligns with the subtheme of exclusion in that Matthew felt like he was excluded from the same expectations as fellow female students. He felt that higher expectations were reserved for him, the only male in the group. The instructor’s statement about male students acting as if they would not be held to the same standards as female students was directed at him, further alienating him from his peer group.

*Feeling Devalued*

While participants related experiences where they felt excluded and held to higher expectations than their female colleagues, they also felt devalued. These contradictory experiences were an interesting finding in this study. The major theme of devaluation was expressed by the subthemes of *incivility* and “*murse*”. The participants expressed they felt devalued at times in their life experiences. These feelings of devaluation emerged from instances when they were called “murse” in a derogatory manner and when they experienced acts of incivility. Many of the participants related that they felt devalued and disrespected by acts of
incivility from their female colleagues as participant words described throughout the interviews. Matthew stated that he felt that a nursing instructor purposely treated him differently because he was a male. The participant went on to relate that he felt that the instructor was “spiteful” and acted differently because he was male, leading to feelings of devaluation. This is an example of how factors of educational instruction can impact the male nurse’s experience. Several of the interviewees reported that the term “murse”, referring to a male nurse, was used in a derogatory tone. Matthew stated, “My friends say that [murse] like it’s a joke.” Ken stated, “You know “murse” is used on television and movies now and it kind of pokes fun at men who are nurses. If they had to do it for a day it wouldn’t be funny.” Ken could have been referring to the profession of nursing in general being a challenge to maneuver, but also the issues the male nurses’ experience are nothing to joke about. Ken’s story exemplifies the concern for this study in that while male nurses experience exclusion and devaluation, they are also challenged at a level that may be foreign to female nurses. Male nurses in this study balanced an array of experiences and feelings that stemmed from their minority gender in a profession dominated by female nurses. Participants not only had to deal with transitioning into a new profession, they had to deal with male and female interactions that at times provoked anxiety and negative feelings in the participants.

Feeling Challenged

The major theme of feeling challenged was further broken down into the subthemes of conflicting opinions of male nurses and lack of respect. This major theme and these two subthemes are related in that the lack of respect given to male nurses, whether derived from a societal construct or an individual act, causes them to feel challenged by their female counterparts. Feeling challenged by colleagues caused these participants to question their own
integrity and abilities as a nurse. This feeling may be magnified when the minority in a working environment with limited peer contacts to discuss feelings and interactions without the feeling of judgment and inferiority. As explained in the literature review, male nursing students have little to no contact with other male nurses. They are generally the minority through their education programs and when they enter into practice. Male nurses tend to be placed with female nurses for preceptorships due to the lack of available male nurses who are currently practicing. The participants related that when they were disrespected they felt the need to defend their actions and prove their knowledge. This overlapped with the theme of being held to higher expectations. Ken related that when he felt challenged by an older nurse on his unit he felt defensive and felt disrespected because he was a male nurse. Ken stated “I feel like I was being challenged by this nurse because I was the only male nurse on the floor at the time.” Data obtained from this study also indicated that male neophyte nurses felt disrespected when they were used for their physical strength rather than their nursing skill. Matthew stated, “It’s demeaning when you are assigned to patients based on my physical issues rather than your mental skill. I have the same degree that they [female nurses] do, that means I am as qualified to take care of any patient.”

Resilience

Each participant related experiences where they were devalued, excluded, and challenged in their role as nurses, yet they persevered in their efforts to obtain an education in the nursing profession and improved their nursing practice rather than becoming discouraged or changing professions. A major theme that emerged from the data was resilience which produced the subthemes of early exposure to healthcare and discomfort. These subthemes have a direct relationship to the participants’ resilience in that some participants initially encountered healthcare through negative experiences such as the death or illness of a family member. Ken
and Mark both reported experiences where family members had been gravely ill with chronic illnesses such as cancer and chronic obstructive pulmonary disease. They were exposed to healthcare by seeing relatives suffer and caregivers respond to this suffering. Despite the negative connotations associated with the feelings of loss of a family member these participants both sought nursing as a career choice. Ken stated, “I guess I really thought about being a nurse when my grandfather had cancer.” Mark stated, “My grandmother had home health care for several years before she died. I thought that would be a rewarding job… you know… to really help people.” These participants’ early experiences were also devoid of male role models yet they continued to pursue their passion for nursing. Many male nurses, as demonstrated by the participants in this study, experience discomfort in their nursing education and nursing practice yet they continued to pursue their nursing degree and work through negative situations to improve their nursing practice.

Participant Representation of Major Themes

Participants in this study told stories of their life experiences in nursing education and nursing practice. Themes and subthemes emerged from the stories of the participants. These are analyzed and described by the researcher. The participant representations of themes by stories are interpreted based on the emotions, impact, and perspective of the participant that is evident to the interpreter. The emotion, impact, and perspective are important and come through using critical phenomenology as a guide for interpreting data. To interpret the data effectively, one must consider the context, emotions, and perspective of the participant in order to fully understand the meaning of the words. Using critical phenomenology requires the investigator to look further than the participants’ words in order to obtain a true understanding of the
phenomena (Velmans, 2006). Investigating the context, emotions, and perspectives of the participants allows the researcher to develop this deeper understanding.

**Major Theme: Exclusion**

**Participant Experience.**

Mark, a neophyte male nurse, shared how a group of female nurses would gather in the break room at lunch and leave him to care for the patients on the floor. He also shared how this made him feel excluded and he did not feel he had a choice in this matter. He stated, “They never asked me if this arrangement was ok with me, they just did it.” He further related that he felt that it happened “because I was a man and they were women”. Mark stated, “I guess they were talking about women stuff and maybe even complaining about me. I don’t really know. I just know they would go back there and talk and laugh and I stayed out on the floor caring for their patients and mine.”

This experience of exclusion by Mark was interpreted as being related to his male gender. He states that because he was male and his colleagues were female that there was an understood barrier that excluded him from certain rituals within the workplace. He was uninvited to the break area and was left alone to care for a unit of patients. While this may not have been intentional by the female nurses that Mark worked with, he indicated that he felt excluded on the basis of his gender. It should also be noted that Mark was the only male nurse on the unit; therefore, he did not have the same opportunity for camaraderie with peers as the female nurses on this unit. While gender difference does not automatically exclude the possibility of camaraderie, in the case of male nurses who are encountering issues based on gender it negates the opportunity for the male nurse to problem solve and discuss issues with nurses of the same sex. As a lone male, which is often the case, he experienced feelings of being excluded. The idea
of problem solving involves being able to talk to male nurses who have encountered similar experiences and having a true peer relationship with nurses of the same sex. Recall the subthemes of minority and being held to a higher standard, when this experience of being excluded is situated within the context of being a minority. This exclusion is about more than being excluded from breakroom socialization, it is about a culture of exclusion that impacts the ability of Mark to engage with nursing peers in a productive fashion. As collaboration and communication are essential to nursing practice, Mark becomes disadvantaged within this female dominated culture of nurses.

*Impact, emotions, and perspective.*

Mark demonstrated several nonverbal behaviors when discussing this incidence. He crossed his arms and at times would sigh heavily. The researcher asked the participant how this experience made him feel and he stated that in hindsight it made him angry. He stated, “Talking about it now makes me wish that I had told them that I didn’t like this set up.” He went on to say that because he was a new nurse, he felt that he was not as assertive and that he has grown more confident and can more easily express his feelings to other nurses.

It seemed that Mark had become more mature and confident in his nursing practice. His insights about this experience highlighted the intersection of gender and experience. When he first entered into nursing practice he felt insecure, both because he was a new nurse and he was a male nurse without any other male nurses working on this particular unit. He felt isolated and alone at the time of this occurrence. This experience is reflective of how being a minority male nurse experiences the distribution of power within nursing. Mark felt that he did not have the right to speak up and challenge his colleagues because he was new and he was male
Participant Experience

Though Mark’s experience pointed to exclusion from his nursing peers, Ken’s revealed a different type of exclusion that extended from the hierarchy of the nursing unit. Ken described how he was never involved in the planning of patient care. He stated, “I am never included in the assignments made on the unit where I work. I have seen other nurses say that they did not want to take care of a certain patient and the charge nurse just won’t assign them to that patient, but when I have made requests she [the charge nurse] just looked at me with a sort of mean, negative expression on her face and then the next day I got the same patients. I reminded her that I had asked not to have this patient that it was a difficult patient and I had that same patient for three days and I needed a break. She [the charge nurse] just kind of scoffed and said, “If you can’t stand the heat, stay out of the kitchen.”

This is an example of a type of gender bias in the workplace. Ken specifically mentioned how other female nurses requested to have a change in patient assignment and it was granted. While new female nurses may encounter this type of behavior also, this is perceived by this male participant as an attack on his role as a nurse. He witnessed female nurses being excused from difficult patients and was not afforded the same courtesy. He felt that the statement made by the charge nurse was an attack on his gender and his inability to perform his role as a nurse as effectively as a female nurse.

Impact, emotions, and perspective

Ken was able to readily recall this experience during the second interview of a three interview series. The researcher asked how the experience of being excluded from patient assignment planning and having his request for a change in patient assignment impacted his practice. Ken stated, “Well, kind of negatively. I don’t guess I should have taken it so personally
but it felt personal at the time.” Ken stated that his feelings felt ignored by the people who worked with him, especially the charge nurse. He stated that he felt left out and that he felt that he was being treated differently than the female nurses on the floor. Ken stated, “I really think that she acted the way she did because I was a man. I don’t know if she had something against men or not, but this was bad for me and I had never done anything to the woman.” The participant went on to say that this experience made him feel negative and bitter toward this particular nurse.

This participant had an interesting perspective on this phenomenon that aligned with statements similar to others in this study. In interview three of the three part series, when asked to verify the findings of the previous interviews, Ken stated, “I think that was really an individual problem with her [the charge nurse], I certainly hope this is not the worldwide attitude of all female nurses……I know it’s not.” This view was a commonality among most other participants. The male neophyte nurses consistently related negative behaviors and negative experiences to individuals rather than as a universal occurrence among female and male nurses.

This attitude among the participants was an interesting development during data collection. Rather than associate uncivil or negative behavior to nursing or female nurses as a group, the participants attributed behaviors to individual shortcomings or attitudes. This finding points to the need for more individual and group education concerning diversifying nursing and promoting civility among all nurses. While the participants of this study seemed to excuse the behaviors of a collective group by shifting the focus of their gendered experiences to an individual, the incidents that occurred to these individuals were instigated by individuals within the collective group of nursing. The participants in this study worked on varied units and in some cases different facilities, thus having uncivil and gendered experiences with different nurses.
This points to this being a professional nursing issue that needs to be addressed at the system level as well as the individual level.

*Participant Experience*

Tyler described a time when he was excluded from experiences on the obstetrics unit during his clinical rotation in his nursing education program. He stated, “You know I had to psych myself up to go to OB [obstetrics]. I had heard a bunch of negative stuff about the nurses that worked there. I had heard that my clinical instructor was nice and tried to let you do and see a lot of stuff. I really wanted to see the two different types of deliveries and there was plenty of opportunity, but you know how many I ended up seeing? Zero. It seemed like every time a baby was about to be born, I would get sent on some “errand” off the floor. Conveniently, I had to go to the central supply, clean utility….you name it. It wasn’t the clinical instructor, it was the nurses. They all but would slam the door in my face. Made me feel like a pervert.”

While the incidents that Tyler described may have been coincidental, he interprets the events described as a personal attack. He clearly felt that he was being sent away from the unit because it was a place for females and not for males. Because he already had a sense of exclusion, being the minority gender on the unit, when doors were being closed and he was being sent from the unit on errands it brought to his mind the stereotypes associated with male nurses. This is an example reinforced by Heidegger (1962) who stated that a person’s understanding of their current experiences is directly related to how they perceive the past. Historically, men who pursue nursing as a career have been subjected to stereotypes (MacWilliams, Schmidt, & Bleich, 2013; Smith, 2006; Halford & Leonard, 2003). While literature reports that the climate for men in nursing is warming, male neophyte nurses are aware of historical stereotypes and gender biases
Impact, emotions, and perspective

Tyler stated that being sent from the unit and being prevented from seeing the two different types of births had a negative impact on this particular clinical experience. He felt excluded from the rotation and stated, “I really don’t feel like I got my money’s worth [referencing tuition] with that course. I mean after all, the female students got to see the two different types of deliveries, I didn’t.” Tyler demonstrated a show of emotion when he made reference of the actions that implied that he was a “pervert”. He looked down and away from the researcher and shook his head slowly back and forth with a sad expression. In this case, Tyler seemed to relate this negative behavior and actions to an entire unit and not just an individual nurse. This further solidifies the concept that while participants of this study had a tendency to glorify nursing by excusing individual behaviors, problem with the system of nursing emerged.

Major Theme: Feeling Devalued

Participant Experience. Problems within the system emerged early for some participants. Gendered experiences occurred throughout the educational and practice settings of the participants, leaving them with a feeling of being devalued in their role in nursing. Matthew, a male nurse who had been practicing for two years at the time of the interview, related an experience where he felt devalued by a particular nursing instructor during a clinical rotation. He described how at first the clinical instructor was nice and “easy going”, but then seemed to become somewhat hostile when he told her he did not enjoy the medical surgical clinical rotation and was planning to become a nurse practitioner and hoped to work in a clinical setting. He stated, “She was kind of mean and said to me that I needed to realize that I may not ever become
a nurse practitioner and I needed focus on just being a nurse at the moment. She said, “Not all men move on to higher ground you know?” He went on to say that the manner in which the educator said this statement to him seemed derogatory toward men in nursing.

In this incident, Matthew had mentioned at the onset of the clinical rotation his future plans to become a nurse practitioner. There is an existent stereotype that male nurses raise to advanced levels of nursing on a faster track than their female counterparts. It appears that the clinical instructor was possibly resentful of this male student because of this perception. The clinical instructor had asked students what area of nursing that they planned on pursuing and Matthew volunteered this information. This experience relates to gender in that it seems that the clinical instructor possibly had a gender bias related to the advancement of male nurses into upper levels of nursing.

*Impact, emotions, and perspective.* Matthew indicated that while his mentioning of his future plans in nursing this had a particularly negative impact on this clinical rotation, he felt that this was not the overall perception of the program. He stated, “I had many other instructors who knew my future plans and it didn’t seem to be an issue. They were actually supportive.” This is another example of how participants in this study may not realize that their experiences are actually part of a collective. While Matthew had several instructors that were supportive, and that allowed him to excuse the behavior of the one, he may fail to realize that this experience is not isolated to just him. This behavior has the potential to continue to impact other male nursing students if not addressed. He indicated at the time of the incident he felt disheartened. Matthew stated, “I was trying to be a good student and her attitude was like a slap in the face.” Matthew went on to say that he felt that in the future he should keep his future plans to himself. While he did say that he did not view this as an overall negative experience, he did feel negatively toward
the individual instructor and he thought that could have impacted his clinical performance with this particular instructor. He stated, “She gave me a low mark on participation that same day that this happened. I thought, ‘why participate?’” Matthew believed this to be an act of spite by the clinical instructor. This is interpreted to be a gender issue in that the instructor possibly allowed an existent stereotype that male nurses advance to administrative positions to impact her interactions with a male student. This attitude by the instructor also put the student at a disadvantage in that he did not feel that his actions would make a difference in her evaluation of his performance because she had already made a judgment about him.

Participant Experience: Mark, a male nurse who had been in practice for three years, described phenomena that he had experienced in his workplace. He related how he overheard the charge nurse saying that she delegates patient care to the male nurses on the floor based on the obesity level of the patient. He stated that the charge nurse said, “We will give that patient to him [another male nurse] because he weighs like 500 pounds.” The neophyte male nurse related that he interpreted this to mean that his charge nurse did not delegate patient care fairly and viewed male nurses as solely there for muscle strength and not their ability to provide skilled care. Mark seemed to feel that a fair delegation of patient assignments would be based on patient acuity and skill level and experience of the nurse. The weight of the patient should be irrelevant, according to Mark, when deciding which nurse is assigned to a particular patient. Mark pointed out that this same patient would be assigned to female nurses on opposite shifts because there were no male nurses available. The female nurses would pair up in order to lift and move this obese patient. Mark indicated that he felt that this same delegation should be considered on his shift.

Impact, emotions, and perspective. Mark indicated that he felt that the delegation of patient care was biased by this particular nurse. He stated that this had a negative impact on the
working relationship between them on the unit. He went on to say that he felt angry when he heard the charge nurse make those comments. The participant stated, “You know, I never mind to help out the other nurses with big patients, but that made me think….’Nope, if you haven’t assigned that big guy to me, I’m not helping because none of you [female nurses] offer to help me.” The neophyte male nurse indicated that this changed his perspective when working with this group of nurses. While initially he was eager to help and participate with patient care that was assigned to him, he became closed and isolated. This experience made Mark view the unit as male nurses versus female nurses which was originally not a consideration in his nursing practice. The actions of the female nurses on this particular unit sparked a type of gender division among Mark and his female colleagues. Prior to this experience, Mark was eager to help his peers. This experience put Mark on the defensive and made him less eager to participate as a team member on this unit. Gender bias essentially changed the work dynamics on this unit from being a collectivist work environment to more of an individualistic and competitive environment.

Major Theme: Feeling Challenged

Participant Experience: Luke expressed that he felt challenged by older female nurses almost immediately when he began work in an intensive care unit. He stated, “You probably don’t know how it feels to be questioned on everything you say or do when you are at work. This nurse at work would put me through the ringer every time I gave report on my patients to her.” He went on to say that this nurse questioned him “like she was my clinical instructor” on the details of his patient. He stated, “She would ask me things about basic care like nasogastric tubes and ventilator settings that were not anything to do with giving report on that patient, it was about her questioning my ability. She even said, “I’m just testing you.” I thought that was really
rude.” Luke stated, “She didn’t do this to the girls who graduated with me. “Every time she started questioning me it made me question myself. It made me doubt myself and what I knew was right.”

Luke believed that he was being singled out because he was male. He noted that other nurses on the unit had graduated during the same semester as he had and they were not subjected to this behavior by this particular nurse. This nurse’s behavior made Luke feel inferior because he was a male nurse on a unit with all female nurses. He felt inferior because he was being questioned in a way that made him feel like a student rather than a practicing nurse like his fellow female colleagues that graduated at the same time. This finding ties back to the previously identified theme of feeling devalued. This feeling of inferiority made Luke question his nursing skills and may have retarded his acclimation to his new role as a nurse.

*Impact, emotions, and perspective.* Luke indicated that this experience had a negative impact on his working relationship with nurses who “questioned” his ability. He stated, “It felt like she was challenging me because I was new and because I was a guy.” He indicated that while this made him feel angry, it also made him feel weak as a practitioner. He stated, Luke further related that the questioning and challenging behaviors of this nurse were an ongoing experience until he changed units.

*Participant Experience:* Interestingly, while some participants talked about experiences where they were delegated low skill level patients based on weight and other factors, some participants felt they were given patients requiring high level of care as a “test” of their ability. Matthew, a male neophyte nurse who had been practicing about six months at the time of this incident stated, “They totally gave me some train wrecks[indicating high skill level patients] before I was ready. I felt like I was thrown to the wolves, when they were baby stepping some of
the girls that graduated with me.” Matthew talked about how scared he felt for his patients’ safety. The male nurse participant stated, “I can see how they wanted to test me and challenge me to see if I could handle it, but that to me was not safe for the patients that I had during that time. I made it, but there were to me, some near misses with patient lives.” He also went on to say that he did not feel like he could readily ask for assistance with these challenging patients. He stated, “I didn’t hardly ask for any help because I felt like they would act like this was something I should already be able to do.”

This experience by Matthew illustrates how gender bias can impact practice and negatively affect patient care. In this case, his charge nurse assigned a patient to Matthew that he felt he was ill equipped to handle due to lack of nursing experience. As identified earlier, male nurses feel challenged and devalued, which makes them less likely to seek help for further risk of being alienated by the older female nurses on their units. The behaviors of both Matthew and the charge nurse essentially put the patient at risk.

_Impact, emotions, and perspective._ The gender bias that impacted Matthew’s nursing practice had an effect on his emotions as well as his perspective on nursing. Matthew became anxious while talking about this experience. He fidgeted and twisted his hands. Otherwise he was calm and at ease during the interviews indicating that recollection of this event caused some distress. When asked in the third interview of the three interview series how he made sense of this situation he replied, “I feel like those nurses put patient lives in jeopardy just to show me up.” The male neophyte nurse expressed anxiety and concern over this incident. The statements made by the participant indicated that his concern and anxiety stemmed from a desire to protect and care for patients rather than a self-preserving nature. While this situation provoked anger and a sense of distrust for his fellow nurses, the participant’s perspective indicated that his priority
was the risk to the patients in his care. The participant stated, “I know that at the time I was mad because of the hard patients that I was getting, but it really made me anxious and scared that I’d do something wrong and hurt them. Looking back, that’s really dangerous.”

**Major Theme: Resilience**

An interesting finding from data analysis revealed that despite the fact that participants could recall negative experiences in their educational and practice experience that they used these challenges as opportunities for growth as a professional and had expressed no regret or desire to change professions.

**Participant Experience:** In the last of a series of interviews when the male nurse was provided the opportunity to review recurrent themes in his previous interviews Ken stated, “Although there have been some incidences that I could live without, I truly like being a nurse and I am glad that I made the decision to become one. I kind of think that those times that I told you [the researcher] about were more about the people that I worked with and not about nurses as a whole…. I have worked more with nurses that were easy than those that were hard to get along with.” While this demonstrates the resilience of Ken to continue in the nursing profession while giving the female dominated nursing profession the benefit of the doubt, this is another indication of how male neophyte nurses in this study failed to realize that theirs was not an individual experience, but a collective occurrence that was expressed by other participants. Resiliency is the ability to overcome a challenge and Ken demonstrates that he overcame a negative situation and continues to have a positive outlook on the nursing profession.

**Impact, emotions, and perspective.** The reflections of this participant on the first two interviews indicated that while the initial impact of his experiences were negative; overall his experiences in nursing have been positive. The participant stated that while he has encountered
some individuals that made his transition into nursing practice a struggle at times that most nurses have been willing to help him in growing as a professional. He also stated, “I struggled with some nursing instructors and some people that I worked with, but I think that is par for the course. I like the patients and I liked the job and so I just kept at it.” During the last interview the participant revealed the following, “I have loved some of the patients that I have taken care of and I think that the bad and the good have made me be a better person and a better nurse.”

**Participant Experience:** During interview two of a three series interview Adam stated that he learned from negative experiences that he has encountered. The participant told the researcher, “I initially felt uncomfortable when I was caring for women that were my age. I don’t think that anyone can really teach you how to handle this, but I learned that it is my approach to the situation and what I’m thinking in my mind that is really making the situation be more of a big deal than it was.” He went on to tell the researcher that teaching all nurses, not just males, that learning and changing are a part of this career and something that you will face daily on the job. Adam’s experience seems to suggest that intimate care and comfort are not traditional topics that are covered in a standardized curriculum. The caring and handling of bodies seems to be learned by the individual rather than being taught by others, whether in a formal curriculum or by mentors. Adam did not elaborate that he was taught specifically how to handle female bodies or decrease discomfort by him or the patient for which he was caring, but did relate that his comfort level increased the more that he practiced his general nursing skills.

**Impact, emotions, and perspective.** Adam appeared to be unemotional when discussing this aspect of his career. He presented his comments in a matter-of-fact tone. While the researcher interpreted that early in Adam’s career caring for women may have been difficult, he didn’t seem to struggle over the discomfort that this caused. He indicated that the more he
practiced his skills and executed a professional demeanor, the easier providing care for all patients became. During the third interview with Adam, the researcher asked him to reflect on this experience and provide insight. He stated, “While I know that nursing is a caring profession, there is a lot of nuts and bolts too. You know…there are a lot of technical things you have to master. I have found that when I focus on the skills and tasks that I have to do, all that other stuff falls into place.” When asked to clarify what the participant meant by “all that other stuff” he stated, “I think that I naturally care about people and want to do right by them, whether I’m at work or not, so when I’m doing my job I can focus on the stuff I need to do and not so much on being uncomfortable or thinking about what other people think about what I am or am not doing.”

Participant Representation of Subthemes

Subtheme: Minority

Participant Experience. Mark stated that at times throughout his nursing education he felt like an outsider. Mark stated, “It wasn’t anything in particular that anyone at the school said or did. I just looked around and there are like ten guys and fifty women.” Mark also related an experience where while in a clinical rotation at a hospital he was the only male in a clinical group of eight students. He stated, “That kind of makes you stick out. We were all getting on the elevator one day and an employee at the hospital said, “Looks like you are the only rooster.” That can make you feel kind of weird.”

Participant Experience. Adam related an experience where he also was the only male in a clinical group of eight students. He stated, “I was used to being the only guy in clinical. We had already been through foundations where we went to the nursing home and then we went to the
hospital for med-surg. Being the only guy in the group really didn’t make me feel alone until we went to the OB floor. It would have been nice to have a non-female to talk to those days.” Adam then laughed uncomfortably.

Subtheme: Masculine Roles

Participant Experience. Ken stated, “When I first said that I was thinking of going to nursing school some people kind of acted like that wasn’t manly.” Ken said that of his male friends, he was the only one to pursue a career in nursing. Ken stated that he his friends asked if he was sure about his choice and one friend of Ken’s stated, “You will be around a lot of women all the time.” Ken’s friend exhibited the historical belief that nursing is a women’s profession (Herakova, 2012).

Participant Experience. Findings from this study indicated that male nurses often feel that their masculinity lends them to take on assignments and patients that are categorized by the female nurses as being a “male” job. Tyler said that he felt like sometimes he was assigned patients because he was physically more able to handle the patient as opposed to his female counterparts. He stated, “Lots of times I wonder what they do when there is not a man around. I wonder if they just leave the person [referencing a patient] laying there or do they go get a lift? I get tired of being given the morbid obese just because I am a man. I don’t think women should have to lift these people either, but can’t these women I work with see me walking down the hall to get the lift myself? I don’t want to end up with a bad back either.”

Subtheme: High Expectations

Participant Experience. Tyler also stated that he believed that female nurses expect more out of their male colleagues. Tyler stated, “Lots of times, I not only think they expect me to do more physical work, it’s like they don’t allow me any mistakes. I get called out on it
immediately. It’s not like that for all the nurses. Some mistakes are swept under the rug or people aren’t called out because they don’t want to hurt each other’s feelings. That code doesn’t apply to the guys on our unit.”

**Participant Experience.** Mark stated that he believed that males feel an internal pressure to perform well in nursing school because they are the minority. He stated, “When you are one of a few in the class, you feel like you should do well. I always hated it when the girl sitting next to me outscored me on an exam. I know it is kind of a stereotype, old fashion thing, but men are expected to be smarter and do more than women.” Mark experienced an internalization of issues faced by men in nursing such as feeling challenged, singled out, and held to higher expectations. Mark applied social norms experienced by male nurses to himself. Recall the earlier experiences of Luke who felt that he was being challenged and having his nursing intellect questioned by further nurses, as did Matthew, who indicated that he was assigned high skill level nurses that he was not ready to care for in order for the charge nurse to see him fail. The internalization of the stereotype that men are smarter than women internalized by Mark may also have been internalization by other participants, as well. This finding indicates that while the female side of nursing may need to become aware of stereotypes and gender bias, male nurses may also need to recognize when they are internalizing stereotypes and projecting the associated feelings and emotions into their work environment.

**Subtheme: “Murse”**

**Participant Experience.** Matthew stated, “When I first told some of my friends that I was going to go to nursing school they kind of laughed and joked about being a murse. You know... a male nurse.” When asked by the interviewer if Matthew felt this was a negative word for male nurses, he stated, “It depends on who is saying it and the tone they use when they say it.”
Matthew went on to say that if it is a male colleague then the term “murse” is not interpreted as negative, but if a female colleague or another male that is not a nurse uses the term then it is most likely negative.

**Participant Experience.** Ken related that he and his male nursing friends will often use the term “murse” as a joke among themselves. He stated, “Mursing is a much harder job than nursing, you know, because nurses have to nurse and man handle any patient the women on the units don’t want to deal with.” Ken believes that being a male nurse is more difficult than being a female nurse because of what he believes are additional expectations of the male nurse. Ken expressed that male nurses are expected to perform mentally and physically at a higher level than their female counterparts. This belief intersects with the societal norms that are internalized by male neophyte nurses. It seems as if the term “murse”, used by those who are not “murses”, has a negative connotation. This is probably the result of the internalization by the male nurse of the stereotype that nursing is a female profession. Ken’s ability to use the phrase as joke among male nursing with the explanation that he believes being a male nurse is more difficult than being a female nurse, aligns again with the theme of exclusion and subtheme of minority. Ken uses this term to set himself apart from female nurses and give value to his position as a nurse who is challenged more than female nurses because of his gender

**Subtheme: Incivility**

**Participant Experience.** Ken stated that he had felt bullied by some individual nurses that he had worked with in the past. Ken reported feeling belittled when he did not want to take the assignment of a difficult patient on the fifth night of a seven night rotation where he had the same patient the previous shifts. He remarked, “The charge nurse got really upset when I asked for a break from the patient I had. I really asked before the shift started, so I didn’t think it would
be such an issue. I told the charge nurse I wouldn’t mind helping with this guy, but I didn’t want to have him every time that I worked. She got really huffy and said to me that she guessed that I thought that I could just do what I wanted.” Ken further related that he felt belittled and attacked by this nurse because of her facial gestures of eye rolling.

**Participant Experience.** Adam believes that he was a victim of bad treatment due to his gender. He related an experience where a nurse on his unit withheld information from him causing an increase in his stress and may have delayed treatment for a patient. Adam reported, “I asked her [referring to the nurse he was getting report from] if some labs and tests had been done on the patient I was about to start taking care of and she said that it wasn’t her job to do every little thing for me just because I was a new man on the totem pole and that I could find out for myself. This wasn’t anything that I wouldn’t give to someone following me. I really think she was spiteful and I don’t know why (paused, sighed heavily)…..I’ve never done anything to her, I don’t even really know her.” This experience could be an example of how the societal construct that men rise to higher positions in nursing quicker than women manifests among women in the profession. Female nurses may act in passive aggressive ways that challenge male neophyte nurses and increase the difficulty of their daily professional life. This effort may be entirely subconscious considering that Adam points out that he has no prior relationship or experiences with this nurse.

**Subtheme: Conflicting Opinions of Males as Nurses**

**Participant Experience.** Luke revealed that when he announced his decision to enter nursing school, he was met with conflicting responses from people in his life. He stated, “My mom was really excited. She said that she thought that I would be good at nursing because of my personality. Some of my guy friends gave me a hard time and one said that he hoped that no one
thought I was gay.” Luke went on to say that this comment made him feel uncomfortable and disappointed in his friend. He stated, “I didn’t realize that people thought your sexual orientation and job were interrelated. That seems like old person thinking.” Luke’s experience highlights societal opinions of male nurses. These views are conflicting in that while Luke experienced a positive response from his mother, he felt that he was being judged negatively by his friend. While some may view males as a benefit (Brady & Sherrod, 2003) to the profession there remains an existent bias that males should not be in what is deemed a feminine profession by some.

Subtheme: Lack of Respect

Participant Experience. Adam states that he felt an initial lack of respect by an older female coworker when he began his career as a nurse in an intensive care unit. He stated, “I know that I was new, but I really felt like she disrespected me because I was new and maybe because I was a man.” He described experiences where this coworker seemed to take every opportunity to question his nursing judgment. He stated, “I felt like she was always going behind me just looking for things that I did wrong. I don’t think that she did that kind of thing to other people, it really felt like a personal attack. I don’t go looking for other people’s mistakes.” This relates to gender in that the “other people” to which Adam refers are females because by his own admission he was the only male nurse on his shift. While there may have been female neophyte nurses on the unit, Adam was targeted because of his gender. This intersects with the idea that males are held to a higher standard in nursing. The result of this intersection is an increased sense of conflict by the male neophyte nurses. When the male neophyte nurses felt challenged, they linked this to their gender when they did not see other female nurses being held to a higher standard. Adam experienced an increase in anxiety because of this experience which could have directly impacted patient care and safety.
Subtheme: Early Exposure to Healthcare.

Each participant in this study mentioned an early exposure to healthcare as a motivation to pursue nursing. For some participants, their exposure was from a family member that was involved in the healthcare field through illness. This family illness allowed the participants to see various healthcare workers directly involved in the care of their loved one. Most participants presented these early interactions as positive and inspiring. They indicated that they wanted to emulate the professionals they had observed.

Other participants had a first exposure to healthcare in high school. These participants were enrolled in a healthcare education course which allowed them to have clinical experiences in the hospital setting. These participants also indicated that this was a positive and empowering experience. Students enrolled in these courses had the opportunity to shadow many types of healthcare workers and some had the opportunity to work in more of an independent role in the clinical setting.

Subtheme: Discomfort

Participant Experience. Tyler stated, “When I first went to nursing school, I kind of felt uncomfortable looking around and being one of the only guys in my class. Some things would go on in clinical….women talking about women things….and it would make you feel sort of uncomfortable. Toward the end, it didn’t really bother me.”

Participant Experience. Mark said that he initially felt uncomfortable when providing intimate care to patients. He reported that this feeling was not confined to patients of the opposite sex. Mark stated, “I used to get really nervous if a catheter or something like wound care around the genitals came up. It wasn’t just females that made me nervous, it was anyone. You get so busy that the nervousness you feel disappears because you know you’ve just got to get in there
and get it done. I don’t even think about that now.” Education could play an important role in the comfort level of male and female neophyte nurses by incorporating ways to better implement intimate care into curricula.

Research Questions Answered

The emergent themes and subthemes were used as a guide for answering the three primary research questions. The first research question asked “What are the lived experiences of neophyte male nurses with gender roles in their profession?” The lived experiences of the neophyte male nurse are similar. The lived experiences of male neophyte nurses included feeling excluded, feeling challenged, and feeling devalued. When these experiences were combined, male nurses experienced an increase in stress and anxiety that could have a negative effect on patients. Participants in this study expressed concern for patient safety when they were being challenged and excluded. Challenge for the male participants emerged when participants were given patient assignments that they felt they were ill equipped to handle or when female nurses purposely manipulated patient assignments to give the new male nurses patients who required difficult and prolonged care. Males felt that exclusion jeopardized patients when nurses on the unit did not release pertinent information about patient conditions. When these experiences occurred they could have hindered the professional development of the male neophyte nurse by shifting the focus of the nurse from growing as a nursing professional to male versus female roles. Male nurses faced issues related to incivility with female colleagues that could have been attributed to gender. Male nurses experienced exclusion based on their gender. They experienced being excluded from planning patient care assignments and unit social events. Male nurses in this study felt they were held to higher standards and more was expected from them because they
were men performing in a female dominated profession. Participants reported feeling challenged by their female coworkers. These same participants also internalized existing societal norms that caused them to feel they were held to a higher standard. The male nurses in this study experienced devaluation. The neophyte male nurse did not feel that he was valued as an asset to his unit as a highly skilled nurse. He felt as though he were used for physical ability as opposed to mental skill. This was also a result of a societal construct concerning gender roles in nursing.

The second question sought to discover how factors of educational instruction and professional practice influence male neophyte nurses. Through data analysis it was determined that male nurses do not generally receive special instruction based on their gender. Recall the experiences of Adam and Tyler who stated that they received no special instructions concerning being male, handling opposite sex care, or relating to female peers. Other participants related that behaviors of some educators were derogatory toward the male student. This was interpreted to be an internalization of male stereotypes by female nurse educators. Another educational issue was that male neophyte nurses had little to no contact with other male nurses or male nurse educators which may have contributed to an inability to transition smoothly into practice. Recall that some participants mentioned that it would have been beneficial to have male peers as mentors. Some males were excluded from clinical experiences based on their maleness and this could have had a negative impact on their educational experience. The male nurses in this study were not paired with male mentors in their educational or practice experience which made transition into nursing more difficult. While only 6% of the nursing population is male, this group should be utilized to develop more male nurses through mentorships. Male neophyte nurses indicated that they felt singled out and held to a higher standard in their educational setting than their female peers. Male neophyte nurses also felt they were unduly criticized by educators due to their gender.
In the practice setting, the male neophyte nurse was often a lone entity on a unit dominated by females which made developing peer relationships difficult. Male neophyte nurses may have developed an attitude of gender competition due to their experiences. Male nurses felt that stereotypes held by female nurses on their nursing units could negatively impact their personal practice and ultimately jeopardize patient safety.

The final overarching research question pursued to find what societal structures male neophyte nurses reveal as impacting their gendered experiences in nursing. This study indicated that male nurses entering practice as early as five years ago were experiencing societal stereotypes that impacted their current experiences. There is a historical bias that is yet unresolved within the field of nursing. Social constructs that were experienced by these participants included society’s view of male nurses as less masculine for choosing nursing as a profession. This structure that segregates men in nursing emerges as early as the mid-nineteenth century when Florence Nightingale changed the face of nursing (Dossey, 1999). During this time period, nursing emerged with a female face. Societal constructs concerning gender roles also emerged in this study. Society has defined what is considered appropriate professions for males and females. Foucault (1978) stated that ideas of the body and sexuality are socially constructed rather than a naturally developing occurrence. Males in this study experienced this as a challenge as they tread against socially defined molds as to what is male and what is female. This societal construct manifests when the male nurse is questioned about his choice of profession and when he experiences feelings of devaluation and exclusion based on his male gender. This indicates that society still views nursing as a female profession. Male nurses are sometimes demarcated solely by their masculine role as defined as a societal construct. This societal construct stems from historical perspectives that males are physically stronger than females and do not have the
same caring capacity as females. This construct is another way that power, body, and sexuality intersect in the modern world. Foucault (1978) identified these relationships and implied that these gender roles have developed through the exercise of power. Male neophyte nurses indicated that female nurses viewed them as brawn rather than as a caring and skilled nurse. Male neophyte nurses were also aware of societal constructs that stereotype male nurses as homosexual or pedophiles. This impacted feelings of exclusion and caused them to question their own identities.

Summary

The researcher used the broad research questions as a framework for this study of the neophyte male nurse’s lived experiences with gender roles in the educational and practice setting. The researcher used a series of three interviews that led the participant to discuss his life history, contemporary experiences, and finally a reflection on the significant events that he reported. The final interview in the three interview series allowed the participant to present his interpretation of the impact of his reported experiences on his career, the emotions surrounding his experiences with gender roles and his overall perspective and interpretation of the reported events.

The series of interviews produced similar accounts of lived experiences by the neophyte male nurse. Themes were interwoven through the interview series. Many themes were difficult to label as belonging solely to one interview. The study provided insight into the lived experiences of the male nurse as well as the nursing profession as a whole. Although the participants related some negative experiences to the researcher, the participants reported overall career satisfaction.
The first interview series resulted in participants stating that they had an early interest in becoming a nurse related to a family member’s illness or their involvement in a health education class that contained a clinical component during high school. Many of the participants were questioned by family and friends if nursing was the right career choice for them and the participants believed it was related to masculinity and gender issues.

Themes that emerged from the second interview series centered on incidents involving colleagues. The participant reported feeling challenged and excluded by female colleagues. They felt that this was a direct result of their male gender and some verbalized that they were treated differently than neophyte female nurses. While the participants did report during this series that initially there were some mild feelings of discomfort with sexuality and discomfort, participants shifted their focus to the individual uncivil behaviors of colleagues as being more of a distress and an issue to nursing and nursing education.

The reflection interview, number three in the three part series, allowed the participant to describe the emotions, impact, and elaborate on their perspective of the events described in the previous two interviews. The theme that seemed to emerge more concretely from this interview was the theme of resilience by the participant. The participants uniformly reflected on their experiences with a resilient attitude. Although negative experiences had occurred that they contributed to gender issues, the participants reflected on the experiences as opportunities to learn and grow in their chosen profession. All of the participants expressed a desire to continue nursing.

Analysis of the data led the researcher in a different direction than was intended. The researcher began the study with the expectation of exploring sexuality and discomfort with performing intimate care, but participants overall stated that this was an issue that rapidly
dissipated as they began practice as nurse. Performing intimate care did not appear to cause as much discomfort as disturbing behaviors they had encountered with colleagues. The researcher experienced that these were the incidents that the participant wanted to reflect on rather than any intimate care issues or specific sexuality factors. Overall, the neophyte male nurses interviewed for this study indicated that negative and challenging experiences did not override their satisfaction with their career choice. Discussion, recommendations, and conclusions, for these findings can be found in chapter five.
Discussion

Findings of this study indicated that male neophyte nurses felt excluded, challenged, and devalued in their nursing roles. These feelings began before the participant entered nursing school due to societal constructs that were expressed by friends and family and even manifested internally by the male nurse. A significant finding that emerged from this study was that male neophyte nurses had more issues with gender than sexuality. Gender issues in this study centered on being excluded because of being of male, being challenged by female nurses because of male gender, and being devalued as a male because of the male gender. Issues with sexuality, such as patients refusing to being cared for by a male nurse, or the touching of sexual organs, did not emerge as a concern in this study. Participants indicated that it was not issues with sexuality such as providing intimate care to patients of the opposite sex or maneuvering sexuality between males and females in the professional setting as much as the conflict that arose with societal constructs surrounding gender roles between nurses in their practice and educators in their nursing programs.

Chapter four of the study provided detailed descriptions of the experiences the male neophyte nurses found to be significant. The discomfort that was initially experienced when providing intimate care to patients was not solely experienced when providing this care to female patients, but both male and female patients. This discomfort attributed to sexuality rapidly waned with practice. Findings of this study revealed that issues with sexuality were not prominent. Participants were asked to describe their feelings when performing care, particularly intimate care, for patients of the opposite sex. Findings from this question did not elicit significant data
from the participants. Some participants indicated there were no particular emotions or feelings associated with the care of patients of the opposite sex, while others did not differentiate between comfort levels in providing intimate care between males and females. Two participants of this study stated they could not think of anything specific surrounding this question and sat in silence until the researcher asked another question. While this was a question included to elicit societal constructs faced by males in the nursing profession, as posed by the primary research question, “What societal structures do male neophyte nurses reveal as impacting their gendered experiences in nursing?”, societal constructs and sexualization of the male touch did not emerge as significant themes in this study. The wording of the interview questions provided in the appendices revealed that the questions were generally open-ended and allowed the participant to elaborate on issues they found significant in their own words. The emerging themes revolved around peer interactions with other nurses and did not center on issues with sexuality and intimate care of patients.

While the neophyte male nurse may have felt discomfort with sexuality and intimate care in the early stage of practice, this dissipated when the nurse was swept up in the busyness of his practice. The participants also attributed discomfort with sexuality to the newness of their nursing role rather than their maleness. This finding was in contrast to Fisher (2009) and Prideaux (2010) who found that male nurses have problems managing sexuality as it relates to touching the body and performing bodywork. This finding also may have indicated a curricular shift in nursing education that better prepares male students to provide intimate care which was recommended by Inoue and colleagues (2006). Participants in this study experienced education in a nursing program between the years of 2005 and 2012. While participants did not relate specific incidences where sexuality and intimate care was addressed, it was a possibility. Due to
rapid change in healthcare settings, nursing curricular must shift their focus frequently to meet the demands of various regulating boards. It was also possible that while nursing curriculum may not specifically address sexuality and the male nurse, participants in this study may have encountered individual instructors who helped them overcome issues with sexuality and touch. It was also possible that this may indicate that social changes have occurred in how sexuality is known. Findings of this study developed by the interpretation of the gendered experiences of male nurses in their practice and educational experiences rather than their experiences with sexuality and the body as defined by Foucault (1978). It is important to note that for purposes of this study definitions of sexuality and gender were provided by the World Health Organization (2013) and the historical concept of sexuality as theorized by Foucault (1978).

The relationship between power, knowledge, and the body, as theorized by Foucault (1978), were used to analyze data obtained in this study. Foucault (1978) theorized that the body is used as a form of social control through societal institutions. For this study, the societal institution is nursing. The social control emerged as men were excluded from the profession through a form of societal regulation that was coined as nursing reform. This segregation perpetuated the notion that nursing is a feminized profession and male bodies are not included. Participants in this study felt this social control when they announced their desire to enter the nursing profession and this was met with a mixed response from friends and family members. Foucault’s theorization of the body manifested itself for these participants by categorizing professions as male or female, socially labeling gender. Words of the participants in this research study indicated that their male gender as defined by society influenced thoughts and actions internally and externally in the nursing world. Foucault (1976) believed in going beyond social limits imposed by society’s definition of the body. Male neophyte nurses have gone beyond
social constructs by entering into the nursing profession. Foucault (1976) criticized the workings of institutions that claim to be neutral, but in fact are wrought with issues of sexuality, power, and the body. In much the same way, male neophyte nurses are challenging an institution that is defined by the body and power of the female nurse.

Rosenberg (2008) stated that social and behavioral sciences must inform the understanding of human interactions, societal norms, and social institutions of people. Social structure is defined as patterned social arrangements that exist in society. It is through the organized patterns of social relationships and social institutions that society has developed. Social structure, such as social class, defines and guides human behavior whether these social structures are visible or are underlying. The use of critical phenomenology in analyzing and interpreting data allowed the researcher to make explicit the manner in which the existent social structures defined the male neophyte nurse as less important and expendable to the nurses on the unit. Through critical phenomenology, the researcher realized that males were excluded on the basis of their gender and this was a social structure that was in place in the nursing profession. Critical phenomenology allowed the behaviors that shape human behavior, visible or invisible, to be considered when analyzing data. Social structure defined dominate and subordinate populations in the nursing field which are females as the dominate population and males as subordinate minorities. Participants in this study related numerous examples of how they were involved in power struggles that were interpreted to revolve around gender. Collective experiences of the participants suggested that there is a power phenomenon that remains at play in the nursing profession; often this may be unrecognized and attributed to individuals rather than groups by those experiencing this phenomenon. The use of critical phenomenology in
analysis allows the researcher to look at the words of the participant from the context in which those words emerge.

Social constructs are the phenomenon created and developed by a society (Rosenburg, 2004). Social constructs are an individual perception that is shaped through cultural or social practice. The definition of right and wrong is a social construct. The ideas of what is masculine versus female are social constructs. These constructs differ among established societies. Participants in this study are working against previously constructed social ideas that label nursing as a feminized profession. Critical phenomenology, as a tool for data analysis, highlights how the words of the participants demonstrate the impact of social constructs. When male nursing students are not assigned female patients, and when male nursing students are excluded from obstetrical units, while their words may not state that social constructs are at work, critical phenomenology allows the researcher to explore the phenomena underlying these behaviors.

Using these definitions allowed the data to be analyzed for themes surrounding gender and sexuality. While stereotypes may have sexualized the male touch and established males as aggressors (Evans, 2002), this did not emerge as an issue in this study. The issues of masculinity and gender were found to be more difficult for the male nurse to overcome. Foregrounding the study with definitions provided by the World Health Organization (2013) helped to differentiate between sexuality and gender. Gender was defined as the socially constructed roles, conduct, and attitudes that society defines as being male or female. Sex is the biological make up of a male and female. While there may be some blurring of the lines between gender and sexuality, the issues that emerged in this study had nothing to do with the biological makeup of the male nurse, but had everything to do with socially constructed roles of gender. The experiences where they felt excluded, devalued, and challenged seem to leave a more marked impression on their
memories than any events directly related to patient care. Direct patient care involves the interaction between the patient and the nurse. This study revealed that more conflict and discomfort stemmed from peer relations, nurse to nurse, on the units where the participants work. This finding links to recent studies indicating that lateral violence, nurse to nurse incivility, is a major issue in the nursing profession (Lashinger, 2011). This finding aligned with Foucault’s (1976) theorization of power and the body as related and to social constructs that are at work to maintain current power shifts in institutions. These constructs are usually invisible to the institution which strives to be viewed as neutral or all inclusive. The interview questions allowed the participants to elaborate on issues that they felt were significant in their educational and practice setting. While previous literature indicates that male nurses have struggled with embarrassment and discomfort in the past when providing intimate care in direct patient care situations, this was not a significant finding in this current study.

Incivility was felt by all participants and this incivility was gendered. All participants in this study related an incident where they were confronted or treated rather aggressively by a female colleague. They believed these occurrences were in relation to their male gender. They described situations where they observed female colleagues being treated with kindness and respect where the male participants experienced confrontation and devaluation based on their maleness. The participants attributed these experiences to individuals’ behaviors rather than the nursing profession as a whole. However, when the findings of the individual participant were combined with the experiences of others, this behavior emerged as being consistent.

Another significant finding of this study was the resilience of the male nurse. This was a new finding in this study that was different from findings of Chou and Lee (2006) who found that gender-related stereotyping can deter males from the nursing profession and cause them to
quit nursing education programs. For the participants in this study, that was not the case. Despite being faced with challenges that were negative and significant in relation to the gender of the participant, there was a sense of determination and perseverance. This resilience allowed the male neophyte nurse to focus on the reasons that he entered the nursing profession and grow in his role of professional male nurse. Participants in this study had a genuine passion for nursing and a clear sense of caring and concern for the patients which they are entrusted.

While the participants in this study conveyed a positive attitude toward nursing, the lived experiences of the neophyte male nurse involved feeling different than their female colleagues. These feelings of differentness, for some of the participants, began before they entered into nursing school. Family and friends often questioned their intentions and insinuated that nursing may not be the career choice for them. Some people called the participants in this study “murse” which they found to be derogatory. While “murse” is a relatively new term made popular by current media, LaRocca (2007) reported that many people oppose males as nurses and hold the stereotype that male nurses are homosexual. Male nurses indicated that they felt their gender was a factor in the responses by the people in their lives. Using critical phenomenology to uncover invisible social constructs, this was interpreted to mean if the participant had been of the female gender, there would not be any questioning of this choice of profession. The neophyte male nurse may often feel that his masculinity was called in to question when he decides to become a nurse. The results of this study were consistent with the findings of Evans's (2002) historical and feminist perspective of men nurses.

Despite the fact that men have worked in the nursing profession as early as the fourth century, it is the current attitude of society that nursing is a feminine profession. This is a societal
construct identified in this study that is in direct alignment with previous studies (Chou & Lee, 2007; Fisher, 2009; Prideaux, 2010). Several of the respondents indicated that they felt their masculinity was called in to question when they announced their chosen profession. Critical phenomenology understands that the participants of this study experience nursing within a previously established socio-historical context. Critical phenomenology emphasizes the power dynamics within that socio-historical context. Using critical phenomenology allows the researcher to broach the concepts of gender and power that are usually absent or downplayed in examinations of phenomenon. The use of critical phenomenology facilitates the development of theories and concepts that do not fit neatly into previously constructed paradigms. The experiences of these participants emerged from stereotypes that denote nursing as a feminine profession and that there are feminine and masculine roles in society. Entering into the nursing profession for a male involves stepping outside historical constructs, but as obvious from the findings of this study, also encompasses a degree of stress and bias as illustrated in participant description of phenomenon.

This current study made evident that there continues to be an invisibility of the male nurse’s contribution to the nursing profession. Like Mackintosh (1997), the participants of this study felt the history of men in nursing is found to be relatively unknown to the general public. This was demonstrated by their stories of how friends and family members responded to their announcement that they were entering into the nursing profession and the use of the word “murse”. The segregation of men in nursing is a part of nursing history and continues as a societal construct today. Findings from this study indicated there are societal structures that male nurses reveal as having impacted their gendered experiences in nursing. These constructs extend beyond their formidable years of announcing their career aspirations into their nursing education.
and into practice. The societal constructs of nursing as a female profession emerged for these participants from friends and family that questioned this career choice for the participants. Societal constructs such as nursing as a feminized profession and the belief that male nurses advance to managerial positions more quickly than female counterparts continue to permeate the careers of the male neophyte nurses in this study, who often felt segregated from their female nursing colleagues. This manifested by being excluded from traditional unit activities with peers such as planning patient care and with social interactions with female nurses where the female nurses had parties and social events without including the male nurses on the units. The feelings of segregation and exclusion extended beyond physical exclusion. Participants gave examples of information being withheld and being mentally challenged and excluded by female nurses. These behaviors by the female nurses, while not readily identified by the participants, were a manifestation of the aforementioned constructs and these behaviors and interactions had a direct impact on all individuals involved in this dynamic.

The lived experiences of the neophyte male nurses with gender roles in their educational experiences revealed barriers that were consistent with the findings of Smith (2006) who reported that there tends to be a lack of male mentorship in education programs, no male faculty, and no discussion of the history of men in nursing. This study found that male nursing students may not receive the level of instruction as their fellow female students. Male students may not receive the same clinical experiences based on their gender. Bednarz, et. al. (2010) reported nursing schools are targeting men and minority populations, however, this study found that the participants did not feel a sense of inclusion in their nursing education program and at times felt excluded. This study found that despite previous information indicating a need (Grady, et. al, 2008), the participants in this current research continued to experience gender bias in the
educational setting. Participants in this study had a lack of male mentorship and little to no exposure to male nursing instructors in their educational programs. This revelation ties back to literature that has identified a lack of male mentors as a barrier to males in nursing education programs (Smith, 2006; O’Lynn, 2004). Evans (2004) found that the lack of male mentors in nursing education programs may further compound historical assumptions that nursing is a female profession. Male neophyte nurses in this current study had lived experiences that confirmed these findings. They were excluded and devalued based on their male gender and the words of the participants reiterated that there is a lack of male support systems in which to confide and problem solve without feeling like a minority.

While previous research (Smith, 2006; Ellis, et.al. 2006) indicated that male students may be neglected in pediatric and obstetrical clinical settings, participants in this current study did not verbalize issues with pediatric clinical rotations or departments. It was discovered that there was some disparity in the quality of obstetrics rotations where male students did not get to see births. This aligned with the previous research of Tzeng, et.al., (2009). Participants in this study related that they felt that this was in relation to their gender. Evans (2002), Mericle (1983), and Cude and Winfrey (2007) found that men have often been segregated in the healthcare setting based on societal norms. Halford and Leonard (2007) found that hospital spaces were gendered. This was also evident in the current data obtained in this study when it was reported that men are neglected and excluded by staff and clinical instructors in obstetrical clinical settings. This study also revealed that male nurses were segregated from areas on the unit from where female nurses gathered for social events such as break rooms.

Issues of educational instruction had an impact on the experiences of males in nursing education program. Whether these issues, identified in this study, are a lack of male mentorship
or a clinical instructor who treats the male nursing student differently from the female nursing students in the group, the male nursing student was internalizing these experiences. This study found that while many of the participants chose to excuse experiences as being individual rather than collective educational experiences, the findings from this current study along with studies from O’Lynn (2004) and Bednarz, et. al. (2010) indicated that the gendered educational experiences were in fact collective experiences which impact the culture of nursing for the male nurse.

Data analysis revealed that while the participants in this study did have some negative phenomena in their nursing education and practice settings, these experiences did not seem to have a dramatic overall impact on their educational and career experiences. The participants in this study demonstrated a sense of resilience. This differs from the findings of Chou and Lee (2007) who reported that gender-related stereotyping can deter learning and lead some male students to leave the profession as early as the educational setting. The fact that the participants in this study were active in the nursing profession and did not abandon their education demonstrates the resilience of these participants. While each interviewee reported negative experiences with both education and practice, the attitude conveyed was that these factors did not have an overbearing impact on their career as a nurse. The participants of this study indicated that they had more positive than negative experiences with their educational experiences.

While participants in this study verbalized that they felt their masculinity was challenged by friends and sometimes family members when they announced their intent to pursue a nursing career, they revealed that masculinity was not questioned in the practice setting. It was evident that the female nurses used the masculinity of the participants in the form of assigning patients based on body weight and physical difficulty of the patient in lieu of assigning patients based on
the patient’s need for skill, experience, or caring. Here again, this is not an issue of sexuality it is an issue of social constructs of what society perceives as appropriate for males and females based on historically established gender roles. Previous information provided by Riahi (2011) indicated that role stress is experienced when there is a discrepancy in what the person expects to be performing and what they are actually doing. While research has indicated that male nurses experience increase role strain due to their minority status (MacWilliams, et. al, 2013), this current study found that males may have experienced role strain due to their feelings of being used for physical strength as opposed to mental ability and caring, the expected role of a professional nurse. MacWilliams and colleagues (2013) pointed to issues of role strain for the male nurse arising from the increased stress of being a minority. This can include feelings of aloneness and isolation. While participants in this study indicated that their minority status caused increase stress, it also was evident that being used for body strength and masculine strength was not why they went to nursing school. The expectation the participant entered nursing was to care for patients in a professional, caring manner. This expectation was dashed when they were assigned patients based on their physical ability rather than their skill as a nurse. This implied that the male neophyte nurse experienced role strain as defined by Riahi (2011).

The societal construct that males are not as caring as females impacts the nursing profession. Participants of this study related experiences where the patients they were assigned were based on size of the patient rather than the skill level required or the sense of caring involved in the treatment of patients. Nursing is a skilled, caring profession. Assigning patients based on size rather than the patient’s needs for skilled, high level care conflicts with the notion of patient safety and outcomes. Recall the experience of Matthew, presented in chapter four, who felt that patient safety was in question when delegation of assignments occurred based on patient
size rather than patient diagnosis or care needs of the patient. Lifting does not require special skill or caring as taught in nursing education programs. For example, perhaps a male nurse was specially trained and better equipped to care for a patient with severe diabetes, yet was not assigned that patient because there was a patient on the same unit who was morbidly obese, required basic care, yet also needed heavy lifting. A finding of this study is that patient needs and acuity levels were trumped if other patients required brute strength. Chou and Lee (2007) reported similar findings in a qualitative study where male nursing students were interviewed concerning their impressions of nursing after their fundamental clinical rotations. These participants faced the same struggle as interviewees in this current study where they struggled to be viewed as caring professionals.

This current study of male neophyte nurses revealed incivility as a significant issue faced by the male neophyte nurse. This phenomenon, known as lateral violence, has been found to have a major impact on the transition experience of neophyte nurses (Read & Lashinger, 2013). The experiences of incivility that the research study participants discussed were attributed to disrespectful and aggressive behaviors of individual female nurses against male nurses. It is not known if the individuals identified as demonstrating these behaviors toward the males in this study also demonstrated this same type of behavior to female colleagues. The societal structure of males as leaders may be a factor in the behaviors identified. The female aggressors may feel intimidated and threatened because the male nurse is thought to progress more rapidly to administrative positions in the nursing profession (Evans, 2006). The belief that males advance to better positions is a common stereotype faced by male nurses (Evans, 2006; Ellis, et. al., 2006). Despite the many stereotypes and challenges faced by the neophyte male nurse, participants of this study managed to persevere.
The theme of resilience emerged more in the last of the three part interview series. This interview allowed the participant to reflect on themes and issues that were mentioned in interviews one and two. The majority of the participants reported that while they have had some negative experiences with nursing education and nursing practice, they did not believe this was a professional problem, but more of an individual problem. Participants also expressed a desire to continue in the nursing profession. In this interview, it became more obvious to the researcher that the participants seemed to have a deep sense of loyalty to nursing as a chosen career path and a sincere care for their patients. It was in this last interview that several participants related that their negative experiences seemed to spawn from the incivility of one or two people rather than from a female dominated profession as a whole. This is significant in that the participants of this study viewed their experiences as singular, rather than as phenomena that are experienced by many male nurses. All six of the participants in this study related similar incidences of incivility from different female nurses, which indicate a problem for the profession as a whole.

A common reflection from interviewees was the idea that the negative experiences encountered by the male neophyte nurse were viewed as an opportunity for growth on a personal and professional level. The experiences, while having some negative connotations, served as learning experiences. Participants seemed to reflect back on these challenging life experiences with nursing practice and education with a sense of accomplishment. This mimics some of the participants in the Chou and Lee (2007) study of Taiwanese male nursing students who were entangled in a gender role revolution in their culture. Despite feeling hesitant, embarrassed, and sometimes shame, the Taiwanese students who completed the nursing education program felt a sense of determination and success. The participants in this current study demonstrated a sense
of determination and perseverance that helped them push forward to achieve success in their nursing role.

Implications for Policy and Practice

As this study explored the lived experiences of the neophyte male nurse, several inferences can be made regarding policy and practice in the nursing profession. The first implication for policy would be the inclusion of male neophyte nurses as well as new nurses of any gender in the planning and operation of their unit of practice. Many of the participants indicated that they felt excluded from the day to day operations and planning of that operation on the units where they worked. Policy could be adapted to include all nursing staff in the planning of patient care assignments. According to the findings of this study, one instance in which male nurses felt excluded was when they were left out of the planning process on the nursing units in which they work. Implementing policies that allow all nurses to be involved in planning patient care assignments could alleviate some feelings of exclusion.

Policy should further be evaluated in nursing education programs to insure that male nursing students are receiving the same educational and clinical experiences as their female counterparts. This may involve changing clinical sites and or discussions among nursing staff, nursing educators, and administrators concerning the expected experiences and opportunities for all nursing students rotating through their clinical units. Clinical sites and nursing education programs should establish cooperative planning activities between nursing faculty and nursing practice personnel to facilitate the clinical experiences of nursing students. Nursing education programs should examine the effectiveness of each clinical setting for all students, not just female nursing students. The program must not look at numbers as a whole, but evaluate student
feedback from individual perspectives. Developing leadership of males in peer networks could also be considered, along with implementing mentor programs for male nurses. Bednarz, et.al., (2006), found that males believed that nursing programs were designed for women by women. Findings of this study indicated that male neophyte nurses have limited contact with male peers throughout their educational and early practice transition. Participants in this study were often the lone male on the units and had no contact with male nurses prior to beginning their nursing career. Research has indicated that there is a lack of awareness by nurse educators of the learning needs of the male student (Moyneux, 2009). Smith (2006) found that lack of male mentorship programs were a top-rated barrier for male success in the nursing profession. This study supports this finding with examples provided by the participants. Recall the experiences of Adam and Ken who both felt challenged by nurse educators because of their gender as well as other participants who stated they would have liked to have male support in the healthcare facility in which they were employed. Organizing groups of male peers as a support would be beneficial to students and young professional nurses. Grady, et.al, (2008) found the lack of male mentorship was a barrier to males entering nursing practice. The participants in this study entered into the profession despite lack of mentorship, but clearly would have benefited from male peer networking to navigate some of the challenges they faced. This finding supports previous literature which identified a lack of role models as a reason males do not enter into nursing education programs and have problems developing within the profession (Evans, 2004). Smith (2006) and Evans (2004) identified the lack of male role models as a long standing issue that impacts the development of diversity within the nursing profession. This study supported this finding.
Implications for practice include programs that define incivility and educate nurses on preventing incivility on their units of practice. Results of this study indicated that all the neophyte male nurses participating in this study had experienced incivility by a practicing nurse or a group of nurses. Each participant in this study told a story that involved a nurse or group of nurses that treated the participant with negative and aggressive behaviors. These experiences caused the participant to feel increased anxiety and the participants believed in some cases that these behaviors posed a potential threat to patient care and safety. While the participants of this study attributed this behavior to individuals or small groups of nurses and did not view this as a collective problem within the world of the nursing, the results of this study prove otherwise.

Incivility is a growing concern in the nursing profession. Incivility is experienced at all levels in the nursing world. This study proved that male neophyte nurses also suffered from individual acts of incivility. Education programs and clinical facilities could benefit from providing ongoing education that defines bullying and incivility and ways nurses can prevent and deal with these acts. The acts of incivility faced by the participants in this study caused increase stress and often made them feel challenged and devalued by their female colleagues as well as educators in their education programs.

Participants recalled incidences in the nursing education program where they felt they were treated in a less than civil fashion by clinical instructors. As discussed earlier, these incivilities were most likely a manifestation of societal constructs internalized by the female nurse as well as the participants of this study. The result of these experiences was a sense of discomfort by the male nursing student. The attitude of bias by nursing instructors could have had a direct impact on clinical experiences and performance of the student. Education for nursing
instructors should involve identifying unconscious and conscious bias in order to provide a more equal experience for students.

Limitations

A limitation of this study was the location of the sample size. There were six participants in the study and they were from roughly the same geographic area, a region in the South. This may have been a factor in their similar experiences in education and practice. The novice skills of the researcher may also have been a limitation in this study. An experienced interviewer may have obtained more information from the participants. The volume of the data may also have been a limitation in this study. While there were only six participants, each participant completed a series of three interviews which produced a significant amount of data for the researcher to analyze and interpret. The three series interview format may also have been a limitation of this study. The format of the semi-structured interview guides could have been designed to align more with the three broad research questions. The semi-structured interview guides often led the participant off topic.

Another limitation of the study was the gender of the researcher. The researcher was female and all the participants of the study were male. This may have prevented the participant from fully discussing phenomena due to feelings of discomfort. The participant may have felt that the researcher would be unable to give accurate representation of their experiences due to the gender difference. Selection bias may also be a limitation as those that self-selected to participate may be inherently different from other male nurses. This can be a threat to internal validity. Another limitation could be that all the participants were Caucasian males, all under the
age of thirty. This is a recommendation for further study: to look for a larger sample encompassing a variety of male nurses from different age groups and ethnicities.

Conclusions

The findings of this study provided a contribution to the existing literature as it was revealed that male neophyte nurses experienced acts of incivility from individual female nurses based on their gender. This study revealed that while male nurses were moving away from issues surrounding sexuality and the male touch, societal constructs remained in place that impacted the education and practice of male neophyte nurses. Despite previous research that has identified barriers faced by male nurses in educational setting, nursing curriculum has made few advances toward addressing these issues. If male nurses experienced nursing school and nursing practice as negative this could have a detrimental effect on the number of males entering the nursing profession. While participants of this study demonstrated resilience, one must consider the neophyte male nurses that have left the profession due to gender bias and individual acts of incivility.

Recommendations for Future Research

A recommendation that emerged from this study were the needs to design more qualitative studies that identify incidents of incivility in the nursing profession that specifically involve male nurses. Qualitative studies allow for a deeper understanding of the lived experiences of the participants rather than statistical studies (Husserl, 1970; Heidegger, 1962). The findings from these studies could suggest strategies that facilitate civility among practicing nurses. Performing
comparative studies on the experiences of male and female nursing students to determine specific disparities faced by male nursing students could also be useful for future research. Findings from these studies could be used to promote change in curriculum in nursing programs. This would be an important follow up from this current study to evaluate the female neophyte nurses’ experiences with incivility. Comparing the experiences of the two genders could provide further knowledge into the root cause of some of the acts of incivility faced by male neophyte nurses.

Another emerging recommendation study would be to design studies that evaluate intervention programs and mentorships in education programs and healthcare facilities specific for male nurses. Interesting studies could be generated by comparing success and retention of male nursing students in nursing education programs that have active mentorship programs for male nursing students as compared to those who do not have such programs. This type of study would be relative at both the level of the institution and the individual. These findings could be used to implement successful intervention programs in education programs and healthcare facilities that promote the growth of the male nurse as a professional nurse. Further research could also include evaluation of neophyte male nurses who participated in shared governance experiences in an undergraduate curriculum. Research into these types of programs would be beneficial for curriculum development as well as developing leadership skills, decreasing incivility, and promoting equality at the level of the individual and the institution.

Summary

This study was designed to explore the lived experiences of the neophyte male nurse in educational and practice settings. A three part interview series was conducted in order to obtain
The data was collected and analyzed by the researcher. The themes of the male nurse feeling devalued, challenged, excluded, and being resilient was found to be predominant through the analysis of data.

This information is significant to the nursing profession because although the number of male nurses entering the profession has grown, nursing has not fully embraced males into the profession. While findings of this study indicated that a significant amount of negative experiences encountered by the neophyte male nurse can be attributed to individual acts of incivility, this represented an area of improvement for the entire nursing profession.

This study indicated that male nurses lack mentoring by other male nurses while in education programs and in practice. This can have a significant impact on the growth of the male nurse in his nursing practice. This can lead the male nurse to feel excluded and generally alone in their pursuit of a nursing career. The male nurse may also feel excluded when their units are dominated by female decision makers that do not include the male nurse in planning and activities. This creates an environment that breeds resentment and separation.

Leaders can use information obtained from this study to promote change within their agencies. Education can use this information to develop programs that are specifically designed for inclusion and adaptation of the male nurse. Healthcare facilities can use this information to direct policy change regarding equality and incivility among their employees.
References


Bell-Scriber, M. J. (2008). Warming the nursing climate for traditional age learners who are male. *Nursing Education Perspectives, 29*(3), 143-150.


Keller v. Indiana Family and Social Services Administration, 2222857 United States District Court Indiana (July 22, 2009).


APPENDIX A

IRB Approval Letter
August 12, 2013

Lori Hill
College of Education
The University of Alabama
Box 870231

Re: IRB # 13-OR-262, “Men in Nursing”

Dear Ms. Hill:

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 August 11, 2014. If your research will continue beyond this date, please complete the relevant portions of the IRB Renewal Application. If you wish to modify the application, please complete the Modification of an Approved Protocol Form. Changes in this study cannot be initiated without IRB approval, except when necessary to eliminate apparent immediate hazards to participants. When the study closes, please complete the Request for Study 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,

Carpanito L. Myles, MSM, CCM
Director & Research Compliance Officer
Office for Research Compliance
The University of Alabama
APPENDIX B

Study Announcement Placed in Facilities

Research Participants Needed

**Purpose:** To study the experiences of men in nursing

**Eligibility Criteria:** Be a male nurse, currently practice nursing, be a graduate of a bachelor of science nursing program, be a recent graduate (within the last 5 years)

**Study Information:** This study will take about 3 hours of your time over a period of 1 week. There is no compensation for your participation. This study will be conducted between August 2013 and October 2013.

**Location:** The researcher will interview you in a place of your choosing.

**Contact:** Lori Hill

   University of Alabama Doctoral Student
   (256)390-5684

This research is supervised by Dr. Aaron Kuntz, Associate Professor University of Alabama, (205) 348-5675
Informed Consent for a Non-Medical Study

University of Alabama

Individual’s Consent to be in a Research Study

You are being asked to take part in a research study. This study is called “Men in Nursing”. The study is being done by Lori Hill, who is a graduate student at the University of Alabama. Ms. Hill is being supervised by Associate Professor Aaron Kuntz who is a professor of Educational Research at the University of Alabama. The researcher is not being paid to conduct this research. This research is not developing a product that will be sold or that would profit the researcher. The investigator does not have any conflict of interest in this study.

What is this study about?
This study is being done to find out about the experiences of men in nursing. This study is seeking to understand the effect of gender roles for male nurses in their educational and practice experience. Specifically, the researcher would like to know if the male nurse has any specific issues or experiences that he attributes to gender or power in his education or practice.

Why is this study important or useful?
The findings will help nursing educators understand the issues that surround male nurses in education and practice. This knowledge is important because it can help nurse educators design curriculum that is inclusive of issues specific to the male gender.

Why have I been asked to be in this study?
You have been asked to be in this study because you are a male nurse, currently practicing with an active nursing license, a graduate of a Bachelor of Science nursing program within the past 5 years. You gave us your contact information.

How many people will be in this study?
The investigator hopes to interview 6-10 male nurses from East Alabama within the next 2 months.

What will I be asked to do in this study?
If you meet the criteria and agree to be in this study, Ms. Hill will interview you in a place of your own choosing about your experiences with nursing. A series of 3 interviews will be conducted with interviews occurring 3-7 days apart. The interviewer would like to tape record the interview to be sure that all your words are captured accurately. However, if you do not want to be taped, simply tell the interviewer, who will then take handwritten notes.

**How much time will I spend being this study?**
Each interview should take about 30-60 minutes. The entire study will take about 3 hours of your time over the course of 2 weeks.

**Will being in this study cost me anything?**
The only cost to you from this study is your time.

**Will I be compensated for being in this study?**
You will not be compensated for being in this study.

**Can the investigator take me out of this study?**
The investigator may take you out of the study if s/he feels that the study is upsetting you or something happens that means you no longer meet the study requirements.

**What are the risks (dangers or harms) to me if I am in this study?**
There are little or no risk foreseen with this study. The chief risk is that you may get tired from the interview, bored by the questions, or upset about thinking about your educational or practice experiences. The interviewer will minimize or avoid these risks by using breaks if needed, rescheduling the interview, recommending a counselor, or removing you from the study.

**What are the benefits (good things) that may happen if I am in this study?**
There are no direct benefits to you unless you find it pleasant or helpful to describe your experiences with your education and nursing practice. You may also feel good about knowing that you have helped nursing educators become more aware of issues surrounding male nurses.

**What are the benefits to science or society?**
This study will help nurse educators become more aware of issues surrounding male nurses which could lead to curricular changes in nursing education programs.

**How will my privacy be protected?**
You will be interviewed in a private room or site of your choosing so we can talk without being overheard. You do not have to answer any questions you do not want to answer.

**How will my confidentiality be protected?**
The only place your name appears in connection with this study is on the informed consent. The consent forms will be kept in a locked file drawer in Ms. Hill’s office, which
is locked when she is not there. A name-number list is not being used so there is no way to link a consent form to an interview. When interviews are recorded, your name will not be used, so no one will know who you are on the tape. Once back in the researcher’s office, the researcher will listen to the tape and type out the interview. When the interviews have been typed, the tapes will be destroyed. This should occur within one month of the interview. You may also refuse to be audiotaped, in which case the interviewer will take handwritten notes.

**What are the alternatives to being in this study? Do I have other choices?**

The alternative to being in this study is not to participate.

**What are my rights as a participant in this study?**

Taking part in this study is voluntary. It is your free choice. You can refuse to be in it at all. If you start the study, you can stop at any time. There will be no effect on your relations with the University of Alabama.

The University of Alabama Institutional Review Board (“the IRB”) is the committee that protects the rights of people in research studies. The IRB may review study records from time to time to be sure that people in research studies are being treated fairly and that the study is being carried out as planned.

**Who do I call if I have questions or problems?**

If you have questions, concerns, or complaints about the study right now, please ask them. If you have questions, concerns, or complaints about the study later on, please call the investigator Lori Hill at (256) 390-5684 or Dr. Aaron Kuntz at (205) 348-5675. If you have questions about your rights as a person in a research study, call Ms. Tanta Myles, the Research Compliance Officer of the University, at 205-348-8461 or toll-free at 1-877-820-3066.

You may also ask questions, make suggestions, or file complaints and concerns through the IRB Outreach website at [http://osp.ua.edu/site/PRCO_Welcome.html](http://osp.ua.edu/site/PRCO_Welcome.html) or email the Research Compliance office at [participantoutreach@bama.ua.edu](mailto:participantoutreach@bama.ua.edu).

After you participate, you are encouraged to complete the survey for research participants that is online at the outreach website or you may ask the investigator for a copy of it and mail it to the University Office for Research Compliance, Box 870127, 358 Rose Administration Building, Tuscaloosa, AL 35487-0127.
I have read this consent form. I have had a chance to ask questions. I agree to take part in it.
I will receive a copy of this consent form to keep.

__________________________________________________________  ______________
Signature of Research Participant                            Date

I agree to have this interview audio recorded. _______Yes       _______No

__________________________________________________________  ______________
Signature of Investigator                                    Date
APPENDIX D

Demographic Data Collection Form

Age________________

Race________________

Sex ________________

Date of graduation from BSN program _________________

Date of graduation from ADN program _________________

Number of years as a practicing nurse _________________

Current area of practice _____________________________
APPENDIX E

Interview 1 Guide

1. How did you arrive at choosing nursing as your career path? Describe why you wanted to become a nurse.

2. Were there any positive and negative factors that influenced your decision to become a nurse?

3. Describe any challenges that you faced in your pursuit of obtaining a degree in nursing?

4. What qualities did you feel that you possessed that made you a good candidate for a nursing education program?

5. What did you do to prepare for entering a nursing education program?

6. Describe any educational experiences that shaped your vision of being a nurse.

7. Describe any educational experiences that made you feel uncomfortable about being a man in nursing.
APPENDIX F

Interview 2 Guide

FOCUSED INTERVIEW QUESTIONS

1. Describe what it is like to be male within nursing.
2. What do you consider to be the most difficult aspect of being male in the nursing profession?
3. What does it mean to be male in a nursing education program?
4. Describe how your nursing education program dealt with gender.
5. Think of a time when you have experienced discomfort in your nursing role because of your gender. Describe that in as much detail as possible.
6. Describe an issue that you have had in your nursing practice or educational preparation that you feel is related to stereotyping.
7. Describe your feelings when performing care, particularly intimate care, for patients of the opposite sex.
8. Tell me how you learned to provide care to members of the opposite sex. Elaborate on any special techniques or strategies that you were taught and who taught these techniques or strategies.
9. Describe an experience you have had with masculinity or sexuality in your nursing practice.
10. How do you feel nursing education programs could better serve the male population entering the nursing profession?
APPENDIX G

Interview 3 Guide

1. What does it mean to you to be a nurse?

2. Given the information that you provided in the previous interviews, how do you make sense of your education and practice experience as a nurse? A short overview of themes from previous transcripts will be provided to the participant and the participant will be asked to comment on the identified themes.