

A MALE PERSPECTIVE ON BEING A NURSE
IN TODAY'S HEALTHCARE ENVIRONMENT

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by
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Abstract

A MALE PERSPECTIVE ON BEING A NURSE IN TODAY'S HEALTHCARE ENVIRONMENT

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Florence Nightingale was responsible for the feminization of nursing and its almost exclusive association with the female gender. Female exclusivity in nursing has been a barrier for men in nursing for more than a century and continues to be one of the greatest contributing factors for the gender disparity in nursing today. Previous studies have demonstrated that men are thought to be poorly suited for nursing, based largely on gender normative stereotyping. This abject view discourages males from entering the nursing profession. The purpose of this qualitative study was to explore the experiences of male nurses in today's healthcare environment in order to describe the current professional practice climate for men in nursing, from the male nurses' perspective. Group and individual interviews were conducted with 11 male Registered Nurses who practiced in the United States. The study used interpretive description methodology due to its specificity in nursing's approach to generating knowledge. Nine themes and multiple subthemes were identified during data analysis. Participants reported some of the same experiences that were found in previous

studies, as well as experiences that have not been seen in past research. This study concluded there has been progress toward correcting the gender disparity, but a focused effort to make nursing a more gender inclusive profession, and more welcoming for men, is still needed to improve the gender disparity in nursing.

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Dedication

There are so many people who have contributed to this moment, but I would like to dedicate this thesis to the following people:

To Pam: I want to thank you for believing in me. You have been my rock since the night we met 18 years ago. I know this journey has been as difficult for you, and perhaps more so, than for me. It is not an exaggeration to say I could not have finished graduate school and this thesis without your encouragement and unwavering support.

To Gavin: Thank you for just being you, kiddo. I never knew *love* until I held you for the first time. Your mother is my rock; but you are my world. I am forever fearful of failing you, and I am heartbroken when I think about the sacrifices you have made for me to complete this. If I can become even a fraction of the person you believe I am, I will have achieved a greatness to which few men can lay claim. I promise I will make up the time we have lost, starting *now*.

To Andrea, Cindy, and J.P.: We began our journey as four strangers in graduate school orientation, but we became the “dream team.” I honestly could not have finished this journey without each of you. Thank you for your support when I felt like quitting, your shoulders when I needed to cry, your ears when I needed to vent, and your advice when I needed counsel. I will spend forever wishing I could be back at our table in Boone.

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Chapter 1

Introduction

The modern nursing profession has a strong association with the female gender (Dunphy, 2015). For centuries, however, nursing was considered a *male* profession. The earliest recorded accounts of trained nurses were men most likely working under direct supervision of physicians in ancient Greece (O'Lynn, 2013). Men continued to serve in nursing roles during the early Common Era (CE), but the provision of nursing care shifted to religious orders. Nursing shifted again by the end of the 11th century CE, this time to a military focus, mostly due to the Crusades and the need to care for wounded soldiers (O'Lynn, 2013). During that time, women did not share the same equal treatment afforded to men. Women were rarely seen in roles outside the home and were assigned responsibilities based on gender. Most of the inequalities women experienced stemmed from deeply held religious views. Central tenets of womanhood included caring for children, and other family members. (Reverby, 1987). Gender based inequities continued through the late middle ages and Renaissance period, into the 19th century; a period in history when the patriarchal establishment gave women no reprieve from their subjugated position in society.

There was little work available for women outside the home during the 19th century (Reverby, 1987). However, the Crimean War in Crimea and the Civil War in the United States necessitated men positioning themselves on the battlefield. Opportunities were created for women to step into nursing roles due to wounded soldiers requiring care and dwindling numbers of men in nursing, which occurred because men's focus shifted to the battlefield. (Limiñana-Gras, Sánchez-López, Saavedra-San Román, & Corbalán-Berná, 2013; Reverby, 1987). Nursing was considered a natural extension of what was once considered a woman's

purview – caring for the sick (Reverby, 1987). With limited opportunities for women, and a need for nurses to care for the sick and injured, women entered nursing. Not slowly, the nursing profession began a process of genderization, which, over time, has resulted in few male nurses in today's healthcare environment.

Despite efforts to attract more men into the nursing profession (Trossman, 2003), males continue to comprise a small fraction of the nursing workforce, making up only 9.6% of registered nurses in the U.S. according to the most current statistics (U.S. Census Bureau, 2013). Male representation in undergraduate nursing school programs was only 11.7% in 2015 (American Association of Colleges of Nursing [AACN], 2016), a marginal increase from 9.7% in 2005-2006 (AACN, 2006), despite efforts to improve the recruiting process for men in nursing. The number of men in nursing has been slowly increasing but is not comparable to the progress made by women in the male dominated medical profession (American Mobile Nurses [AMN] Healthcare, 2015; Association of American Medical Colleges [AAMC], 2012). Persistently low numbers of men in nursing has been explored in past literature but may not be as relevant in the context of today's changing sociocultural and healthcare landscapes. An up to date exploration of male nurses' experiences in today's healthcare environment is needed to better understand the reasons for the continued underrepresentation of men in nursing, and to improve recruiting methods for prospective male nurses.

Problem Significance

The face of modern healthcare is rapidly changing. Patient populations are increasing in diversity and there is widespread agreement that healthcare professions should respond accordingly (Armada & Hubbard, 2010; Birk, 2012; Douglas et al., 2014; Farmer, 2015;

Fustis, Health Research & Educational Trust, 2013; Jayanthi, 2016; McNair & Hegarty, 2010; Seeleman, Essink-Bot, Stronks, & Ingleby, 2015). *Diversity* is a term that has traditionally been reserved to refer to racial and ethnic backgrounds (Jayanthi, 2016). However, the term diversity can be used to describe several differentiating group characteristics including: lifestyle choices, socioeconomic status, sexual orientation, and gender. Jayanthi (2016) argued that people feel more comfortable around individuals with whom they share certain characteristics and that a healthcare workforce should reflect the community's diversity. Seeleman et al. (2015) concluded that one of the most important aspects of staff diversity is representing the characteristics of the general population. One of the greatest differences that exists between the makeup of the nursing workforce and that of the general population is the disparity between genders; men make up only 9.6% of the nursing workforce (U.S. Census Bureau, 2013), despite comprising 49% of the United States population (US Census Bureau, 2017).

A better understanding of the male nursing experience in today's healthcare environment is needed to improve the workplace for all nurses. Past research found inhospitable workplace and academic environments to be a primary deterrent for men entering nursing (Cudé & Winfrey, 2007; Hollup, 2014; Jordal & Heggen, 2015; Kellett, Gregory, & Evans, 2014; Kouta & Kaite, 2011; MacWilliams, Schmidt, & Bleich, 2013; Poole & Isaacs, 1997; Roth & Coleman, 2008; Stott, 2007; Tosh-Kennedy, 2007; Weber, 2008; Zhang & Liu, 2016). Gender normative stereotypes have also been cited as a significant deterrent for men in nursing (Harding, 2007; Hollup, 2014; Jordal & Heggen, 2015; Kellett et al., 2014; Kouta & Kaite, 2011; McKinlay, Cowan, McVittie, & Ion, 2010; McLaughlin, Muldoon, & Moutray, 2010; O'Connor, 2015; O'Lynn, 2013; Roth & Coleman,

2008; Stanley et al., 2016; Villeneuve, 1994). However, America's sociopolitical climate has been rapidly changing with respect to genderization in the workplace (Carabez, Pellegrini, Mankovitz, Eliason, & Scott, 2015; Dellinger & Williams, 2010; Hodges et al., 2017; Roth, Theriault, Clement, & Worthington, 2016), and there have been no studies that explored whether the changing sociopolitical climate has impacted the gender disparity or previously cited deterrents for men entering nursing. This qualitative research study filled a gap in the literature by exploring the modern-day male's nursing experience.

Problem Statement

A gender disparity persists in nursing in America, but the reasons are not well understood. An exploration of the male nurses' experiences in today's healthcare environment is needed to better understand the gender disparity in nursing.

Theoretical Framework

There is little recent research that explores the experiences of male nurses in today's healthcare environment. Additional research was necessary to make sense of the ongoing gender disparity in today's nursing profession and to recognize strategies for correcting the disparity for the nursing profession to better approximate the characteristics of the population.

Lewin's (1951) Change theory was used to guide the implementation of this research study and interpretive description was chosen as the guiding methodology. Past research concluded that much of the gender disparity in nursing has been the result of long held associations with gender and gender normative stereotyping. Lewin's theory provides a framework for change at all levels within the nursing profession to improve the male nursing

presence. The objectives of this research are in accordance with Lewin's Change theory and aim to:

- Create problem awareness by demonstrating the existence of a gender disparity
- Demonstrate the need for and benefits of correcting the gender disparity
- Provide recommendations for implementing changes to improve the gender disparity

Problem awareness was created by investigating and presenting professional statistics a comprehensive literature review, and interviews with 11 male nurses. The literature review was used to draw conclusions about the needs of the healthcare population relative to the gender disparity in nursing. Data obtained from the interviews was analyzed, and findings were used to formulate recommendations for implementing change.

Qualitative data was collected through individual and group interviews. Group interviewing fosters cultivation of natural, and honest discussion (Millward, 2012), while individual interviews accommodate persons who wish to participate in studies but who are unable to coordinate availability with group interview scheduling. This study's interviews were guided by interpretive description methodology (Thorne, 2008) due to its alignment with nursing epistemology (Thorne, 2018), focus on both shared, and diverse individual experiences (Thorne, Kirkham, & MacDonald-Emes, 1997), and inductive value in analyzing and understanding the phenomena of human experiences (Thorne, Kirkham, & O'Flynn-Magee, 2004).

Basic Assumptions

Qualitative methodologies capture a level of reality that is not amendable to quantitative study (Muylaert, Sarubbi, Gallo, & Neto, 2014). Interpretive descriptions of the

human experience are founded on the epistemological assumption that both shared experiences, as well as diverse individual experiences, are valuable (Thorne, 2018; Thorne et al., 1997). Additional assumptions included that a person's account of their experience cannot be judged to be objectively true or false. Their experience represents their reality and thus is truth for the individual, which minimized threats to validity of the data (Muylaert, et al., 2014; Silverman, 2013). Lastly, the study design assumed participants perceived interview prompts with enough similarity in their understanding that their responses could be analyzed equally without threatening validity of the data (Silverman, 2013).

Chapter 2

Introduction

Crompton (1987) contended that when a profession has an established cultural or historical association with either sex, it can be appropriately defined as *sex-typed*. A historical gender bias exists in the nursing profession; even in the 21st century, few can argue differently. Gendered bias persists in nursing despite a sociocultural trend which professes intolerance toward gender inequalities. The bias in nursing may not be overtly obvious, but it is evidenced by the gender disparity which has made nursing an almost exclusively female profession for more than 150 years.

A 2005 study led by the American Assembly for Men in Nursing examined reasons for the gender disparity in nursing. Seventy-three percent of respondents identified negative stereotypes as a cause for the persistently low numbers male nurses (Kouta & Kaite, 2011). McLaughlin et al. (2010), and Kellett et al. (2014) noted stereotypes casting male nurses as effeminate and which result in their sexuality being questioned, undermine efforts to recruit men into nursing and well as decrease job satisfaction for practicing male nurses.

Research has also shown the attrition rate of male nursing students is higher than the attrition rate of female students. The difference in attrition rates between males and females has been attributed to: (1) the socialization process of men in a female dominated profession; (2) role strain; and (3) feelings of isolation and marginalization that occur due to the minority status experienced by men in nursing (Jordal & Heggen, 2015). The preceding explanations for the disparity between the attrition rate of male and female nursing students also explains the persistently low numbers of men in nursing. In extreme cases, socialization problems, role strain, and feeling isolated and marginalized may drive practicing male nurses to leave

the nursing profession altogether (Hollup, 2014). Zhang and Liu (2016) cited research that showed men resign from nursing four times more frequently than women, especially during the first four years following graduation.

The nursing profession has made coordinated efforts to make males feel more welcomed to the nursing profession, but there has been little difference in the numbers of men entering nursing in recent years. Jordal and Heggen (2015) argued that nursing remains one of the most gender segregated job markets in the Western world. The genderization in nursing is demonstrated by the facts that (1) the profession is almost exclusively female; (2) nursing educators are almost exclusively female; and (3) nursing textbooks are authored almost exclusively by females (Jordal and Heggen, 2015). Carnevale and Priode (2017) aptly characterized the genderization in nursing as the “good ole’ girls’ nursing club.”

Male nurses often gravitate to “islands of masculinity” (Hollup, 2014, p. 757) such as anesthesia, psychiatry, emergency departments, and administration, where more emphasis is placed on nursing tasks and clinical responsibilities (Hollup, 2014). The trend for male nurses to gravitate to specialties that are considered more *masculine* is a result of the gender biased view that nursing is reserved for nurturing females. Gendered stereotypes about who should enter nursing has led to the belief that men are not capable of fulfilling the caring-type roles that are traditionally associated with nursing. Men in nursing may turn away from caring-type roles in an effort to minimize the role strain that accompanies navigating a profession wrought with rigid stereotypes that define nursing as the antithesis of masculinity (Hollup, 2014). Kouta and Kaite (2011) and O’Lynn (2013) claimed that men enter the nursing profession for essentially the same reasons as women, that is, to care for persons who

need help. The literature is unclear whether men in today's healthcare environment in America feel pressured to migrate to areas that de-emphasize caring.

The Beginning of Bias

Florence Nightingale is credited with founding modern nursing (Dunphy, 2015; O'Connor, 2015; O'Lynn, 2013). Dunphy (2015) believed Nightingale was also responsible for, and fully supported the "genderization" (p. 48) of nursing. Dunphy noted that Nightingale believed the genderization of nursing has resulted in a "natural division of labor" (p. 48) with male physicians on one side of the dividing line, and female nurses on the other. According to Dunphy, Nightingale's mission for women to monopolize nursing was grounded in her belief that women's work outside the home should resemble traditional female duties inside the home. Nightingale's heavy-handed involvement in nursing was an attempt to create a profession that reflected traditional female duties and was intended to compliment physicians, or the male aspect of the labor division. Nightingale's sought to harmonize the two sides of the labor division, that is to say, female nurses with the male physician patriarchy. Nonetheless, the modern nursing profession must try to distance itself from the stereotypes and associations that align nursing with a single gender.

Nursing's history predates Nightingale at least as much as 1,500 years. Some nurses are unaware that nursing was an exclusively male profession for much of nursing's history (Limiñana-Gras et al., 2013; O'Connor, 2015; O'Lynn, 2013). O'Lynn (2013) cited several reasons nursing has focused on post-Nightingale history, which largely excludes male nurses: (1) most of the information on nursing's history has been written in the last 100 years; (2) most of nursing's history has been written by women; (3) emphasis has been placed on women's accomplishments in an effort to inspire modern women; and (4) there may have

been attempts to level the patriarchal playing field by emphasizing the accomplishments of women. However, an inaccurate narrative of nursing's history has resulted from the genderization of nursing stemming from Nightingale's leadership. The modern narrative of nursing's history fails to include the accomplishments of male nurses prior to Nightingale's involvement in nursing, even if nursing's genesis and infancy was grounded in less scientific roots.

Harding (2012) wrote that the earliest documented history of nursing can be traced to India in the 3rd century before the Common Era (BCE). More recently, males served as nurses during the 1st century of the Common Era (CE), when monasteries were considered healing centers and monastic duties included nursing the sick. Groups of men such as the Parabolani Brotherhood were responsible for caring for the sick prior to monastic centers between 253-268 BCE (Harding, 2012). As nursing's history progressed beyond the early middle ages, men such as St. Ephrem and St. Basil (circa 4th century CE) made some of the earliest contributions to the nursing profession.

Before Nightingale's arrival, male nurses were responsible for caring for sick and wounded soldiers during war times. These early male nurses were affiliated with religious orders and were responsible for protecting their hospital during war time attacks in addition to caring for needs of soldiers (Harding, 2012). During the Crusades, the most well-known groups of men were the Knights Hospitallers of St John of Jerusalem, the Teutonic Knights and the Knights of St. Lazarus (Harding, 2012). More recent contributions from male nurses came from the Alexians and the St. John of God Order; both groups predate Nightingale by an estimated 700 years and like Nightingale, were affiliated with religious orders (O'Connor, 2015).

Nurses were exclusively male in nursing's earliest recorded history. Most of the pioneer nurses were affiliated with military religious orders and their training was limited to *experience*, lacking any formal training. Male orderlies responsible for providing care to British soldiers appear in historical records approaching the 19th century. By the middle of the 19th century, men were caring for sick and injured soldiers during the American civil war. The term *nurse* was not granted to the war time male caregivers of the 19th century, but by the standards of that time, they were providing nursing care. Nurse was a title reserved for women's groups organized by Dorothea Dix, Superintendent of the Female Nurses in the Union Army. However, there were also groups of male volunteers who served as nurses, the most famous of which, was the poet Walt Whitman (Harding, 2012; O'Lynn, 2013). The number of male nurses dwindled by the middle of the 19th century as men transitioned from caregiving roles to the battlefield, which created a perfect opportunity for females to enter nursing; Nightingale seized the opportunity.

According to historical accounts, Florence Nightingale was caring and compassionate, and revolutionized 19th century healthcare (Bostridge, 2008). Nightingale is well known for having improved sanitation and nursing care, which saved the lives of many wounded soldiers fighting in the Crimean War (Dunphy, 2015; O'Lynn, 2013). Her contributions to healthcare resulted in decreased mortality rates and improved soldiers' health. Nightingale's accomplishments were founded on sound scientific principles and meticulous statistical data collection (Dunphy, 2015). However, O'Connor (2015) argued that Nightingale was motivated by a feminist political agenda and her goal was to demonstrate that women could be the professional equals of men. Nightingale was referred to as a "Christian feminist," even prior to her departure to Crimea (Dunphy, 2015). The feminist

epithet that preceded Nightingale's service in Crimea lends credibility to the assertion that she was at least partially motivated by a feminist agenda. Dunphy (2015), O'Connor (2015), and O'Lynn, (2013) argued that the goal of Nightingale's agenda was to demonstrate women's abilities equaled those of men, during a period in history when the patriarchy ruled, and she used nursing to deliver her message. Nightingale wrote in her June 1887 letter, "There is a curious old legend that the nineteenth century is to be the age for women, and has it not been so" (Dossey, Selanders, Beck, & Attewell, 2005, p. 283), making it clear that she believed her goal of advancing women had been accomplished.

Dunphy's (2015) stated that Nightingale bore the sole responsibility for the early feminization of nursing. It is not clear if her desire to level the patriarchal playing field was purposely intended to also sideline male nurse but Dunphy also noted that Nightingale believed men are unsuitable for the nursing profession. Nightingale wrote in her journal that men's "hard and horny hands" were not well suited "to touch, bathe, and dress wounded limbs, however gentle their hearts may be" (Summers, 1988, p. 35). Villeneuve (1994) claimed Nightingale saw no place for men in nursing, except where physical strength was needed. If there was any ambiguity in Nightingale's sentiment about male nurses, Nightingale could not have been clearer than when she declared, "A good nurse must be a good woman" (Dossey et al., 2005, p. 276). Whatever was Nightingale's vision of nursing and her intentions for the future of the nursing profession, the aftermath of her words have been felt by men in nursing for greater than a century, and may be felt more strongly today than ever.

Men Need Not Apply

Nursing's female exclusivity that began with Florence Nightingale, continues to marginalize men in nursing. It is an unlikely coincidence that the term nurse is understood to refer to female nurses, whereas a man who is a nurse is specifically referred to as a male nurse (Jordal & Heggen, 2015; McLaughlin et al., 2010; O'Lynn, 2013). It becomes easy to understand why the term nurse is synonymous with female nurses, when one accounts for the gender disparity in the nursing profession.

Men represented 9.6% of nurses in the United States in 2011, a relatively small increase from 2.7% in 1970 (U.S. Census Bureau, 2013). For comparison, women represented 36% of practicing physicians in the United States in 2012, a substantial increase from 6% in 1950 (AMN Healthcare, 2015). Women comprised 47.8% of graduating medical students in the United States in 2012, an increase from 6.9% in 1965 (AAMC, 2012). Forty-six percent of resident physicians were female during the 2013-2014 year and American Mobile Nurses (AMN) Healthcare (2015) reported the number of female physicians is likely to continue its upwards trend. Conversely, males accounted for only 11.7% of undergraduate nursing students in 2015 (AACN, 2016), a marginal increase from 9.7% in 2005-2006 (AACN, 2006). Statistical data has shown the number of men in nursing has slowly increased (AACN, 2006, 2016; U.S. Census Bureau, 2013), but the rate of increase in men in nursing is not comparable to the increase in women who have challenged the gender disparity in medicine (AMN Healthcare, 2015; AAMC, 2012).

Prospective male nurses are met with a unique set of barriers beginning in nursing school. Kouta and Kaite (2011) maintained that deterrents for men entering nursing include: (1) the overwhelming majority of nursing instructors are female; (2) educators' persistent use

of the word she to refer to nurses; (3) few clinical experiences with other male nurses; and (4) there is no mention of men in nursing during lectures on the history of nursing.

Additionally, male nursing students must contend with biased educational experiences beginning early in their nursing education. According to a survey conducted by the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), 42% of male nursing students reported experiencing overt gender bias in the academic setting from nursing faculty and in the clinical setting from licensed nursing staff (Kouta & Kaite, 2011).

The American Association for Men in Nursing (AAMN) led a survey of 498 male nurses which explored reasons there are so few men in nursing. Seventy-three percent of the respondents cited negative stereotypes, and 42% of the respondents cited a lack of male nurse mentors as reasons for the gender disparity in nursing (Weber, 2008). Additionally, 50% of the survey's respondents believed female dominance was the reason there are so few men in nursing (Weber, 2008), and that sentiment has been echoed by others (Kellett et al., 2014; Roth & Coleman, 2008).

Barriers for male nurses remain long after completing a prelicensure program. Cudé and Winfrey (2007) reported additional information from the AWHONN survey which showed 75% of licensed practicing male nurses experienced gender biased treatment from female nursing staff, and 8% experienced gender biased treatment from female physicians. There is no shortage of authors who agreed biased behaviors in the workplace against male nurses leave them feeling marginalized and result in negative outcomes (Kouta & Kaite, 2011; MacWilliams et al., 2013; Poole & Isaacs, 1997; Stott, 2007; Tosh-Kennedy, 2007; Weber, 2008).

The Future of Nursing Education for Men

The gender disparity in nursing extends to nursing academia. Men comprised only 10.8% of master's degree students (does not account for clinical-based programs where men will not go on to assume educator roles) and 9.6% of research-focused doctoral students in 2015 (AACN, 2016). Lack of male nursing faculty mentors has been cited as a barrier for male nursing students (Kouta & Kaite, 2011; Stott, 2007; Tosh-Kennedy, 2007; Weber, 2008) but there will continue to be few male nursing faculty to serve as mentors if the conditions that leave male nurses feeling marginalized do not improve. Male nursing students need male mentors to help them navigate the unique challenges males experience in nursing. Without enough male mentors, male nursing students will have limited role models. In addition, a shortage of male mentors disadvantages licensed practicing male nurses who need mentors to help guide them during the early phase of their career when they may benefit the most from mentorship, as they encounter unfamiliar challenges such as conforming to gendered stereotypes that define masculinity (O'Connor, 2015).

Societal stereotypes of masculinity define which behaviors are acceptable for men, and which behaviors are not. Men are taught from an early age that assuming roles traditionally reserved for women is the equivalence of masculine inadequacy (e.g., roles rooted in caring and nurturing behaviors) (O'Lynn, 2013). Male nurses experience a complex struggle which requires them to adhere to a predefined concept of masculinity without feeling emasculated, while softening their approach so as not to be *too masculine* and allowing them to fit the nurse and caregiver mold (O'Lynn, 2013). Male nurses find it difficult to be masculine enough to conform to society's view of masculinity, while

simultaneously demonstrating care-giving behaviors that might appear to compromise their manliness (O'Lynn, 2013).

Male nurses have reported fearing their sexuality being questioned as a result of their association with nursing, which violates cultural and societal definitions of masculinity (McLaughlin et al., 2010). Other authors discovered men fear feeling emasculated and being incorrectly thought to be gay as a result of pursuing a feminized profession (Harding, 2007; McKinlay et al., 2010; O'Connor, 2015; Roth & Coleman, 2008). In fact, men's fears of emasculation and having their sexuality mislabeled has been reported to be one of the greatest deterrents for men who otherwise desire to become nurses (Harding, 2007; Hollup, 2014; Jordal & Heggen, 2015; Kellett et al., 2014; Kouta & Kaite, 2011; McKinlay et al., 2010; McLaughlin et al., 2010; O'Connor, 2015; Roth & Coleman, 2008; Stanley et al., 2016; Villeneuve, 1994).

Beyond the Classroom – Men in Nursing

A nurse's first work experience can be exciting and scary for many new nurses. However, male nurses are met with a distinct set of challenges as they transition from nursing school to the workplace. Hollup (2014) noted that male nurses may find it difficult to assume the caregiver role while negotiating a feminized environment because it violates the gender normative view of masculinity. The work experience for male nurses may be daunting, embarrassing, and emasculating, as they are confronted with expectations to conform to society's and often their peers' view of masculinity. Finding the middle ground between compassionate caregiver and man (as defined by gender normative stereotypes of masculinity) has been thought to be a difficult feat for male nurses because gender norms render the two concepts nearly incompatible (Hollup, 2014).

The foundation of nursing practice is providing compassionate care to persons in need (Dewar & Christley, 2013; Hogan & Lovesy, 2007; Joseph, 2014; McCaffrey & McConnell, 2015; Norman, 2014; Perry, 2009; Schantz, 2007). Men may be viewed as incapable of nursing because gender normative stereotypes that define masculinity are antithetical to the concept of compassionate care (O'Lynn, 2013; Stanley et al., 2016). Gender normative views of masculinity and femininity equivocate nursing practice with being female (Hollup, 2014; Kouta & Kaite, 2011; Limiñana-Gras et al., 2013; O'Connor, 2015; O'Lynn, 2013; Trossman, 2003). The almost exclusive use of the term she, to denote nurses in the literature, and in every day word usage, reinforces the misperception that nursing is reserved for females (O'Lynn, 2013; Roth & Coleman, 2008; Zhang & Liu, 2016), and adds an additional layer of complexity to the challenges of being a male nurse.

Despite Nightingale explicitly acknowledging that men could have “gentle hearts,” (Summers, 1988, p. 35), she believed men were best suited for physical tasks (Dossey et al., 2005; O'Connor, 2015; Summers, 1988; Villeneuve, 1994). Nightingale's successors and much of Western society have continued to propagate the fallacy that nursing is strictly a woman's purview. Male nurses are marginalized and experience increased role strain because of the ubiquitous view that expressing compassion and providing caring are reserved for female caregivers (Hollup, 2014; Kouta & Kaite, 2011; O'Connor, 2015; O'Lynn, 2013; Stanley et al., 2016). It should be noted that role strain has been found to be a significant deterrent for men in nursing (Jordal & Heggen, 2015).

Men who assume caring and nurturing roles are often considered effeminate because these roles are so strongly associated with the female gender (Hollup, 2014; Kellett et al., 2014; McKinlay et al., 2010; McLaughlin et al., 2010). Male nurses have reported that the

association between nurturing roles and being female has led people to make assumptions about their sexuality (O'Connor, 2015; O'Lynn, 2013; Stanley et al., 2016). Hollup (2014) noted, male nurses are considered not "real men" (p. 753). Multiple authors have argued that male nurses are still saddled with the "tired stereotype" (O'Connor, 2015, p. 201) of being gay, based solely on choosing the nursing profession. The gay stereotype is believed to be a deterrent for many men who would otherwise enter nursing, even in an age when being gay has lost much of its stigma and is socially accepted (Harding, 2007; Hollup, 2014; Jordal & Heggen, 2015; Kellett et al., 2014; Kouta & Kaite, 2011; McKinlay et al., 2010; McLaughlin et al., 2010; O'Connor, 2015; Roth & Coleman, 2008; Stanley et al., 2016; Villeneuve, 1994). O'Connor (2015) carefully emphasized that most male nurses stress they are not homophobic, but do not want people to make assumptions about their sexuality based solely on their choice of profession. First, a person's sexual orientation is independent of their ability to perform their professional duties. Secondly, associations between a person's sexuality and their choice of profession disparages multiple persons. Lastly, it is offensive and dismissive to persons of all genders, to suggest one gender is necessarily superior to the other, but this is the narrative that is created with genderization of a profession.

O'Connor (2015) argued that most authors believe male nurses are motivated by the same intrinsic desire as their female nurse peers to care and nurture. However, O'Connor wrote, the hidden societal agenda encourages male nurses to de-emphasize the caring aspect of the profession to conform to cultural norms that define masculinity. It should be easy to understand the role strain some male nurses experience. On the one hand, male nurses want to deliver compassionate care to persons in need, and on the other hand, they are encouraged to conform to societal expectations that are predicated on antiquated, gender normative

definitions of masculinity; male nurses must necessarily make compromises being a compassionate nurse or being masculine.

Men are Needed Too

Gender normative views of masculinity are thrust on men from the time of their birth. O'Lynn (2013) informed readers that western society teaches males that expressions of caring-type emotions are not masculine. Men are taught from an early age that showing compassion and caring behaviors are a surrender of masculinity. However, it is considered desirable for fathers in Western societies to show these same behaviors when caring for his children; a father is not considered to have compromised his masculinity when he expresses caring-type behaviors toward his children. In the context of a parent nurturing their child, nurturing behaviors transcend parents' gender and the gender normative stereotypes that act as barriers for male nurses; caring-type behaviors are not considered exclusive to mothers. Why should it seem strange that some males aspire to be nurses?

Cultural and gender norms that define masculinity lead to preconceptions of what caring, and compassion look like (i.e., how compassion should be expressed) and in this way gender normative definitions of masculinity reinforce the genderization of nursing (Kellett et al., 2014). Caring is a complex concept, and there are no rules that dictate which gender is qualified to care (Zhang & Liu, 2016); the same is true of rules that govern compassion (Perry, 2009; Schantz, 2007). Terms like caring and compassion have become buzz words in nursing's academic circles, but it has been difficult to articulate the exact meaning of these terms in the context of nursing. However, precise definitions may not be necessary. Haslam (2015) stated that there may be no clear delineation when it comes to what caring and compassion look like, but we know what they do not look like.

Multiple authors contended that caring looks different when it is provided by male nurses versus female nurses (Jordal & Heggen, 2015; Kellett et al., 2014; Limiñana-Gras et al., 2013; O'Lynn, 2013; Zhang & Liu, 2016). It is unclear exactly how male nurses care differently than female nurses. O'Lynn (2013) reported most of our knowledge about men's expressions of caring come from research on men in father roles. However, because of the relationship a father has with their child, the research may not apply well to nursing (O'Lynn, 2013). Zhang and Liu's (2016) review found the care provided by male nursing students is reported to be "more restrained" (p. 324) than their female peers. It is not clear whether Zhang and Liu's observation reflects an inherent difference between men and women, or if it may be male adherence to societal expectations and gender normative stereotypes that define masculinity or, perhaps, another explanation. However, the fact that studies have concluded males become nurses for the same reasons as females, that is, to care for others, would seem to exclude inherent differences in male and females providing care.

What seems clear is men are needed in nursing. O'Lynn (2013) emphasized that male caring is valuable and necessary in order to provide care to the rapidly diversifying population in today's healthcare environment, regardless of any difference in men's ways of caring. Hollup (2014) conducted a qualitative study, consisting of 47 nurses (27 male and 20 female nurses) in which one female participant espoused the belief that male nurses are equally capable as female nurses based on her belief that the nursing profession has both male and female attributes, which necessitates both genders in nursing.

Summary

In summary, nurses are responsible for caring for a diverse population made up of male and female patients. It would be irrational to argue nursing should exclude almost an

entire gender. It is time for the nursing profession to concentrate efforts on becoming more inclusive for men and lead the way in changing gender normative views to masculinity to include caring.

Studies have shown that males pursue nursing for the same reasons as their female peers – a desire to care for persons in need. However, the feminization of nursing and pressures to conform to societally imposed gender normative views that define masculinity have waylaid men's presence in the nursing profession. The same factors have prompted men to migrate to nursing specialties that deemphasize nursing's foundational caring-type roles and emphasize tasks and clinical responsibilities. The nursing environment has been called inhospitable for men, which is reflected by the persistently low numbers of male nurses. There have been only minimal increases in men in nursing during the last few decades. Nursing has not shared the same progress in leveling its gender disparity as male dominated professions have with their increase in female participation (e.g., increases in the numbers of female physicians).

The bulk of research studies have explored low rates of male nursing students and higher attrition rates among male nursing students. There continues to be a gender disparity in the workforce as well, where male nurses comprise only a fraction of the total number of working nurses. Lastly, the number of male nurses enrolled in graduate and doctoral education programs equally low. The numbers of male nurses will remain low until nursing leads the changes necessary to be more inclusive toward men.

Gaps in the Literature

There is ample literature that has studied barriers and deterrents for men pursuing nursing programs. The available literature is geographically heterogenous within the United

States, with additional literature available outside the United States. Themes describing barriers for men in nursing are recurrent in the literature. There are sparse and dated literature with a male nursing focus, but there is very little recent research investigating the male nursing experiences in today's healthcare environment in the United States. There have been no current studies focusing on how men describe the challenges of navigating an almost exclusively female profession and confront pressures to conform to societal stereotypes of masculinity. O'Connor (2015) conducted a qualitative exploration of the lived experiences of 18 male nurses in one Ireland hospital. O'Connor's research showed male nurses in Ireland have difficulty balancing stereotypes about masculinity with the caring roles required in nursing. However, the sociopolitical and sociocultural climates in Ireland differs from those of the United States, which impacts the applicability of O'Connor's research to men in nursing in the United States. On the other hand, even if O'Connor's research was applicable to male nurses in the United States, there is value in replicability, and additional research would be warranted to confirm O'Connor's findings.

Kellett et al. (2014) wrote that challenges faced by male nurses warrant further attention, but also opposed additional studies on male nurses' experiences because they believed prior studies' data consistency precluded the discovery of new findings related to the male nursing experience. In addition, Kellett et al. claimed there has been a sufficient shift in nursing's gender disparity and argued that successful male nurses become experts at learning how to balance their masculinity with caring behaviors. The available literature does not support Kellett et al.'s claims, and it excludes male nurses who may struggle with the concept of masculinity versus caring. Additional research is needed to compare the male nursing experience in today's healthcare environment with the experiences of male nurses

reported in previous studies. A comparison of the data can inform our understanding of today's men in nursing and show whether progress has made. There is a lack of current research on the male nursing experience in today's healthcare environment from the perspective of male nurses, which constitutes a gap in the literature.

Conclusion

Reasons for the gender disparity in nursing are well documented. Despite efforts to increase the numbers of male nurses in the United States, there has been little progress. It is unclear why the numbers of male nurses remain low. An up to date exploration of the male nursing experience in today's healthcare environment from the perspective of male nurses may increase our understanding of why males are so poorly represented in the nursing profession. A better understanding about the male nursing experience can inform the nursing profession to improve nursing recruitment efforts and conditions for practicing male nurses.

Chapter 3

Introduction

Persistently low rates of male enrollment in nursing programs and significantly higher attrition rates of male nursing students compared to female nursing students are well documented in the literature (Cudé & Winfrey, 2007; Jordal & Heggen, 2015; Kellett et al., 2014; Kouta & Kaite, 2011; McLaughlin et al., 2010; O'Connor, 2015; Weber, 2008). Previous research has also reported a gender disparity in the nursing workforce (Cudé & Winfrey, 2007; Hollup, 2014; Kellett et al., 2014; Kouta & Kaite, 2011; MacWilliams et al., 2013; Roth & Coleman, 2008; Stott, 2007; Tosh-Kennedy, 2007; Weber, 2008; Zhang & Liu, 2016), and in nursing academia (AACN, 2016). Nursing has been largely a female exclusive profession for more than a century. The most recent statistics showed men account for only 9.6% of the nursing workforce in the United States (U.S. Census Bureau, 2013), with as much as 75% of male nurses having cited genderized stereotypes as the basis for the gender disparity in nursing (Kouta & Kaite, 2011). Some of the research findings related to barriers for male nurses have included role strain from balancing gender normative views of masculinity with concepts such as caring, which are strongly associated with the female gender. However, there is no recent research examining the experiences of male nurses in today's healthcare environment against the backdrop of a shifting sociocultural climate in the United States; a climate shift with much of its focus on diminishing adherence to ridged gender normative stereotypes and increasing diversity (Carabez et al., 2015; Dellinger & Williams, 2010).

Purpose

The purpose of this study was to explore the experiences of male nurses from their perspective in today's healthcare environment and to describe the modern-day work environment for men in nursing. The results of the study provided evidence that informs our understanding of the practice and educational experiences of male nurses.

Design

This study was conducted using interpretive description methodology (Thorne, 2008). Interpretive description is a type of qualitative methodology which specifically aligns with nursing's approach to generating knowledge (Thorne, 2018). Thorne (2018) argued that many of the qualitative methods historically used by nursing researchers had design components that were "intellectually counter to a nursing epistemology or way of knowing" (p. 44). Interpretive description acknowledges the evolution and increasing richness and complexity of clinical insights (Thorne, 2018), and redirects focus to include both shared experiences, as well as diverse individual experiences (Thorne, 2018; Thorne et al., 1997).

The focus of this qualitative study was the male nursing experience in today's healthcare environment. Human experiences cannot be categorically quantified and are not amenable to quantitative methods, where prediction and experimentation constitute an epistemological foundation (Thorne, 2008). Accessing the experience(s) of another person directly is not possible, therefore, the truth of an experience is relative to an individual's representation of their experience. A personal account of an experience cannot be judged as objectively true or false, but only understood to be true from the individual's point of view in a specific temporal and sociohistoric context (Muylaert et al., 2014). Descriptions of experiences are dependent on a person's perceptions, inclinations, and sensitivities. The truth

value of a person's experience relies on context, which lends meaning to the experience (Sandelowski, 2000). Interpretive description acknowledges that the nature of human experiences is constructed and context dependent (Thorne et al., 1997).

This study described the experiences of males in nursing from the perspectives of the participants involved in the study. Muylaert et al. (2014) argued that human memory selectively recollects experiences, and it is the recorded experience that represents reality, not the facts themselves. The basic assumption that the human experience represents reality, and thus truth, ensured objectivity and validity, and solved analytical problems related to the nature of experiential truths.

Subtle differences in human experiences can have a large impact on the experience itself, and these nuances are captured more easily using an interpretive description methodology. If two different individuals have the same experience, they may recount the experience differently, due to subjectivity of the human experience. Many qualitative methods based in social science disciplines focus on commonalities and unifying experiences of participants. Interpretive description shifts the focus to include both commonalities and diversities, which increases the value of diverse human experiences (Thorne, 2018).

Institutional Review Board

Institutional Review Board (IRB) approval was received from Appalachian State University (AppState) according to their IRB policy and guidelines for human subjects, prior to beginning the study. An AppState focus group and interview consent form was used as the basis for consent for this study. Electronic consent forms were emailed to participants prior to their participation in the interview. Participants acknowledged receipt and review of the consent form prior to their scheduled interview. Participants were under no obligation to

participate in the interview process or complete their interview and were informed they could leave the interview at any time if they decided to withdraw from the study.

Method

Informed consent was obtained from participants in accordance with AppState IRB approval. Six interviews (individual or group) were conducted between May 5, 2018 and June 23, 2018 using Zoom (Zoom Video Communications, 2018, Version 4.1.11049.1024) video conferencing software. Sandelowski (2000) contended group interviews are the “qualitative counterpart to the quantitative survey” (p. 338) and are useful in eliciting a wide range of information about events. Another advantage of group interviewing is that it stimulates exploration of subjects beyond that which might be considered constraining in individual interviews (Silverman, 2006). However, to accommodate participants’ schedules, individual interviews were conducted as well. Three individual and three group interviews were conducted, with group interviews being comprised of two to three participants. Study participants were issued pseudonyms for protection of their privacy. The interviews were video recorded for analysis, which included extraction of audio for transcription and data analysis, and note taking to record nuances in behavior, body language, and verbal tone, which add meaning to narrative accounts and aid interpretation of qualitative data (Silverman, 2006). Extracted audio files were used for verbatim transcription of all interviews. Audio files and transcriptions were then used for data analysis.

Interviews were guided by a five-item interview guide, which was designed to discover the male nursing experience in today’s healthcare environment. Individual interview sessions ranged from 50 to 90 minutes, which was considered an average time range, particularly for interviews in healthcare-based research (Gill, Stewart, Treasure, &

Chadwick, 2008). Group interview sessions ranged from one to two and a half hours in length, which Millward (2012) considered sufficient for adult interviews.

Research data were stored on an external hard drive, used solely for this study. The hard drive was stored in a locked cabinet inside the author's personal residence and was permanently destroyed using Super Shred (2016) hard drive destruction service following data analyses. A certificate of destruction matched to the hard drive serial number was issued by Super Shred. Participants were informed of the data security plan prior to participation in this study.

Questionnaire

Data collection for this study was facilitated by a semi-structured interview process. Semi-structured interviews are especially useful in healthcare research, because they provide guidance, but still allow for subject exploration of considerable depth (Gill et al., 2008). A five-item interview guide was used during the interview process. Silverman (2006) reported that carefully designed open-ended questions may be beneficial in group interview settings because they discourage getting too far off topic during interviews. According to Silverman, open-ended questions can also be used for individual interviews. The following interview items guided this study:

1. Remember back to when you were first considering becoming an RN. What were your expectations?
2. Does the nursing profession look different to you now from the perspective of a practicing RN, compared to the perspective you had as a student? If so, how?

Follow up. Has being a male and an Registered Nurse changed since you first practiced?

3. Please describe all aspects of being male in the nursing profession today.

Follow up. How has being male benefitted your career? How has being a male limited you or your career?

4. What is work like when you work with other male Registered Nurses?

Follow up. Does the presence of other males in your immediate workplace change your perspective or alter your environment?

5. What is your vision of the future of men in the American nursing profession?

The interview items for this study were designed to create an environment that was open and accepting, and encouraged participants to provide a transparent narrative that reflected their experiences as practicing male nurses in today's healthcare environment. Denscombe (2014) noted that emergence of themes during early interviews may necessitate developmental changes of interview guides, thought to limit off topic narratives and improve interview focus toward the research question. However, this study did not require such changes in the interview guide.

Sampling/Population

A purposive sampling method was used to select participants for this study. Participants for this study were recruited from the AAMN (American Association for Men in Nursing, 2018a). A request for assistance with this study was submitted to the president, as well as the executive director, of AAMN. A study flyer was submitted to the AAMN, who emailed the flyer to all members with emails addresses, with a brief request to consider participation in this study. The advantage to using AAMN as a primary source of participant recruitment was national access to participants, which increased heterogeneity of

participants. Inclusion criteria included male nurses who reported actively practicing in the nursing profession for at least one year. Females were excluded from this study.

Interview dates were prescheduled for this study. Potential participants were provided a list of available interview dates. Individual participation was utilized in cases where it was not feasible for participants to join a group interview session. Study participants were entered into a drawing for one of three \$25 Visa gift cards. Contact information was permanently destroyed for contacts who were assigned interview dates but were unable to join the interview and who did not reschedule for a different interview date.

Data Analysis

Intra-interview field notes were minimized to mitigate unnecessary distraction during the interview process and served as a data source. Video interviews served as the foundation for data analysis. Video recordings were used to construct post hoc notes to capture nuances in behavior, body language, and verbal tone, which are lost in transcription, but are essential for proper data interpretation. The recorded video was also used to extract audio files, which were then used for verbatim transcription of all interviews. Post hoc notes, audio, and transcriptions of the interviews were used in combination to complete data analysis; reliance on transcription alone is ill advised (Silverman, 2006).

Each interview's audio recording was listened to, and each transcript was read, systematically, several times, to begin a preliminary data immersion process according to Thorne's (2008) recommendations for using interpretive description; the objective was to develop a deeper acquaintance with the data. Once the researcher felt confident in having developed a degree of familiarity with the data, attention was turned to analyzing the participants' experiences. Each interview was systematically analyzed for the emergence of

themes, and relevant data were categorized under its respective theme. The researcher continued to listen to interview audio recordings and to read interview transcripts throughout the early period of data analysis, to deepen the relationship with the data. The same systematic process continued through each interview. Audio recordings and interview transcripts were analyzed and compared multiple times. Categories developed throughout the analysis and were grouped into themes that corresponded with the interview guide questions. Careful attention was made to ensure inclusion of experiences that contrasted with the majority. Study data was compared with previous studies which explored gender disparities in nursing. The analytic process continued until no new themes emerged and saturation was achieved. Data analysis was shared and discussed weekly with the primary researcher's thesis committee throughout the data analysis process. Transferability was supported by discussion and sharing findings with content experts, and by returning to the literature. Collective agreement was reached between the researcher and thesis committee regarding interpretation of the data.

Summary

This purpose of this study was to explore the male experience in nursing in today's healthcare environment. Interpretive description methodology was used to design the study due to its specificity with nursing's approach to epistemology, which values shared experiences, but also recognizes the worth of diverse individual experiences. Purposive sampling was used which resulted in a sample, $n = 11$ participants. Group and individual interviews were conducted, and a five-item interview prompt was used to guide semi-structured interviews. The interviews were recorded, transcribed, and extensively analyzed. The findings are discussed in the following chapter.

Chapter 4

Introduction

This chapter describes the findings from a qualitative research study that explored the male nursing experience in today's healthcare environment. This study was comprised of six interviews that took place between May 5, 2018 and June 23, 2018. Three individual and three group interviews were conducted, with group interviews being comprised of two to three participants. Interviews were guided by a five-item interview guide, which did not require developmental change over the course of the interviews. The purpose of this study was to explore the experiences of male nurses in today's healthcare environment. The objective of this study was to describe the current professional practice climate for men in nursing, from the perspective of the participants.

Demographic Description of Sample

This study was comprised of 11 participants (see Appendix A for participants' demographic information). Ages of the participants ranged from 30 to 64 years old, with a mean of 50.5 years ($SD=11$). The participants' years of nursing experience ranged from 2 to 41 years, with a mean of 24.27 years, ($SD=13.54$). Nursing was a first career choice for eight (73%) of the participants involved in this study. More than half of the participants were at least master's degree prepared. Three participants were enrolled in a degree seeking program at the time of interview, two of which were enrolled in a Doctor of Philosophy nursing curriculum. All participants lived in the United States; five were from the southeast, three were from the northeast, and three were from the west coast.

Findings

Nine themes emerged from the data and their interpretations were found to be significant to this research study. Salient themes and subthemes included:

Theme 1 Appeal of nursing

Theme 2 Satisfaction with nursing

Theme 3 Benefits for men

Theme 4 Barriers for men

Subtheme 1 Public perception

Subtheme 2 Increased visibility

Subtheme 3 Gendered disadvantages

Theme 5 Male and female differences

Theme 6 Workplace experiences

Theme 7 Education

Theme 8 Strategies for success

Subtheme 1 Organizational involvement

Subtheme 2 Mentorship

Subtheme 3 Adaptation

Appeal of nursing. Most of the participants in this study cited the influence of family members and job stability as primary reasons for entering nursing. They discussed the merits of job stability in nursing, but their emphasis on family members' influences on their decision to choose nursing seemed to be a more pivotal deciding factor than job stability in their choice to pursue nursing as a career. Eight of eleven participants reported having immediate family members who were nurses, all of whom were female.

Matthew was raised in a family with several aunts and a sister who were nurses. He recounted how his childhood experiences influenced his decision to choose nursing.

Matthew's three brothers later decided to become nurses as second career options.

So that was a question to me, "Well, why did you pick nursing?" *I would always go back on the experiences I had as a child...My mom and dad were not healthcare professionals, but their siblings were, so that's what we would speak to a lot of times. So that was important to me.* I was the first male I guess to choose nursing. Since then I have four siblings that are nurses.

Additionally, exposure to the nursing profession through family members was cited as a direct influence on participants' decision to enter nursing, despite some of them having reservations about entering a predominantly female profession. Previous research has shown that male nurses sometimes struggle with balancing gender normative definitions of masculinity and providing the compassionate care required from nurses (O'Connor, 2015; O'Lynn, 2013). However, the impact of having family members who were nurses was so substantial for one participant that he decided to pursue nursing based almost entirely on his sister's positive experiences in nursing school. Chad stated:

I wanted to be a nurse as soon as I graduated high school, *but I felt like it wasn't manly enough*, so I went into college, just majored in biology, and ended up working full time to get through college, and just never finished that college degree. *It wasn't until my baby sister went to nursing school and finished and talked about how much she loved it, that I decided to go back to school.* But that's when I actually decided, you know what, she actually graduated with a couple guys and I was like, it's something I've wanted to do, so I'm gonna go back and do it.

Chad acknowledged having had fears that nursing wasn't "manly enough," but the influence of his sister's experience carried enough weight that he chose nursing despite fears of compromising his masculinity. Chad's decision to become a nurse is representative of the participants in this study, is a testament to the impact nurses have on others' perception of the nursing profession and highlights the need for nurses to be cognizant of the influence they have on others, or risk dissuading someone from choosing the nursing profession. There was consensus among study participants that their nurse family members were encouraging and supportive during their career selection.

Job stability and salary were discussed in terms of being economic motivators to enter nursing. Every participant interviewed reported job stability as a motivating factor in their decision to join the nursing profession. Roger noted, "I didn't start out wanting to be a nurse, but it looked like a good area to go into. *Good job stability...Practicality as well, but the job stability was very attractive.*" Salary was specifically noted by participants to have played no part in their decision to become nurses, except for Roger, who stated, "*The pay was certainly attractive. I can't say that it wasn't because it certainly was...It was not the first reason I chose nursing, but money had something to do with it.*"

Other reasons cited by study participants for entering nursing included work schedule flexibility, and opportunities for professional growth. Additionally, Shane and Peter both pointed out that they believed males are not viewed as "compassionate enough" to be nurses, but there was consensus among participants that the opportunity to care for people in need and connect with people emotionally was an appealing aspect of nursing. There was a majority agreement that men's motivation for entering nursing is no different than females. Larry explained it succinctly when he said, "Males go into nursing for the same reason

females go into the profession. We care about people, and we want to do good, and we want to be challenged.” Larry’s sentiment aligned with O’Connor’s (2015) belief that male nurses are motivated by the same desire to care and nurture as are female nurses.

Satisfaction with nursing. Participants were overwhelmingly satisfied with their experiences in nursing. Shane referred to nursing as a “life changing experience.” Martin expressed intense fulfillment for having “joined a worthy profession.” Alex expressed a deep sense of satisfaction with being a nurse and was unable to imagine having joined a different profession. Darin stated, “I wish I had done it 20 years ago. I absolutely love it. I just love it.” Noah and Roger responded to questions about their satisfaction with nursing by discussing the way their nursing experience has benefitted them. Noah stated:

I went into nursing for a practical reason. I think I’ve grown to have a very strong compassion for people. *I think [nursing] softened my heart in a lot of ways. [Nursing] made me more concerned for people.* So, I think it’s benefited me, personally, quite a bit.

Roger reported a similar experience as Noah, stating:

I think the compassion thing; *I think nursing brought that out in full bloom in me too.* Just like I believe it did, if I understood Noah correctly, I think it did the same thing with me to be honest with you.

Larry, one of two participants with 41 years of experience in the nursing profession, which is more years in nursing than any other participant, gave a dissenting opinion regarding personal satisfaction with the nursing profession. Larry did not overtly lament his choice to enter nursing. However, he expressed dissatisfaction with female nurses’ unacceptance of male nurses in both clinical and academic settings. Larry also talked about

something he referred to as “hostility” among men in nursing, which he believed has sabotaged efforts to increase men’s presence in the nursing profession. Larry’s experiences in the nursing profession left him feeling unsure about encouraging other males to enter nursing. Larry described his feelings with the following:

I don't know how much the profession actually wants us at times, and I've always wondered that. *It's been very clear from some people over the years, they didn't want us, and made it very hard to be successful in the career...* For the last 40 years I've heard about diversity, I've heard about promoting the profession for all, and what I've seen firsthand is, they don't put it in practice what they're preaching. We're just as guilty, I think men in the profession are just as guilty as times. *We can be very competitive, we're very hostile sometimes...* Would I tell someone who wanted to be a nurse whether to go into nursing? I would lay the pros and cons out, let them know how I see it, and let them make their own decision. *I wouldn't wholeheartedly say, “Oh yeah, this is the best profession, go into it right away.”*

Participants reported a great deal of satisfaction in the nursing profession, despite the requirement to challenge gendered definitions of masculinity, and nursing’s almost exclusive association with the female gender. Their descriptions of nursing as an emotionally satisfying career confirmed Nightingale’s claim that men could have “gentle hearts,” (Summers, 1988, p. 35), but their high degree of satisfaction in a caring based profession was incongruent with Nightingale’s claim that men were not well suited for nursing (Dossey et al., 2005; O’Connor, 2015; Summers, 1988; Villeneuve, 1994). Participants attributed the bulk of their satisfaction to job stability, and intellectual and emotional satisfaction with the work of nursing. The participants believed there is a great deal of room for improvement for men in

nursing, but carefully pointed out their experiences in nursing have been congruent with progress.

Benefits for men. Participants talked about unique advantages male nurses have compared to female nurses. Previous research has not reported biases that favor male nurses. All participants agreed there are distinct and observable benefits to being a male nurse. Every participant reported the most notable benefit to being a male nurse was a difference in interaction with medical providers. Participants talked about the difference in communication that occurs between male nurses and male medical providers versus female nurses and male providers. They also talked about what they viewed as preferential treatment by many male providers compared with the way some providers treat female nurses. Martin talked about his experience with medical providers:

...I think, I've had advantages being a male in nursing. I think the interactions of doctors with me, especially the male docs, *I think, male doctors are more likely to treat me better than they would treat my female colleagues.*

Martin also noted that female medical providers tended to show equal treatment toward both male and female nurses. In his experiences, it was usually male medical providers who were prone to treat him differently compared to female nurses:

Once they know I'm, once doctors, male or female, know that I'm a nurse, I think, *the female doctors don't treat me any different than they do my colleagues. I think it's the male doctors that treat me different for the most part.* Not all. Not all, of course. But a lot of the male docs treat male nurses differently

Chad worked in an obstetrics (OB) and gynecology (GYN) setting and was the only male nurse ever employed in an OB and GYN in his facility. He explained:

It's about 50/50 men versus women [medical providers]. I've had no issues at all, docs don't even bat an eye when they see me in there, even when it's a new doctor.

They just accept me for a nurse on the unit. I expected there to be a much bigger distinction made with the doctors, but not at all. *I've never been degraded. I've seen some of the women degraded by doctors on the unit. I've seen doctors degrade some of the female nurses until they're in tears.* I'm not one of them to be talked to in that manner.

Darin readily acknowledged that being a male was advantageous for him when communicating with male providers. Darin stated, “Probably *the only advantage, I would say, is that I have, as being a male in the nursing profession, is that, probably, the communication between myself and the providers...* It is difficult to articulate. It's just different.”

Participants cited differing explanations accounting for why they believed there is a difference in communication between male and female nurses, and medical providers. Martin stated, “Then, again, *it could also be my personality.* You know what I mean? *I'm very straightforward.* I'm professional and respectful, but I don't pull punches.” Darin attributed the differences in communication he's experienced to a natural social dynamic premised on gender. He noted:

I mean, when a group of guys get together and talk it's like we're on the same wavelength, if you will, the guys. I mean, it may just be a very natural thing. I think that may be something we never get beyond, because, right, you're talking about similarities in people. I don't know how to make that go away. I don't think it ever will.

Participants experienced similar differences in treatment in the academic setting as well as by supervisory staff. Noah discussed his experiences with how both female educators and supervisory personnel treat male nurses compared to female nurses:

The female nursing instructors and supervisors I've had that were female, I think they treat the males differently. *Actually, I think they treat the male nurses better. I think I have been treated better by my supervisors and my nursing instructors than some of the females were.* I think there's a gender component. A true gender component.

Noah also believed there is a sociocultural component that explains the reason he has been treated better than some of his female peers:

I think that if a man performs well and is respectable, *I think that women still look at men as leaders and authoritarian figures*, and I think that gives you a step up, where I think women almost tend to be rivals first and they have to prove themselves before they get the respect from another. *Where a man automatically has a certain degree of respect right from the start.* [My supervisor] has told me more than once, that when a man is in the room, automatically, she can feel it and see it, that a man in the room automatically commands a certain level of authority and respect that's tangible. That's what she says.

Peter discussed how he believed there is a societal component responsible for the unique advantage men in nursing have:

I think part of [the difference] is socialization, because men are taught to, I mean, that's an expectation for men. To be the first one to speak up. To always have something to say...I found being a male an advantage in nursing, primarily because I think as a man I communicated differently with the women that I work with...So I

think, again, I was socialized differently than the women that I was in nursing school with, and the women that I work with and the men that work with.

Peter also provided an example of how societal expectations of men shapes the way male nurses interact and communicate with providers compared to female nurses:

I think I communicated differently with the physicians who were predominately men.

I can remember one specific time when a physician was very irate about something.

He was raising hell with me. I finally said to him, "If we met on the street, you would not talk to me this way. What makes you think you can talk to me this way now?" I mean I didn't say that as a threat. It was an honest question, and it stopped him in his tracks...I saw too many of my women colleagues breakdown in tears because the physician was mad. The physician was not mad at them. The physician was mad because of the situation going to hell in a hand basket.

Larry discussed the impact of being a male on his interaction with medical providers when he stated, "Some physicians seem much more receptive, and then some physicians treated me very much like any female nurse. *I think in general though, I think it was like a 50/50 split. It just depended upon the physician.*"

Gender biases in the workplace reported in the literature were thought to create negative experiences and leave men feeling marginalized (Kouta & Kaite, 2011; MacWilliams et al., 2013; Poole & Isaacs, 1997; Stott, 2007; Tosh-Kennedy, 2007; Weber, 2008). However, the participants in this study reported experiences that contradicted findings in the literature. Participants reported receiving a higher level of respect than their female nurse peers, from both supervisory nursing staff and male medical providers. Participants

reported no difference in treatment by female medical providers compared to their female nurse peers.

Some of the participants in this study believed there is a gender component that explained the difference in communication they experienced. Other participants attributed the differences in treatment to their communication skills. Still, other participants believed the difference was a result of men's "different way of communicating." There may be some merit to the later explanation, especially when one considers the literature has agreed that caregiving provided by males is different than caregiving provided by women (Jordal & Heggen, 2015; Kellett et al., 2014; Limiñana-Gras et al., 2013; O'Lynn, 2013; Zhang & Liu, 2016). Similar phenomena may apply to communication as applies to caregiving. However, some participants readily acknowledged having benefited from sociocultural privileges afforded to men; they claimed privilege was a better explanation for communication differences that favored male nurses. It was unclear whether the differences in communication were more likely a result of communication skills, or sociocultural privilege; the majority of the participants gave credit to both.

Barriers for men. Participants in this study agreed that being a male nurse has imposed upon them a unique set of barriers. Both the clinical and academic workplace presented unique challenges for the men in this study. Their discussion about barriers for men in nursing primarily focused on societal views of male nurses and gender role assignments, and barriers for male nurses when working with female patients. Subthemes included the public's perception of nursing, increasing visibility of male nurses, and gender-based disadvantages encountered by men in nursing.

Public perception. Study participants frequently talked about the public's perception of male nurses, where the public's perception is derived from, and what the ramifications are of public misperceptions of men in nursing. Most participants involved in this study agreed that the way society defines *nurse*, and society's perception of men in nursing, has played a significant role in the low numbers of men entering nursing and the continued association between nursing and the female gender. Peter commented:

Let me say this, *I think the fact that we have so few men in nursing, is less a professional issue than it is a societal issue. Because I still put the onus for the low numbers of men in nursing back on society's perception and society's socialization for men and women.* And I want to say something about, *Meet the Parents*. In my research for my dissertation, I did focus groups with male military medics about their perceptions of nursing as a career. Every single focus group brought up, *Meet the Fockers*, every single one. That's why I say it's a societal issue, not a professional issue.

Another participant also referenced how society's perception of nurses is colored by the media's portrayal of nurses. Shane stated:

I remember going to the movies and seeing, *Meet the Parents*. It made me cringe when I saw that movie. *I think that the term nurse, still has a female implication. Nurse equals female, and male nurse equals male nurse. This is going to be a problem as long as we continue to assign the female gender to the nursing profession. We're still teaching our kids that N is for nurse and it's a female nurse with a capital N.*

Martin discussed how media's portrayal of nurses leads to undervaluing the nursing profession and leaves the public with the impression that nursing is a subservient profession:

To be quite honest, I think, nursing is thought of as a lower profession. Look at just culturally. Look at the TVs and movies. Almost every leading character who is a nurse has either taken the MCAT and done well like "Gaylord Fauker," that all of a sudden, the father-in-law was accepting because, "Oh, he could have been a doctor, but he chose to be a nurse," kind of thing. What was that? That show? ER, where ... I forget whether Margulies, or whatever, that she was trying to become a doctor. It's always they're trying to be better than a nurse and that translates to nurses are subservient.

Chad and Alex noted the word nurse continues to be almost exclusively associated with the female gender, which led some people to assume that they were physicians; an assumption they believed was based solely on the observation they were male. Chad began by saying:

Well it's amazing how many people actually call me the doctor because I'm a male. When I'm in the room they'll get off the phone and say, "I've gotta go, the doctor's here now." I get that an awful lot.

Alex's experiences were similar to Chad's. He recounted:

I get that a lot too. They think I'm the doc. Then people refer to me as "the male nurse," but it's interesting that no one refers to female nurses as such. Nurse is assumed to be female unless you insert male.

All participants involved in this study had experienced being mistaken for a physician and attributed the mistaken identity to being male. However, one of the participants who had

been a licensed nurse for more than two decades noticed he is not questioned as often as he once was:

That's a question I haven't heard for a long, long time though. "Why did you choose nursing?" But yeah, early on in my career it was, "Well, why didn't you do this, or why didn't you go to paramedic, or why didn't you go to med school?" *But I interpret that as a positive sign, that people don't question that the way they did when I first entered the profession.*

Increased visibility. One recommendation to mitigate negative perceptions and public misperceptions about male nurses was to increase the presence of male nurses in public. Martin argued that the only way to bring about societal changes is to increase the presence of male nurses in the public sphere:

I think, that we need to make societal changes. The only way to do that is to be out on the public...we need to be out there when the kids are younger. I think, we need to go to middle school job fairs. It opens up nursing as a profession to them. They've never seen a male nurse before...I think, that the one thing that we can do to help change the idea that nursing is not a first profession for men is to be out in the community showing that your neighbor is a male nurse. You may not know it, but he is.

Chad believed male nurses have it in their control to alter patient perception by how they conduct themselves in their professional setting. He alluded to the importance of maintaining professionalism, which he believed will eventually have the effect of changing the public's perception male nurses. Chad talked about his experiences in the clinical setting to illustrate his point:

A lot of women have told me, “I was going to refuse you at first because you were a male, but I'm glad I didn't.” I think it's opened up their eyes. Now that I've been there for about six years, we've got people who are coming in that are saying, “My friend told me about you. You're the only male nurse on the unit, and we were hoping to get you. They said you were awesome.” *I think by having some good, positive experiences in the beginning, it's really helping me...* because now their word of mouth is letting them know that, “Hey he might be a male nurse, but he's a good nurse.”

Disadvantaged. Participants reported disadvantages when working with female patients, especially when intimate care such as bathing and urinary catheter insertion is required. Some participants expressed having experienced outright rejection based on being male. Participants discussed ways they minimize unnecessary strain created for their female nurse peers, and ways to make working with female patients and students easier. However, there was a general sense of hesitancy and caution described by participants related to interacting with female patients, as well as female students and female nursing faculty.

More than half of the participants reported having encountered patients who did not want to be cared for by a male nurse. Larry stated:

My problem was, when I went to urban settings and I was working with a very, how do I say it? Private, somewhat higher epsilon type of entitled individuals. A lot of the female clients were like, “*No. I'd rather have a female nurse.*”

Another participant, Alex, also mentioned having had experiences when female patients refused care because of his gender. He recalled, “You know what, we have changed assignments before because we had female patients that have said no, and we have had to

also shift assignments.” However, Alex also pointed out that refusal of care based on him being a male is the exception:

But to be honest with you, because I work on such, I'm gonna call it a male heavily dominated unit, by the time I get around to people, they've seen men, they've seen three or four men that have come through their rooms. I don't hear so much about, “Oh you're male.” I hear things like, “Oh I got two male nurses today.” Things like that. *I feel like some of the patients take it as a badge of honor...But I've noticed it's one of those things where either the women either love you, or it's a no.* There's no in between. There's no, “I can kind of get on board with [male nurses].” They're either in or they're out.

The bulk of handicaps reported by participants were related to performing intimate tasks such as urinary catheterization or working in OB settings. Darin explained:

I am kinda, handicapped in part of my job, in that what I am doing with a female patient. I can't, nor will I, be alone in a female's room and perform any kind of procedure that requires anything below the waist, really. I mean, that's asking to end my profession and maybe my life. *You never know. When you're a male nurse you learn real quickly how little you can trust a female.* And even if it's an emergency situation, as a trauma patient, there's multiple people in there and I make darn sure well that somebody's there with me at all times if I'm having to do a catheter or any other kind of procedure.

According to the participants, disadvantages interacting with females manifested in academic settings as well, when participants reported fears of being behind closed doors with female students. Most of the men interviewed noted their fears of false accusations from

females were a primary workplace concern. Chad worked with all female patients in his clinical setting and discussed experiences similar to those of other participants. In Chad's experience, his handicap did come not from the female patients, but from their male partners:

I thought it would be the mothers that had the largest problem, *but it was actually the fathers who have the bigger problem.* The women are used to male doctors, so having a male nurse was nothing for them. *The biggest obstacle that I think I face is honestly the dads.*

Participants discussed ways to approach some of the disadvantages they have experienced as male nurses. Anthony offered the following example:

To me, some male nurses I've talked to and stuff can get offended when someone's asked for someone else, and to me I don't mind if somebody has a preference. *It's about patient care and it's about being patient centered. It's not me centered. So, I'm like, you have a right to request someone else to do this,* and often times if they're fairly young females, and let's say their doctor has ordered a [urinary] catheter or wants a straight cath to get a urine specimen, I might say, "I've been doing this for 15 years. I'm well qualified to do that. If you're okay with me doing that, I'll bring a chaperone in. If not, I can find somebody you're more comfortable with," you know? *So, I try to give it to the patient and give them the option.*

Darin talked about trading tasks as an option to offset the extra workload on his female peers when female patients were not comfortable with him:

Like there was one shift where there was only one female on the floor. That was interesting. I mean, the shift went smooth, anyway, I mean, it went smooth, there was

no issues, but, of course, one female had to do all our female tasks for us. She wasn't terribly happy. I told her "Look, I'm sorry." *I did all her male tasks for her.*

Anthony added to Darin's sentiment:

I don't want to come across to my female coworkers as being the one to say, "Hey, I got another female catheterization. Who wants to do this one for me?" You know? *I don't wanna be shirking my job, not doing my job. And the other thing is, it's a very skilled procedure, and if I don't do it, I'm not gonna be as good at it.*

Most participants in this study have worked or were working in academic settings at the time of the interviews, and discussed their experiences with female students, female nursing faculty, and teaching female oriented nursing content. Martin reported that he was frequently questioned about his ability to teach female specific course material:

They needed someone to teach [reproductive health] that summer and I was the only one available who's already an instructor there. I start the class out and one of the students asked me, "*Mr. Martin, what do you know about having babies?*" I said, "Would you question me about teaching you about cardiac nursing since I've never had a heart attack? Would you ask that same question about teaching you neuro? I never had a stroke."

Participants with faculty experience in academic settings reported feeling generally uncomfortable with female students and being uncomfortable with female peers in certain settings. Peter said:

The concern was, for me, much greater. So I made it a point not to have closed door conversations with women students. I was never accused of anything. But I always had in the back of my mind that in here with a closed door with a student can lead to

that. It was different. *It's uncomfortable for me to not be able to have a private conversation with a student.*

Matthew stated:

I don't like bringing anyone into my office and having a closed-door session on a regular. Because of the fact this could be an issue. Especially when it's something that is not a positive or may not have a positive outcome. They could say, “*Oh well, he did this, and he did that,*” *and there's no one to corroborate my story.* So it does change the dynamic sometimes where you just can't have a quick conversation with someone in a closed door session, I have to go another step.

Multiple participants in this study referred to a “double standard” that exists in nursing in the context of sexual harassment, which made them cautious of interacting with females. Shane talked about one of his experiences:

I got called in by HR [human resources] for sexual harassment because I hugged someone. I thought, oh my gosh. Because, nurses, they're hugging each other all the time. They hug me all the time. *Double standard time.* First of all, I was like, “First, what is the definition of sexual harassment, because that's not it.” Then it makes you, well, it just really changed my thought processes. *I didn't want to be with anyone by myself, alone. Because I thought, they can say anything about me at any time, and then you look like you're guilty.*

There was no information found in the literature related to men in nursing, or in other healthcare related fields, fearing false accusations from females. However, these fears do not seem unusual given the current sociopolitical climate in the United States. In fact, three recent surveys among business professionals found there was a growing number of men who

reported fears of being falsely accused of inappropriate sexual conduct when working with women (Cho, 2018; Emery, McGeer, and Jackson, 2018; Pew Research Center [PRC], 2018) related to the backlash from females reporting sexual misconduct in the workplace. It should be noted that all but one participant denied having ever been falsely accused of inappropriate behavior, but their fears related to false accusations of inappropriate behavior were a notable concern for them.

Male and female differences. Participants discussed issues involving gender, and the ways being a male has impacted their experience in nursing. Most of the participants involved in this study reported positive experiences nursing in today's healthcare environment. Participants attributed the bulk of their negative experiences to being male and society's gender biased definitions of *nurse*. However, all participants readily admitted that being a male has also afforded them distinct advantages compared to their female nurse colleagues.

The concept of a "sisterhood," or "girls club," within the nursing profession emerged as a central theme in most of the interviews. Gender exclusivity in nursing, and the imposition of gender defined rolls were previously reported as two of the greatest barriers for men in nursing. Gendered definitions of *nurse* have been thought to reinforce the gender exclusivity in nursing and have been found to contribute to males de-emphasizing the caring aspect of nursing to avoid feeling emasculated (O'Connor, 2015; O'Lynn, 2013). Participants in this study reported the establishment of a female in-group that disallows male nurses, and the exclusivity of the "sisterhood" to be a barrier for men in nursing. Martin summed most of the participants' opinions when he said, "I think, there's a culture in nursing amongst the

women that feel like a sisterhood and that were kind of on the periphery. *We're kind of accepted, but we're not really part of the main group.*"

Alex responded to a discussion about female nurses' rejecting male nurses, and offered the following explanation:

I don't know how well this will be received, but, in America, we live in what I would call such a patriarchal dominated society. *Nursing is one of those few areas where I feel like women actually believe they own it, and can own it, but they don't want men infiltrating another portion of their lives and taking control of it...* "This is my place, you're a guest here, act like it."

Several participants talked about their experiences with the "girls club" in OB and GYN settings, which led to discussion of what most participants perceived as female nurses blatantly outright rejecting male nurses. Anthony explained that he believed his experience with males being rejected in OB/GYN settings was not necessarily the result of gender biases, but specifically a rejection of *male nurses*:

I think it's, well, it doesn't seem to be necessarily a gender bias. So, there's some irony involved here because it doesn't really seem to be a gender bias, because do they have issues with a male physician going in the room? No. They don't. *Nobody has an issue with a male being in the room, which means it might not be a gender bias, but it could be a bias against male nurses.* Because if it's a female nurse, they're invited for the procedure. If you're a male nurse, you're not invited for the procedure. "You're a male [nurse], this is our area, you don't belong here."

However, Chad, who had worked in an OB/GYN department for 14 years, also reported having experienced the isolating effects of the girls' club, but he tended to focus his

discussion on the overwhelmingly positive experiences and support he has received from his female nurse peers. Chad's positive experiences seemed to mitigate the isolation he felt because of the girls' club. Other male nurses may not fare as well.

On the other hand, Chad also reported having felt a closer connection to male staff:

There is a girls' group, definitely. I feel like they've accepted me really well, especially the night shift crew, yes. *I do think if there were more men, that I think I would tend to gravitate toward the guys. As far as connection goes, yeah, 'cause I do feel a closer connection to the male CNAs [certified nursing assistants] we have had.*

Other participants also talked about a comradery that occurs with male nurses, a "brotherhood," which they believe is the result of shared experiences that have a gender component. Martin had the following to say:

I think, there's a cultural phenomenon too. *Somebody who has lived the experiences are going to generally gravitate to each other.* There are exceptions to that rule.

There are guys that I know who couldn't care less about sports. *I just think there's that commonality of that lived experience that just, sometimes, just goes without saying.*

Alex reported a sense of comradery with other males as well:

Do I feel a certain sense of comradery with the guys on the unit? Absolutely. Of course. We enjoy and look forward to when we all work together. Not that we have any say in when that happens, but when it does line up, when the stars align, working with all the boys are the more enjoyable shifts I work.

Participants explained the "girls club" and the "brotherhood" are gendered groupings that occur naturally in the workplace. Many of the participants espoused a belief that there are fundamental differences between men and women that have behavioral and sociological

manifestations, which gave rise to their experiences in the workplace. For example, Martin stated:

I think, men have a different way of communication in a lot of cases. I'm not saying 100%, but to be kind of stereotypical, and maybe it's just me, maybe it's just the way I communicate with people, *I think, men have a different way of communicating*. I'm not saying better or worse, *I'm just saying different*.

Shane agreed with Shane, saying:

One of the things that I believe is that we do relate very differently. *Male and females relate very differently to each other*. I think part of that is more the issue. Once you recognize that, I think it becomes a lot easier to deal with each other.

Noah described his experiences in nursing related to gender:

There was no fear of working with women. *The gender issue never occurred to me as being a problem at all. But I will tell you that it's had a profound impact on my career throughout the years*, and especially I think, in my personal life. I find women to be, can I be perfectly frank? I find women to be bitchy and bossy and they defer to men in nursing to lead and make decisions, as long as you lead and make the decisions they want.

Roger responded, "Amen."

Noah continued:

[Women] are very emotional. If they get mad, they can profoundly affect and carry on throughout a process for an extended period of time... I will tell you that most women that ... well, there's two kinds of women. I know this is going to sound bad. But, there's the catty type of women that they don't like the men...But, I will tell you

there's this whole other group of women that will tell you, "I would work with a group of men any day before I work with other women because men tend to just do it, don't worry about it, joke, laugh, keep it light." It's always much more intense and much more anxiety provoking with women together.

Larry talked about his past experiences related to working with other males, and females:

I would say that my past experience in the OR feels much different than any experiences I've had since leaving the OR *where it's mostly males. Yeah, there's more camaraderie.* There's a feeling of friendship and let's work together to get the work done kind of thing. In places where it's mostly women, I don't develop that comfort level of camaraderie with the staff when it's mostly female gender. *It's just different working with other males.*

Lastly, participants' recalled experiences when they believed their value as nurses was measured by their physical strength, instead of their compassion, intelligence and clinical skills. These same men reported believing they received a disproportionately higher number of patient assignments that required lifting or moving heavier patients than their female coworkers. They understood being assigned to patients that require more physical labor, but most participants were compelled to recognize their assignments had a component of gender bias. However, Martin pointed out that being relied upon for strength is not necessarily a negative aspect of being a male nurse, but rather a natural result of increased physical strength that often accompanies being male:

From a co-worker perspective, I think, initially, when I became a nurse, *I had a lot of that...for lack, again, of a better...pulling an old term, that male orderly kind of sensation or*

treatment. Somebody is going to get moved up in bed or somebody is going to go, “Yeah, go get Martin.” My answer to them was, “What would you do if I’m not here?” I kind of ran into that initially. I think, it’s just a consequence of who here is strong enough to help me with this person and I’ll probably think of the same thing. I think it’s because I was a male.

Chad believed his physical strength has increased his job security:

You’re definitely the one called on if there’s any lifting to be done. I have to help with lifting all the time...I do feel like I have a little more job security. I feel like I am the important part of the team for the lifting.

Workplace experiences. The male nurses who participated in this study had diverse clinical backgrounds and many years of nursing experience from which to draw. Most of the workplace experiences participants reported were positive, and participants were optimistic about the future of men in nursing. Participants discussed the following very day work related experiences; Roger spoke about feeling valued in his workplace:

I guess I was fortunate to land on a unit that was somewhat supportive of both the men and the women. [My boss] treated, or at least it seemed to me, she treated everybody fairly and squarely. Of course, I probably didn’t see everything behind the scenes, but I got a sense that she valued her male nurses as much as she valued her female nurses.

On the other hand, Peter talked about having negative experiences, which eventually led him to the conclusion, “*We’re not really wanted, gentlemen. We’re allowed. We’re tolerated. There is a difference.*” However, Peter acknowledged that his negative experiences were the exception:

The other thing I wanted to say is I feel myself talking about negative experiences a lot. They are by far the lesser of my career. *The experiences I've had as a man in nursing has overwhelmingly been positive, overwhelmingly.* I don't want to paint a picture that my career's been fraught with all these subtle discrimination's or anything like that.

Shane talked about positive experiences he has had as a male nurse, and how exposure to male nurses changes peoples' perspectives of men in nursing:

What I hear today, I really think that, just like, all my doctors are females, and I prefer female doctors, because I think they listen and talk more. *But I also think when you hear people talk about male nurses, they really have had great experiences with their male nurses.* So I think that they think that, once they have an experience with them, I think [males] are sought out.

Matthew discussed how, in his experiences, parents of pediatric patients appreciated and welcomed male nurses caring for their children because of the differences in how male nurses interact with the parents:

What I've noted in my time, that the parents, when they have a male nurse assigned to their baby, the comments that I've gotten is they enjoy seeing the male nurse actually involved in the care of their baby. *The communication is there.* They feel very secure that a guy is actually doing, a lot of times they're blown away that a guy can actually do this, and don't mind feeding and changing diapers. They're intrigued by it all, and *they always say they enjoy having the male nurses taking care of their babies.* The confidence I think that the male nurses have at the bedside is what is reflected in their care, and the parents understand it, especially the fathers. Because we'll bring the

father into it. I will bring the father and sit him down, and really coach him on a lot of the things that need to happen for this infant. They can appreciate that coming from me. Whereas, a female teaching them how to do it, sometimes it's a little different for them. I tend to spend a little more time a lot of times if the dad is involved and the dad is at the bedside regularly. I really go out of my way to make sure that dad gets everything he needs. Because if not, he gets pushed to the side. He gets marginalized, and he gets forgotten.

An important aspect of the work experience that most participants discussed was related to the support they received from their female peers. Chad highlighted the importance of female nurses supporting men in nursing, specifically how Chad's female peers made him feel appreciated, and the impact their support has had on female patients' accepting Chad in an OB/GYN setting. Chad explained:

The girls are very supportive. I feel like they've accepted me really well. Often when we give a report and I'm coming and *the off going nurse almost always tells the patient, "You're in great hands, he's one of the best nurses we have on the unit,"*

Which we're supposed to do all the time. You're supposed to build up the next person, but they do a really good job of that, *and I felt very much appreciated by the other nurses, and you can see the difference in how patients accept you.*

A variety of workplace experiences were reported during interviews; there were many commonalities and few exceptions among them. The workplace challenges experienced by the participants in this study may imply a lack of progress in these areas for men in nursing. Additionally, the barriers experienced by participants appeared to be evidence of resistance to change in society (e.g., gender normative stereotyping). Without careful deliberation, it

might be easy to conclude there has been resistance to change in the workplace. However, most participants talked about the support they have received from their female nurse peers during their career, which contradicted the AWHONN study reported by Winfrey (2007), and provided reason to believe there has been progress.

Education. Eight of the participants in this study had been or were currently employed as nursing faculty. Education was a salient theme that emerged from the interviews. One component of education that was discussed pertained to the need for nursing faculty to prepare male pre-licensure nursing students to work in settings that are largely comprised of females, which may be an unfamiliar environment for many male students. Peter discussed pre-licensure students, and his experiences reflected the those of the other participants:

I did a search a while back about student nurses and, I think, there were pockets of where male nursing students were at 20%, but the graduation rate was still down around 10%. *There's a disproportionately high attrition rate with male nursing students...I don't know if they are experiencing a bias or are they experiencing a culture that they're not used to.* I think, the men are not used to being challenged and being taught and spoken to in a negative way as a motivator.

Peter continued his discussion and talked about pre-licensure male students' clinical experiences. He discussed male students being rejected by female patients, how male students should be prepared for such rejection, and he elaborated on his belief that some educational practices may lead to increasing male students' feelings of isolation:

I had colleagues that I found out were not assigning their male students to any women patients. Well that's - how are you gonna prepare somebody to take care of someone?

The discussion doesn't need to be, "Oh, women might object to being cared for by a male." *The discussion needs to be, "How do you teach a male student to deal with a person that doesn't want to be cared for them?" Male students need to learn how to navigate this type of environment...* Everyone seems to think it's probably a bad thing to do, to put six men in a group with four women, but I think it would be a wise thing to do, because we interact differently. That would change the dynamic so much, but we want to be, well, make sure everybody gets the same two cups of sugar, I guess. I'm not sure that's the best approach, just to isolate men. Male students feel isolated enough as it is. How about we add to the isolation, right? It's just not a wise idea.

Matthew responded to Peter, "You're absolutely right. I couldn't agree more."

A second component of education that was discussed was the need for licensed nurses to advance the educational component of their nursing practice. The predominant view held by the participants was that nurses should actively pursue and seek out opportunities to advance their education, regardless of their practice area. Participants generally believed nurses should pursue advancing their education sooner than later.

Peter addressed a traditionalist view that years of clinical practice is required before a nurse should consider pursuing additional education:

You don't need 10 years of clinical experience to go back for a master's degree. One or two years, after that you're just repeating one or two years again, so get on with it. *Get your advanced degree and start. Your practice changes every time you get a different education. So get on with it early.*

Noah believed that a baccalaureate education is no longer sufficient to meet the demands of nursing leadership in today's healthcare environment. Matthew, a nurse of greater than three decades, and nursing educator, said:

I felt like I just was not prepared. With a BSN [Bachelor of Science in nursing], I just did not have all the tools. I said to really make an impact, at least an impact that I felt I needed to really put down roots. To assure myself that I'm gonna give my colleagues at the bedside the best chance to do their best work. To be able to remove barriers for them to actually give that quality care that they deserve to give, and what the patients actually deserved. I felt I needed more reference materials in my head.

Darin recently graduated from an associate degree program and interjected his opinion about nursing education. Regarding his decision to enter the nursing profession, he wished he "had done it 20 years ago." However, he also talked about how his pre-licensure nursing program did not adequately prepare him for the real-world experience he encountered as a licensed nurse:

You don't really, you can't really, grasp the multitude of tasks that you have to prioritize, when you're actually practicing. When you're in a controlled environment, such as a student, "you go do this," and that's what you do, they tell you what to do...Nursing school gives you the absolute basics. They teach you enough that you don't kill someone. So, it's a little bit nerve wracking going from nursing school to a practicing nurse.

Strategies for success. The participants involved in this study brought a wealth of experience to the interviews. The average number of years participants worked as nurses was 24 years, with a collective experience of 267 years. Participants in this study believed their

careers have been successful and strategies to be a successful male nurse was a recurrent topic of discussion, which was informed by participants' many years of nursing experience and being a part of a minority in the nursing profession. Participants usually agreed on their suggestions for success strategies. Participants' recommendations for male nurses to have successful careers included organizational involvement, mentorship, and adaptation. These were concepts that were not found to be reported in past literature.

Organizational involvement. Participants in this study noted that male nurses do not experience the same social support system shared by the female nurse majority. In response, participants frequently encouraged male nurses to join organizations geared specifically toward supporting men as a success strategy for male nurses. Participants believed that organizational involvement provides much needed support to men in nursing. Participants specifically pointed out that there are organizations whose goal is to support men in nursing, but are not exclusively for men, and which welcome female nurses to become members. Martin discussed organizational involvement early in his interview:

What's funny is I got involved with the American Assembly for Men in Nursing only when I started working for my current employer since they supported the American Assembly for Men in Nursing and had done some sponsorships in that. Because I didn't want to join an organization that I thought was exclusive. Now, being on the inside, I understand that it's not...we're all about being inclusive and adjusting men's unique needs.

Chad also brought up the topic of organizational involvement early in his interview process, and was frank with his suggestion, *"Men should be participating in things like the Association of Men in Nursing and be active in that association."*

Mentorship. Actively seeking out male mentors beginning in nursing school and continuing through post-licensure nursing practice was also suggested as a success strategy and tool for professional growth for men in nursing. Mentorship has been discussed in previous literature, which cited a lack of male nursing faculty mentors as a barrier for male nursing students (Kouta & Kaite, 2011; Stott, 2007; Tosh-Kennedy, 2007; Weber, 2008). Several participants noted the absence of male nursing faculty to serve as mentors in academia. Shane stated, *“When I look back I can not identify one male mentor in nursing that I’ve had. There’s none.”* Matthew replied to Shane, *“I never had one either. Yeah, you’re right. There wasn’t a single male anywhere along the academic journey. All of my mentors were women.”*

Anthony also talked about the conundrum of male faculty and male mentorship:

When they look at the attrition rates of students, they find some interesting things that students say about how they think they would feel if they had male mentors, except *we have less males in nursing education than we do in the clinical area, which is already working with terribly low numbers...I feel even more isolated as a nurse educator in a nurse education context than I do in the clinical setting. When I was teaching, I was the only male faculty.*

However, participants were hopeful the numbers of male nursing faculty will increase in the future, because they believed male nursing faculty are vital for male nursing student success. Roger, who is currently a nursing educator, stated:

I think [male students] look to me as an example...Many of them have come to me with, in general, personal problems. Maybe stuff they can't talk to a female professor or their cohorts about. I think [males] face many different challenges. Many of them

are, some of them are scared of nursing. “How did you make it through this? How did you do this? How did you do that?” You know. A natural apprehension because they're a male trying to get into this profession. *I am a mentor for many of the male students. They feel that they can speak freely with me, even on personal issues. Very private. They can speak freely with me and they can seek me out at any time.*

Anthony discussed his role as a male nursing faculty and how integral male nursing faculty are for students:

There was times when [faculty] would switch students and I would have conversations with some of the male students and I'd connect a little better with them [than female faculty] ...I feel like being the male presence there, and, well, I think sometimes I would get certain students in the clinical setting as an instructor because I was male. I didn't think it was a negative thing. I thought it was a positive thing. I tried to kind of be supportive of the male students, since they were a visible minority.

Anthony also talked about the benefits of male nursing faculty at the institutional level. He explained that the unique male perspective is recognized by female faculty, especially when working with male students:

It's one of those things where I think [female faculty] say, “You're the token [male]. And any question we have, we want insight into this, and we'll go to you and ask you.” *So I'm the token male nurse in faculty, “So hey, why don't you talk to the male student who's struggling and see if you can help him.”* And I don't think it's necessarily wrong on anything like that...It was more of, “Maybe you can make that connection. Maybe you can get through to this student, help them learn how to study

better, help them learn how to improve their grades, help them learn how to be better in the clinical setting.”

The participants believed male nursing mentors in the workplace are equally important for men to successfully develop a nursing career, and to prepare today’s nurses to become the next generation of male nursing leaders. The participants’ experiences and recommendations mirrored O’Connor (2015), who also endorsed male nurses mentors, especially in the early phase of men’s careers when they meet unfamiliar challenges such as balancing gendered stereotypes of masculinity with caregiving. Matthew, a participant with many years of nursing experience, said:

I have really looked for mentors and tried to connect with those that really had a much broader base and were open-minded and had an open mind to bring in others that were different from themselves. And were able to sit down with you and teach you. I really sought that out...So that I could take that and be a much better professional.

Adaptation. Lastly, participants discussed the process of adaptation they underwent as males in a predominantly female environment. Their discussions about adaptation were generally positive. The men who spoke about adaptation described the adaptive process differently, but all of them acknowledged that nursing required them to adapt to working in an environment that is made up of predominantly females, to succeed. Chad described the adaptation process as an *assimilation*, “*I’ve assimilated in ways that I wouldn’t have if I wasn’t surrounded by females.* I have. But it’s given me a solid spot where I’m at.”

Peter described an adaptive process that involved changing his usual approach:

So, like you, I had to learn to say things differently, and approach things differently. I don't interpret that as caving in or changing my personality.

Anthony talked about his experience being the only male nursing faculty and how it necessitated him adapting to avoid isolation and ensure professional survival:

You learn to adapt to your environment, and when your environment is pretty much women surrounding you, that's it. So, I learned to tone my conversations, my interests. Those kinds of things get toned towards what the group is, and the group is discussing gardening, so I guess I have to learn a little about gardening even though I don't like gardening... Well, I did adapt. I adapted to the environment. I wouldn't survive. I couldn't survive, if I didn't. And that's the thing like in the animal kingdom or in nature, anywhere. You look at things that don't adapt, they don't survive.

Alex talked about adapting but framed his discussion in the context of patient care. He explained that he experiences a “change” when he goes to work, but he believed it is driven by a desire to provide better care to his patients, and not by gender differences in the workplace:

When I go to work I become an actor, I perform. It's entertaining to listen to my coworkers talk about me and how they see me, because it is not how I see myself. At work I am a confident, outgoing, happy, excited person... *Yes, I change who I am in essence when I go to work, to better take care of the patient.* Now does that change because I'm working with men versus women? I don't think so.

Larry was the only participant who maintained that he did not adapt or undergo change based on his environment and working with predominantly females:

Well for me, I'm pretty much who I am. What you see is what you get, so I started out early in healthcare, and I was an individual then, so I just maintained that. I've done what I wanted to do... That's been tolerated or put up with or whatever.

Men's future in nursing. The men interviewed for the study were overwhelmingly optimistic about the future of men in nursing. Most of the men who participated in this study testified to having witnessed an increased acceptance of male nurses in today's healthcare environment, and they believed this trend will continue. Participants disagreed on how quickly the nursing profession will see a significant increase in the number of men in nursing. Peter believed the AAMN's goal of achieving 20% men in nursing by 2020 (AAMN, 2018b) is ambitious and not achievable. Anthony argued, "I think we could get, in the next 10 years I think we could get 25%, 30%." Noah and Roger were generally optimistic about the future for men in nursing, but less so than other participants. Noah stated, "To be honest with you, I don't think much change will occur. Maybe a slight increase, but I think men are going to be status quo for a long time." Roger responded to Noah, "Yeah, I think so too. I don't think it's going to grow a whole lot. Might reach 10% in five or 10 years. In small increments." However, Noah believed that advanced nursing practices will see an increase in male nurses:

I think you'll see an increase possibly in areas where men can generate income. Have autonomy, like nurse practitioners, family practice, specialty areas. I think you're going to see a greater increase in men in those areas. Anesthesia. That's appealing, I think, to men. I think as nursing develops higher level of skill, I'll tell you. That's where men are going to go.

Notwithstanding hope for the future of men in nursing, participants talked about the need for men in nursing to refuse to accept the female monopoly on nursing and to challenge the long held societal narrative that *nurse* implies *female* nurse. Other participants talked about the generational shift that is taking place in nursing, which they believed will quench some of the female exclusivity that exists in nursing today, which will create a more hospitable environment for men entering the profession. Chad stated:

I see it as still hopeful that we are moving in the right direction. *I see the aging baby boomers, and all these people with these older beliefs that nursing is just a female profession. I see that changing, personally.*

Alex, who was the youngest participant, but already nearing a decade of clinical experience, agreed with Chad:

We're seeing the baby boomers begin to age, to age on, and as time progresses no longer be on Earth with us, and this new wave of young youth and with the new laws that are going in place, and how Canada has started to pass new laws for gender equality and things like that, we may start to see things take a turn. If things take a turn...that's going to usher more men into nursing.

Most of the participants agreed on other key aspects of how to increase the numbers of men in nursing. First, participants advocated strongly for male nurses to become more visible in the public sphere, starting with local middle schools and including high schools, where school aged children can be exposed to male nurses. Anthony had the following to say:

Why don't we send nurses to high schools and middle schools to do educations, or to career days and things like that? “Hey, this is what nurses do. We've got males here,

we've got females here, we've got people from all different colors, ethnicities, backgrounds, whatever.” *It needs to start at an early age, promoting the discipline, promoting the positives of it...if you get young people excited about nursing, you get elementary age students, high school age students, college students, undecided majors, they get excited about nursing because, “Hey, I get to play with these cool technical toys. I get to do these fun things. I get to help people. I get to help people feel better, recover quicker, make a difference in society and in the world.”*

Martin said, *“Here's what I like to see. I would like to see boys, middle school boys, feel that nursing is a profession that they could go into and talk about.”*

Secondly, the prevailing sentiment among participants was that continued low numbers of men in nursing was due to societal imposition of gender normative stereotypes, which equated to nursing not being a masculine profession, and thus, men who become nurses are thought to have conceded their masculinity. The men who participated in this study agreed unanimously that gender normative stereotypes have led to recruitment strategies that are by in large gendered and counterproductive if the goal is to bring more men into nursing. The participants noted these problems must be addressed before any significant progress can be made to level the gender disparity in nursing. One participant suggested:

I think recruiting needs to change, how we recruit nursing students, marketing. *You've probably seen some of this in the literature as well, where you have a bunch of female nursing students on your brochure, what does that say to any male student? I think it's important to have diversity on the brochures, on the advertisements. We need to improve our recruiting, make it more inclusive, make it more representative of what*

we want to see, not necessarily what it is. If we want more men, we are going to have to change our recruitment strategies to reflect that.

Peter believed the nursing profession should stop accepting the “female monopoly” that he believed has been pervasive since Florence Nightingale entered the profession:

I think the key is changing society's view. Like I said, the gender issue. Yeah, as I said early on, *I don't see the gender disparity in nursing as a professional issue as much as I do a societal issue...* We are professional nurses... Florence Nightingale said, “No, women should do this.” Well, it was good for women. I agree. *But I'm not sure the female monopoly on nursing should be accepted any longer.*

Matthew responded quickly and added to Peter's strategy by suggesting that nursing programs add the history of males in nursing to their curriculums:

Look at nursing history courses. *They really should be more inclusive, but they tend to be heavily biased toward being female.* It's a shame that most male nursing students leave nursing school with the idea that men in nursing is a relatively modern convention. *They should be leaving with their heads held high knowing male nurses predate female involvement by many, many years.*

Participants were concordant that the recent marketing trend advertising nursing as a “manly” profession might be counterproductive because it has defined what should be considered masculine, which is a known barrier that already exists for men entering nursing. Larry's comment summed up the sentiments of the men in this study:

It bothers me that all the advertisement is really focused in on being masculine. “Are you man enough?” *Things like that. I think that pushes away males who may not feel masculine or manly. We should be welcoming anybody into the profession...* I think

that's the problem in some ways. We need to stop defining gender roles and what is and what's not masculine.

Alex responded to Larry with the following suggestion, "It should just be, 'Would you like to come in and be a nurse? Would you like to try nursing?'"

Lastly, the participants in this study offered suggestions for how today's male nurses can contribute to increasing future numbers of men entering nursing. The essence of their suggestions was that men need to become more involved in leadership, nursing and otherwise, and assume positions where male nurses can become part of the face of nursing, to strengthen the association between nursing and the male gender. Peter stated:

I think men getting buried in the OR [operating room] or the emergency department in scrubs when you can't tell they're nurses is not the way to go. *I think men need to be in visible positions. Certainly, directors of nurses, or CNOs [chief nursing officers], that's a visible position there at the table. But CEOs [chief executive officers], CEOs is where we need to be.* Again, that's a very different preparation than starting IVs [intravenous devices] and giving shots, but I think it will dramatically change the profession. I think it'll change the profession in terms of its attractiveness to a growing population of candidates. I think it'll change the profession in terms of what the public expects from our profession.

Martin suggested that male nurses need to reposition themselves in the nursing profession, "*I don't think that we're equal partner at the table. That's another thing that, I think, male nurses need to do is to be that equal partner at the table. Don't ask for a seat, take a seat.*"

Most of the participants pointed to extraneous reasons for low numbers of men in nursing. However, more than one participant believed that male nurses may be their own

worst enemy and partly to blame for the low numbers of men in nursing. They attributed some of the blame for the gender disparity in nursing to men assuming gendered roles, and male competition which has resulted in men not being supportive of each other: Alex talked about men assuming gendered roles:

As men continue to feel arrogant, egotistical, cocky, I'm using negative connotations here towards men just in general, and believe that putting somebody on a bed pan, or cleaning somebody up who's had an accident, is beneath them, and that's where we as men continue to put women, then yes, I think we will continue to see low numbers of men. I couldn't tell you how long.

Larry also talked about men being part of their own problem. He attributed part of the gender disparity to male competition and lack of supporting each other:

Men do need to change the profession. We can change it. I think we need to address our own issues. I don't think that we support each other like we should. I think that's an issue. I think if the profession is to be successful for men, we need to come together as men equally...We should leave our egos at the door in many cases.

Summary

Nine themes emerged from the data. Participants reported satisfaction with having chosen nursing as their profession. They also noted that despite persistently low numbers of men in nursing, they have witnessed a growing acceptance of male nurse over the course of their careers. They attributed much of the increasing acceptance to the support of their female nurse peers and blamed the larger society for continuing the gendered narrative that defines masculinity and femininity, and thus determines whether men are considered suitable to fill the nursing roll. The participants were hopeful for the future of men in nursing believed

progress will continue and the nursing profession in today's healthcare environment will continue to increase its inclusivity for men. The importance of findings, implications, and recommendations for practice are discussed in the following chapter.

Chapter 5

Introduction

This study explored the experiences of male nurses in today's healthcare environment in the United States. The findings from this study were compared to findings from previous research and are discussed in this chapter in terms of their impact on the nursing profession and recommendations for ways to use the findings to improve the gender disparity in nursing. This study's recommendations were based on the study's significance and findings. Conclusions were based on the study's significance, research question, and findings. The study's findings and recommendations were directly relatable to three facets of the nursing experience, which corresponded to the following three data categories: entry into nursing, the nursing workplace, and success in nursing.

Significance to Nursing

More men are needed in nursing to better approximate the diversity of the population. This study found barriers for male nurses that have been reported in previous literature and continue to persist, as well as discovered barriers that were not found in previous research. The study's findings are a result of carefully analyzing the experiences of 11 male nurses in today's healthcare environment in the United States. The findings were used to formulate recommendations that can be used to bring about positive change and ultimately improve inclusivity for male nurses. Three overarching categories were comprised nine themes that emerged during the data analysis process. The study's findings and recommendations are discussed with respect to the following categories and themes:

*Entering the Nursing Profession**Theme 1* Appeal of nursing*Theme 2* Satisfaction with nursing*The Nursing Workplace**Theme 3* Benefits for men*Theme 4* Barriers for men*Theme 5* Male and female differences*Theme 6* Workplace experiences*Success in Nursing**Theme 7* Education*Theme 8* Strategies for success*Theme 9* Men's future in nursing**Recommendations**

Findings from this study were used to formulate recommendations for clinical practice and education. The participants involved in this study brought a wealth of experience from their roles as both clinicians and nursing educators, which informed the study's recommendations. The objective of the recommendations is to improve the male nursing experience in today's healthcare environment, which was thought to positively influence nursing as a profession. Increasing the numbers of men in the nursing profession is vital in order to more closely approximate the population's diversity. Recommendations for clinical and educational settings follow.

Clinical practice. Increasing the numbers of male nurses should be the starting point to affecting clinical practice. The numbers of nurses have been dwindling in the United

States, and globally, and are expected to worsen (Snively, 2016). Men have been referred to as both an “untapped resource,” and a “solution” to the nursing crisis, in the United Kingdom. However, Eccles (2017) also noted gender normative stereotyping to be a significant problem for recruiting male nurses in the United Kingdom. The men involved in this study also emphasized the degree to which societally imposed gender normative stereotyping has negatively affected the male experience in nursing. Recommendations for clinical practice focus on improving recruitment of men into nursing and changing the clinical environment to be more hospitable for male nurses, including:

- Beginning a focused effort to work toward correcting society’s gender biased view of male nurses
- Enlisting participation from nursing associations, college nursing programs, and middle and high school counselors
- Encouraging male nurses to increase their presence in the community where they become visible to a wide public audience; e.g., middle school, high school, and college career days, health fair events
- Increasing male nursing participation in local government and in leadership positions within healthcare
- Recruiting support from female nurses, acknowledging the value of their support for male nurses in the clinical environment; support from female nurses plays an integral role in changing the societal view of male nurses
- Recommending males participate in nursing associations that emphasize supporting male nurses

- Adopting a day each year that healthcare institutions recognize contributions from men in nursing and celebrate the diversity that men bring to the nursing profession as a way of acknowledging the value of male nurses
- Developing an educational program intended to bring an awareness to female nurses regarding the unique challenges for male nurses, and the need to create an inclusive environment, that can be delivered to staff within healthcare institutions
- Nursing management and female nursing staff should make a concentrated effort to be more inclusive of male nurses outside the “girls club” tradition.

Education. The numbers of nursing faculty have decreased (AACN, 2017) and the trend is expected to continue as aging faculty leave academe (Yedidia, 2014). Male nurses are as much a minority in academic settings as they are in clinical environments. Men make up less than 11% of nursing faculty. Past research has shown the importance of male mentorship for male nursing students (Weber, 2008), and the men involved in this study shared experiences that supported previous research findings. Changes in education should be aimed at bringing more male nurses into academe and providing an educational experience that is tailored to meet the unique needs of male nursing students.

Recommendations include:

- Strategizing recruitment efforts by schools of nursing to increase the male nursing presence in academe, an effort which should be fully supported by nursing associations
- Providing an awareness seminar within schools of nursing to familiarize female faculty with common concerns voiced by male nurses and the unique challenges

male nursing faculty face (e.g., inability to safely conduct a closed-door meeting with a female student)

- Advertising the presence of male nursing faculty to show commitment to diversity, and to increase interest of prospective male students, who may be enticed by the presence of male faculty based on their desire for male mentorship
- Developing a mentorship program between male students and male faculty, or which may incorporate female faculty who understand and are sensitive to the unique needs of male nursing students
- Adding a male nurses history section to nursing curricula to foster a sense of belonging and ownership among male students
- Focusing efforts to increase inclusivity of male students in OB and GYN departments
- Maintaining multiple male students within the same clinical group to reduce their sense of isolation when the number of male students allows. When there are not sufficient numbers of male students to allow multiple male groupings, faculty should be vigilant with their support for the male students.

Recommendations for Further Research

Recommendations for further research include collecting data on male nurses who have been practicing less than five years, which may provide a different perspective on the current nursing climate for men in nursing. Transition to practice may be different for men completing newer nurse residency programs. Men in this study were reported satisfaction with having chosen nursing as their career, and it may be beneficial to explore the factors that lead to male nurses' satisfaction, which can be used to, improve all aspects of the male

nursing experience. Additionally, future research examining correlations between social support and success for men in nursing may be an avenue of research worth considering. Male nurses' presence may be positively impacted if increased social support from female nurses leads to more widespread acceptance of male nurses in the workplace.

Much of the past research, as well as this study, includes experiences of only male nurses. It may be beneficial to include female nurses to gain their perspective. It is important to understand the female nursing perspective of male nurses in order to improve the nursing experience for males in today's healthcare environment. The clear majority of men in this study cited fears of false accusations related to inappropriate sexual conduct from female nurses or students, which is a barrier that has not been mentioned in previous research; this is topic worth exploring, especially when one considers the current sociopolitical climate in the United States. Lastly, it may be useful to conduct research focused on male nurses' suggestions for how to improve the nursing profession for men in today's healthcare environment.

Limitations

Participants were recruited nationally to increase sample diversity. The participants practiced nursing in either the southeast, or on the west coast, which may have had a sociocultural impact on the experiences of the participants. Only one participant had been a practicing nurse less than 11 years. The majority of the participants had greater than 20 years of experience. The study may have benefited from the perspectives of nurses who have experienced a more recent nursing residency program, which might better reflect changes in today's sociocultural climate. Additionally, participants tended to be older; the youngest participant was 30 years old. Being male was noted to be an advantage because it enabled the

researcher to understand participants' perspectives from his own experiences. Three female nurse experts were involved in data interpretation which assisted with interpretation of the findings.

Conclusion

The participants involved in this study reported high levels of satisfaction with having chosen nursing as their career. For the most part, they have been well received by their female peers; the exception being in OB and GYN settings, and one participant who has worked longer than a decade in an OB clinical setting challenged the negative experiences of other participants in those areas. Participants have experienced many of the same barriers reported by male nurses in previous literature, including: being limited by gender normative stereotypes that define masculinity, feeling isolated and excluded by the almost exclusively female social dynamic in the nursing profession, and implicit disadvantages working with female patients or in female specific clinical settings. They also reported experiences, and benefits not afforded to female nurses, which have not been reported elsewhere in the literature, including: a deep sense of satisfaction with their nursing careers, increased acceptance of male nurses both socially and in the workplace, and unprecedented support from their female nurse peers. Most of the benefits and barriers experienced by the men in this study were attributed to societal narratives that define nurses as females. Study participants emphasized that male nurses will need to challenge the public's opinion about who should join the nursing profession, and the female nursing majority will need to support men's effort.

The findings and recommendations were informed by the experiences of the male nurses who participated in this study. The participants' discussions reflected a deep sense of

satisfaction with having chosen a career in nursing, but also conveyed feelings of exclusion and isolation. The men interviewed for this study were hopeful for the future of male nurses but emphasized that challenges remain for men in all areas of nursing, including prospective nurses, students, practicing nurses, and faculty in academe. Recommendations for clinical practice included ways to change the public's perception of male nurses, refining strategies for recruiting men into nursing, and improving the clinical environment for males.

Recommendations for education included ways nursing programs can better meet the unique needs of male nursing students, and work toward increasing the numbers of male nursing faculty. It is vital that the nursing profession recognize the needs of male nurses in today's healthcare environment and begin working toward making improvements.

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Appendix A

Participant Demographic Information

The following table includes demographic information for the study's participants.

Table 1
Participants' Demographics

Participants in Research Study	Min	Max	Mean +/- SD or <i>n</i> (%)
Age (years)	30	64	50.55 +/- 11.37
Age as New Nurse (years)	19	53	28.09 +/- 11
Years in Nursing	2	41	24.27 +/- 13.54 (IQR=23)
Years Primarily in Clinical Practice	2	32	17.09 +/- 8.70 (IQR=12)
Geographic Location:			
North Carolina	---	---	5 (45)
Northeast	---	---	3 (27)
California	---	---	3 (27)
Years in Non-Clinical:			
▪ Education*	---	---	7 (64)
▪ Leadership	---	---	1 (9)
▪ Administration*	---	---	1 (9)
▪ No Non-Clinical Experience	---	---	3 (27)
New RN Department:			
▪ ICU/ED	---	---	5 (45)
▪ Non-ICU Neuro	---	---	1 (9)
▪ Med-Surg	---	---	1 (9)
▪ OB/GYN	---	---	1 (9)
▪ Orthopedic Surgery	---	---	1 (9)
▪ Hospice	---	---	1 (9)
▪ Physical Rehab	---	---	1 (9)
Initial Licensure Degree:			
▪ Diploma	---	---	2 (11)
▪ ADN	---	---	7 (64)
▪ BSN	---	---	2 (18)

Table A1 continued

Highest Degree Earned:			
▪ Diploma	---	---	1 (9)
▪ ADN	---	---	1 (9)
▪ BSN	---	---	2 (18)
▪ MSN	---	---	5 (5)
▪ MEd	---	---	1 (9)
▪ EdD	---	---	1 (9)
Current Edu Curriculum:			
▪ BSN	---	---	1 (9)
▪ DNP	---	---	1 (9)
▪ PhD	---	---	1 (9)
▪ Not Currently Enrolled			
– Already Earned BSN or Higher	---	---	8 (73)
– Has not earned BSN**			7 (64)
			1 (9)
Prior Military Experience	---	---	3 (21)
Nursing as 1 st Career	---	---	8 (73)
Nursing as 2 nd Career	---	---	3 (27)

* One participant reported >5 years of experience in both education and administration

**Not currently enrolled but interested in pursuing a nurse practitioner program

Vita

Christopher Michael Smith was born in Goldsboro, NC, to Harry and Jacqueline Smith. He graduated from Wayne Community College in 2001 with an Associate in Applied Science in nursing degree. Mr. Smith entered Appalachian State University in the summer of 2015 to study nursing and in August, 2016, he was awarded the Bachelor of Science in nursing degree. He began working toward a Master of Science in nursing degree in the fall of 2016 at Appalachian State University. Mr. Smith accepted a research assistant position at East Carolina University's College of Nursing and began working toward a graduate certificate in quantitative methods for the social and behavioral sciences at East Carolina in the fall of 2018. He commenced work toward his M.S. in nursing at Appalachian State University in November, 2018.

Mr. Smith was the Graduate Student Association senator for the nursing department while completing his Master of Science degree. He is an active member of the American Association for Men in Nursing, Sigma Theta Tau, North Carolina Nurses Association and the American Nurses Association. He resides in Greenville, NC, with his wife and son.