

PERCEPTIONS OF THE MALE MILLENNIAL
BACCALAUREATE NURSING STUDENT

A DISSERTATION

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

IN THE GRADUATE SCHOOL OF THE

TEXAS WOMAN'S UNIVERSITY

COLLEGE OF NURSING

BY

PRESTON LLOYD, M.S.N.

DENTON, TEXAS

AUGUST 2013

Copyright © Preston Lloyd, 2013

All rights reserved.

DEDICATION

To my father James Clifford Lloyd, 1936 – 2009, and

To my mother, Enid Blanche Lloyd, who was born in the year 1926, and is still with us.

Her patience, knowledge, guidance, and love will be treasured always.

To the male millennial baccalaureate nursing students for sharing their unique perceptions of life.

ACKNOWLEDGEMENTS

I would like to thank my Life Partner, my best friend, and roommate, Peter Houston. My journey through Graduate school, from Master's and now the PhD program would not be possible without his support.

I would like to thank my friends, classmates, and colleagues for their support and encouragement throughout this journey. The experience I gained through this endeavor has developed me to become a more accomplished nurse.

With profound thanks, I acknowledge the efforts of my dissertation committee Chair, Dr. Ann Malecha for her undying devotion to facilitating me in the completion of this monumental undertaking. I would also like to thank my dissertation committee members Dr. Sandra Cesario and Dr. Constance Ayers for their support and encouragement.

My special friend, Sadie, whose loyalty and unconditional love she has shown me over the past few years, has made this journey a pleasant one.

ABSTRACT

PRESTON LLOYD

PERCEPTIONS OF THE MALE MILLENNIAL BACCALAUREATE NURSING STUDENT

AUGUST 2013

Men of the millennial generation were raised in a time when societal influences embrace acceptance of diversity. In the past twelve years, the population of men who chose nursing as a career has grown a derisory 1.3%. The purpose of this qualitative hermeneutic study was to explore the perceptions of male millennial baccalaureate nursing students regarding factors that affected their decision to pursue nursing as a career. Influences may have been barriers or facilitators, which were perceived to be real by the participants.

Interviews were conducted and demographic data collected at the Houston facility of the Texas Woman's University, College of Nursing. Eight men enrolled in the baccalaureate-nursing program participated. Interviews were face to face, digitally recorded, and the transcriptions were analyzed using Benner's (1994) approach. Four themes emerged from these interviews: Deliberate Decision to go into nursing, Previous Experience with the healthcare environment, and an overall Lack of Male Mentors and Role Models in nursing. The over-arching theme is that nursing as a profession, needs be gender-neutral in order to attract and retain men.

TABLE OF CONTENTS

	Page
COPYRIGHT	iii
DEDICATION	iv
ACKNOWLEDGMENTS	v
ABSTRACT	vi
Chapter	
I. INTRODUCTION.....	1
Focus Of Inquiry	1
Statement Of Purpose.....	3
Rationale For The Study	3
Significance to Nursing.....	4
Researcher’s Relationship to Study.....	4
Assumptions	4
Research Questions.....	5
Definition of Terms.....	5
Millennial.....	5
Baccalaureate Nursing Program.....	5
Nursing Student.....	6
Philosophical Underpinning	6
Summary	8
II. REVIEW OF THE LITERATURE	9
Overview	9
Qualitative Studies.....	10
Male Nursing Students	10
Quantitative Studies	20
Male Nursing Students	20
Male Nurses	25
Summary	29
Attractors.....	29

Barriers.....	30
III. PROCEDURE FOR COLLECTION AND TREATMENT OF DATA.....	32
Setting	32
Participants	32
Protection of Human Subjects	33
Data Collection	33
Instruments	34
Pilot Study	35
Data Analysis.....	35
Trustworthiness.....	36
Credibility	36
Dependability	36
Conformability	36
Transferability.....	37
Authenticity.....	37
IV. ANALYSIS OF DATA.....	38
Description of the Sample	39
Findings	39
Theme: Deliberate Decision to go into Nursing	40
Theme: Male Ego is Still Present.....	43
Theme: Previous Experience with Healthcare Environment.....	48
Theme: Lack of Male Mentors and Role Models	50
Summary	53
V. SUMMARY OF THE STUDY	56
Summary	57
Discussion of Findings	61
Conclusions	62
Implications	60
Limitations.....	64
Recommendations for Further Studies.....	64
REFERENCES.....	65
APPENDICES	
A. Interview Guide.....	71

B. Data Collection Procedure Checklist.....	73
C. Invitation to Participate.....	75
D. Informed Consent to Participate	77
E. Demographic Information Collection Tool.....	80
F. Themes From the Literature	83

CHAPTER I

INTRODUCTION

Focus of Inquiry

The gender disparity in nursing has significant historic roots in society (MacKintosh, 1996) and continues to exist in this millennium. In 1996, there were 2,588,873 registered nurses in the United States. Only 4.9% of these were men (Keepnews, 1998). Twelve years later, that number grew to 6.2% (U.S. Department of Health and Human Services [USDHHS], 2010). In the span of twelve years, there was only a 1.3% increase in the number of males among the registered nurse workforce. Other gender nontraditional occupations like medicine and law have been able to approach gender parity. To put this disparity into context, during the 2011-2012 academic year, medical education reported women representing 47% of all medical students (Association of American Medical Colleges, 2011).

There are several reasons why men are attracted to the nursing profession. Job stability and security (Meadus & Twomey, 2007), influence of family members whom are role models working in the health care field (Harding, 2009), and that the choice of nursing provides a sense of fulfillment between their profession and a personal calling (Meadus & Twomey, 2011). However, multiple barriers exist for men that deter them from entering nursing. Two of the most common barriers are that nursing is “woman’s work,” (Meadus & Twomey, 2011) and lack of male peers (Smith, 2006). In order to

examine current reasons why men are or are not entering into the nursing profession, it is worthwhile to query a new generation that has been raised in more diverse, contemporary social norms (Weston, 2006), without the bias of past generations (Villeneuve, 1994).

The millennial generation, also known as the *millennials* and *generation Y*, is comprised of those individuals born between the years of 1983 and 2001 (Carlson, 2009). According to Weston (2006), millennials have been raised in a more social conscious era, free from judgment and discrimination, and tend not to embrace traditional career and gender stereotypes. They tend to be closer to their parents than their previous generations. They may come from more non-traditional family structures, have a higher incidence of ethnically diverse parents, and tend to accept differences in sexual orientation. The millennials prefer to work in teams, seek a solid work-life balance, and they tend to value job security over larger salaries (Broido, 2004).

However, the question remains: why, despite being raised to embrace diversity and reject stereotypes, are the men of this generation still not choosing nursing? The answer to that question remains elusive because little to no research has been conducted regarding the perceptions of the male millennials who have chosen to go into nursing as a career. Understanding the perceptions and experiences of these young men who have firsthand knowledge related to their influences and barriers to a career in nursing is critical to developing strategies that can result in an increase of male presence in the nursing workforce.

Statement of Purpose

The purpose of this study was to explore the perceptions of male millennial baccalaureate nursing students regarding factors that affected their decision to pursue nursing as a career. Influences may have been barriers or facilitators, which are perceived to be real by the participants. The participants were asked to contribute their insight regarding the reasons for the lack of men in their age group who chose nursing. Moreover, the participants' thoughts and opinions were explored regarding potential solutions to the gender inequity of registered nurses in United States.

Rationale for the Study

Several perceived and real barriers for men have been identified in the literature. Some perceived barriers include sexual stereotyping that nursing is a female oriented profession (O'Lynn, 2004), a belief that male nurses have failed at medical school (Whitlock and Leonard, 2003) and that nursing does not pay well (Meadus & Twomey, 2007). Some real barriers for men are a lack of familial or peer support (O'Lynn, 2004), a fear of rejection (Roth & Coleman, 2008), and feeling that being a man in a female dominated profession limits a man's sense of reward and prestige (Rajapaksa & Rothstein, 2009). These previous studies were conducted with students ranging from elementary school age to 46 years of age, students in nursing and non-nursing programs, as well as practicing registered nurses. There were no studies that isolated the millennials, the current generation of men entering the nursing profession. A study

focusing on this particular age group may help to close the gap in the literature, and serve as a guide for recruitment and retention of young men into the nursing profession.

Significance to Nursing

This study provides additional information and understanding of the influences and barriers that impact a millennial generation male's decision to enroll in a baccalaureate program in nursing. Understanding these perceptions that make up the reality of being these young men is an important step towards addressing the issue of the gender inequity in nursing. Ultimately, the findings from this study will potentially help to increase number of men in nursing.

Researcher's Relationship to Study

The researcher is a male nurse who experienced several of the barriers mentioned in the literature while completing his baccalaureate program in nursing. This study aimed to validate experiences of the participants, and to use the lessons learned from any common experiences to mentor future male student nurses to succeed in their studies and later in their professional careers.

Assumptions

The following assumptions were applied to this study:

1. Male millennial baccalaureate nursing students will be able to communicate their perceptions of influences affecting their decision to go into nursing.
2. The participants will be able to convey strategies used to overcome barriers preventing them from entering nursing.

3. The participants will be honest in their sharing of perceptions and insights related to the study.
4. The barriers perceived by millennial male nursing students are unique to those perceived from female nursing students of the same generation.

Research Questions

The research questions addressed by this study are:

1. How have millennial male baccalaureate nursing students perceived their own roles in society?
2. What experiences with their environments attracted millennial men to nursing?
3. What experiences with their environments were perceived barriers to enter nursing?

Definition of Terms

The terms used in this study were:

Millennial

Conceptual definition: of or relating to the generation of individuals born between 1982 and 1994.

Operational definition: The age reported on the demographic data form and inclusion criteria of being between the age of 18 and 30 years.

Baccalaureate Nursing Program

Conceptual definition: The 2 year upper level, or four year degree of bachelor conferred by universities and colleges (Merriam-Webster's Online Dictionary,

2012). Operational definition: Inclusion criteria of being enrolled at Texas Woman's University (TWU), College of Nursing, an upper level baccalaureate program.

Nursing Student

Conceptual definition: a person who is training to be a nurse at a nursing school or hospital (Dictionary.com, 2012). Operational definition: Inclusion criteria of being enrolled in the baccalaureate nursing program at TWU, Houston campus.

Philosophical Underpinning

The interpretive phenomenology of Heidegger (Heidegger, 1953), also known as hermeneutics, was the basis of the qualitative research design for this study. Heidegger's philosophy differed from his professor's (Husserl) epistemological view of phenomenology. He believed that humans are interpretive beings who find significance and meaning in their own lives (Heidegger, 1953). With a more ontological worldview, Heidegger believed that there is no vantage point from which the observer can view a phenomenon. He considered that both the researcher and the participant exist as beings in the same time and place (Benner, 1994). Heidegger's approach was to gain an understanding of the world by interpreting the perceptions of others as they live in their worlds.

In traditional quantitative scientific research, the researcher seeks a precise measurement of a phenomenon (Polit & Beck, 2012). In qualitative research, the researcher seeks to learn the values and experiences of the participants that, until

uncovered by the study, were previously not known, or not understood by the researcher (Polit & Beck, 2012). Phenomenology is a type of qualitative research, where the researcher seeks to understand a participant's experiences. Descriptive phenomenology describes human experiences, which is not an appropriate method for this study.

Interpretive phenomenology interprets human experiences in terms of what it means to be a Human Being in the world. Heidegger's hermeneutic circle, where he describes *a notable relatedness backward and forward of what is being asked about, to asking as a mode of being a Being* (Heidegger, 1953). It is using the hermeneutic circle that the researcher is able to gain insight to the participant's perceptions of phenomena, and interpret that insight by comparing it to the world around him. Through his answers, the participant completes the hermeneutic circle by processing his responses to the researcher's questions and comparing them to the world around him. It is because the researcher is seeking to understand what it is like to be a male millennial baccalaureate nursing student, that Interpretive phenomenology is the most appropriate philosophical underpinning for this study.

The purpose of this study was to explore the experiences of male millennial nursing students and their perceptions of how societal trends have influenced or discouraged them from entering nursing. The investigator had clear perceptions of being a male, of being a male baccalaureate student, and of being a male nurse. However, the researcher did not have an understanding of being a male nurse from the millennial generation. Close examination of the transcripts of the shared perceptions of each

participant provided the researcher the ability to gain insight into the phenomenon of the lack of men in the nursing profession. Hermeneutic phenomenology will potentially help to bring some light to this sparse area of nursing research.

Summary

Several reasons existed to conduct a study to understand the perceptions of millennial male baccalaureate nursing student. First and foremost, a looming nursing shortage will only get worse in the future unless new nurses are recruited and retained in the profession. There is a gender inequity between men and women in the profession of nursing. The younger generations of men, who have been socialized in a society that embraces diversity, are not entering nursing in the numbers that were previously hoped.

This interpretive phenomenological study interpreted the perceptions of male baccalaureate nursing students from the millennial generation. The findings of the study will help to close the gap in the literature on the views of millennial males entering the nursing profession. It may also potentially help baccalaureate nursing programs to revise their recruitment strategies to make nursing a more attractive career option for millennial males, and men in general.

CHAPTER II

REVIEW OF THE LITERATURE

Overview

The purpose of this literature review was to identify the barriers and facilitators commonly experienced by men, male nurses, and male nursing students as they pursued a nursing career. To identify studies relating to the above topics, published literature were retrieved and reviewed using *TMC Prosearch*, a search engine provided by the Houston Academy of Medicine Library that conducts simultaneous queries of multiple databases (PubMed, Access Medicine, MD Consult, Refworks, Scopus, StatRef, Cochrane Library, DynaMed, USMLE – Exam Master, Journal Citation Reports, Ovid Medicine, Micromedex, CINAHL Plus with Full Text, and Nursing Reference Center). In addition, manual searches were conducted based on article references. Articles that pertained to other countries were included because some countries have higher numbers of male registered nurses. Articles predating 2000 were excluded in order to incorporate recent trends in barriers and facilitators for men in nursing.

A total of nineteen articles were identified with the key words: male, nurse, gender millennial, discrimination, barriers, attractors, gender, role, non-traditional occupation, nursing student, and career. Most of the literature regarding men and nursing is related to barriers. None of the articles reviewed however, addressed the perceptions of men of millennial generation. Due to the nature of the articles, the author decided to group them into qualitative and quantitative sections.

Qualitative Studies

Male Nursing Students

Whittock and Leonard (2003) conducted a qualitative pilot study in the United Kingdom in order to explore factors that prevented men from considering a career in nursing. The participants were selected from a group of pre and post undergraduate students, initially contacted via introductory letter. Those who consented completed the enclosed form and returned it to the researcher. From the sample of returned forms, participants from each group were selected based on age and ethnicity of the population served in the area. The ethnic background of the participants consisted of 67% white British, 10% Black African, 5% Asian, and 18% "Other." The final sample ($N=60$) consisted of undergraduate baccalaureate nursing students ($n=30$), and registered nurses ($n=30$), ten of whom had left the nursing field. All were males, ranging in age from 18 to 57 years.

Participants were interviewed face-to-face via audiotaped semi-structured questions that lasted one hour. The data were analyzed using Non numerical Unstructured Data Indexing Searching and Theorizing (NUD.IST) software. Several themes emerged: an initial motivation of having family members in the healthcare field, a general lack of career advice or visits to their schools from any of the health professions, a general perception that men can be as caring as women, an expression of concern over being excluded from gender-specific areas during training and later in their careers, and

the need to confirm their heterosexuality in order to belay a traditional premise that male nurses were gay.

The authors concluded that the results thus far were congruent with previous research. More men are becoming interested in nursing, but the number that actually enroll in nursing programs remains virtually unchanged and that the number is increasing at such a slow rate as to be statistically insignificant. Also, research that lead up to the study was geared towards increasing the number of men to enter nursing, but as the research and the results reported in the current study, those efforts have been unsuccessful.

A qualitative study by Wilson (2005) explored the male experience, including initial recruitment and retention factors at the university level. Ten male baccalaureate nursing students, ranging in age from 21 to 40, from an Australian university, were individually interviewed face-to-face using informal open-ended questions. A first theme that emerged from this study was *Becoming a Nurse*. This theme included subthemes of sense of self-fulfillment between the profession and their personality, stability and job security, males in nursing projected a sense of career satisfaction, and family support and other influence elements to choose nursing.

A second theme was *Remaining a Nursing Student* and included subthemes of positive feedback from academic and clinical successes bolstered confidence levels, mature students conveyed apprehension to their success due to a prolonged absence from school, lack of confidence was related to feelings of gender or role conflict, and an

encouraging role of friends and family. Negative feedback included subthemes like an imbalance in faculty support, feeling pressured to act as the patient mannequin for topics such as physical assessment, especially when they were required to remove their shirts, and feeling judged by female peers and clinical agency staff regarding their ability to display empathy (Wilson, 2005).

Recommendations to recruit more males into nursing included representation of the profession from a more gender-neutral perspective, encourage male registered nurses and male faculty to participate in the local community, and continue with male discussion/mentoring groups to enable the voices of males in nursing to be heard (Wilson, 2005).

Using a mixed methods design, Smith (2006) explored the challenges for male students, aged 25 and older, transitioning into a nursing program. Study participants consisted of a purposeful, criterion sample of 29 male nursing students, who ranged in age from 26 to 60 years, from a 2-year program at a private college in the northeastern United States. In the first phase of the study, the quantitative phase, the participants completed a survey that was validated by the Assessment Report 22: Pre-College Characteristics and Freshmen Year Experiences as Predictors, University of Albany (Gerken & Volkwein, 1999). The survey contained items related to internal and external motivation, self regulation, perceived challenges, study skills, and use of services. Students were also asked to rank their concerns from the list of 8 items on the

challenges subscale. The quantitative data listed the following challenges from greatest to least: a.) meeting the academic demands of college, b.) balancing family responsibilities and schoolwork, c.) paying for tuition and books each semester, d.) balancing work responsibilities and schoolwork, e.) finding people to assist me if I need help, f.) finding the time to study and still have fun, g.) making friends with other students at college, h.) securing transportation to and from college, and i.) locating quality day care for my children.

In the second and qualitative phase, six of the nontraditional male nursing students participated in a face-to-face, semi-structured interview where they were asked to express their experiences, opportunities, and challenges in the program, the public's view of nursing, and what it means to be a male in nursing school. These students were nontraditional in that they were currently or had been married, had children, and were employed at least part-time. They also had previous experience as a health care professional. The data from their interviews were analyzed using the Consensual Qualitative Research (CQR) approach (Hill, Thompson, & Nutt-Williams, 1997). The themes that emerged from the interviews were a.) balancing family work and school, b.) public view of nurses was positive, c.) nursing is a primarily a female dominated profession, d.) concepts of female and caring are synonymous, e.) men were equally capable of being caring, f.) lack of locker facilities, g.) few or no male nurses in clinical settings, h.) no male faculty, and i.) use of women in textbooks as evidence of gender issues in their experiences.

Results of the study showed that male nursing students who participated in the study perceived similar concerns as other students, both male and female. The most frequently occurring concerns were time poverty, meeting academic demands, balancing family life with school, securing transportation to and from school, and making friends at school.

In an Australian study, Stott (2007) used a within-method triangulation design to explore the factors that may impact male nursing students' decisions to complete their program versus withdrawal. Purposive sampling of eight male baccalaureate nursing students, ranging in ages from 21 to 53 years, was used to conduct semi-structured, face-to-face interviews. At the conclusion of each interview each participant was given a blank booklet and invited to keep a one-month diary of their thoughts and feelings of being nursing students. A central theme that emerged from this study was isolation. Participants felt intimidated at the thought voicing their opinions in a group of women. They felt singled out by faculty in laboratory settings where examples were given that consisted of being told to remove their shirt for EKG lead placements, or to provide urine samples. A second theme that emerged was the participants' concern about their ability to project a caring manner. This carries on into the third theme, traditional gender roles. Many of the participants were acutely aware of what society expected of typical male and female roles. It is because of these expectations that the participants felt they were more drawn to the high paced and/or technical aspects of nursing. The author concluded her findings supported previous research that males: tend to feel isolated and excluded from

the professional and academic environment, and they are typically more attracted to the technical, high stressed areas of nursing. She also indicated that there is a paucity of research that delves into reasons why this is true.

Bell-Scriber (2008) conducted a qualitative case study strategy that was designed to reveal factors specifically affecting male learners. A medical-surgical nursing course at a four year, public, US Midwestern university was selected as the site to provide a representation of the basic knowledge and skills for an introduction to the nursing profession. All 53 students in this course completed demographic questionnaires as part of a larger collection of data and some of these learners ($n=21$) completed a face-to-face interview. Four men were selected from the interviewed participants in the 20-22 year age range. The researcher paired these men with 4 similar female participants interviewed and compared the data. Additionally, six faculty members were interviewed.

Themes that emerged as a result of this study were: nurse educators were perceived by the male students as unsupportive, discriminatory and sometimes even hostile towards male nursing students, meaningful experiences for the men were other than what was experienced with their nurse educators and other learners, where as the female nursing students drew their meaningful experiences from the nurse educators. Men noted their motives for becoming nurses were never questioned by their classmates, reported a lack of social support, and were often teased or questioned about why they wanted to become nurses. The author drew two main conclusions from her study. First, each gender, given similar ages, ethnicities, and grade point averages, may have

dissimilar perceptions of the nursing-learning environment. Secondly the nurse faculty, who in this study consisted of all females, may have unconsciously projected gender-biased behaviors. These actions may cause an unreceptive learning environment in the classroom.

In 2009, a group of researchers from Canada (Dyck, Oliffe, Phinney, & Garrett) conducted a qualitative interpretive, ethnographic study to investigate how masculinity and gender relations play out in nursing classrooms from the perspectives of both male students and female instructors. Participants consisted of third and fourth year baccalaureate nursing students ($n=6$) ranging in age between 22 and 44 years, and six female nursing instructors that ranged in age from 28 to 59 years. In addition, the researchers observed 15 classroom-teaching sessions. Data collection proceeded in two sequential methods, classroom observation and face-to-face, semi-structured interviews. Findings from the observed classroom sessions were: men are consistently asked more questions and contributed to discussions more than their female colleagues, male students challenged instructors and provided an argument to discussions, sometimes in the form of confrontation, and male students often jumped in to defend their female colleagues from instructor reprimanding. Weaknesses in this study were the large number of questions (12) used, which would potentially cause repetition of responses, and the fact that the interviewer was female, which would potentially cause some of the men to be reluctant to share their experiences.

Themes that emerged from the student interviews included: male nursing students were in a gold mine of women who were potential targets for romance, male participants perceived a price to be paid by choosing a female dominated career, public stereotyping of the male nursing student as gay, instructors acknowledged the resilience of the gay stereotype. Other themes identified were that male participants felt their female counterparts spent more time expressing their feelings and personal experiences instead of efficiently completing tasks in meeting their learning needs, and that many of the male participants perceived an over emphasis on emotion such as personal reflection, emotional expression, and introspection.

The authors concluded that nursing education is highly gender differentiated: male nursing students were closely aligned with traditionally masculine traits such as leadership, decisiveness, risk taking, and assertiveness. Female nursing students aligned with feminine traits like passivity, and subservience. Another conclusion stated by the authors was that nursing education is dominated by femininities. The end result of these observations was that nursing classroom cultures are not gender-neutral; placing men as outsiders in the classroom as well as how the male student nurses perceived themselves.

New Zealand researcher Harding (2009) conducted a qualitative study where participants were enlisted using purposive and snowball sampling. With a sample of New Zealand men ($N=18$) in baccalaureate and master's level nursing programs, the researcher conducted audiotaped, face to face, semi-structured interviews that lasted up to 90 minutes in order to gain increased understanding of the social construction of men as

nurses. The ages of the participants were described as those who had recently begun nursing education to one man who had recently retired after 40 years in the nursing profession. Themes identified included: previous life experiences such as death of a family member prompted candidates to enter nursing, an abusive upbringing, childhood illnesses, that nursing was a calling, steady income and a good wage, relationships or friendships with nurses, sense of fulfillment, satisfaction, and opportunities for advancement. The author concluded that there were five main thematic groupings that male nurses considered as important in their decision to enter and remain in nursing: formative experience, the Call, expediency, acquaintanceship with a nurse, and personal fulfillment. Harding surmised that this decision-making process might prove useful to recruiters who are focusing their efforts on enlisting men into nursing.

In a study with associate degree (AD) nursing students, Ierardi, Fitzgerald and Holland (2010) explored men's perceptions of their educational experiences in a Massachusetts hospital based AD nursing program. A qualitative descriptive study, using a semi-structured interview guide with 12 open-ended questions, was conducted individually with seven male students, aged 23 to 47 years. Four main themes emerged: desire to care for others, left another career to pursue nursing citing greater opportunities for advancement and achievement, a positive experience in the nursing program, particularly from their clinical instructors, and surprise at how often they were mistaken for physicians. Three limitations in this study were evident. First, twelve questions may have been redundant and excessive for an interview. Second, the interviewer was a

member of the school faculty, which could intimidate and bias subjects' responses.

Third, the fact that the interviewer was female may cause reluctance from the participants to view their true perceptions. The authors concluded that they found a difference between the goal of their study, and what was actually revealed. They set out to study the educational experiences of male nursing students, but they uncovered male nursing students' perceptions of the nursing profession itself.

In 2011, Meadus and Twomey conducted a phenomenological study using Giorgi's descriptive phenomenological method. They employed purposive sampling from three collaborative nursing sites located in a Canadian Atlantic province. Participants consisted of 27 male baccalaureate nursing students from different years of study of a 4-year baccalaureate program. Participants ranged in age from 20 to 38 years. The researchers explored the phenomenon of being male in a female concentrated undergraduate baccalaureate nursing program. Data were collected with members of five focus groups. The authors found several themes. The first theme was *Choosing Nursing*. The participants stated five main reasons for choosing nursing: job security, a high demand for nurses, career mobility and increased opportunities, nurse role models, and a desire to help others.

Participants talked about satisfaction with their career choice and the nursing program, support from family, friends, classmates, and faculty all helped them to retain in the program through to graduation. The third theme was *Caring* within the nursing role. The participants spoke of how their behavior was associated with fear, inappropriateness,

and sexuality and how the combination of those aspects may have an impact in how they are perceived by patients, staff, and society.

The participants repeatedly stated how today's view of a nurse is one of a female role, which is still essentially unchanged. Another example of gender stereotyping discussed by the participants was that men were treated as "muscle" when it came to subdue a violent patient solely because they were male. The fifth and final theme identified was one of *Visibility versus Invisibility*. Participants varied with their perceptions, positively and negatively, of being singled out in class to answer questions more often than their female counterparts.

Conclusions by the authors were that nursing education could be more pro-active in the promoting a learning environment appropriate for the male learner. The same is true for professional nursing organizations and nursing unions. They have an important role for promotion of the image of men in nursing to the public.

Quantitative Studies

Male Nursing Students

O'Lynn (2004) used the model of gender role conflict (O'Neil, Helms, Gable, David & Wrightsman, 1986) to conduct a sample survey that sought to describe the prevalence and perceived importance of gender-based barriers in nursing education programs. He designed and piloted a 33-item survey called The Inventory of Male Friendliness in Nursing Programs (IMFNP). This tool intended to measure the prevalence and perceived importance of gender-based barriers in nursing education

programs. The IMFNP was developed initially with 27 items identified in the literature as barriers for men in nursing. These 27 items were reviewed by 10 male nursing students and 3 additional barriers were added. The 30 barriers were then reviewed by 16 nurse educators and 2 deans of nursing schools. This final panel of experts added 3 additional items for a final survey containing 33 items. The author reports content validity was established but does not report methodology or any reliability information.

In scoring the instrument, the participants were asked to rate what barriers were present in nursing school and what barriers were important to them in nursing school. The top ten barriers that were present were: no mentorship for male students, no history of men in nursing was presented, text books referred to a nurse as “she,” faculty referring to the nurse as “she,” exclusive use of lecture as teaching format, no encouragement to seek peer support from other male students, a feeling of having to prove one’s self because people expect nurses to be women, no male faculty, no opportunity to work with male nurses in the clinical setting, and no guidance on the appropriate use of touch.

The sample consisted of randomly selected members of the American Assembly of Men in Nursing (AAMN) and current male licensed registered nurses in the State of Montana ($n=200$ total surveys sent out to these 2 groups). Some of the surveys were incomplete and/or completed by women. Of the final 181 eligible surveys, 111 completed surveys were included in the analysis. The AAMN group consisted of 64 baccalaureate male nursing students from 22 states, with an average age of 29.8 years at

graduation. The Montana group had 47 men with an average age of 29.9 years at graduation, and had attended nursing schools in 19 states.

The barriers that were deemed as most important were: they did not feel welcomed as male students in the clinical setting, apprehension that female patients would accuse male students of inappropriate behavior when providing intimate care, decision to pursue nursing was not supported by important people in the students' lives, anti-male remarks made by faculty in the classroom, they were not invited to all student activities, their program did not prepare them for working primarily with women, the nursing program did not actively recruit men to enroll, requirements and limitations differed between genders for students in obstetrics and gynecology rotations, no content on communication style differences between genders, and there were no other men in their class. The author recommends further studies use the IMFNP and establish reliability and validity for the instrument as well as larger and more diverse samples. O'Lynn concluded that barriers confronted by men in nursing have not significantly changed in the past few decades, as well as being pervasive, and consistent. He also suggested that nursing education has failed to provide an environment conducive to attracting and retaining men to the profession of nursing.

In a longitudinal study (McLaughlin, Muldoon, & Moutray, 2010), first year nursing students (n=384), 350 females and 34 males from a United Kingdom university, were surveyed to examine differences in students that complete nursing education from those who do not. This study measured gender role identity and perceived gender

appropriateness of nursing careers. The pivotal measuring data point was the number of men who were more likely to leave as compared to women. Two instruments were used. The Bem Sex Role Inventory was a 60-item instrument that included 3 different subscales. Twenty items measured attributes that were traditionally associated with masculinity; twenty were associated with femininity, and twenty items that were neutral. The Gendered Views of Nursing Careers (Bem, 1974) used a 7-point Likert scale tool where a score of 7 indicated the career as more appropriate for women. The instrument had an overall Cronbach's alpha of 0.81, which reflected high internal consistency reliability (Polit and Beck, 2012). Each student was queried twice; once at the beginning of their studies, and again at the end of their program. A total of ($N=350$) students were successfully followed up, ($n=32$) male and ($n=318$) female. Results of the study were that men (28.1% of all males surveyed, $p=0.009$) were more likely to leave nursing than women (10.7% of all females surveyed), and that gender role identity was not a reliable predictor of completion of a nursing program ($p=0.229$).

In 2010, Bartfay, Bartfay, Chow and Wu quantitatively compared and contrasted societal perceptions towards male nurses in Canada, by recruiting both nursing and non-nursing students of both genders into their study. A comparative design was utilized: male, non-nursing students, ($n=36$) male, aged between 19 to 37 years, and ($n=31$) female, non-nursing students, aged between 19 to 25 years, and nursing students, male ($n=12$) aged between 19 to 46 years, and female ($n=70$) aged between 19 to 44 years, for a total of 67 non-nursing and 82 nursing student participants.

The tool of measurement was the Attitudes towards Men in Nursing Scale consisting of a six-item, Likert scale design which sought to elicit the personal opinions and insights about men in nursing. High test-retest reliability was established with a Cronbach's alpha of 0.93. There was no mention of validity in the article.

For question one, over 85% of both non-nursing males and females agree or strongly agree that nursing is not a masculine career for males to pursue in our society. This result was consistent with male and female nursing students answer total of 67%. For question two, 62.5% of male and female non-nursing students felt that female nurses are more caring and nurturing than male nurses, where as 80.5% of nursing students agreed.

Question three asked if the current portrayal of nursing, in the media, is more suitable for women and discourages men from entering the profession. Of non-nurses 71.7% agreed, while 100% of nursing students also agreed. In question four, 71% of non-nurses and 89% of nursing students agreed or strongly agreed that the current portrayal of male nurses as being gay or effeminate by the media discourages men from entering nursing. For question five, the groups showed weak support. Thirty-one percent of non-nurses and 59% of male and female nursing students agreed that nursing is more appropriate for females because they tend to be more innately caring. For question six, 53.9% of the non-nurses, and 65.9% of the male and female nursing students agreed that they would encourage a family member to pursue nursing as a career.

The results suggested a general perception that nursing is a more female-appropriate profession, that female nurses are more caring and nurturing than their male counterparts, and that the media and entertainment industry continues a negative societal portrayal of men in nursing as gay or effeminate, which is a bone of contention for some of the male nursing students. One quote from the study was “Males are never portrayed as heroes...If you see a nurse in the movies, he’s crazy, psychotic or a serial killer.” (Bartfay, Bartfay, Clow, & Wu, 2010).

Male Nurses

A Canadian study by Meadus and Twomey (2007) used a quantitative survey method to examine why men choose nursing as an occupation, and to assess the barriers that male nurses perceive they have experienced. The authors developed a self-report questionnaire that surveyed 62 male registered nurses with ages ranging from 23 to 58 years of age in the province of Newfoundland, Canada. The tool and its items were not included in the article. The questionnaire was based on 2003 research report, *Men in Nursing*, conducted by the Canadian Nurses Association. After the tool was developed, it was pilot-tested and then implemented. The questionnaire assessed four areas: demographic data, reasons for entering the nursing profession, perceived barriers experienced by men in nursing, and open-ended questions related to recruitment strategies. The top 3 reasons the subjects chose a career in nursing were: career opportunities, job security, and salary. The most commonly perceived barriers were: sexual stereotypes, lack of recruitment strategies, female oriented profession, and lack of

exposure to nursing male nursing role models in the media. Other barriers included low salaries, patient preference for female nurses, and the negative view of nursing as a career choice by the participant's family. Ranking or respondent statistics were not included in the article. Only demographic data were reported. Conclusions made by the authors included nursing organizations and nursing education institutions need to be more conscientious to eliminate gender bias and recruit more men. This focus will help the profession meet the diverse needs of a changing population.

In a quantitative survey of U.S. male nurses, with nursing experience that ranged from 0 to 48 years, Rochlen, Good and Carver (2009) explored gender-related barriers, as well as work and life satisfaction. The researchers had two hypotheses. The first was that male nurses who reported higher gender-related barriers would also report lower work and life satisfaction levels. The second hypothesis was that male nurses who adhered to masculine work norms would have lower work and life satisfaction. A sample of male nurses ($n=174$), ranging in age between 19 to 71 years, participated in the study. A number of instruments were used by the researchers and were administered online: a demographic questionnaire, the Gender Role Conflict Scale, the Multidimensional Scale of Perceived Social Support, the Self-Assessment of Job skills, Gender-Related Work Barriers, Job in General subscale, and the Satisfaction with Life Scale.

The Gender Role Conflict Scale (GCRS) was a 37-item instrument that was designed to assess dimensions of masculine role conflict learned during socialization. It consisted of a 6-point Likert scale. The Cronbach's alpha for the total scale score was

0.94. The Multidimensional Scale of Perceived Social Support (MSPSS) was a 12-item, 7-point Likert scale, designed to assess perceived support from family, friends, and significant others. The Cronbach's alpha for MSPSS was 0.91. The Self Assessment of Job Skills (SAJS) tool was a 3-item 5-point Likert scale designed for the study, to measure a participant's assessment of his job skills. The Cronbach's alpha for the SAJS was 0.75. The Gender-Related Work Barriers (GRWB) tool was a 6-item, 5-point Likert scale was designed for the study to measure gender-related barriers in the workplace. The GRWB had a Cronbach alpha of 0.74. The Job in General was a 7-item, 3-point Likert scale tool was selected to measure job satisfaction. The Satisfaction with Life Scale was a 5-item, 7-point Likert scale, measured over-all life satisfaction with Cronbach alphas in the upper 0.80's due to high construct validity.

The authors found that men employed as nurses are similar to other men. They reported to be satisfied with work, social support, and life in general. Male nurses, mainly went through the same aspects of role conflict as non-nurse males.

Using a secondary analysis of RNs who left nursing in the National Sample Survey of Registered Nurses, Rajapaksa and Rothstein (2009) used Social Role theory as a basis to explain why men leave the nursing profession and Multiple Role Theory as a basis for the reasons that women leave nursing.

Comparing genders, 69.7% of men and 32.6% of women cited better salaries for leaving nursing. 63.6% of men and 46.1% of women found their current position more

rewarding. No statistical difference was found between genders regarding those who cited inconvenient hours as a reason for leaving nursing ($p=.002$).

Comparing educational differences among nurses, 46.9% of diploma nurses, 49.0% of baccalaureate prepared nurses, and 34.7% of masters or doctorate prepared nurses cited nursing needed more convenient hours. Among nurses who cited wanting a more rewarding current position, according to education preparation, 41.2% of diploma prepared, 48.4% of the baccalaureate prepared, and 67.8% of the masters or doctorate prepared wanted different position ($p=.010$).

There was no statistical difference between the two race variables, white and other. Comparing marital status, 47.5% cited better hours, 45.1% cited current job is more rewarding ($p=.001$). Comparing better current job rewards, 41.1% had no children under age 6 years, 43.3% had children under the age of 6 years, 45.4% reported to have children 6 years and up, and 35.4% had children above and below age 6 years.

The major barrier to retaining men in nursing for men was found to be the amount of salary offered. The authors further stated that men might attach the role of breadwinner with greater importance than do women.

Torkelson and Seed (2011) in a quantitative used three research tools. Research assistants followed each participant (males $n=28$, and women $n=45$) while logging activities throughout their shifts. Each participant completed an Actual Job Scale, used to measure nurses' perceptions of their roles and functions during a shift, and a Job Satisfaction Questionnaire, used to measure job satisfaction, at the end of each shift.

The Actual Job Scale was a 10-item, 7-point Likert scale that was used to measure a participant's roles and functions during a shift. The Job Satisfaction Questionnaire, a 32-item 5-point Likert scale tool was used to measure job satisfaction.

Of the respondents, 39% were men. Observational results indicated that there was no significant difference in time spent on specific functions on basis of gender. There was no significant difference in job satisfaction between male and female nurses. The results showed that both men and women inpatient psych nurses performed tasks based on caring-nurturing and task oriented-physical management traits considered to be feminine and masculine gender norms respectively. Total job satisfaction levels were similar between men and women. Finally, men had significantly lower satisfaction in performance of patient care.

Summary

The literature revealed several themes that were perceived by men in the nursing field. They have been divided into two main categories and are summarized in Table 2: attractors and barriers.

Attractors

1. Stable, secure, and caring career:
 - a. Profession provided stability and job security.
 - b. Choice of nursing brought self-fulfillment or answered a calling.
 - c. Men in nursing field had a sense of career satisfaction.
 - d. Confidence bolstered by academic and clinical success

2. Family influence, support from others:
 - a. Family members in health care field.
3. Leadership opportunities are greater for men in nursing:
 - a. Men are paid more than women in similar job descriptions.
 - b. Great place to find women.
 - c. Men are attracted to areas of rewards and prestige.
 - d. Progressed faster through to promotions.

Barriers

1. Gender Role Conflict:
 - a. Nursing is a female occupation, and most male nurses are gay.
 - b. Males are considered unable to display empathy or caring behavior.
 - c. Men are task oriented in completion of duties
 - d. Exclusion from gender-specific areas during school/careers.
 - e. Need to affirm their heterosexuality/sexual stereotypes.
 - f. Labeling the nurse as "she" in class and in text textbooks.
 - g. Singled out more in class.
 - h. No content on communication styles between genders.
 - i. Patient preference for female nurses.
2. Lack of support from family and others.
 - a. Lack of faculty support.
 - b. Anti-male remarks from faculty in class.

- c. Lack of male peers/faculty.
- d. Curriculum geared to female learners (expression of feelings and experiences).
- e. Lack of support from important people in their lives.
- f. Fear of accusation of inappropriate behavior.
- g. Difficulty with work, life and school balance.
- h. Low salaries.
- i. Lack of nursing school recruiter visits/strategies.
- j. Lack of career guidance from high school counselors.
- k. Not invited to all student activities.
- l. No content of communication styles between genders.
- m. Mature men feared failure due to prolonged absence from school.
- n. Men are more likely to leave nsg than women

3. Society/Media influences

- a. No representation of positive male role models in the media.
- b. Being mistaken for physicians.

These themes have been further divided into categories listed in Table 1. Multiple “X’s” in each box indicate multiple references of one or more of the subcategories for the corresponding box.

In summary, it appears more barriers than attracters exist for men to enter nursing. Furthermore, these barriers have been in existence for many decades and it is unclear if any changes have been made to remove them in the literature.

CHAPTER III

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

A qualitative, phenomenological study was conducted to interpret the perceptions of millennial male baccalaureate nursing students.

Setting

The Texas Woman's University (TWU) main campus is located in Denton, Texas. U.S. News and World Report magazine's 2012 Best Colleges issue ranks TWU in the top three in the state and in the top 10 nationally among universities with the most diverse student populations. (<http://www.twu.edu/twunews/twu-brags.asp>). TWU is an institution, primarily for women, with a Fall 2011 student enrollment of 1,297 students in the College of Nursing baccalaureate nursing program. TWU has two satellite campuses: the Dallas Center and the Institute of Health Sciences-Houston Center. The Houston campus is a state of the art facility that was established in 1961. In the Fall 2010 semester the Houston undergraduate nursing program had an enrollment of 329 students, 85 of whom were male. Participants were recruited from the Houston campus and all interviews were conducted in a private room at the university by the principal researcher.

Participants

Participants were recruited by means of convenience, purposive sampling via email announcement. The Baccalaureate Coordinator, Dr. Constance Ayers, sent out an email invitation. It provided a brief explanation of the study and invited potential

participants to contact the principal investigator (PI). Recruitment of new participants stopped once data saturation was achieved. Inclusion criteria were:

1. English literate,
2. Males between the ages of 18 and 30 years, and
3. Enrolled at TWU in the baccalaureate nursing program in Houston.

Protection of Human Subjects

IRB approval was obtained from TWU prior to enrolling participants in the study. Voluntary enrollment in compliance with the guidelines for the protection of human participants was followed. All participants were asked to voluntarily participate in the study and informed consent was obtained (see Appendix A).

Data Collection

When a participant contacted the principal investigator, either by telephone or email, the study was explained in detail. When the participant agreed to proceed with the audiotaped, face-to-face interview, a date and time was scheduled that was most convenient for the participant. When the principal investigator and the participant met, the study was reviewed again, and the participant was given every opportunity to ask questions and informed consent was obtained. When all transcripts were reviewed and analyzed, and it was determined data saturation was reached, two of the participants were recontacted via telephone. The purpose of this call was to review preliminary results for validation purposes. Both of these telephone calls lasted approximately 15 minutes and no new data were collected.

Instruments

Two instruments designed and pilot tested by the PI were used (see Appendix B). A demographic data collection form collected the following information: date of birth, ethnicity, relationship status, employment status, previous work status, previous degrees, current course load, and current level of study. The second instrument was an interview guide consisting of one main, open-ended question: Why did you choose nursing? Probes were then utilized to retrieve more information from each participant:

1. Tell me some of the benefits that you would use to encourage a friend to take up nursing.
2. The image of nursing is that it is a female profession. How does it feel to be a male in nursing studies in this female dominated profession?
3. Why do you think more men don't go into nursing?
4. How can we attract more men into nursing?

Once the demographic data were collected, two digital audio recorders were turned on to record mode. Each participant was interviewed using the guide with the interviews lasting an average of 30 minutes. Upon conclusion of the interview, the participant was thanked for his time and provided a \$20.00 cash stipend.

Each audio recording was up-loaded on the researcher's private, secured home computer hard-drive. The audio file was encrypted and transmitted to a professional transcriptionist. The interview transcripts were reviewed and analyzed by the researcher

and the dissertation committee. The demographic data were entered into SPSS version 18 and descriptive statistics were calculated.

Pilot Study

A pilot study was conducted in order to test the research methods. Results of the pilot study methods indicated recruitment procedure was appropriate. The essence of the interview guide remained unchanged with only minor revisions to redundant questions and probes. The pilot study retrieved the data from the first 2 participants of which a total of six were interviewed. They were asked open-ended questions using an IRB-approved

The pilot study results indicated several emerging themes.

1. Nursing is a female profession, not for men.
2. That participant's concern over the reaction of others once they discover that participant is studying nursing.
3. Participants feel forced to take jokes that they are males in a female-dominated profession, at their expense.
- 4 A man's ego is often the main barrier against taking up nursing.
- 5 The male advantage of nursing is that leadership is meant to be put on the shoulders of men.
- 6 Getting into the [nursing] program is a huge obstacle to going into nursing.

Data Analysis

The transcripts were reviewed and analyzed by the research team. The researcher utilized an analysis approach outlined by Patricia Benner (1994). Each transcript was

read repeatedly and a paradigm case was chosen based on the richness and content of the interview. Meaningful patterns were pulled from all of the interviews for a thematic analysis. Exemplars, or brief quotations, were extracted from the text to illustrate the researcher's interpretation (Benner, 1994). A thematic analysis table was constructed and contains a column for: (1) interview subject ID, (2) transcription line number, (3) keywords or phrases, (4) exemplars, and (5) emerging themes.

Trustworthiness

The Lincoln and Guba (1985) framework for establishing trustworthiness was used to support the data interpretation of this study. This framework lists five criteria, which must be met in order to ensure trustworthiness:

Credibility

Key words are direct quotes from participants in the current study. The researcher extracted key words and quotes from interviews where they were then analyzed. Analysis findings were validated with 2 participants.

Dependability

Data have been stable and reliable over time and conditions. Interviews were conducted over several semesters with different levels of students ranging in age in the diverse setting of TWU.

Conformability

Data was obtained objectively. A professional transcriptionist service was used to transcribe digital recordings and a team of researchers assisted with the whole process.

Transferability

The described setting showed demographic data with a range of ages and ethnicities.

Authenticity

More than one personality is evident in this study by all quotes used. Multiple direct quotations are provided in this study.

CHAPTER IV

ANALYSIS OF DATA

A hermeneutical approach was used to explore the perceptions of male millennial baccalaureate nursing students regarding factors that affected their decision to pursue nursing as a career. Influences may have been barriers or facilitators, which are perceived to be real by the participants. Semi-structured interviews were digitally recorded then transcribed to identify emerging themes. The responses given in these interviews were the perceptions of the participants, and therefore provided data for the study. This study sought to develop a better understanding of the perceptions of the male millennial baccalaureate nursing student as a peer of other millennial males with similar backgrounds, life experiences, and outlooks of living in that age group.

This chapter describes the sample of male millennial baccalaureate nursing students who participated in this study and documents the responses to three research questions (RQs):

RQ1: How have male millennial baccalaureate students perceived their own roles in society?

RQ2: What experiences with their environments attracted millennial men to nursing?

RQ3: What experiences with their environments were perceived barriers to enter nursing?

Themes identified from the participant responses are discussed and a summary of the findings is presented.

Description of the Sample

Eight millennial men participated in the study. The participant's ethnicities were diverse: Caucasian ($n=3$), Hispanic ($n=1$), Asian or Pacific Islander ($n=3$), and African-American ($n=1$). Half of the participants were in a committed relationship ($n=4$), and half ($n=4$) were not. The participants ranged in age from 21 to 26 years, with a mean of 23.9 years ($SD = 1.7$). Five out of the 8 (62.5%) had no prior college degree. The three previous college degrees identified were Associate of Arts ($n=1$), Bachelor of Science in Biochemistry ($n=1$), and a Bachelor of Science in Biology ($n=1$). All of the participants were employed part time while attending Texas Woman's University, Houston (TWU). The employment in which they were engaged was health care technicians ($n=3$), waiters ($n=3$), a health unit coordinator, or a unit secretary ($n=1$), and a student assistant/tutor ($n=1$). All of the participants were attending TWU full-time, but at different levels of study. One ($n=1$) was at the Junior 1 level, four ($n=4$) at the Junior 2 level, two ($n=2$) at Senior 1 level, and one ($n=1$) at Senior 2 level.

Findings

Participant 2 was chosen as the paradigm case based on his insight and the richness and contribution of useful information. His responses could have been used as exemplars in the analysis, however other participants' responses were included to represent all of the participants' perceptions. Overall, there are four main themes that were identified in the analysis of the interview data: Deliberate Decision to go into nursing, Influence of the Male Ego, Previous Experience with the health care

environment, and an overall Lack of Male Mentors and Role Models in nursing. The over-arching theme is that nursing as a profession, needs to be gender-neutral in order to attract and retain men. A balance needs to be achieved between the innate feminine act of caring with the masculine attributes of leadership, muscular strength, and dominating personality.

Theme: Deliberate Decision to go into Nursing

A deliberate decision to go into nursing as a theme was developed from eight subthemes where the student was at a crossroad in his life and considered one or more of these elements when he arrived at nursing as a career choice. Deliberate and conscious decisions were made based on these positive or negative subthemes: To help people, ability to lead others, multiple opportunities and advantages to the job, difficulty getting into a competitive program, not every one has the desire to take care of the sick, a minority advantage to gain employment were subthemes under the deliberate decision to go into nursing.

There was a great desire among the participants to help people. Participant 2 was considering medical school versus nursing:

To be honest, I was actually going to go to med school. I got a degree in biology, but then I realized I was 24, it was eight more years if I wanted to specialize. I didn't want to go into my 30s. I want to settle down sometime soon and nursing is a good career to—you can get a job out of school. It's decent money coming out of school. You can always expand on it and get maybe a master's degree later

on if I wanted to, and I also work as an EMT, so I know healthcare is where I wanted to go anyway. And so honestly, I see nursing as a shortcut, but also, now that I'm in it, I realize it's not as easy as I thought it would be, but it's exciting, also. I made the right decision, I feel.

Participant 1 gave another example of caring traits in men:

I think there's an innate ability for humans to care for one another and this profession absolutely cultivates that. You see people at their most toughest times, their most downest times, at their weakest times and your ability to be there is you're like blessed to be a blessing type deal.

A third instance of desire to care for the sick came from Participant 8, "...Seeing people suffering and how you can fix that and make them feel happy about fixing our own agony during those processes, so that drew me into the medical field, and nursing is the priority choice for me..."

The subtheme of great advantages was the most frequently mentioned subtheme with twenty comments. Participant 5 responded:

Ultimately, I choose the scope of practice, in that you can, but you don't necessarily have to specialize. What I ultimately want to do—kind of what I needed—was to be able to have that—I guess—range in a "career" choice.

Participant 1 cited job flexibility and opportunities for self-advancement:

It's a rewarding job in that respect, non-monetarily as well as monetarily. The flexibility like I said, and the ability to, like in ten years if want to, if I get sick of

CV nursing, I can go out to the community, I can...there's jobs within the job basically, and I could also just get wild hair and do just what your doing and go back to school and advance myself and end up being my own entity as a nurse practitioner or something like that too.

Good salary and job security were listed by Participant 6. I don't feel like the benefits are necessarily different for a guy than it would be for a woman. I know—like a lot of the things that they say, especially nowadays, is the job security and the reasonable pay, but for me—it is just what I have wanted to do, and so—I don't know.

Participant 7 echoed the above comments:

Personally, for me for nursing, I intended to do some bedside nursing, but I'm going back to law school to get my degree in clinical ethics. So it gives me an opportunity to do a different side of law than I was going to do before, and it gives me the experience to go into a hospital and say, "Not only do I know the law, I've experienced patient care." And it's not something I would have been able to do before. So it gives you opportunities to do things you wouldn't have been able to do before.

Participant 8 stated that good pay was a benefit to nursing, "The pay is very high right now, so that's another benefit from nursing."

Difficulty in getting into the program was mentioned as an influence in Participant 1's decision process, "The greatest opposition was getting in the program." But it appeared this opposition was a challenge, not a barrier. Another participant stated

that there is a minority advantage for men in nursing that makes it an appealing career decision. Participant 3 stated:

Maybe when they go for an interview, maybe they consider that because of less population of men in the nursing field, maybe the employer may consider that, to put some men in the nursing field to take care of some male patients if they wanted to, or to help out with the lady—with the female nurse.

Theme: Influence of the Male Ego

The most frequent response when asked what types of barriers each participant perceived to affect men to enter the nursing profession was gender duality when considering nursing. This theme is named as such because men do not want lose their masculine persona, while still providing care to the sick. Leadership is a strong reason for Participant 2 when he considered nursing, “Leadership is meant to be put on the shoulders of men.” He also stated, “I like leadership,” and “I look forward to being a leader.”

In hopes to have an advantage in the job market, Participant 3 commented:

Maybe when they go for an interview, maybe they consider that because of less population of men in the nursing field, maybe the employer may consider that, to put some men in the nursing field to take care of some male patients if they wanted to, or to help out with the lady—with the female nurse.

As far as promoting the masculine aspects of men in nursing, Participant 4 stated that men are stronger and cannot get pregnant:

From what I've experienced, there's a lot of lifting patients and stuff and a lot of men are just more built to handle heavy loads, because some of the patients we've had were pretty heavy. They've taken several people, but usually I can lift a decent amount... There's also the fact that men can't get pregnant, so they can stay employed throughout most of the year. They take paternity leave, but usually they're not incapacitated or reduced in ability for a good 9 months or so.

There was no mention of being called on in class because of being male was not mentioned by any of the participants. This is different than what was found by Dyck, et al. (2009) and Meadus and Twomey (2011).

A subtheme of gender duality and the main premise of the male ego and nursing was best summed up by Participant 1:

We might say that say that those [gender] barriers are gone, people are people, and we all have tendencies to be judgmental and to think a certain way...and society can infiltrate those thoughts on different levels for different people....and I think males just in general, you know, we're GI Joe. We're not Barbie dolls. We, everyone were taught to look a certain way, even to think a certain way....and nursing for males doesn't add up in terms of society.

Participant 4 identified the traditional view of nursing as solely a female's profession:

Well, the social stigma does still exist. It's reduced, but it's still there. Lots of people just aren't that accepting sometimes. A lot of think, I think, is just

ignorance about the field. They don't know just how many levels of nursing there are.

Participant 6 carries on this traditionalist subtheme:

Like it has encouraged the diversity and discouraged about the prejudice and everything, I feel it is still there, even if it is just the little tones here and there. Even if you just look at the toys that kids are exposed to, a lot of times the guy's toys are building or destroying or something. A lot of times girl's toys are dolls or tea sets or something. We had to actually do that for one of my classes, but just—like going into a store, and it is amazing—just all of the little things that you don't even think about that are just slowing conditioning different ideas into you. I feel—like even though we're trying to remove all of those things, I don't feel like this generation is when it has happened yet.

Several participants, because of the negative viewpoint towards male nurses expressed concern for personal, social, or professional rejection. The perception that male nurses are gay or have effeminate qualities weighed heavily on the participants. Participant 1 was quick to respond:

That would be an ignorant statement as well; it's not true. There are trends where males tend to go, but your sexual orientation or how feminine you are has nothing to do with the occupation. It's about caring for people and all the other perks that go along with nursing. Your personal life and what you do with it has nothing to do with it.

The reinforcement of the falsehood that all men in nursing are gay was evident by

Participant 2,

“Okay. Well, of course, I don’t wish harm on a person, but if anything were to happen to you and a male nurse saves your life, you know how it is. Are you still going to say that? Probably not, and so it makes my-.”

From field notes, it was observed by the investigator that this participant made two fists and lightly tapped the table with them. When asked if that thought made him angry, he responded with:

Well, yeah. Yeah, because it’s kind of an ignorant statement, so I don’t think that’s the deal and it’s kind of ignorant. These people don’t realize what really it is we do. I think it’s the right choice. I’d even encourage them to go into nursing. But like I said, when my friends mess with me, that’s kind of what—and then I remind them I have 98 women to choose from, so - [laughter].

Participant 6 commented about the perception of male nurses being gay:

That’s not who I am, and even if I was—I mean—I don’t feel like I would’ve chosen nursing strictly because of that anyway. I think that is a lame stereotype. A lot of stereotypes about that I don’t think are necessarily as accurate, as far as—as widespread as a lot of the stereotypes about homosexuals are, I don’t feel like they are accurate as they think that they are.

As someone who works in a hospital, Participant 7 stated, “Honestly, I work in a hospital, and most of the nurses I know are married. You see that in movies, you see it in TV a lot.

If there is a male nurse, they usually are effeminate or homosexual. I don't know. It never really bothered me.”

Participant 8 brings in the gender equality or duality that is essential for nursing units to operate efficiently:

Yeah, that's a myth, because if they're gay or feminine, then all the heavy duties would be equally treated for male or female, because we're all doing clinical, and any time they have to carry some patient, they always ask for help from a male nurse or male student nurse, so—even though male is minority on the floor, they still need a male.

A subtheme that emerged was that there is a concern for rejection of male nurses/nursing students, personally, socially, or professionally. While discussing the situation of dating a girl, Participant 2 shared how he is hesitant to mention his career choice when meeting someone for the first time, “It depends on who you're talking to. If I'm at a club picking up a girl, I probably wait a little bit.” Participant 3 talks about professional rejection for male nurses/nursing students:

Like women, they can flow upon the floor, but men, I think, just don't feel they can go into, and just like this semester I have a women class, and when I do clinical—I didn't feel that I'm part of the team there because female patients rejected for us to take care of them and there's some culture that their husband didn't like it, either.

The nursing profession should emphasize qualities that are more appealing to men, who tend to like fast paced and highly technical areas such as emergency departments or intensive care units. Participant 1 first commented that certain branches of nursing are more appealing to men, “We’re doers, we’re go-getters, and the fast-paced stuff is more exciting.”

Theme: Previous Experience with the Health Care Environment

Previous exposure to the healthcare environment may include such occurrences, as previous work experience, family members who work in the field, was a patient or had someone they cared about in the hospital. Participant 1 was in the emergency department when he was eleven and was cared for by male nurses, and considered them to be strong role models:

All the nurses in the ED, at least to my groggy memories, uh, were male nurses...and they just got along with me great...and I think that really opened it up in my mind that uh, traditionally in our society, you think nurse, you think female, and this kind of uh, obliterated that in my mind, uh, so that kind of opened the door and then like I said with uh I had a couple of buddies whose moms...one of ‘em was a nurse in OB, and the other one was a nurse in Neuro ICU nurse, and I still keep up with them because they encouraged me to take this route, specifically uh, the Bachelor’s route and uh they just always been encouraging as well.”

While still in his home country, Participant 3 had negative experiences with what he felt was substandard care of his grandmother:

If they know this earlier and they do something at that time, probably she may save my grandmother. And I saw her—and I saw her, like grabbing hands and looking at me and looking at everybody, like hoping that somebody can do something to help her because she didn't want to go or something like that. And the second—and another grandmother from my mom's side, she got a stroke and she was bedridden for two years and she had, I think, a tracheostomy or maybe a tube feeding on her throat, and there's no nurse coming to take care of my grandmother, so the family had to do everything. You know, like a normal person, they don't understand how to take care of sick people, how to keep everything sanitized and something like that, and the tube was filthy and I disgusted. And after that, she still had to pass away.

Having a mother who was a nurse, Participant 4 shared his thoughts: Well, my mom was a nurse—ever since I was about 4. She always told me, “Whenever you grow up, you're going to be a nurse and take care of me.” Ever since then, that's just been the only career goal I've ever had in mind. Participant 7 shared a painful time in his life when his mother died in the hospital:

While I was out of town, my mother got sick; she ended up in the hospital. We ended up in and out of the hospital for about a week at a time over a 6-month

period. She got transferred to the medical center. She spent 3 weeks here, they diagnosed her, and she died later on that year.

Theme: Lack of Male Mentors and Role Models

The theme was identified by Participant 7 when he was asked, “What about society’s labeling of nursing in the past?” His response was:

That’s like a 1950s view. Women’s work today is so many different things. Women’s work is— I mean, Condoleezza Rice is not only the head of a major corporation, Secretary of State, whatever else she runs around doing. Women’s work has changed so much. And as women’s work changes, it makes men’s work change. As women take a stronger place in the workforce, it opens up availabilities where men didn’t have an option to go in before, I think. Growing up, in elementary and middle school there weren’t many male teachers, and the male teachers that were there only taught science and math. I don’t think I had a single male English teacher my entire time in high school. And if a male teacher was there, they taught college level. That’s what I learned growing up. But as women take stronger roles in engineering and sciences and other things, I think it opens up not only the market for men; I think it opens up the mentality that there are vacancies here. And as the economy gets worse, I think people will turn to any job. And as they’re turning to these jobs, they’re realizing they are great jobs and great opportunities.

When talking about accurate media portrayal, all participants, with the exception of one, commented that either there is a lack of or needs to be more promotion of the masculine male nurse image in the media. There was a response regarding the need for more male nurses to participate in community events to set an example of what being a male and a nurse entails. Participant 4 speaks about educating the public:

I think the best way, though, is to just set a good example yourself. Everyone is going to eventually need to go to a hospital for something, I think. Well, probably 90% of the population will have to go to the hospital for something. Then if the male nurses just set a good example of what nurses actually do. They don't have to be effeminate or they don't have to be female or gay to be a good nurse, then I think it'll command a lot more respect.

When asked how to recruit more males into the nursing profession, Participant 5 states:

...Well, at this school, I doubt, especially, would do it, because it is Texas Woman's, but then specific marketing campaigns towards men when you are going to some of the community colleges or other schools that don't have nursing programs, to let them know that you exist. Let them know here is how— basically, the more men's-driven side of it. You're not wearing the skirt aprons and the little cross hats.

Participant 3, an international student, wanted to go to medical school in his native country and was rejected, changed the focus of his education in order to gain employment:

It's not a nurse, but it's obstetrician. And at that time, I graduated from high school and I signed up to get a test to go into a medical school, and they called me and they said, "This field just only for women. We don't accept men here, so you can choose to go another scope of medical school."

The last subtheme related to lack of male mentors and role models concerns the need for greater education/promotion of nursing for males early in schools. Education of the public rings out from almost all of the participants in one form or another. When talking about recruiting more men, Participant 2 speaks about his brothers and raising the possibility early:

I mean, coming straight out of high school, 17 or 18. I think that's when you make the decision to either go into nursing or just—it's not like this or this, but I think you've got to target them early on. My little brother is a senior right now in high school and it's just not what he wants to do. My other brothers do, and him, he just doesn't want to do it. What I would do to encourage him--if I wanted to encourage him but I really don't think I want to encourage him in particular—I guess that's what you're asking. How would you? I guess I would talk about the benefits. Again, what I already stated to you: it's good pay, it's respected, you can travel, you can move, but I guess that goes for a lot of things, too. So in particular, nursing? They have to want, they have to have that caring in them and the willingness to care for people and they have to like to care for people in the beginning.

With the opinion that the nursing profession should start educating even earlier,

Participant 7 shares:

When I was a kid we had Career Day, and when they brought the nurse to the campus it was a female. When they brought the doctor to our campus it was a male. I think, just like anything else, it starts with a primary education. If you introduce that idea at a younger age, children will realize those opportunities from a younger age before that concept of masculinity is ingrained in there. So if you get them before that time and make them see it's something that's an option, you start younger, I think. And I think it's not only important for men in nursing; I think it's important for women. And just as there's a strong push for what a woman can do in breaking those glass ceilings and those barriers, that needs to be— I think men are getting forgotten in that and that there's opportunities for them to break glass barriers too and to move into things that they didn't do before. So I think to put emphasis on women and women's movements and women's rights is important but not to sacrifice advancement for all people, including men.

Summary

The purpose of this study was to explore the perceptions of millennial male baccalaureate nursing students. Eight participants engaged in questions directed by a semi-structured interview guide that sought to reveal the reason why they chose nursing, the benefits as well as the barriers of being a male nurse, their perceptions of how society views male nurses, their thoughts on why more men do not enter nursing, and their

strategies for enticing more men to choose nursing as a career. Overall, four themes and fifteen sub-themes emerged from these interviews.

The first theme was it was a deliberate decision, made by the millennial males, to go into nursing. The participants are well aware of the positive benefits of being a nurse from strong job stability to good pay. Additionally, the participants are also aware of the nurturing and caring side of nursing. A strong support system, including family encouragement, assisted the participant to deliberately choose nursing as a career. Even when faced with multiple barriers, these men still chose to enter nursing. Some of these barriers were: concern for social, or professional rejection, the negative perceptions or stigmas placed on men who are nurses, and lack of male role models currently in the profession.

The second theme related to male ego is persistent. The men felt a potential threat to their masculinity. However a duality exists to being a male nurse. The negative stigma placed on men in nursing being effeminate is counterweighed by the fact that men are naturally more muscular and better suited for moving patients. Men tend to be more assertive and live in a society dominated by male leadership.

The third theme was lack of male mentors and role models. The participants perceived that this is due to an inaccurate portrayal of men in the media. In order to solve this issue, the participants felt that male nurses should participate more in the community, at public fairs and career days, and engage in elementary education about men as nurses

The overarching theme identified in this study is that the participants feel that the nursing profession needs to strive to become more gender neutral. A balance needs to be evident between the masculine aspects like technology, leadership, and strength with more feminine traits like caring and nurturing.

CHAPTER V

SUMMARY OF THE STUDY

This was a qualitative study explored the perceptions of millennial male baccalaureate nursing students regarding factors that affected their decision to pursue nursing as a career. More explicitly, the purpose was to explore strategies to increase recruitment and retention of men in the nursing profession. This chapter summarizes the study and discusses the findings by comparing them to similar studies in the literature. The findings of this study lead to strategies by nursing schools and nursing as a profession. The conclusion of this chapter contains recommendations for future studies on similar topics.

Summary

In this study, the researcher used the interpretive phenomenology of Heidegger (1953) to collect, analyze, and interpret the perceptions of male millennial nursing students while they were enrolled in the baccalaureate program. Their reasons for entering nursing, their perceived thoughts on the benefits of and barriers for men and nursing were surveyed. Furthermore, each participant was asked to share his views on society's labeling of men who are nurses, reasons for why more men do not choose nursing for a career, strategies to attract more men to the nursing profession, and what tactics on an individual basis that can be performed towards the goal of increasing the number of men in nursing.

Each transcript was analyzed using Patricia Benner's interpretive phenomenology methodology (1994). Four main themes emerged from the analysis of the transcripts: Men make a deliberate decision to go into nursing, the male ego is still persistent, they have previous experience with health care, and there is a lack of male mentors and role models in nursing. The participant 2 was chosen as the paradigm case based on the richness and content of his interview. The overarching theme is that the nursing profession must work diligently to exhibit a gender neutral profession that includes both the feminine caring and nurturing traits known to nursing with the masculine traits that may not be as well represented such as physical and muscular strength characteristics, areas of high technology, fast pace environment, and leadership opportunities.

Discussion of the Findings

Heidegger believed that humans are interpretive beings who find significance in their own lives; there is no vantage point from which the researcher can view a phenomenon. He considered that the researcher and the participant both exist in the world, allowing for the researcher to interpret the perceptions of the participants as they experience life in a baccalaureate nursing program. Using the hermeneutic circle (Heidegger, 1953), the participant is able to gain insight to the researcher's questions by processing and comparing his world of being a male millennial baccalaureate nursing student when responding to the questions.

Research in the last decade showed evidence of a persistent gender imbalance within the nursing profession. Previous scholars have offered multiple reasons for the

imbalance however there was no common theme presented that tied these studies together. The themes uncovered in this study lead to the overarching theme, and suggest several strategies presented by the participants.

Men who choose nursing as a career make a deliberate decision, considering the benefits and barriers, and societal views facing them when they put the matter under consideration. Several subthemes were identified related to this deliberate decision. To help people or to answer a calling was a common subtheme that has been cited in other studies (Wilson, 2005; Harding, 2009; Ierardi et al, 2010; and Meadus and Twomey, 2011). These findings suggest some men consider answering a “call” or a sense of need to care for others.

The men in this study were very vocal about choosing nursing because of the variety of opportunities available in nursing especially the great potential to be a leader. This is a finding not reflected in previous literature. Even though these millennial males were raised with more diversity and less gender stereotypes, they still expressed a view that men are natural born leaders, the traditional bread winners of the family, and have strong personalities. One participant even verbalized that the challenge of being admitted into a competitive program was possibly an attractor, not a barrier. These perspectives were evident to the researcher via transcribed interviews as well as observed per field notes.

While previous research (Harding, 2009; Ierardi et al., Meadus & Twomey, 2007; 2011; Smith, 2006; and Wilson, 2005) has briefly alluded to this finding, it has never

been a major finding. Most previous research has focused on the barriers for men to enter nursing and not the positive benefits perceived by the men. However, this study found that the men are very much aware of the benefits to nursing and very much attracted to them. This is a plus to the nursing profession and needs to be highlighted. The nursing profession is very good at promoting the caring side. Promoting the occupational benefits is an important recruitment factor.

There was no supporting evidence in the nursing literature that indicated where men in nursing could benefit from being a minority for getting hired into a position, or promoted into a higher position. Ken Lupton is a retired professor of business at Manchester Metropolitan University. Although not in the nursing profession, Lupton (2006) interviewed 27 men in female dominated professions. None of these men were nurses. The focus of his study was not on men in nursing, but he noted three advantages benefitting men in gender non-traditional job roles: Men progress more rapidly to senior positions than do their female colleagues, they are channeled towards specialties more suited to their gender, and that men are paid higher wages than women who do the same work.

The second theme, influence of the male ego, is the one finding that is most supported by previous research (Whittock and Leonard, 2003; O'lynn, 2004; Wilson, 2005; Smith, 2006; Meadus and Twomey, 2007; Loughrey, 2008; Stott, 2007; Dyck et al., 2009; Bartfay et al., 2010; and Meadus and Twomey, 2011). Even if one were to go beyond the past 10 years of literature, the persistence of the male ego can be found. In

fact, this theme may be a contributor to the major barrier that men face when considering nursing as a career. Men do not want to lose their masculine identity and feel this may happen when they choose to enter nursing school.

Whittock and Leonard (2003) found some men felt the need to confirm their heterosexuality and therefore openly verbalized it. O'Lynn, (2004) noted that several men in his study were not supported and even discouraged from being a nurse solely because of their gender. Smith (2006) identified a theme that men perceived nursing as a female-dominated profession. Meadus and Twomey (2007) and Dyck et al. (2009) found a common barrier to men entering nursing that was related to sexual stereotyping. In 2011, Meadus and Twomey conducted a qualitative study and found the same sexual stereotypical perceptions from their participants. Again, these previous findings were strongly supported by this current study. Not only were the millennial men aware of the stereotypical and public images of nurses as women, they would attempt to conceal their identities as nursing students in order to protect themselves from possible ridicule.

The third theme of previous experience or exposure with the health care environment was previously found by other researchers (Harding, 2009; Meadus & Twomey, 2007; Wilson, 2005; Whittock & Leonard, 2003). Personal experience either as a patient or as a family member of a patient is very influential. Additionally, meeting male nurses and/or being cared by a male nurse makes an impact. In general, it appears if young males are exposed or experience to nursing their chances of choosing nursing as a career may be enhanced.

The fourth theme, lack of male mentors and role models, is another common, previously reported finding (Bell-Scriber, 2008; Dyck et al., 2009; Ierardi et al., 2010; Meadus & Twomey, 2007, 2011; McLaughlin et al., 2010; O'Lynn, 2004; Rajapaksa & Rothstein, 2009; Smith, 2006; Stott, 2007; Wilson, 2005). Along with the negative stereotyping of male nurses and influence of the male ego, this is a persistent theme that goes beyond 10 years of research. If the nursing profession cannot recruit and retain male nurses, it is also going to have difficulty recruiting and retaining male mentors and role models. It is a cycle that has been perpetuated in the profession. This current study includes young male millennials who continue to receive messages that nursing is a female profession. They persist past the stereotypes and media portrayals and enter nursing school only to find there are very few male mentors and role models.

Conclusions

Male millennial baccalaureate nursing students make a deliberate decision to choose nursing as a profession even when faced with multiple barriers.

All of the participants encountered some type of negativity or barrier along their trajectory towards becoming a nurse.

The men in this study were concerned about being teased or rejected personally, such as by a family member or when meeting someone at a social event. They are also concerned with being professionally rejected by male physicians, patients, and fellow nurses who are female.

Male baccalaureate nursing students have some type of history or experience with the health care profession. They may have had a positive personal experience as a patient or witnessed a family member receive excellent as well as poor care. They may have family or acquaintances working in the healthcare environment who encourage them to become a nurse. Or they may have had previous work experience in the health care environment.

The lack of male mentors or role models in nursing is an ever-present reality in preventing more men from entering nursing.

It is essential that nursing as a profession makes a bold effort to become gender neutral if it is to attract and retain more men. Feminine traits currently known to nursing such as caring and nurturing, must be balanced with masculine traits to feed the male ego like technology, leadership, and specialties that demand fast action and responsibility. These traits should also be combined with already gender neutral qualities like job security, earning potential, high variability of specialization.

Implications

From the findings of this study, several implications are generated for the general population, nursing schools, recruiting organizations, employers, and families and friends of men who may consider nursing as a potential career choice. Nursing schools or private entities need to consider offering scholarships or other incentives to men who are a visible minority in the nursing profession. This could potentially be a strategy to increase the number of male applicants. This strategy needs to be applied to

both the undergraduate and graduate programs, and granted in such a way as to not impinge on issues of ethics.

Nursing schools need to consider offering additional seats specifically for male students who are competing with female students for limited seats. The nursing profession must advocate expanding and enhancing the image of the male nurse in mainstream media. Doing this would potentially reduce strains on the male ego of those who consider nursing for a career. Without such barriers, male nursing students would display pride in their career choice, rather than a concern for social or professional rejection.

Nursing schools need to actively recruit male faculty who can be role models and mentors to male nursing students. Public education regarding male nurses must start in the primary school level where the male ego is developing. Presenting male nurse role models to young boys may instill the desire to become a nurse. The nursing profession needs to partner with elementary and middle schools to advocate nursing as a viable profession for men.

Male nurses and nursing students must become more involved in community events to increase their visibility and establish their presence in society. All professional nursing organizations need to be challenged to recruit more men into the profession.

Limitations

This study had several limitations. Conducting the study in one single baccalaureate setting may limit the generalizability of the results to other universities, associate degree programs, and nursing diploma programs. The name Texas Woman's University is, in itself, a potential limitation due to the gender implication in the name of the institution. While the participants chose to be interviewed at their university because it was most convenient for them, being on campus may have impacted their responses.

Recommendations for Further Studies

Based on this study, several recommendations for future research were generated. This study could be replicated with male nursing students enrolled in other programs such as associate degree and/or online programs in order to investigate if there are differences and/or similarities. A similar study with high school male student would add to the literature in terms of development of perceptions of barriers to nursing.

Intervention studies are greatly needed. Most of the research to date has been descriptive in nature. The nursing profession must invest time and money to end the gender disparity. It is time to partner with media, entertainment such as television and movies, and other social avenues to change the gender image of nursing.

REFERENCES

- Bartfay, W.J., Bartfay, E., Clow, K.A., & Wu, T. (2010). Attitudes and perceptions towards men in nursing education. *The Internet Journal of Allied Health Sciences and Practice*, 8(2), Retrieved from <http://ijhsp.nova.edu>.
- Bell-Scriber, M. J. (2008). Warming the nursing education climate for traditional-age learners who are male. *Nursing Education Research*, 29(3), 143-150.
- Bem, S.L. (1974). The measurement of psychological androgyny. *Journal of Consulting and Clinical Psychology*, 42(7), 155-162.
- Benner, P. (1994). The tradition and skill of interpretive phenomenology in studying health, illness, and caring practices. In Benner, P., (Ed.) *Interpretive Phenomenology: Embodiment, caring, and ethics in health and illness*. (pp. 99-118) California: Sage.
- Broido, E. (2004). Understanding diversity in millennial students. *New Directions for Student Services*, (106), 73-85.
- Buerhaus, P.L., Donelan, K., Norman, L., & Dittus, R. (2005). Nursing students' perceptions of a career in nursing and impact of a national campaign designed to attract people into the nursing profession. *Journal of Professional Nursing*. 21(2), 75-83.
- Carlson, E. (2009). 20th-Century U.S. generations. *Population Bulletin*, 64(1), 1-18.

- Cross, S., & Bagilhole, B. (2002) Girls' jobs for the boys? Men, masculinity and nontraditional occupations. *Gender, Work & Organization*, 9(2), 204–26.
- Dictionary.com. (2012). Definition of student nurse. Retrieved June 4, 2012 from <http://dictionary.reference.com/browse/student+nurse>
- DPhil, W. (2011). Hermeneutic inquiry: Insights into the process of interviewing. *Nurse Researcher*, 18(2), 19-27.
- Dyck, J.M., Oliffe, J., Phinney, A., & Garrett, B. (2009). Nursing instructors' and male nursing students' perceptions of undergraduate, classroom nursing education. *Nurse Education Today*, 29, 649-653. doi: 10.1016/j.nedt.2009.02.003
- Farley, (2012). The free Dictionary, 2012. Retrieved from <http://www.thefreedictionary.com/nursing+student>
- Garrett, N., & Martini, E. (2007). The boomers are coming: A total cost of care model of the impact of population aging on the cost of chronic conditions in the United States. *Disease Management*, 10(2), 51-60.
- Harding, T. (2009). Swimming against the malestream: Men choosing nursing as a career. *Nursing Praxis in New Zealand*, 25(3), 4-16.
- Heidegger, M. (1953). *Being and time*. New York: State University of New York Press (pp. 15-19).
- Hemsley-Brown, J., & Foskett, N. H. (1999). Career desirability: Young people's perceptions of nursing as a career. *Journal of Advanced Nursing*, 29(6), 1342-1350.

- Ierardi, J.A., Fitzgerald, D.A., & Holland, D.T. (2010). Exploring male students' educational experiences in an associate degree nursing program. *Journal of Nursing Education, 49*(4), 215-218.
- Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health*. Washington, DC: The National Academies Press.
- Keepnews, D. (1998). The national sample survey of RNs. What does it tell us? *American Nurse, 30*(3), 10.
- Lincoln, Y.S., & Guba, E.G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage Publications.
- Loughrey, M. (2008). Just how male are male nurses? *Journal of Clinical Nursing, 17*, 1327-1334.
- Lupton, B. (2006). Explaining men's entry into female-concentrated occupations: Issues of masculinity and social class. *Gender, Work and Organization, 13*(2), 103-128.
- McLaughlin, K., Muldoon, O.T., & Moutray, M. (2010). Gender, gender roles and completion of nursing education: A longitudinal study. *Nurse Education Today, 30*, 303-307.
- Meadus, R.J., & Twomey, J.C. (2007). Men in nursing: Making the right choice. *Canadian Nurse, 103*(2), 13-16.
- Meadus, R.J., & Twomey, J.C. (2011). Men student nurses: The nursing education experience. *Nursing Forum, 46*(4), 269-279.

Merriam-Webster's Online Dictionary, 2012. Retrieved February 15, 2012 from

<http://www.merriam-webster.com/dictionary/baccalaureate>

National Center of Education Statistics. (2009). *Projections of Education Statistics to 2018* p74. Retrieved from

<https://www.aamc.org/download/153708/data/charts1982to2012.pdf>

O'Lynn, C. E. (2004). Gender-based barriers for male nursing students in nursing education programs: prevalence and perceived importance. *Journal of Nursing Education, 43*(5), 229-235.

Polit, D.F., & Beck, C.T. (2012). *Nursing research: Generating and assessing evidence for nursing practice* (8th ed.). Philadelphia: Lippincott Williams & Wilkins. ISBN:978-1-60547-708-4 (pp. 584-585).

Rajapaksa, S., & Rothstein, W. (2009) Factors that influence the decisions of men and women nurses to leave nursing. *Nursing Forum, 44*(3), 195-206.
doi:10.1111/j.1744-6198.2009.00143.x

Reinhard, S.C., & Hassmiller, S.B. (2009). Partners in solutions to the nurse faculty shortage. *Journal of Professional Nursing, 25*(6), 335-339.

Rochlen, A.B., Good, G.E., & Carver, T.A. (2009). Predictors of gender-related barriers, work, and life satisfaction among men in nursing. *Psychology of Men and Masculinity, 10*(1), 44-56.

Roth, J., & Coleman, C. (2008). Perceived and real barriers for men entering nursing: implications for gender diversity. *Journal Of Cultural Diversity, 15*(3), 148-152.

- Smith, J. S. (2006). Exploring the challenges for nontraditional male students transitioning into a nursing program. *Journal of Nursing Education*, 45(7), 263-269.
- Stott, A. (2007). Exploring factors affecting attrition of male students from an undergraduate nursing course: a qualitative study. *Nurse Education Today*, 27, 325-332.
- Texas Woman's University (2012). TWU Brags. Marketing and Communication. <http://www.twu.edu/twunews/twu-brags.asp>
- Texas Woman's University (2012). Office of Institutional Research & Data Management, Fact Book. <http://www.twu.edu/institutional-research/fact-book.asp>
- Torkelson, D.J., & Seed, M.S. (2011). Gender differences in the roles and functions of inpatient psychiatric nurses. *Journal of Psychosocial Nursing*, 49(3), 34-41.
- U.S. Department of Health and Human Services, Health Resources and Services Administration (2004). *The Registered Nurse Population: Initial Findings from the 2000 National Sample Survey of Registered Nurses*. (pp. 7-2 -7-3) Retrieved from <http://bhpr.hrsa.gov/healthworkforce/rnsurveys/rnsurveyfinal.pdf>
- U.S. Department of Health and Human Services, Health Resources and Services Administration (2010). *The Registered Nurse Population: Initial Findings from the 2008 National Sample Survey of Registered Nurses*. (pp. 7-2 -7-3) Retrieved from <http://bhpr.hrsa.gov/healthworkforce/rnsurveys/rnsurveyfinal.pdf>

U.S. General Accounting Office. (2001). Nursing workforce: Emerging nurse shortages due to multiple factors. *Report to the Chairman, Subcommittee on Health, Committee on Ways and Means, House of Representatives*. (pp. 8-11) Retrieved from <http://www.gao.gov/new.items/d01944.pdf>

Villeneuve, M. (1994). Recruiting and retaining men in nursing: A review of the literature. *Journal of Professional Nursing*, 10(4), 217-828.

Weston, M. (2006). Integrating generational perspectives in nursing. *Online Journal of Issues in Nursing*, 11(6), 12-12. Retrieved from <http://web.ebscohost.com/ehost/detail?sid=4acd459e-9caa-4608-893d-08c2b368f2cb%40sessionmgr4&vid=1&hid=15&bdata=JnNpdGU9ZWVhc3QtbGl2ZSZzY29wZT1zaXRl-db=a9h&AN=21264985>

Whitlock, M., & Leonard, L. (2003). Stepping outside the stereotype. A pilot study of the motivations and experiences of males in the nursing profession. *Journal of Nursing Management*, 11, 242-249.

Wilson, G. (2005). The experience of males entering nursing: a phenomenological analysis of professionally enhancing factors and barriers. *Contemporary Nurse*, 20(2), 221. Retrieved from <http://go.galegroup.com/ps/i.do?id=GALE|A158525828&v=2.1&u=txshracd2583&it=r&p=HRCA&sw=w>

Wojnar, D.M., & Swanson, K.M. (2007). Phenomenology: An exploration. *Journal of Holistic Nursing* 25(3),172-180.

Appendix A

Interview Guide

Study Purpose

The purpose of this interview is for you to describe your perceptions as a male millennial baccalaureate nursing student. You are encouraged to describe and give examples of your experiences.

Questions Asked:

Why did you choose nursing?

Tell me about some of the benefits that you would use to encourage a friend to take up nursing.

Tell me about some of the barriers that you had to overcome, being male, and your decision to go into nursing.

What about society's labeling of male nurses in the past?

Why do you think more men don't go into nursing?

How can we attract more men into nursing?

What types of things can you do to encourage more men into nursing?

Is there anything else that you would like to contribute today?

Appendix B

Data Collection Procedure Checklist

Data collection checklist

<i>Obtain consent to participate in research</i>	
<i>Complete demographic data, then place sheet in participant's study folder.</i>	
<i>Set up audio recorders and microphones.</i>	
<i>Begin interview by reminding the participant of the purpose of the study, then proceed to the questions on the interview schedule.</i>	
<i>Conduct interview.</i>	
<i>At the end of the interview, thank the participant for his participation, ask him if he has any other feedback related to the topic, and provide him with \$20.00 cash compensation.</i>	
<i>Remind the participant that he might be contacted over the next 1-2 weeks if additional clarification is needed.</i>	
<i>Remind the participant that he might be contacted later to help verifying the findings of the study once all the transcripts have been reviewed, analyzed, and verification of interpreted themes.</i>	

Appendix C
Invitation to Participate

Recruitment Email

Dear Texas Woman's Nursing Student:

You are receiving this email because you are a male nursing student between the ages of 18 and 30 years. As a member of the Millennial Generation, also known as Generation-Y, you were exposed to a society that has potentially changed your views of non-traditional, gender career choices such as nursing.

My name is Preston Lloyd. I am a doctoral nursing student at Texas Woman's University (TWU), Houston campus. I am conducting a qualitative research project where I will be asking for volunteers to participate in a semi-structured interview. The purpose of this study is to explore your life experiences and your perceptions of how societal trends have influenced or discouraged you from entering nursing.

If you are interested in participating in this study, please reply to this email, or call or text me at 832-588-4749. I will be happy to provide more information about this exciting research opportunity at that time.

If you agree to participate, an appropriate time and meeting place, such as a private room on TWU Houston campus, that will be convenient for you will be arranged. Upon meeting you, I will explain the study again and answer any other questions that you may have. If you agree to proceed, you will be required to sign a Consent to Participate in Research form.

Prior to the interview, you will be asked to fill out a brief demographic form. The interview will consist of open-ended, questions, designed to maximize your contribution and accounts of your personal experiences. The interview will last approximately 30 minutes, and will be digitally recorded. For data verification purposes, you may be asked to meet with the Principal Investigator a second time, either in person, or by telephone. This encounter will take about 15 minutes of your time.

You will also have the opportunity to provide an email address on the Consent to Participate in Research form if you are interested in learning the results of the study. At the end of the interview, you will receive \$20.00 cash for your time.

Thank you for considering participating in my study. If you have any questions regarding the study, please contact me at the email or phone number below.

Preston Lloyd
Texas Woman's University
Houston, Texas
plloyd@twu.edu
Cell phone: 832-588-4749

Appendix D

Informed Consent to Participate

Consent to Participate in Research
TEXAS WOMAN'S UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

Title: Experiences of the Male Millennial Nursing Student

Investigator: Preston Lloyd832/588-4749
Advisor: Ann Malecha, PhD.....713/794-2725

Explanation and Purpose of the Research

You are being asked to participate in a research study for Mr. Lloyd's dissertation at Texas Woman's University. The purpose of this research is to explore your life experiences and your perceptions of how societal trends have influenced or discouraged you from entering nursing. You are being asked to participate in this study because you are male and a nursing student between the ages of 18 and 30 years.

Description of Procedures

As a participant in this study you will be asked to spend approximately 40 minutes of your time in a face-to-face interview with the researcher. I may telephone you after the interview with questions and this call will be maximum 15 minutes for a total of maximum 55 minutes. You and the researcher will decide together on a private location and when the interview will happen. The researcher will ask you questions about your experiences and perceptions of being a male nursing student. You and the researcher will decide on a code name for you to use during the interview. The interview will be audio recorded and then written down so that the researcher can be accurate when studying what you have said. In order to be a participant in this study, you must be 18 - 30 years of age and a male nursing student.

Potential Risks

The researcher will ask you questions about your life (lived) experiences. A possible risk in this study is discomfort with these questions you are asked. If you become tired or upset you may take breaks as needed. You may also stop answering questions at any time and end the interview.

Another risk in this study is loss of confidentiality. Confidentiality will be protected to the extent that is allowed by law. The interview will be held at a private location that you and the researcher have agreed upon. A code name, not your real name, will be used during the interview. No one but the researcher will know your real name. The digital files and the written transcripts will be stored in a locked cabinet in the researcher's home and/or the Advisor's office. Only the researcher, his advisor, and the person who writes down the interview will hear the recordings or read the written interview. The digital files will be permanently deleted and the written interview will be shredded within 5 years after the study is finished. The results of the study will be reported in scientific magazines or journals but your name or any other identifying information will not be included.

Page 1 of 2
Initial _____

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Participation and Benefits

*Your involvement in this study is completely voluntary and you may withdraw from the study at any time. Following the completion of the study you will receive \$20 cash for your participation. If you would like to know the results of this study, I will mail or email them to you.**

Questions Regarding the Study

You will be given a copy of this signed and dated consent form to keep. If you have any questions about the research study you should ask the researchers; their phone numbers are at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman’s University Office of Research at 713-794-2480 or via e-mail at IRB@twu.edu.

Signature of Participant

Date

The above consent form was read, discussed, and signed in my presence. In my opinion, the person signing said consent form did so freely and with full knowledge of its contents.

Signature of Investigator

Date

*If you would like a copy of the results, please include address and/or email where to send:

Email: _____

or

Address:

Initial: _____

p. 2 of 2

Appendix E
Demographic Information Form

Demographic Form

What is your date of birth? _____

What ethnicity do you consider yourself? (Check one major category or specific region.)

_____ African-American (non-Hispanic)

_____ Caucasian (non-Hispanic)

_____ Hispanic

_____ Asian or Pacific Islander

_____ American Indian or Alaskan Native

_____ Other: please describe _____

What is your current relationship status?

Not in a committed relationship _____

In a committed relationship _____

Other: _____

What is your current employment status? (circle one)

Not working Work full-time Work part-time

Prior jobs/careers? (list at least 3) _____

In which program are you currently enrolled?

Full time course work (12 hours or more) _____

Part time course work (less than 12 hours) _____

What level are you at TWU? (circle one) JR1 JR2 SR1 SR2

Previous college degrees? (list all) _____

What is your contact information?

Home phone: _____

Cell phone: _____

E-mail address: _____

Appendix F

Themes from the Literature

Table 1

Author Number	Authors with Identified Themes in Literature
1	Whittock & Leonard (2003)
2	O'Lynn (2004)
3	Wilson (2005)
4	Smith (2006)
5	Meadus & Twomey (2007)
6	Loughrey (2008)
7	Stott (2007)
8	Bell-Scriber (2008)
9	Dyck et al. (2009)
10	Harding (2009)
11	Rajapaksa & Rothstein (2009)
12	Rochlen et al. (2009)
13	Bartfay et. Al. (2010)
14	Ierardi et. Al. (2010)
15	McLaughlin et. Al. (2010)
16	Torkelson & Seed (2011)
17	Meadus & Twomey (2011)

Table 2 - - Identified Themes From Literature with Corresponding Author Numbers

Theme	Article Authors from Literature
Attractors	
Profession provided stability and job security.	3, 5, 10, 14, 17
Choice of nursing brought self-fulfillment between profession and personality a calling. (Attractor)	3, 10, 14, 17
Family members in health care field	1, 3, 7, 13
Men can be as caring as women.	1, 4, 16
Positive faculty support/peers, clinical staff/patients.	3, 14, 17
Progressed faster through to promotions.	3
Men in nursing field had a sense of career satisfaction.	3
Confidence bolstered by academic and clinical success.	3
Previous experience with health care system	10
Attracted to areas of rewards and prestige	7, 11
Lack of Nursing school recruiter visits/strategies	1, 2
Great place to find women	9
Barriers	
Gender role conflict was source of confidence lack. Nursing is a female profession/male nurses are gay	1, 2, 3, 4, 5, 7, 9, 13, 17
Males are considered unable to display empathy or caring behavior..	3, 4, 7, 13
Men are task oriented in completion of duties	16
Exclusion from gender-specific areas during school/careers	1, 2, 4, 12
Need to affirm their heterosexuality/sexual stereotypes	1, 5, 12
Labeling the Nurse as "She" in class and in textbooks.	2, 4
Singled out more in class	9, 17
Curriculum based on female learners (about expression of feelings and experiences)	9
Lack of faculty support	3, 7, 8, 9
Anti-male remarks from faculty in class.	2, 8
Patient preference for female nurses	5
Lack of male peers/faculty	2, 4
Lack of support from important people in their lives	2, 5, 8
Fear of accusation of inappropriate behavior	2, 17
Difficulty with work, life and school balance	3, 4
Low salaries	5, 11
Lack of career guidance counselors	1
Not invited to all student activities	2
No content of communication style between genders	2
Mature men feared failure due to prolonged absence from	3

school.

Men are more likely to leave nursing than women	15
No representation of male role models in the media.	5
Negative portrayal by media	13