

STRESSORS EXPERIENCED BY MALE MINORITY STUDENT NURSES
WHILE COMPLETING A BACCALAUREATE PROGRAM

A DISSERTATION
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COLLEGE OF NURSING

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DEDICATION

To my mother Hong Nguyen, and

To the male minority student nurses who were willing to share their experiences.

ACKNOWLEDGMENTS

I would like to thank my family. My journey through the PhD program could have been much more difficult and challenging without the continuing and whole-hearted support and encouragement from my father, Thang Pham, my mother, Hong Nguyen, and my only sister, Thuy-My Pham. My family had been bragging about me and my accomplishments long before I ever completed my PhD, and that put tremendous pressure on me to finish.

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ABSTRACT

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This phenomenological study, using Edmund Husserl's descriptive phenomenology, explored the stressors experienced by male minority student nurses while completing a baccalaureate program. The purpose of this study was to explore the major stressors experienced by male baccalaureate nursing students from racial and ethnic minority groups. In addition, coping mechanisms or strategies used by the participants to deal with those stressors were also studied. Furthermore, the participants' thoughts and opinions regarding the reasons or contributing factors related to the lack of male minority students in nursing were explored in this study. Through face-to-face, audio-taped interviews using five open-ended questions and probes to facilitate discussion, 10 male minority student nurses discussed the stressors they experienced. Each transcript describing the stressors experienced by male minority student nurse was analyzed using Colaizzi's phenomenological methodology. Four patterns and seventeen themes emerged from analyzing the transcripts. The four patterns includes: Higher Perceived Expectations, Outnumbered, Treated Differently, and Ridiculed for Being Male. The overarching theme is Being a Male is More Stressful than Being a Minority (Table 1). Understanding these stressors urges each and every of us and our society as a

whole to re-evaluate the way we have been viewing and treating male student nurses and male nurses. More importantly, appropriate and urgent actions need to be taken to minimize or eliminate these stressors so that we can potentially have more minority male in the nursing profession.

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CHAPTER I

INTRODUCTION

Focus of Inquiry

In 1996, there were 2,588,873 registered nurses in the United States. Only 4.9% of those were men (Keepnews, 1998). Ten years later, only 5.8% of the U.S. registered nurses were male (American Association of College of Nursing, 2006). These numbers showed, in over a decade, less than one percent increase in the proportion of male nurses among the U.S. registered nurses. There is also a significant underrepresentation of registered nurses from ethnic and racial minority groups among the U.S. nursing workforce. Based on the findings from the 2004 National Sample Survey of Registered Nurses conducted by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (USDHHS), in 2004, only 18.2% of U.S. registered nurses were non-Caucasian (USDHHS-HRSA, 2004).

Despite efforts from nursing schools across the nation to recruit and retain more men and minorities into nursing, the successes have been modest (Stott, 2007). We know student nurses, in general, face many stressors such as academic pressure, lack of communication, threat to self-esteem, fearfulness, and lack of trusting relationships (Ghaffari, 2007). However, studies have shown that male student nurses experience additional stressors, barriers, and discrimination such as lack of information and support from guidance counselors (Barkley & Kohler, 1992), lack of exposure to non-feminist

paradigms of nursing care (Dunn & Griggs, 1998a, 1998b), lack of sufficient role model (male faculty and preceptors) (Kelly et al., 1996), unequal clinical opportunities and requirements (Kippenbrock, 1990), isolation (Okraïneç, 1994), poor instruction on the appropriate use of touch (Paterson et al., 1996), lack of content related to gender-based social relationships (Rochelle, 2002), and lack of teaching strategies appropriate to male learning needs (Streubert, 1994; Trachtenberg, 2000; Villeneuve, 1994). Very similar to male student nurses, studies have shown that student nurses from minority groups also experience unique stressors, barriers, and discrimination such as perception of classroom biases (Gunnings, 1982), hostile interpersonal climates (June, Curry, & Gear, 1990), and feelings of social isolation (Walker-Burt, 1979).

What remain unknown are the stressors experienced by male minority student nurses. No literature was identified that examined the specific type of stressors experienced by male student nurses from minority groups. To recruit more minority men into nursing and to retain this valuable group in the nursing profession, information is required on stressors and strategies to minimize stress for this important group of future nurses. The type of stressors experienced by male student nurses from minority groups might be unique and different from those cited as experienced by student nurses in general. To close the gap in scholarly knowledge, a qualitative study utilizing in-depth interviews is appropriate and may capture more valuable information and gain more insights into the participants' experiences compared to a usual survey quantitative approach.

Statement of Purpose

The purpose of this study was to explore the stressors experienced by male baccalaureate student nurses from racial and ethnic minority groups. In addition, coping mechanisms or strategies used by the participants to deal with those stressors was also studied. Furthermore, the participants' thoughts and opinions regarding the reasons or contributing factors related to the lack of male minority students in nursing was explored in this study.

Rationale for the Study

Stressors associated with being a student nurses are well documented in the literature and include academic pressure, lack of communication, threat to self-esteem, fearfulness, and lack of trusting relationships (Ghaffari, 2007). In addition to the stress commonly experienced by most student nurses, which usually are related to course examinations, academic standards, financial difficulties, peer pressure, family relationships, and clinical rotations, student nurses from minority groups often experience additional stress. African American student nurses reported more psychological strain compared to Caucasian students (Gunnings, 1982). These strains included, but were not limited to, perception of classroom biases (June, Curry, & Gear, 1990), hostile interpersonal climates (Walker-Burt, 1979), and feelings of social isolation (France, Fields, & Garth, 2004; Kirklands, 1998).

While African-American student nurses experience stressors in nursing schools, Hispanic student nurses also face similar difficulties including lack of sufficient financial aid, unsupportive faculty, and discrimination by faculty and peers (Villarruel, Canales, &

Torres, 2001). Foreign-born student nurses challenged with English as a Second Language (ESL) experience even more strains and difficulties such as language problems, academic weaknesses, social issues, and personal characteristics (Choi, 2005).

A careful review of all the studies conducted over the years on the topics of stress, difficulties, challenges, and barriers experienced by students nurses in general, as well as students nurses from minority groups (racial, ethnic, foreign-born, international, and male) in particular shows a total lack of studies regarding the stress experienced by male student nurses from minority groups. A study focusing on this unique population may help to close the gap in the literature and, at the same time, serve as a guide to create and/or tailor appropriate intervention programs to recruit and retain male student nurses and nurses from minority groups.

Significance to Nursing

This study may potentially provide a better understanding of the stressors experienced by male minority student nurses in a baccalaureate program. Understanding the stressors experienced by this unique student population is one of the major important first steps toward addressing the issue of lack of minority men in nursing in particular and the nursing shortage in general. Ultimately, the findings from this study will hopefully help to increase the number of minority men in nursing.

Researcher's Relationship to the Topic

The researcher is a male nurse from an ethnic minority group himself who did experience many unique stressors while completing his baccalaureate nursing program. This study, therefore, aimed to achieve several important purposes: to validate those

unique experiences, to use lessons learned from those experiences to better serve future male minority student nurses, and, as a result, to hopefully attract and retain more male student nurses from minority groups.

Philosophical Underpinning

Husserl's descriptive phenomenology (1962) was utilized as the qualitative research design to collect, analyze, and describe the stressors experienced by male minority student nurses enrolled in a baccalaureate nursing program. Descriptive phenomenology was chosen because this type of inquiry focuses on describing the experiences as experienced by the participants.

Husserl believed in the value of studying human's experience exactly the way the experience is lived (1962). In this study, the researcher intended to capture and describe the stressors experienced by male minority baccalaureate student nurses while attending school. The described experience might include, but might not be limited to, thoughts, feelings, reactions toward school, work, relationships, health, well-being, sleep, stress, support, discrimination, difficulties, challenges, barriers, isolation, marginalization, failures, successes, etc.

Husserl also described the process of phenomenological reduction known as "bracketing", in which the researcher identifies and suspends preconceived beliefs and opinions about the phenomenon under study as much as possible (1962). In this study, the researcher made efforts to "bracket" prior knowledge and beliefs about stresses, difficulties, challenges associated with being a student nurse so that the stressors

experienced by a male minority baccalaureate student nurse could be revealed and understood.

Assumptions

The following assumptions applied to this study:

1. Male minority student nurses will be able to describe the major stressors they experienced while completing a baccalaureate program.
2. Male minority student nurses will be able to describe the mechanisms or strategies they used to cope with the stressors they experienced.
3. Male minority student nurse will be able to provide their thoughts and opinions regarding the reasons or contributing factors related to the lack of male minority students in nursing.
4. Male minority student nurses will be open and honest while describing their experiences and providing their thoughts or opinions to the researcher.
5. The stressors experienced by male minority student nurses are unique and different from those experienced by other groups of student nurses.
6. Descriptions of the stressors experienced by male minority student nurses will provide adequate data for analysis.

Research Questions

The research questions explored by this study were:

1. What are the stressors experienced by male minority student nurses in a baccalaureate program?

2. What are the coping mechanisms or strategies used by the participants to deal with those stressors?
3. What are the participants' thoughts and opinions regarding the reasons or contributing factors related to the lack of male minority students in nursing?

Definition of Terms

The terms used in this study are defined as followed:

1. Stressor

Conceptual definition: A stimulus that causes stress (Merriam-Webster's Online Dictionary, 2010).

Operational definition: Any challenge, difficulty, and barrier experienced by male minority student nurses and self-perceived as related to or associated with being male and minority

2. Male

Conceptual definition: A man or a boy (Merriam-Webster's Online Dictionary, 2010).

Operational definition: Any student nurse self-identified as male

3. Minority

Conceptual definition: A part of a population differing from others in some characteristics and often subjected to differential treatment (Merriam-Webster's Online Dictionary, 2010).

Operational definition: Any student nurse self-identified as being from a racial or ethnic minority group

4. Student nurse

Conceptual definition: A nurse in training who is undergoing a trial period (AudioEnglish.Net, 2010).

Operational definition: Any senior student enrolled in the baccalaureate nursing program self-identified as being male and from a racial or ethnic minority group

5. Baccalaureate: A college bachelor's degree (The Oxford Pocket Dictionary of Current English, 2009).

Operational definition: A male minority student nurse who is aware of his status as being a student nurse, a male, and a minority, as well as the implications of being such.

6. Coping mechanisms/strategies

Conceptual definition: Any effort directed to stress management, including task-oriented and ego defense mechanisms, the factors that enable an individual to regain emotional equilibrium after a stressful experience. It may be an unconscious process (The Free Dictionary, 2010).

Operational definition: Any efforts attempted by a male minority student nurse to deal with the stressors he experiences.

Summary

There are many reasons necessitating the conduction of a study to understand the stressors experienced by male minority student nurses while completing a baccalaureate

nursing program. Among those reasons are the rapidly-growing U.S. minority population, the lack of necessary growth among U.S. minority and male registered nurses, and especially the lack of studies exploring the stressors experienced by male minority student nurses. This descriptive phenomenology study sought to describe the stressors experienced by male student nurses from different ethnic minority groups while completing a baccalaureate nursing program. The findings from this study will help to close the gap in the existing literature on this topic and will potentially help baccalaureate nursing programs to either create new or tailor current programs in order to better serve this group of student nurses. Attracting and retaining more male minority student nurses in turn will help with the growth among U.S. minority and male registered nurses.

CHAPTER II

REVIEW OF LITERATURE

Overview

The purpose of this literature review was to identify the stresses, challenges, barriers, and difficulties commonly experienced by student nurses from racial and ethnic minority groups, as well as by foreign-born and male student nurses. To identify studies on these topics, the published literature was reviewed using Central Search, a search engine that allows simultaneous searching of multiple databases (Academic Search Complete, ArticleFirst, CINAHL Plus with Full Text, Cochrane Library, ERIC, Health Sciences: A SAGE Full-Text Collection, Journals @ Ovid Full-Text, MEDLINE with Full-Text, PsycINFO, etc.), as well as using hand search of article reference listings. Literature related to foreign or international student nurses who chose to receive the education and training from the U.S nursing programs but did not join the U.S. workforce after graduation will be excluded from this literature review. Literature or studies from countries whose cultures, societies, healthcare and educational systems might be very different from the U.S. will also be excluded.

To help the readers better understand the common as well as unique stressors, challenges, barriers, and difficulties experienced by the different groups of student nurses this literature review will be systematically divided into several sections. One section will focus on the stresses among student nurses from racial and ethnic minority groups. The

other section will concentrate on the challenges and barriers faced by foreign-born student nurses. And the last section will cover the difficulties endured by male student nurses.

Stresses among Student Nurses from Racial and Ethnic Minority Groups

As summarized by Gunnings (1982), in addition to the stress commonly experienced by most student nurses, which usually are related to course examinations, academic standards, financial difficulties, peer pressures, family relationships, clinical rotations, student nurses from minority groups often experience additional stress. For example, African American student nurses reported more psychological strain compared to Caucasian students (1982). These strains included, but were not limited to, perception of classroom biases, hostile interpersonal climates (June, Curry, & Gear, 1990), and feelings of social isolation (Walker-Burt, 1979).

Stresses among Racial Minority Groups

Feeling of social isolation was also identified as a major barrier to academic performance for African American student nurses in a predominantly Caucasian university in a rural southeastern community (France, Fields, & Garth, 2004). In this qualitative study employing a phenomenological approach, France et al. explored the lived experience of four African American student nurses and found that all of the participants perceived the lack of relationships, collegiality, and support from the Caucasian classmates. The participants also felt discounted on the basis of race by the White peers in the classes.

Similar findings were found in a study conducted by Kirklands (1998) who investigated the stressors and coping strategies of academically successful African American female baccalaureate students in the three predominantly Caucasian universities in South Carolina. A convenience sample of 23 African-American female student nurses was obtained. The average age of the participants was 24.5 years. After demographic data were collected the participants were interviewed using the Student Interview Protocol designed specifically for this study. Five categories of stressor were identified: academic, environmental, financial, interpersonal, and personal. Academic demands, fear of failure, unmet expectations, consequences of failure, group work difficulty, and test anxiety were among the academic stressors reported by the participants. Environmental stressors included perceived insensitivity attitudes of Caucasian faculty, lack of social support, perceived insensitive attitudes of Caucasian peers, lack of African-American role models, and poor interactions with Caucasian faculty. Financial stressors forced students to work, use resources cautiously, obtain loans, and borrow money from relatives. Interpersonal stressors were described as family conflicts, roommate conflicts, conflict with advisor, and the competitiveness of classmates. Lastly, personal stressors were mostly associated with time management.

Stresses among Ethnic Minority Groups

Gardner (2005) conducted a qualitative study exploring the experiences of 15 minority students in a predominantly White baccalaureate nursing program. Demographic data showed that the participants' ages ranged from 22 to 47 years; 13 were females and 2 were males; 9 were foreign-born and 6 were native born; all had been in the United

States at least 4 years; 3 were East Indians, 2 Hispanics, 2 Hmong, 2 African Americans, 2 Nigerians, 1 Filipino, 1 Nepalese, 1 Vietnamese, and 1 Chinese. Eight themes emerged from 15 in-depth interviews with the participants: feeling of extreme loneliness and isolation, perceiving selves as very different from the White peers, disappointing in teachers' lack of acknowledgement of individuality, disappointing in peers' lack of understanding and knowledge about cultural differences, desiring emotional support from teachers, coping with insensitivity and discrimination, and determination to build a better future.

Sanner, Wilson, and Samson (2002) conducted a qualitative study to explore the perceptions and experiences of international senior student nurses in a baccalaureate program using naturalistic approach. Eight female Nigerian student nurses aged 25 to 48 who had been in the U.S. from 5 to 20 years were interviewed. In-depth interviews revealed three major themes describing the participants' experience in nursing program: social isolation, resolved attitudes, and persistence despite perceived obstacles. Situations describing aspects of isolation were reported by all the participants even though none of the interview questions explicitly asked about social isolation. The participants' feeling of isolation was a result of feeling uncomfortable expressing selves to others verbally due to perceived heavy Nigerian accents. The participants also described the feeling of social isolation due to feeling non-acceptance from the Caucasian and African-American students.

Stresses among Foreign-Born Student Nurses

Foreign-born student nurses challenged with English as a Second Language (ESL) experience even more strains and difficulties such as language problems, academic weaknesses, social issues, and personal characteristics or situations (Choi, 2005). A literature review conducted by Brown (2008) showed that the language barrier prevents ESL student nurses from communicating effectively with peers, faculty, and patients (Bosher, 2003), as well as learning medical terminology (Johnston, 2001) and successfully passing the NCLEX-RN (Gardner, 2005). Many of ESL student nurses lack critical thinking skill (Keane, 1993), multiple-choice test taking skill, basic computer skill (Femea, Gaines, Brathwaite, & Abdur-Rahman, 1994), and independent learning ability (Yoder, 2001). Furthermore, social isolation, discrimination (Cunningham, Stacciarini, & Towle, 2004), lack of financial aid due to lack of U.S. citizenship (Gardner, 2005), having dependents and associated care-giving responsibilities (Kataoka-Yahiro & Abriam-Yago, 1997), and continuing to provide economic assistance to family members in native countries (Labun, 2002; Malu & Figlear, 2001; Yoder, 2001) are common among ESL nursing students.

Abu-Saad, and Kayser-Jones (1981) studied 82 foreign student nurses enrolling in 50 accredited nursing programs throughout the U.S. using questionnaires to identify the problems the students encountered during educational experiences. Data showed the average age of the students was 31 years; 40% from Asia, 46% single, 27% married with children, and 20% married without children. Language difficulty was reported by 53% of the participants and significantly interfered with the participants' ability to understand

lectures, take examinations, write papers, complete reading assignments, and express opinions in discussion groups. Thirty-nine percent of the participants perceived faculty as being insensitive, uncaring, and unsupportive. Thirty-eight percent felt that the pace of the program was too fast. Thirty-four percent believed the program was inflexible and, therefore, did not meet students' needs. In addition, loneliness was identified as a major problem among the participants in this study. Younger students were much more likely to experience loneliness compared to older peers (80% vs. 46%). Single students experienced more loneliness than married students (54% vs. 45%). And, many more Middle-Eastern students reported experiencing loneliness as a problem (84%) compared to Latin Americans (67%), Asians (45%), and Africans (37%) (1982).

Stresses among Male Student Nurses

Besides the stresses, difficulties, challenges, and barriers usually experienced by student nurses male student nurses face additional problems. Among those are lack of information and support from guidance counselors (Barkley & Kohler, 1992), lack of exposure to non-feminist paradigms of nursing care (Dunn & Griggs, 1998a, 1998b), lack of sufficient role models (male faculty and preceptors) (Kelly et al., 1996), unequal clinical opportunities and requirements (Kippenbrock, 1990), isolation (Okraïneç, 1994), poor instruction on the appropriate use of touch (Paterson et al., 1996), lack of content related to gender-based social relationships (Rochelle, 2002; Streubert, 1994), and lack of teaching strategies appropriate to male learning needs (Trachtenberg, 2000; Villeneuve, 1994).

Similar findings were also found by other researchers: male student nurses' experiences of isolation in nursing programs (Burt, 1998; Whittock & Leonard, 2003) and facing the challenge of being a "real nurse" and questions about masculinity and sexuality (Streubert, 1994). However, the challenges faced by non-traditional male student nurses transitioning into a nursing program were not studied until being conducted by Smith (2006). In this study, non-traditional students were defined as students who were 25 years of age or older. Smith utilized a mixed method design, which included survey and in-depth interview, to explore the challenges experienced by non-traditional male students in a nursing program at a 2-year private college in the northeastern U.S. At first, a purposeful, criterion sample of 29 student nurses was surveyed. These students represented more than 80% of the all male student nurses in the program. The ages of the participants ranged from 26 to 60 years old. Eighty-five percent were Caucasian and 15% were African American. After the completion of the survey, 6 students were interviewed. All of the participants being interviewed had been married, had children, and worked at least half-time. Half of the participants had prior professional experience in a health care profession. The study found several challenges faced by male student nurses: pressures of balancing family, work, and school; client refusal to be treated by a male student nurses; and social isolation. The study, however, has several limitations: using critical demography, which is a new paradigm, as a theoretical framework; incorporating the use of survey and interview was intuitive, not strategic; and utilizing a small sample size.

Summary

This literature review has shown that beside the stresses commonly experienced by most student nurses, which usually are related to course examinations, academic standards, financial difficulties, peer pressures, family relationships, clinical rotations, student nurses from minority groups often experience additional stresses, challenges, barriers, and difficulties. Among those are perception of classroom biases, hostile interpersonal climates (June, Curry, & Gear, 1990), and feelings of social isolation (Walker-Burt, 1979) experienced by a group of African-American students. Other African-American students also experienced difficulties with academic demands, fear of failure, unmet expectations, consequences of failure, group work difficulty, and test anxiety. Others faced with perceived insensitivity attitudes of Caucasian faculty, lack of social support, perceived insensitive attitudes of Caucasian peers, lack of African-American role models, and poor interactions with Caucasian faculty. In addition, lack of financial resource also forced a number of African-American students to work, use resources cautiously, obtain loans, and borrow money from relatives. Other stressors described by some African-American students were family conflicts, roommate conflicts, conflict with advisor, and the competitiveness of classmates (Kirklands, 1998).

On the other hand, ethnic minority student nurses experienced a number unique stressors such as feeling of extreme loneliness and isolation, perceiving selves as very different from the White peers, disappointing in teachers' lack of acknowledgement of individuality, disappointing in peers' lack of understanding and knowledge about cultural differences, desiring emotional support from teachers, coping with insensitivity and

discrimination, and determination to build a better future (Gardner, 2005). Foreign-born student nurses whose English as a Second Language (ESL) experience even more strains and difficulties such as language problems, academic weaknesses, social issues, and personal characteristics or situations (Choi, 2005).

Furthermore, being a male student nurse places additional stresses on the individual. Some of those are lack of information and support from guidance counselors (Barkley & Kohler, 1992), lack of exposure to non-feminist paradigms of nursing care (Dunn & Griggs, 1998a, 1998b), lack of sufficient role models (male faculty and preceptors) (Kelly et al., 1996), unequal clinical opportunities and requirements (Kippenbrock, 1990), isolation (Okraïne, 1994), poor instruction on the appropriate use of touch (Paterson et al., 1996), lack of content related to gender-based social relationships (Rochelle, 2002; Streubert, 1994), and lack of teaching strategies appropriate to male learning needs (Trachtenberg, 2000; Villeneuve, 1994). Other male student nurses also experienced isolation in nursing programs (Burt, 1998; Whittock & Leonard, 2003) and faced the challenge of being a “real nurse” and questions about masculinity and sexuality (Streubert, 1994).

However, a careful review of all the studies conducted over the years on the topics of stress, difficulties, challenges, and barriers experienced by student nurses from minority groups (racial, ethnic, foreign-born, and male) apparently shows a total lack of studies regarding the stress experienced by male student nurses from minority groups. A study focusing on this particular area would help to close the gap in the literature and, at

the same time, serve as a guide to create and/or tailor appropriate intervention programs to recruit and retain male student nurses from minority groups.

CHAPTER III

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

A qualitative phenomenological study was conducted to describe the stressors experienced by male student nurses from different racial and ethnic minority groups while completing a baccalaureate nursing program.

Setting

The study was conducted at Texas Woman's University (TWU), College of Nursing, Houston Campus, which is a satellite location that houses an upper division generic baccalaureate nursing program and graduate nursing programs. The satellite campus is located within a large metropolitan city in Southwest Texas with an enrollment of more than 1,300 students majoring in Nursing, Physical Therapy, Library Science, Healthcare Administration, Occupational Therapy, and Nutrition. As reported by *US News and World Report* (2008) magazine, TWU ranks third in the state and 21st in the nation among universities with the most diverse student populations. All interviews were conducted by the principle researcher in a private room at the university.

Participants

This study used purposive sampling to “hand-pick sample members” who are “particularly knowledgeable about the issue under study” (Polit & Beck, 2008, p.343). The following were the inclusion criteria for the participants: a) self-identified male minority student nurses currently enrolled in the TWU baccalaureate nursing program; b)

18 years of age or older; and c) speak and understand English. Participants who met the inclusion criteria were recruited via email to participate in the study. For this study, a sample of 10 was recruited and interviewed.

Protection of Human Subjects

To protect the human subjects to the fullest extent possible as recommended and required by the Institutional Review Board at Texas Woman's University the following basic elements were included in the Informed Consent to Participate (see Appendix D):

An explanation of the study and the expected duration of the participant's participation

A description of the participant's potential discomforts and risks

A description of any potential benefits

A statement describing the extent to which confidentiality of records identifying the subject will be maintained

A statement that participation is voluntary and the person is free to withdraw his consent and to discontinue participation in the study at any time without intimidation or prejudice to the participant

An explanation as to whether compensation or medical treatment is available if physical injuries occur

An explanation of whom to contact for answers to pertinent questions about the research and research participants' rights, and whom to contact in the event of a research-related injury

Data Collection

The researcher and faculty advisor contacted the coordinator of the baccalaureate nursing program and asked for permission to obtain the mailing list of all the male minority student nurses who were currently enrolled in the program. An e-mail message briefly describing the purpose of the study, the data collection procedure, and the invitation to participate into the study was sent to each student using the obtained mailing list (see Appendix C). If the student was interested in participating he contacted the researcher by replying to the e-mail message or contacting the researcher by phone. Once the contact was made, the day, time, and location of the interview was arranged between the student and the researcher. When both the student and the researcher were in the designated private room, a written informed consent was obtained from the student (see Appendix D).

Brief demographic data was collected from the participant (see Appendix E). After the collection of the demographic data, the researcher turned on two digital tape recorders, then proceeded to interview the participant through in-depth conversation and multiple open ended questions without leading the discussion. Most interviews lasted approximately 30 minutes. Once the participant answered all the questions, the researcher thanked him for his participation and provided a twenty-dollar cash incentive as a token of appreciation from the researcher.

Immediately following each interview, the data was uploaded from the digital recorder onto the researcher's private and secured computer, and transferred

electronically to a professional transcriptionist. The transcribed data was reviewed and analyzed by the investigator and faculty advisor.

Instrument

A semi-structured open-ended interview guide developed by the researcher was used to explore the stressors experienced by male minority baccalaureate student nurses (see Appendix A). A check list was also be used to ensure consistency and reliability in data collection (see Appendix B).

Data Analysis

The researcher and faculty advisor worked closely through each step of the data analysis process to ensure the consistency, reliability, and validity of the study findings. Each transcript describing the stressors experienced by male minority baccalaureate student nurse was analyzed using Colaizzi's (1978) phenomenological methodology:

1. Read all transcripts to have an overall perception of the experiences
2. Review each transcript and extract significant statements
3. Describe the meaning of each significant statement
4. Organize the meanings into clusters of themes
5. Structure the clusters or themes into an exhaustive description of the experiences
6. Finalize the exhaustive description of the experiences
7. Return to the participants to validate the study findings

Scientific Rigor

Scientific rigor, trustworthiness, and authenticity of the qualitative data was ensured by using the following steps (Speziale & Carpenter, 2007):

1. Consistent data collection was aided by the use of a study checklist.
2. Bracketing prior knowledge; the researcher is a male, minority nurse and put his previous knowledge and experiences aside before each interview.
3. Researcher requested negative descriptions of the phenomenon such as, “Can you describe some of the barriers you faced because of being a male, minority nursing student?”
4. Audit trail is carefully described.

Summary

This chapter summarized the study’s methodology utilizing the steps outlined by Colaizzi (1978). This method will allow for a description of the stressors experienced by male, minority student nurses enrolled in a baccalaureate program

CHAPTER IV

ANALYSIS OF DATA

Nursing schools in the U.S. have not been very successful in the effort to recruit more men and minorities, and retain this population in the nursing profession (Stott, 2007). Student nurses, in general, face many stressors such as academic pressure, lack of communication, threat to self-esteem, fearfulness, and lack of trusting relationships (Ghaffari, 2007). However, studies have shown that male student nurses experience additional stressors, barriers, and discrimination such as lack of sufficient role models (male faculty and preceptors) (Kelly et al., 1996), unequal clinical opportunities and requirements (Kippenbrock, 1990), poor instruction on the appropriate use of touch (Paterson et al., 1996), lack of content related to gender-based social relationships (Rochelle, 2002), and lack of teaching strategies appropriate to male learning needs (Trachtenberg, 2000). Very similar to male student nurses, studies have shown that student nurses from minority groups also experience unique stressors, barriers, and discrimination such as perception of classroom biases (Gunnings, 1982), and feelings of social isolation (Walker-Burt, 1979).

What remain unknown are the stressors experienced by male minority nursing students. No literature was identified that examined the specific type of stressors experienced by male student nurses from minority groups. To recruit more minority men into nursing and to retain this valuable group in the nursing profession, information is

required on stressors and strategies to minimize stress for this important group of future nurses. The type of stressors experienced by male student nurses from minority groups might be unique and different from those cited as experienced by nursing students in general. To close the gap in scholarly knowledge, a qualitative study utilizing in-depth interviews is appropriate and may capture more valuable information and gain more insights into the participants' experiences compared to a usual survey quantitative approach. A study focusing on this unique population would not only help to close the gap in the literature but also serve as a guide to create and/or tailor appropriate intervention programs to recruit and retain male student nurses and nurses from minority groups. This study could potentially provide a better understanding of the stressors experienced by male minority student nurses in a baccalaureate program. Understanding the stressors experienced by this unique student population is one of the major important first steps toward addressing the issue of lack of minority men in nursing in particular and the nursing shortage in general. Ultimately, the findings from this study will hopefully help to increase the number of minority men in nursing.

The purpose of this study was to explore the major stressors experienced by male baccalaureate nursing students from racial and ethnic minority groups. In addition, coping mechanisms or strategies used by the participants to deal with those stressors were also studied. Furthermore, the participants' thoughts and opinions regarding the reasons or contributing factors related to the lack of male minority students in nursing were explored in this study.

This chapter describes the sample of male minority student nurses and the stressors the student nurses experienced while completing the baccalaureate program. The responses to the following five interview questions are documented:

Question 1: Please describe the stressors you feel are directly related to being a male minority nursing student? Please give an example(s).

Question 2: How has being a male minority student nurse affected the stressors that you experienced? Please give an example(s).

Question 3: What has helped you to deal with each of these stressors? Please give an example(s).

Question 4: Have you been or felt discriminated against because of your gender or minority status? If yes, please describe and give an example of a situation or event

Question 5: What do you think might be the reasons why we do not have more men like yourself in nursing?

Description of the Sample

Purposive sampling was used for this study. The participants in this study were self-identified male minority student nurses currently enrolled in the TWU baccalaureate nursing program, 18 years of age or older, and spoke and understood English. The participants were interviewed and audio-recorded after replying to the researcher's email invitation expressing an interest to participate in the study. Ten participants participated in this study. The participants ranged in age from 22 to 39 years old. The participants identified as Asian (Chinese, Filipino, Thai, Vietnamese) ($n=6$), African (Nigerian) ($n=1$), Hispanic (El Salvador, Mexican) ($n=2$), and Asian-Caucasian ($n=1$). Six of the

participants were US-born. The other four participants had immigrated to the US between 5 to 20 years ago. The majority of the participants were not in a committed relationship, not working, and enrolled full-time in a nursing program.

Methods

Each transcript was read at least three times and the digital-voice recorded files were listened to and compared to the transcripts to ensure the accuracy of the transcription, and to have an overall appreciation of the participants' descriptions. A participant's responses to the interview questions (and the associated significant words) were highlighted. Similar responses to the same interview question (and the associated significant words) from other participants were also highlighted, and grouped together under the same theme. Several themes that reflected the same pattern were eventually grouped together. The overall message that ran across all the patterns was the overarching theme.

Findings

Overall, there are four patterns and seventeen sub-themes emerged from analyzing the transcripts describing the stressors experienced by male minority student nurses while completing the baccalaureate program. The four patterns includes: Higher Perceived Expectations, Outnumbered, Treated Differently, and Ridiculed for Being Male. The overarching theme is Being a Male is More Stressful than Being a Minority (Table 1). Each pattern and sub-theme is described in more detail. Other findings described include how the male minority students deal with the stress and their thoughts on why males do not go into nursing.

Table 1

Overarching Theme, Patterns, and Sub-Themes Representative of Stressors Experienced by 10 Male Minority Student Nurses while Completing a Baccalaureate Program in Nursing

Overarching Theme	Patterns	Sub-Themes
Being a Male is More Stressful than Being a Minority	Higher Perceived Expectations	Living up to others' expectations
		Proving that males can be able and competent nurses
		Asians are supposed to be smart
		Hispanic males are the providers in the family
	Outnumbered	Outnumbered by female classmates
		Highly visible to classmates and faculty; the few males "stick out"
	Treated Differently	Expected to be physically stronger; assist with lifting heavy patients
		Expected to take off shirt during assessment class
		Mistaken for medical student or doctor
		Missed out on performing certain procedures with female patients
		Female patients refusing to have a male student nurse
		Faculty and clinical staff react differently to male student nurses
	Ridiculed for Being Male	Texas Woman's University not for male students
		Nursing is a profession for females, not males
		Assumed to be gay
		Family and friends uneasy with male student nurse status
		Feeling inferior being a male student nurse when dealing with other disciplines

Pattern: Higher Perceived Expectations

Six out of ten participants expressed how stressful it was to be a male minority student nurse and to live up to other people's expectations. One participant described how being self-aware of his status as a male minority student nurse made him strive even harder to live up to the expectation of other people who believed that as a man and a nurse you could be as good, if not better, compared to your female counterparts:

You tend to want to do everything to the best so you can prove that I am a man, I can do this. I am a nurse. Yes, I'm a nurse. I'm able to complete the same job that anybody else would do. You tend to work a little bit harder to make sure that they know that you are able and competent and everything else like that. Sometimes, it's stressful because you are trying so hard. You don't have time to do anything else, so it becomes a stressor.

Similarly, another participant described his experience: "They just kind of expect you to know everything sometimes, or it seems like they expect you to know. Or if you've heard it once, they expect you to retain it."

Another participant stated, "You tend to want to do everything to the best so you can prove that I am a man, I can do this, I am a nurse. Yes, I'm a nurse. I'm able to complete the same job that anybody else would do. You tend to work a little harder."

Another participant revealed how his family expected him to do well in school: I have a family that expects a lot out of me as well—especially an Asian family. They expect a lot of good things and good grades, and that's also another reason

that keeps me going. I just gotta perform well and—you know—make your parents proud in a way.

He stated that it was very stressful to live up to the expectation while completing the program:

I think one of the main stressors is just trying to fulfill an expectation to do well, especially get good grades, and—sort of—be looked at as someone who can—I guess—lead and perform well.

He also described how stressful it was to live up to what he believed as his teachers' expectations:

You want to impress them even more...you want to...you can make a better impression 'cause I guess being here I know with most of the instructors, they look at most of the guys, especially me, that they see me as someone who is very smart maybe or a very good student—so, it puts a little pressure in trying to impress them in a way.

Another participant, whose Hispanic culture has a strong influence on him and his expectations, emphasized how he had to perform under pressure and to live up other people's expectations:

One of the stressors that I feel is that I can't fail. Being a male and a minority, you're highly visible. You get the stressor of you have to do better, you have to make it, you just have to get better grades. Because, also, being a male, even though a lot of females don't think they win, but we, as males, think we have to

be a little better because we're the providers of the family so we have to make it. That's a big stressor. It's not failure; even a C or a low B, really, isn't acceptable.

One of the participants verbalized how his Asian root strongly affects his thoughts and behaviors:

I want to say that, particularly with being Asian, too—I want to say, because Asian people are always portrayed as being real smart—and I tell people all the time, 'Nursing school will humble you a little bit because it will make you feel not smart'. So I think that can be a little stressful, whenever you're not accustomed to getting the grades that you're used to getting. When you're used to getting A's and you might get a low B and you're on the borderline, you know how hard you worked to get that B, but you still feel like you deserve an A. That's stressful.

Another participant disclosed how stressful it was for him to live up to his own expectation when surrounding by female students:

I get stressed out sometimes because you realize that some of the other students—the majority of them are women. You know that they're on top of everything. And then I realize, 'Hmm, should I have studied that part?' Because it seems like I'm behind and just trying to catch up, but they're already caught up. They're just going even further.

Pattern: Outnumbered

Several of the participants expressed the stressful feeling of being in the gender minority. One participant stated “being outnumbered” in a program and in a university where the vast majority of the students are female “is pretty stressful.”

Being outnumbered is pretty stressful. There are a lot of women in our program. Being one of the few males, you have to learn how to deal with the other sex as much as you probably wouldn't be doing in a bigger university or a non-nursing program.

Another participant described similar feeling:

The first stressor I really had was being a minority in a female-dominated field. So I was concerned how I would be taken when I went to the bedside, when I talked to patients and their families.

In addition, one particular participant found it difficult to find guy friends to hang out with in a program where the vast majority of the students are female:

Being the male you look for guy friends. Mostly it's hard. We have just girl friends. There's only a few of them to hang out with, so you've got to hang out with those people. If you don't work out, you get stressed out that way, too.

Because of their small number the male minority student nurses were really “stand out from the crowd” in the nursing program, as one of the participants described the stress of being a male student in a predominantly-female program:

One of the biggest stressors is that, being male, you can't really be anonymous anymore. You stick out to your professors, especially in clinical where there are

already only 10 students. The girls, there's just so many of them it seems like they can kind of blend in. We don't get to do that very often. If there's a procedure that needs to be done and they want to have somebody do it as an example, or in assessment class first semester—learning how to assess a patient—they needed an example at the beginning—all the time they would pull one of the male students because, 'Oh, they're okay with taking their shirt off. Okay, we're self-conscious, too, you know'.

Another participant shared similar view:

When we started our program I think there were 12 males, and we're down to seven. And that's very visible compared to the females who had a lot more of them fail out, and people just don't remember them, but they remember the guys because we're so visible and we're so few.

Pattern: Treated Differently

The majority of the participants described how they were treated differently mostly because of their gender. They were not treated differently due to being a minority. They were treated differently by the faculty, fellow classmates, patients, patients' family members, other healthcare providers, and even their own family members. Being treated differently was the source of stress, anxiety, and frustration for many of the participants.

A participant described one of his stressors as being expected to work harder compared to the other female counterparts: "...we're expected to work a lot harder physically, like when we were heavy lifting during our clinical experience. That's kind of a stressor".

Another student recalled, “We’re transporting a patient, we need your help. We’re turning a patient, we need your help.”

Another participant described a similar stressor:

Give me something like, let me put an NG tube in or let me start an IV, not just turn them or change their diaper. It happens. I usually get more bogged down by the mental stressors, I guess.

One participant was frustrated when always being asked to help with lifting heavy patients. He believed that he had more to offer than just his strength:

I’m the first guy they call when they need the hard work done. I like helping, but sometimes it does get to me. “Why do they call me first? Do they think of me as just a big body of muscles? Why don’t they call me when they need something that I can use this (pointing toward his head) instead of this (pointing toward his arm)? That kind of gets to me...”

Another participant described the stress of being in assessment class with faculty, “...all the time they would pull one of the male students because, “Oh they’re okay with taking their shirt off.” Okay, we’re self-conscious, too, you know.”

One participant described how female patients refused to receive care from him because of his gender, which made him felt being discriminated:

I’ve been discriminated against because of gender, I believe. It goes back to that woman’s clinical that we had. We didn’t get to—‘No, I can’t have a male in here, sorry’. We’re there to help; we’re not there to do anything else. I guess that’s one way of being discriminated against.

Another participant believed that he was not given enough opportunities to learn during his labor and delivery and pediatric nursing rotations because his female preceptor assumed that, as a male, he would definitely not work in labor and delivery or pediatric unit after graduation: "...you're kind of stereotyped, as a guy, you're going to go to the ER. You're not going to be in labor and delivery. You're not going to work in pediatrics."

Many participants voiced their frustration and stress when they were not able to apply the knowledge and skills they had learned when taking care of female patients. One participant described:

Being a male nursing student, I think back to when we were in women's labor and delivery, we don't get to experience as many things as a female would experience. Some patients didn't want males in their room. Some patients didn't want them doing certain things. I got to do a catheter in the OR because the patient was knocked out. So I got to get that experience, but I missed out on—I didn't really want to do it, but if I was a male wanting to experience, maybe, assessing dilation, that's not going to happen with a male nurse on a female. We get stressed out because we don't get to do as much. You tend to have to pick male patients if you're in an adult kind of setting because you don't want to miss out on something.

Another participant experienced similar frustration:

I never got to do a Foley, or where you go in and feel the cervix to see how much it's dilated. I never got to do that. I did get to see a couple of vaginal births, but I

had to fight tooth and nail to get to do it. So, yeah, it bothered me more in that clinical.

When female patients refused his care one participant was really frustrated because he was not able to learn or to apply his skills:

What sometimes stresses me out is they don't want me to take care of them. I'm impartial to the patients I get. It's all the same to me. I don't discriminate racially, or with gender or whatever, but what does affect me is my inability to do my job. Even the anticipation of being refused by female patient put a lot of stress on one particular participant:

Another stressor that I experienced that wasn't as easily overcome was, again, another gender stigma regarding—in my maternity rotation. I wasn't at the Women's Hospital. I think I would have felt a little worse if I was there, but I was concerned that I was going to be asked to leave and that I was going to miss out on clinical opportunities.

Several participants described how they were mistaken as doctor in the clinical setting many times: "Sometimes, there's the confusion of, 'Oh, are you a doctor?'. There's still that thing lingering around that male being a nurse is still a taboo."

Other participants described the frustration of being mistaken as medical student: They'll think you're a medical student, so then there's like a higher regard, I guess, which kind of isn't fair to the females. But it also then puts a reverse pressure on it because then they'll not dumb down things for you and start talking to you like you should know everything about your patient, and then you wind up

getting lost. Then there's some frustration of—like—a pressure to perform, I guess. And that can be a problem sometimes.

One participant's self-awareness of his male student nurse status created his own perception of how other people perceived him, which in turn caused him to experience a tremendous amount of stress. He described the feeling of uneasiness and inferiority when surrounded by professionals from other disciplines:

Currently, as a student right now, it is stressful because every morning when I go in there and the doctors are making their rounds—you know—they know I'm a nursing student because a lot of them are PharmD, med students, whatever they might be. They're making their rounds. It's a big group of them, and I'm the only guy on the floor. Or I'm the only male nursing student. They give you this look. They do give you this special look, and it's just like, 'Okay, I know your job title is more prestigious than mine. That's fine. That's what works for you.' But come now, like I said, at the end of it all we're all just people. Some people don't look at it like that, but whatever. Yeah, that is stressful. That's very stressful.

Some of the participants felt faculty treated them differently. One participant stated the following about faculty, "I don't know if it's because a lot of them are older females, but I get a sense...I remind them of a grandson or an actual son, so they'll kind of take me under their wing a lot."

Another participant said the following about faculty, "They seem to treat me nicer with the females. Even instructors it seems like they treat the males a little bit....they seem to have more positiveness towards the boys."

Pattern: Ridiculed for Being a Male

Many participants felt uneasy and experienced some degree of stress when telling other people that they were going to Texas Woman's University because the term "woman" sounded feminine. One participant described: "...when I say 'the school'—Texas Woman's University—it's a lot geared towards the female sex. It's a little bit stressful there".

Another participant shared similar experience:

Then the next question is—you know—people always say, 'Oh, that's good. So where are you going?' And then, 'I'm going to Texas Woman's University.' Not that I mind. I love TWU. I really, honestly do, but it's just like, 'Really? You're a male nursing student going to Texas Woman's University?' Like that falls into the category of all women, but you're a guy. At times, it's weird for those 30 seconds. I guess that's stressful for those 30 seconds.

Other participants were being ridiculed by friends and family for deciding to become a nurse. One participant explained:

You get, maybe, ridiculed by your parents for not being a doctor or something higher. I chose this because I wanted to be a nurse. You might get, sometimes, ridiculed by family or friends. 'Oh, you're a male nurse. That's funny', or, 'That's weird'.

Another participant shared similar observation and, at the same time, frustration: ...Just like you have to compromise with yourself to go into nursing, get ready to deal with the ridicule of it. I can just see some older-fashion men—like in my

dad's generation—they'd rather be jobless than go into nursing because it's just not masculine. Same reason they wouldn't go into a store and buy tampons for their wife or something. They're not going to do it because it's demeaning to them or something.

One particular participant described how extremely stressful it was for him to realize that even though his mother loved and supported him and his decision to become a nurse she felt embarrassed to admit to other people that her son was in nursing school. He revealed:

It is stressful because sometimes I hear my mom talking, and it really irks my nerves because she's the biggest influence for me getting into nursing school. She told me to take this path. I'm happy that I chose it. I really am. But then, you know how older Asian people can be. It's all about status. Whenever I hear her talking to people it's just like, 'Oh, my son, he's going into this field.' It's never nursing. It's something relating to the medical field... Now that is probably the biggest stressor that I have.

Some of the participants described that other people assumed they were gay for wanting to be a nurse. "In the US culture, males being nurses aren't always seen as very manly or they might think you are a homosexual or something like that," was stated by a participant.

Other Findings

Coping with Stress

Despite all the stressors experienced as male minority student nurses while completing the baccalaureate program the participants had coped well and grown professionally as a result. One strategy commonly used by many participants was talking to other male minority student nurses. One participant described how talking to other male minority student nurses in the program helped him to deal successfully with the stressors that he experienced:

We talk about it or deal with it by talking about it. There are not too many guys in our class, but you tend to find those people to hang out with. And they know what you're dealing with. They're also minorities. You go and group up with people that are in the same group as you.

Other participants used the same method to cope with stress: "...I try to talk to my fellow classmates. I ask them how they are coping with their studies", "...talking to other male nurse students had helped in a way...", "I know for sure from past experience that it's helped me, especially talking to someone who has gone through it before."

Some participants found activities such as having a few drinks or playing video game as beneficial in relieving stress:

We always have a drink or something. That's not always the best thing, but sometimes it might help you relax a little bit every once in a while. Also, do things that I have fun—just get away from school, like video games or something—entertainment.

While other participants found hanging out with other male minority student nurses in the program help him to relieve his stress: "...definitely going out with other nursing school friends, especially males—someone who we can relate to, especially playing sports, video games, having Guys Night Out Only..."

One participant relieved stress through other channels:

The biggest thing I do is call my parents or my sister. I have a girlfriend who's in nursing school, too, so sometimes talking to her; she knows what I'm going through. That makes that a little easier. Sometimes I'll drink, not a lot, just go home and have a beer. It's more the alone time than it is the beer—just doing that. And working out—working out is the big one.

Another participant prayed to God, meditated, and worked out on a routine base to help him deal with stress:

The most important thing I do is to pray to God to help me because I'm religious. I do some meditation, things like that. Then I also try to go to the gym to work out about 2 or 3 times a week, depending on how my schedule is, how busy I am with my studies.

One particular participant received tremendous support from family and friends, which help him to overcome the stressors experienced while completing the program:

The support of my family and my girlfriend, which is now my wife. Awesome support—I mean—never made me feel like my culture does. They never made me doubt. I never would even if they did, but they were always positive. My friends

here at school, like I said, student nurses here, they want to see you succeed, for whatever reason.

He also found his wife's company, and staying focused and organized to be especially helpful in dealing with stress:

I would go to the movies with my girlfriend on what little time off you have, and then it's back to work, back to work. But the ability to stay organized is another thing. Before, when I started, I was a little disorganized. Once you get organized and focused, that helped a lot.

Overall, working out, and talking to family and friends had been utilized by many participants to help them cope with stress, as described by one participant: "working out, family, and the little bit of time that I do get to talk to my friends, that helps me deal with a lot of the stress".

One participant, whose belief and behaviors deeply embedded in ancient martial art and Buddhism, revealed his secret of successfully dealing with the stressors he experienced while completing the program:

Take care of yourself—don't overstress yourself. I just think one thing—no matter what you do in your career or your school, just don't let those things get into you because the more you whine about that, the worse it gets. So, why don't we just go along with it?

He went on to explain why he decided to deal with the stressors he experienced all by himself:

I do talk to my family a little bit about that—sometimes whine about that—complain—yeah—it’s stressful—it’s so tired. But then, what’s it going to do? I figure out nothing. So, I just—kind of—go ahead and do it.

Why Men Do Not Go Into Nursing

When asked about the reason why we do not have many male minority student nurses in nursing schools many participants raised several similar concerns. One of the concerns was that the idea of becoming a male nurse might trigger ridicules from people:

Being afraid of being ridiculed as being a male and a nurse, that’s a taboo in our—maybe in our society it’s an issue. I don’t know about other countries, but in the U.S. culture males being nurses aren’t always seen as very manly or they might think you’re a homosexual or something like that. That might deter some people.

Another participant frankly expressed his opinion this way:

That’s just the perspective of being a nurse. They expect it to be a female. Heck, all those little call light buttons, if you go into a patient’s room, is a picture of a girl with her hair flowing out of the little nursing cap. You hit it to call your nurse. Every little kid identifies nurses as being female. Even I thought they were always supposed to be female until—of course—you get older and you’re like, ‘Oh, anybody can work at any profession.’ Doctors can be women, and nurses can be males.

Furthermore, one participant felt that the image of male in nursing had been inaccurately illustrated by the media and viewed by the public: “I think one would be just

the stereotypes and the media, especially after the movie [Meet the Parents] that it's been somewhat more of a female nursing role".

In addition to that, according to him, the nursing profession had not been well represented by male nurses at career fairs or job fairs: "...I think it's just the education about nursing: when you go to job fairs you usually see females talking about nursing who are supporting it, and you don't see that many guys, especially in career fairs".

One interesting finding was the sharing of one participant's cultural view-point on male and the nursing profession:

In my culture, Hispanic culture, I kind of get a weird vibe when I tell people I'm a nursing student. It mostly goes back to being a homophobic culture. They say, 'You're a nurse?' And my friends are bad. I have a friend; he's always like, 'What are you going to do when you have to wipe a guy's ass or when you have to touch a guy's penis?' I'm like, 'Man, it's just part of the job. We do it.' But he's totally like, 'Wow. You won't feel weird doing that?' But the whole culture, being Hispanic, it's being accepted, but even now when I tell people, they're like, 'What are you doing?' I'm like, 'I'm a student nurse. I'm going to be a nurse.' And they're like, 'A male nurse?' They still kind of think—and I know what they're thinking, but they don't say it. My friends kind of joke about it still, but that is a stressor to me".

He took a step further and stated:

When you're a little kid—"What do you want to be, a doctor, a lawyer?" No one ever—they never tell you a nurse, because it's not sold to you. It's not an idea

that's ever introduced to you in your head. So most people grow up and they just overlook it.

He explained:

It's a great career, but, like I said, it just isn't sold to men. No one tells you—especially, like I said, in our society, being macho, no one says, 'Hey, you should be a nurse.' They're like, 'You should be a football player or be a lawyer.' That's what they sell you as a man. That's why most men don't even look”.

In addition to his observation and belief, he also made a very interesting point about a factor, which he strongly believed, prevented men from entering the nursing profession:

It's the men, they avoid emotion. This is a highly emotional job. You have to get in there. You have to get your hands dirty, you have to deal with family, and you have to deal with patients dying. And the doctors are there 10 minutes, in and out, but you're with them the whole 12 hours that your shift is. You have to see their mothers crying, their husbands crying. You have to deal with all that. That's another reason why they say men go to the ER, for the same reason. You really don't have to deal with that emotional part. In the ER, you're patching them up and getting them down the road.

Another participant, who even though had only spent several years in this country, had the same observation when asked about how society viewed men in nursing:

The society pretty much still looks at nurses as female, and sometimes it's like, 'Whoa, you are a male nurse'. It's like maybe it's new to them, but I do think we

do get a lot of male nurses in the force 'cause there's tons of things that we can do.

On the other hand, one participant did believe that "a lot of minority people don't know much about the nursing program". He also added:

Some of those minority students might be struggling with the way the exam is being set because it's multiple-choice. They might have difficulties. Despite that they are brilliant, they might not get very good results for them to get into the program.

Summary

The purpose of this study was to explore the stressors experienced by male minority student nurses while completing the baccalaureate program. In addition, coping mechanisms or strategies used by the participants to deal with those stressors was also studied. Furthermore, the participants' thoughts and opinions regarding the reasons or contributing factors related to the lack of male minority students in nursing was also explored in this study. Overall, through a series of 10 semi-structure in-depth interviews, there are four patterns and seventeen sub-themes emerged from analyzing the transcripts describing the stressors experienced by male minority student nurses while completing the baccalaureate program. There are two related findings that emerged from analyzing the transcripts describing the participants' coping strategies or mechanisms and the participants' thoughts and opinions regarding the reasons or contributing factors related to the lack of male minority student nurses in nursing. Even though each and every participant had unique stressors experienced as a male minority student nurse while

completing the baccalaureate program, overall, these stressors had many things in common. And together, these stressors reflect the experience of the male minority student nurses as a whole. In addition, although each participant dealt with stress differently and had different thoughts and opinions about male minority student nurse and the nursing profession there are similarities that cut across these differences.

CHAPTER V

SUMMARY OF THE STUDY

This qualitative study explored the stressors experienced by male minority student nurses while completing the baccalaureate program, the coping mechanisms or strategies used by the participants to deal with those stressors, and the participants' thoughts and opinions regarding the reasons or contributing factors related to the lack of male minority students in nursing. This chapter summarizes the current study and discusses the findings from the study compared to those found in similar studies in the literature. Based on the findings of this study, the chapter also arrives at several conclusions and suggests a few implications for the baccalaureate nursing program. The chapter concludes with recommendations for future studies on the same or similar topic.

Summary

In this study, the researcher utilized Husserl's descriptive phenomenology (1962) to collect, analyze, and describe the stressors experienced by male minority student nurses while completing the baccalaureate program, the coping strategies or mechanisms used by the participants, and the participants' thoughts and opinions on the lack of male minority students in nursing. Each transcript describing the stressors experienced by male minority student nurse was analyzed using Colaizzi's (1978) phenomenological methodology. Four patterns and seventeen themes emerged from analyzing the transcripts. The four patterns includes: Higher Perceived Expectations, Outnumbered,

Treated Differently, and Ridiculed for Being Male. The overarching theme is Being a Male is More Stressful than Being a Minority.

Many participants experienced stress due to their higher perceived expectations and the pressure of living up to those expectations: Asians are smart and Hispanic males are the providers in the family. "Being outnumbered" by the female classmates and being very visible to classmates and faculty were also stressful to many participants. In addition, being treated differently by the faculty, fellow classmates, patients, patients' family members, other healthcare providers, and even their own family members was the source of stress, anxiety, and frustration for a number of participants. Furthermore, there were at least several participants being ridiculed for going to Texas "Woman's" University and for choosing nursing as a profession. However, thus far all of the participants had successfully dealt with stress by either hanging out with other male minority student nurses in the program, or involving in non-school related activities, or personally facing it.

Discussion of the Findings

Over the years, there have been many studies focusing on the stress, challenges, barriers, and difficulties experienced by student nurses, student nurses from racial and ethnic minority groups, foreign-born student nurses, as well as male student nurses. However, published literature on the stressors experienced by male minority student nurses was not identified.

This study explored the stressors experienced by 10 male minority student nurses while completing their baccalaureate program, the coping strategies used by the

participants, and the participants' thoughts and opinions on the lack of male minority students in nursing. An overarching theme, 6 patterns, and many sub-themes emerged from analyzing the transcripts describing the participants' experiences. Findings from the current study were discussed and compared to those found in the other studies.

Stressors Experienced by Male Minority Student Nurses

Among the stresses, difficulties, challenges, and barriers experienced by male student nurses revealed by previous studies were lack of information and support from guidance counselors (Barkley & Kohler, 1992), lack of exposure to non-feminist paradigms of nursing care (Dunn & Griggs, 1998a, 1998b), lack of sufficient role models (male faculty and preceptors) (Kelly et al., 1996), unequal clinical opportunities and requirements (Kippenbrock, 1990), isolation (Okraimec, 1994), poor instruction on the appropriate use of touch (Paterson et al., 1996), lack of content related to gender-based social relationships (Rochelle, 2002; Streubert, 1994), and lack of teaching strategies appropriate to male learning needs (Trachtenberg, 2000; Villeneuve, 1994). Unequal clinical opportunities were also found to be a source of stress for many participants in the current study. In fact, one participant believed that he was not given enough opportunities to learn during his Labor and Delivery and Pediatric Nursing rotations because his female preceptor assumed that, as a male, he would definitely not work in Labor and Delivery or Pediatric unit after graduation. In addition, many participants voiced their frustration and stress when they were not able to apply the knowledge and skills they had learned when taking care of female patients.

Stressors found by other researchers from previous studies also included male student nurses' experiences of isolation in nursing programs (Burt, 1998; Whittock & Leonard, 2003) and facing the challenge of being a "real nurse" and questions about masculinity and sexuality (Streubert, 1994). Similar findings were also discovered in the current study. At least three out of nine participants expressed the stressful feeling of being in the minority. In fact, one participant considered "being outnumbered" in a program and in a university where the vast majority of the students are female "is pretty stressful". One particular participant found it difficult to find guy friends to hang out with in a program where the vast majority of the students are female. In addition, in the current study, a number of participants were also being ridiculed by friends and family for deciding to become a nurse.

In a study conducted by Smith (2006), client refusal to be treated by a male student nurse was one of the challenges faced by non-traditional male student nurses transitioning into a nursing program. In the current study, when female patients refused their care many participants were really frustrated because they were not able to learn or to apply his skills. In fact, one participant described how female patients refused to receive care from him made him feel discrimination.

However, there were several stressors experienced by male minority student nurses that were unique to the participants in the current study and not recorded in previous studies. New knowledge identified included: higher self-perceived expectation, being very "visible" to classmates and faculty, being expected to be physically stronger, missing out on scholarships created specifically for female students in a predominantly-

female school, being mistaken as a doctor or medical student in clinical settings, feeling inferior as a male student nurse when dealing with other disciplines, hesitating to care take care of female patients, experiencing anxiety and stress associated with male gender when dealing with a patient's family, experiencing stress when dealing with own family, and being ridiculed for going to Texas "Woman's" University.

On the other hand, there were stressors experienced by student nurses from racial and ethnic minority groups in other studies not found in the current study. Stressors identified by other studies and not in the present study were: family conflicts, roommate conflicts, conflict with advisor, the competitiveness of classmates (Kirklands, 1998). In addition, feelings of extreme loneliness and isolation, perceiving minority status as very different from White peers, disappointing in teachers' lack of acknowledgement of individuality, disappointing in peers' lack of understanding and knowledge about cultural differences, desiring emotional support from teachers, coping with insensitivity and discrimination, and determination to build a better future (Gardner, 2005) were not identified as stressors in the present study. Finally language problems, academic weaknesses, social issues, and personal characteristics or situations identified by Choi (2005) as stressors were not identified in the present study..

Dealing with Stressors

In the current study, despite the stressors experienced as male minority student nurses while completing the baccalaureate program the participants had coped by associating with and talking to other male minority student nurses in the program as well as being involved in non-school related activities, such as having a few drinks, playing

video game, prayer, meditation, exercise, and socialization with friends and family. One participant found personally facing stress all by himself without complaining to or asking help from others to be helpful in dealing with stress. In a qualitative study by Sanner, Wilson, and Samson (2002) who explored the perceptions and experiences of international senior student nurses in a baccalaureate program found being persistent despite perceived obstacles to be very beneficial in coping with stress by many of the participants.

Barriers (Preventing Men and Minorities from Entering Nursing)

In the current study, when being asked what might be the reasons why we do not have more male minority student nurses in nursing the participants offered several interesting thoughts, opinions, and perspectives. Some participants shared the idea of becoming a male nurse is not very popular or well-received by the general public or by males in particular. Other participants felt that many people from racial and ethnic minority groups do not know much about the nursing profession, nursing programs and what a nurse could potentially offer to a specific ethnic or racial minority. One participant believed that many minority students might find multiple-choice tests challenging. This belief was found to be congruent with the finding from a study conducted by Femea, Gaines, Brathwaite, & Abdur-Rahman (1994), in which many English as a Second Language (ESL) student nurses found taking multiple-choice tests especially difficult.

Conclusions and Implications

Conclusions

1. Male minority student nurses make a very conscious decision to become a nurse. However, they feel like people and society do not view nursing as a male profession.
2. The stressors experienced by male minority student nurses enrolled in a baccalaureate program include: higher perceived expectations, feeling outnumbered by their female counterparts, being treated differently, and being ridiculed for being male.
3. Stress reduction activities included, hanging out with and talking to other male minority student nurses in the program as well as being involved in non-school related activities such as having a few drinks, playing video game, prayer, meditating, exercise, and talking to friends and family. Male minority student nurses in this study believe that the idea of becoming a male nurse is not very popular to or well-perceived by the public in general or by males in particular and that male has a tendency to avoid emotions and providing nursing care to patients is highly emotional. Please see earlier suggested rewrite

Implications

From the findings of this study several implications are generated for nursing school faculty, nursing students, nurses, other healthcare professionals, friends and families of male minority student nurses, as well as the public:

1. Nursing school faculty should make efforts to provide male minority student nurses with the same opportunities as given to other student nurses in the program.
2. Female student nurses should treat male minority student nurses with the same respect and expectation, especially in the clinical setting.
3. Nurses who are given the opportunity to precept male student nurses should make efforts to provide the students with the same opportunities as given to any other students.
4. Other healthcare professionals should make efforts to respect the decision male student nurses make to become nurses, to value their contributions to nursing and healthcare, and to encourage them to grow professionally.
5. Friends and families of male minority student nurses should avoid being judgmental and ridiculing the decision made by these men to become nurses. Instead, friends and families should support their decision and provide all the necessary assistances and encouragements possible to help these men grown personally and professionally.
6. Patient and patient's family should make efforts to recognize and address male student nurses by their proper title, to treat them with the same respect and dignity given to other professionals, and to provide them with the same opportunities to learn and develop professionally.
7. Nursing school faculty, male minority student nurses, as well as male minority nurses should make efforts to educate the public about the invaluable

contributions made by the nursing profession and its people (male, female, Black, White, old, and young) by appearing and presenting at such public events as college & career day, health fair, or talk show.

Limitations and Recommendations for Future Studies

There are several limitations to this study. First, being conducted in only one university setting limits generalizability to other settings including diploma and associate degree programs. Second, the name, Texas Woman's University, was a unique stressor for this sample. Third, lack of racial/ethnic diversity was a limitation with 60% of the sample being Asian students.

This study is the first and only study that investigated the stressors experienced by male minority student nurses while completing the baccalaureate program. Findings from this unique study confirm several similar findings from previous studies and, at the same time, add new and useful knowledge to the published literature on the stressors experienced by male student nurses.

The knowledge gained from this study and previous studies on stressors experienced by male and minority student nurses should be utilized to either create new or tailor current programs in order to better serve this group of student nurses. Future studies, therefore, should also focus on evaluating the effectiveness of implementing such programs.

It is time for an intervention study with nursing education. Just as female medical students had to break the gender barriers in medicine, male nursing students want to break the gender barriers in nursing.

Summary

The stressors experienced by male minority student nurses while completing the baccalaureate program provided such an insight into the stress, difficulties, challenges, and barriers faced by many male student nurses. Even though several stressors experienced by the participants in this study were similar to those experienced by other male student nurses in previous studies the participants in this study also experienced many unique and different stressors. Most of these stressors were related to being a male student nurse rather than being a student nurse from a racial or ethnic minority group. Understanding these stressors urges each and every of us and our society as a whole to re-evaluate the way we have been viewing and treating male student nurses and male nurses. More importantly, appropriate and urgent actions need to be taken to minimize or eliminate these stressors so that we can potentially have more minority male in the nursing profession.

Findings from this study provided us with a better understanding of the different coping mechanisms and strategies used by male minority student nurses to survive and grow in the baccalaureate program. These methods might be useful to other students who are in the same or similar situations. Furthermore, incorporating the lessons learned from this study into appropriate interventions and programs could serve as a platform to launch intervention studies investigating the effectiveness of such programs and interventions.

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APPENDIX A
Interview Guide

Interview Guide

The purpose of this interview is for you to describe your stressors experienced as a male minority student nurse while completing your baccalaureate. You are encouraged to describe and give examples of your experiences.

Interview Questions

Question 1: Please describe the stressors you feel are directly related to being a male minority nursing student? Please give an example.

Question 2: How has being a male minority student nurse affected the stressors that you experienced? Please give an example.

Question 3: What has helped you to deal with each of these stressors? Please give an example.

Question 4: Have you been or felt discriminated against because of your gender or minority status? If yes, please describe and give an example of a situation or event

Question 5: What do you think might be the reasons why we do not have more men like yourself in nursing?

APPENDIX B

Data Collection Procedure Checklist

Data Collection Procedure Checklist

Obtain consent to participate in research	
Complete demographic data, then place sheet in participant's study folder.	
Set up audio recorders and microphones.	
Begin interview by reminding the participant of the purpose of the study, then proceed to the questions on the interview schedule.	
Start the interview process.	
At the end of the interview, thank the participant for his participation and provide him with \$20.00 cash compensation.	
Remind the participant that he might be contacted over the next 1-2 weeks if additional clarification is needed.	
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 synthesized to arrive at meaningful themes.	

APPENDIX C

Letter of Invitation to Participate

Letter of Invitation to Participate

Dear student,

My name is Tri Pham. I am a doctoral nursing student at Texas Woman's University. I am conducting a study to learn about the stressors experienced by male minority student nurses while completing a baccalaureate nursing program. Any male baccalaureate student nurse from any racial or ethnic minority groups can participate.

For this study, you will be asked to complete a demographic information form and participate in an audio-recorded interview. The interview will be conducted in a private room at Texas Woman's University-Houston Campus at a date and time agreed upon by you and the researcher. Your maximum total time commitment in the study is approximately 60 minutes and you will receive \$20.00 cash at the end of the interview for your time.

If you are interested in participating into this study please contact the researcher or his advisor, Dr. Malecha, using the contact information provided below.

Tri D. Pham, RN, MSN, AOCN, ONP, ANP

Office phone: 713-792-4382

Cell phone: 713-385-8491

E-mail: triapn@yahoo.com or tpham@mdanderson.org

Ann Malecha, PhD, RN

Associate Professor and Research Director, Texas Woman's University,
College of Nursing
6700 Fannin, Houston, TX 77030
Office Phone: 713-794-2725
Fax: 713-794-2103

Email: AMalecha@twu.edu

APPENDIX D

Informed Consent to Participate

Informed Consent to Participate

TEXAS WOMAN'S UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH

Title: Stressors experienced by male minority student nurses while completing a baccalaureate program

Investigator: Tri Pham.....713/792-4382
Advisor: Ann Malecha.....713/794-2725

Dear Participant,

My name is Tri Pham. I am a doctoral nursing student at Texas Woman's University. I am conducting a study to learn about the stressors experienced by male minority student nurses while completing a baccalaureate program. Any male baccalaureate student nurse from any racial or ethnic minority groups can participate.

For this study, you are asked to complete a demographic information form and participate in an audio-recorded interview. Your maximum total time commitment in the study is estimated to be 60 minutes. Your signature on this document constitutes your informed consent to act as a participant in this research.

Potential risks related to your participation in the study include experiencing some inconvenience due to the time involved in answering the questions or feeling uncomfortable discussing sensitive topics. If you experience persistent distress due to your participation in the study you are encouraged to contact your health care provider as soon as possible. Your involvement in this research study is completely voluntary, and you may discontinue your participation in the study at any time without penalty.

Another possible risk to you as a result of your participation in this study is release of confidential information. Confidentiality will be protected to the extent that is allowed by law. The original demographic information form, audio recorders, interview transcripts, and other study related notes and records will be kept in a secure, locked cabinet in the investigator's office. Only the investigator and his advisor will have access to the information. Electronic copies of the demographic information and the interview transcripts will be kept on the investigator's private computer that is kept in a locked room, password protected, and used only by the investigator. It is very unlikely that unauthorized persons will obtain study materials. Electronic copies will be erased and the hard copies will be shredded within 5 years. It is anticipated that the results of this study will be published in the investigator's dissertation as well as in other research publications. However, no identifying information will be included in any publication.

Initial: _____

p. 1/2

TEXAS WOMAN'S UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH (cont'd)

Title: Stressors experienced by male minority student nurses while completing a baccalaureate program

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.

Possible benefits for the participant include the value of reflecting on your experiences. You may also experience some satisfaction from participating in this study that may help determine ways to better support other male minority student nurses while completing a baccalaureate nursing program. You will also receive \$20.00 cash as a compensation for your participation at the end of the interview.

If you have any questions about the research study you may ask the researchers; their phone numbers are at the top of this document. 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. You will be given a copy of this signed and dated consent form to keep.

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

APPENDIX E

Demographic Information

Demographic Information

1. What is your date of birth? _____
2. What ethnicity do you consider yourself? (Check one major category or specific region.)

- ☐ Black (not Hispanic)
- ☐ Hispanic: Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.
- ☐ Asian or Pacific Islanders: Origins in the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.
- ☐ American Indian or Alaskan Native: Origins in the original peoples of North America and who maintain tribal affiliation or community recognition.
- ☐ Other

3. Were you born in the U.S.?

Yes _____

No _____

If No, What is your country of birth? _____

What year did you migrate to the U.S.? _____

What is your first language? _____

4. What is your current relationship status?

Not in a committed relationship _____

In a committed relationship _____

Married _____

Separated _____

Divorced _____

Widowed _____

Other: _____

5. What is your current employment status?

Not working _____

Working Full-time _____

Working Part-time _____

6. What program are you currently enrolled?

Full time course work (12 hours or more) _____

Part time course work (less than 12 hours) _____

7. What is your contact information?

Home phone: _____

Cell phone: _____

Work phone: _____

E-mail address: _____

For office use only: Participant's Initial & Code #: _____ & _____