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The meaning of masculinity for male baccalaureate nursing program graduates

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THE MEANING OF MASCULINITY FOR MALE BACCALAUREATE NURSING
PROGRAM GRADUATES

A Dissertation

Submitted to the Graduate Faculty of the
Louisiana State University and
Agricultural and Mechanical College
in partial fulfillment of the
requirements for the degree of
Doctor of Philosophy

in

The School of Human Resource Education
And Workforce Development

by
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December 2006

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This dissertation is dedicated to my sons, Parish and Garrett.

Each of you fill my life with joy from yesterday, love for today, and hope for tomorrow.

I also dedicate this dissertation to the memory of two important men in my life.

To my father, William Elbert Tillman, Jr., who instilled in me the value of education. I thank you for giving me such a lifelong gift, and realize without it I would not be where I am today. And, to Joseph Smith, MSN, RN, who was my only male nursing instructor. I thank you for your inspiration and for being a role model for me on this journey - may other men follow us.

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ABSTRACT

Previous researchers have reported that societal definitions of masculinity may act as a barrier to men entering the nursing profession, and that men who do enter nursing may hold a different view of masculinity. The purpose of this study was to describe the meaning of masculinity for recent male baccalaureate nursing program graduates. In addition, the study explored how the participants' perceived meaning of masculinity shaped or influenced their nursing education experiences, and in turn how their nursing education experiences may have shaped or influenced their perceived meaning of masculinity. A phenomenological research design was used to study eight male baccalaureate nursing program graduates. Data analysis revealed five distinct themes: career trajectory, educational experiences, masculine image, masculine attitudes and masculine caring. It was concluded that the men in this study had an overall complicit meaning of masculinity, personally rejecting the oppressive and dominating normative standards of masculinity, but recognizing and benefiting from patriarchal practices. The men perceived that their meaning of masculinity had influenced their nursing education experiences and in turn their nursing education experiences had influenced their meaning of masculinity by helping them develop affective caring and integrating this type of caring into their meaning of masculinity.

CHAPTER 1

INTRODUCTION

Nursing is a historically female-dominated profession, and has been identified as one of several gender-segregated professions in our society (Cheng, 1999; Williams, 1995). However, the growing shortage of registered nurses in the United States and in other countries around the world has focused attention on the need to recruit nontraditional students into nursing, such as males and minorities (American Association of Colleges of Nursing, 2001; Brady & Sherrod, 2003; Whittock & Leonard, 2003). Although progress has been made in recruiting more women into traditionally male professions, it has proved to be more difficult to recruit men into professions traditionally viewed as being feminine in nature. For example, Medicine, a traditionally male-dominated profession, is quickly becoming a gender-neutral profession. In 2003, more than half of the applicants to medical schools in the United States were female, and females comprised 49.7% of students enrolling (Silverstein, 2003). Williams (1995) specifically identified elementary school teaching, social work, librarianship, and nursing as four professions that continue to be viewed as feminine, and reported that females make up the majority of individuals choosing to enter one of these professions. Of these four professions, nursing continues to have the smallest percentage of men.

The Bureau of Labor Statistics (2005) estimated that 19.9% of persons employed as social workers were male, 17.8% of persons employed as elementary and middle school teachers were male, and 15.1% of persons employed as librarians were male. In contrast, only 7.7% of persons employed as registered nurses were male. These numbers show a slight increase in the percentage of men who are registered nurses when compared to data reported in 2001 by the Bureau of Health Professions Division of Nursing, which estimated that in the year 2000, men comprised only 5.9% of employed registered nurses. Although these figures are encouraging,

indicating that the number of men employed as registered nurses in the United States is increasing, men are still grossly underrepresented within the nursing profession, and it remains difficult to recruit men into baccalaureate nursing education programs.

There are many variables that make the recruitment of men into baccalaureate nursing education programs difficult. In 2001, the American Association of Colleges of Nursing (AACN) identified the lack of an inclusive image of nursing as one variable that prohibits the enrollment of males in nursing programs. The image of nursing most often portrayed in the popular media is that of a Caucasian female, excluding males and ethnic minorities. Evans (2004b) reported that the history of nursing as a female-dominated profession within the context of a patriarchal culture provides insight into the gendered nature of nursing, and that prevailing societal definitions of masculinity have acted as barriers to men entering nursing. Evans concluded that gender issues within the nursing profession remain poorly understood, and this lack of understanding is detrimental to individual nurses as well as the profession as a whole.

According to MacIntosh (2002), since most nursing students and educators are women, gender-related issues and learning style preferences shape nursing education and the socialization process of nurses. Societal definitions of gender and gender role expectations influence both the nursing education process and professional nursing practice. Gendered relationship patterns influenced by patriarchal societal norms often lead to the subordination and oppression of females, and those who work in female-dominated professions. Upon entering the female-dominated profession of nursing, initially via their educational experiences, males are also impacted by these gender norm patterns. Nursing educators and textbooks contribute to maintaining gender-based stereotypes in nursing. The image perpetuated is that nursing is a homogenous group of middle-class, Caucasian women. Such stereotypes are limiting to both male and female nursing students, failing to recognize differences in learning styles, social class,

age, race, values, and gender identity. MacIntosh stressed the importance of examining the visible and invisible gender-related issues within the nursing profession and strategies to reduce gender issues in nursing education. Ultimately, understanding gender issues within nursing education and the nursing profession, and implementing strategies to reduce gender issues, may improve attempts to recruit and retain both men and women in the nursing profession.

Brady and Sherrod (2003), in writing about strategies to retain men in nursing programs designed for women, emphasized the female dominance of nursing education programs. Brady and Sherrod explained that the majority of instructors, textbook authors and test item writers in nursing education are female. They also addressed many of the gender differences between male and female nursing students, including differences in how men and women approach situations and process information. Other researchers have also reported that gender is an important variable that must be considered in the preferred learning styles of men and women. Galotti, Drebus and Reimer (1999) studied 192 college students using the *Ways of Knowing Framework* developed by Belenky, Clinchy, Goldberger and Tarule (as cited in Galotti, Drebus & Reimer, 1999), and found that the males in the study generally exhibited a *separate knowing* and females in the study generally exhibited a *connected knowing*. Using a separate knowing approach, males tended to take an impersonal stance and remain distant and unbiased in analyzing what they were learning. In contrast, females tended to be passionate, and emotionally and intimately connected to what they were learning. Considering the significance of gender-biased nursing school experiences, Brady and Sherrod concluded, "...not only must male students learn to think like nurses, they also often have to learn to think like women to be successful" (p. 159).

Men working in female-dominated professions are influenced by feminine gender values, roles and behaviors. However, based on interviews with men who worked in social work, librarianship, elementary school teaching, and nursing, Williams (1995) found that men working

in female-dominated professions maintain their masculinity, and that their meaning of masculinity shapes and defines their professional work experiences. Williams called for a greater understanding of gender issues within female-dominated professions, and reported that very little is known about men who choose to do “women’s work.” Heikes (1991) reported that since nursing is considered a traditionally female occupation, men who choose to become a nurse are viewed by others as being less masculine.

Researchers have studied role strain among practicing male registered nurses. Greenberg and Levine (1971) conducted a qualitative study of male registered nurses and found that most reported some form of role strain. Participants reported that role strain was experienced more often when working in medical-surgical nursing units, and that specializing in areas such as psychiatry, anesthesia and administration minimized role strain. Using a descriptive survey design, Egeland and Brown (1988) also conducted research on role strain among male registered nurses and found that as a group, male registered nurses reported only mild role strain between their occupational choice and gender roles. Based on these findings, the researchers suggested that males entering nursing may hold a different view of masculinity than the prevailing societal definitions, and this may therefore minimize role strain. Egeland and Brown wrote:

...those men holding to a traditional male image would be unlikely to find nursing attractive. Conversely, men entering and remaining in nursing might tend to be more androgynous in orientation, less inclined to accept a stereotypical male sex role, and come from families and social circles more open to the view that jobs need not be sex specific. (p. 265)

Based on the concluding hypotheses of Egeland and Brown (1988), do males who enter nursing have a different meaning of masculinity than the prevailing societal views and definitions of masculinity? Previous research conducted exclusively with male baccalaureate nursing program students to determine their perceived meaning of masculinity has not been identified. Therefore, several questions remain unanswered: What is the perceived meaning of

masculinity for males who choose to complete a baccalaureate nursing education program and pursue nursing as a career? Does their meaning of masculinity change during their nursing education experiences, and if so, in what ways? And finally, since Williams (1995) reported that the meaning of masculinity shapes and defines the professional work experiences of men who work in female-dominated professions, in what ways does the meaning of masculinity held by male baccalaureate nursing program students shape and define their nursing education experiences?

Problem Statement

The purpose of this study was to describe the meaning of masculinity for male baccalaureate nursing program graduates as perceived by recent male graduates of a baccalaureate nursing program located in southeastern Louisiana. In addition, the study explored how the participants' perceived meaning of masculinity shaped or influenced their nursing education experiences, and in turn how their nursing education experiences may have shaped or influenced their perceived meaning of masculinity.

Definition of Terms

For the purposes of this study, the following terms were operationally defined:

Male Baccalaureate Nursing Program Graduate. A male, age 21 years or older, who has successfully completed a baccalaureate nursing education program within the previous three months.

Masculinity. Those qualities, attributes, characteristics, values and behaviors as perceived and described by a participant as being masculine. (Researcher developed definition)

Nursing Education Experiences. Any experiences of recent male baccalaureate nursing program graduates that occurred while they were students enrolled in didactic and clinical nursing

courses. These experiences may involve fellow students, faculty, health care professionals/personnel, patients, friends and relatives.

Limitations

1. Since the research used a qualitative research design with purposeful sampling, the findings of the study were not generalizable.
2. Since participants were asked to reflect upon their experiences prior to and while enrolled as a student in a baccalaureate nursing education program, and since these experiences may have occurred over a four or more year period preceding the interview, participants may have experienced recall bias. This may especially be true of recalling more distant experiences when compared to recalling more recent experiences.
3. Since interviews were conducted after participants completed their nursing education, perceptions and meanings described by participants may have only reflected those held at the point in time of the interview and may not have reflected those previously held by the participant prior to or during his nursing education experiences.
4. Since all participants were male, the male gender of the researcher may have influenced a participant's responses, and therefore, such responses may not reflect the participant's true feelings or meanings. Williams and Heikes (1993) reported that participants often use the gender of the researcher as a cue to the researcher's orientations and opinions, and participants will develop their responses accordingly. Males who are interviewed by another male may be less likely to discuss intimate topics and may feel the need to maintain a certain status in the eyes of the male researcher.
5. Participants were known to the researcher, and therefore, the responses of participants may have been influenced by their previous knowledge of and experiences with the researcher.

Significance of the Study

The Bureau of Health Professions National Center for Workforce Analysis (2002) estimated that there was a 6% shortage of registered nurses in the United States in the year 2000. If the current trend continues, it is estimated that the shortage of registered nurses will increase to 29% by the year 2020. To meet this increased need for registered nurses it is necessary for nursing educators to recruit and retain more nursing students. In 2001, the AACN called for nursing educators to recruit nontraditional students and reported that attracting men into nursing is essential to maintaining the integrity of the nursing profession. Males and minorities are underrepresented in the nursing profession, and provide a potential untapped resource of future registered nurses.

The knowledge generated from this study may be useful to nursing educators in better understanding gender related issues in nursing education, specifically from the perspectives of males who have recently completed a baccalaureate nursing education program. A greater understanding of the meaning of masculinity held by recent male graduates of a baccalaureate nursing program, the ways in which their meaning of masculinity may have shaped and influenced their nursing education experiences, and in turn, how their nursing education experiences may have shaped and influenced their meaning of masculinity, may allow nursing educators to more effectively recruit and retain males in baccalaureate nursing education programs. In addition, this study contributes to the general body of knowledge on gender issues within nursing education. This body of knowledge will hopefully one day lead to the development of gender-neutral nursing education environments, a more empowered nursing workforce that has not been socialized as a subordinate or oppressed group of health care professionals, and increased gender diversity within the nursing profession in order to better meet the health care needs of a diverse society.

CHAPTER 2

REVIEW OF THE LITERATURE

This chapter presents a review of the literature pertaining to the concept of masculinity, gender work roles and caring, and men in nursing.

The Concept of Masculinity

The concept of masculinity has been written about extensively in the literature, and there is a growing interest in men's studies and masculinity. Connell (1993) maintained that this interest emerged from the growth of feminist research on gender and sex roles beginning in the 1960s. Connell points out that the concept of masculinity has evolved over the recent past, starting with the notion of masculinity as a *psychological essence*. Connell explained this idea as:

...the notion of masculinity as...an inner core to the individual. This may be inherited, or it may be acquired early in life. In either case it is carried forward into later life as the essence of a man's being. (p. 599)

Connell pointed out that one weakness of this particular concept of masculinity is that it primarily focuses on the influences of heredity and the family unit on the individual's development of his masculinity, and limits the role of other social influences.

The role of biology and heredity in producing masculinity must be considered. There are obvious differences in the physical bodies of males and females. Gender is genetically determined, and in response, the endocrine system hormonally influences the development of physical gender characteristics. The physiology of the body dictates the role of males and females in the reproduction process, and hormonal influences may also contribute to behavior characteristics such as aggression in males.

In addition to biology, the role of evolution must also be considered in the development of gender differences. Tiger (1969) proposed a theory of masculinity based on the evolution of gender roles. Tiger, a biological anthropologist, reported that we are descended from a hunting

species. Primitive men and women lived in groups and had very specific roles in order to ensure survival. The roles of females included care and protection of the young and the home. The females stayed close to the home, but would gather edible plants, berries, nuts and seeds, as well as wood for fires. In contrast, male were hunters and for protection hunted in groups. Tiger coined the phrase *male bonding*, and proposed that the need for males to be in the company of and have camaraderie with other males evolved from this primal role of males hunting in groups. This need for males to bond and form groups was carried forward and expressed throughout history within many social institutions such as politics and governments, militaries, and education and religious institutions. Through such social institutions men have historically asserted and maintained their dominance over women.

The concept of male bonding, or the desire of men to engage in group interactions with other men, has more recently been referred to in the literature as *homosociality*. Bird (1996) explained that homosociality is the nonsexual interpersonal attraction of males toward one another and their desire of men to interact with one another within a group context. To better understand the phenomenon of homosociality, Bird used a qualitative research design interviewing 12 men. In addition, she made observations of the men as they interacted within groups of other men. Bird found that the men in her study valued interactions with other men within the context of a social group. Bird also found that despite individual conflicts with a traditional masculinity, in the company of other males the men in her study felt they had to project traditional characteristics of masculinity. Bird reported the men used three shared meanings to perpetuate a traditional masculinity. These meanings were emotional detachment, competition, and the sexual objectification of women. These meanings were expressed within the all-male groups through conversations about sports, women, business, politics and drinking. Bird

found that the men considered it inappropriate to discuss intimate emotions, cooperation, and identification with women within the context of the group.

Masculinity is a social construct, and many of the characteristics of masculinity are socially derived and can be explained through the gender socialization of males and females. Connell (1995) reported that during the 1970s and early 1980s, masculinity in the literature was defined in terms of social constructs such as sex roles. Emphasis during this period was placed on societal role expectations, role stereotypes, and role models for males. Unlike the biological and evolutionary theories of masculinity, the social theories of masculinity allow for inclusion of social influences upon the development and meaning of masculinity. However, Connell maintained that the biological, evolutionary and social sex-role theories provide an inadequate framework for understanding masculinity because it does not address the emotional complexities of gender.

As a result of the limitations of previous conceptualizations of masculinity, Connell proposed a shift, stating that, “The object of knowledge is, rather, men’s places and practices in gender relations” (p. 601). Connell maintained that the personal expression and meaning of masculinity cannot be isolated from institutional contexts, such as the state, the workplace or labor market, and the family, and that the concept of masculinity is relational, situational and transformative. The concept of masculinity changes over time, and the changes in turn reshape the context in which the concept originally arose. This framework suggests that masculinity is a dynamic concept and is constantly evolving and changing in relation to social structures and influences.

The ever-changing and dynamic concept of masculinity described by Connell (1993) is referred to in the literature as *hegemonic masculinity*. Cheng (1999) described hegemonic masculinity as the “current ideal” of masculinity at any given time. Connell (1993), in reviewing

masculinities throughout history, emphasized how the concept of masculinity has changed over time and in relation to societal institutions and events. Connell reported that the concept of hegemony is based on cultural domination. Therefore, the hegemonic meaning of masculinity is always the definition conceptualized by the dominant social group, and it is always designed to maintain the group's position of dominance.

Connell estimated that the concept of hegemonic masculinity is constructed out of the lives of at most 5% of the world's population, and only reflects one culture at one time in history. However, Carrigan, Connell and Lee (1985) reported that large numbers of men are complicit in maintaining the hegemonic concept of masculinity, and therefore, it becomes the cultural idealized form of masculinity. In reality, most men's gender performance varies to some extent from the hegemonic masculine gender role, and most men do not embrace or embody all of the characteristics of hegemonic masculinity.

Gender identity, and conceptualization of one's self as either male or female begins early in life. The cultural concepts of male and female, and masculine and feminine, are transmitted to individuals from birth through the processes of socialization. At birth, one is labeled as either being a male or a female. McManus (1999) reported that several theories emphasize the role of culture and environment in the individual development of gender identity. These theories include socialization or learning-theory, in which the individual imitates models or examples seen in their environment. In addition, individuals respond to rewards for gender-appropriate behaviors and punishments for gender-inappropriate behaviors from peers and adults. Sapiro (as cited in McManus, 1999), reported that children as young as three years old are able to differentiate between the meanings of masculine and feminine. McManus reported that individuals may develop gender-schemas, or internal cognitive networks influenced through socialization, and

that these cognitive networks may be used by individuals to process thoughts and perceptions according to gender stereotypes and symbols in their environment.

The gender socialization process is heavily dependent upon visual images of masculinity and femininity. These images may change from one period of time to another as the meaning of masculinity or femininity also changes. One constant image of gender is that of the human body. As a society we have adopted a dichotomous gender schema - either a person is male or female. However, in reality there are more than two naturally occurring biological variations of gender. Connell (1995) pointed out that modern medicine is now capable of identifying and correcting the “social error” when individuals do not exclusively fit the definition of male or female based on genetics and/or genitalia. Connell wrote, “The medical practice [of gender reassignment] pulls bodies into line with a social ideology of dichotomous gender” (1995, p. 49).

Men’s bodies represent social symbols or images of masculinity. Two opposing concepts of the male body are seen in the literature. The dominant ideology from the biological sciences is that masculinity is produced from the body. Through genetics, hormonal differences, and physical body differences masculinity is produced. The opposite argument, based in the humanities and social sciences, is that the body is a neutral canvas on which the symbols of masculinity are imprinted. Men, being influenced by society, make choices regarding their body and develop a physical image that projects masculinity or femininity. Connell (1995) wrote that both biology and environment play a role in determining the physical image of gender and the two cannot be separated.

The physical image of gender, especially masculinity, is undergoing a transformation in our society. Many of the body image issues associated primarily with females in the past are becoming more common among men. Kimmel and Mahalik (2004) reported that body image concerns for males are increasing, and these concerns are driven by the often unattainable

masculine image of men to be increasingly muscular. When males are unable to attain such an image, dissatisfaction with their bodies can lead to negative health effects, including the use of anabolic steroids, dietary supplements to manage weight and muscle mass, and disordered eating patterns.

The image of masculinity is socially transmitted to young males through role models. Salzman, Matathia and O'Reilly (2005) reported that role modeling for young males is at a crisis point in our society. Not only are males receiving images from the media that they should be lean, athletic and muscular, but many young males lack real-life, day-to-day male role models to provide a grounded image of masculinity. Increasingly young males are being reared in single parent female-headed households, and many do not have adult male role models at school or at home. As a result, more and more young males must rely on the media for cues concerning masculinity. The images of men seen in the popular media have been influenced by the feminist and gay rights movements. Men are now portrayed in the popular media as not only looking lean, fit and muscular, but also as being concerned with grooming, dressing and appearance. In addition, the "modern man" should also be sensitive and emotional.

Despite a possible shift toward more sensitive and emotional masculinities within our current society, many characteristics of traditional hegemonic masculinity are alive and well within our culture. Cheng (1999) reported that hegemonic masculinity is composed of such attributes as domination, aggressiveness, competitiveness, athletic prowess, stoicism, and control. Domination is a hallmark of the concept of hegemonic masculinity, and is always in relation to those not in the dominant group. "Since hegemonic masculinity is thought to be superior, a characteristic of the in-group – the out-group is thought to be 'feminine' or some kind of non-conforming, or even failed masculinity" (Cheng, 1999, ¶ 20). In addition to such characteristics as domination, aggressiveness, and competitiveness, Cheng reported that

emotions such as love, affection, pain, and grief are considered improper characteristics of hegemonic masculinity. Instead, self-control of oneself is necessary to conform to the rules of stoic emotional display.

Cheng (1999) reported that the demographics of hegemonic masculinity include being male, white, able-bodied, heterosexual, Christian or Jewish, and between the ages of 20 – 40. Cheng noted however that upper age limit may be rising due to baby boomers getting older. In addition, Cheng acknowledged hegemonic masculinity may be performed by individuals who do not fit into these demographic categories. For example, females can and do pass as hegemonically masculine.

Other forms of masculinity are viewed in relation to hegemonic masculinity. Connell (1995) developed a framework in which to view these masculinities and broadly described other forms of masculinity as being subordinate, complicit, or marginalized. Since hegemonic masculinity is the culturally dominant form of masculinity, all other forms of masculinity are termed *subordinate masculinities*. This includes any form of masculinity that does not fit with the demographic characteristics of hegemonic masculinity. Connell wrote that the oppression of hegemonic masculinity places “homosexual masculinities at the bottom of gender hierarchy among men” (p. 78).

Connell (1995) noted that the number of men practicing hegemonic masculinity in its entirety is probably very small. However, most men benefit from hegemonic masculinity and its domination of others, especially women. Connell referred to this benefit as the *patriarchal dividend*. Connell termed those masculinities that have some connection with hegemonic masculinity, but do not completely embody all of the characteristics of hegemonic masculinity, as *complicit masculinities*. Connell wrote, “Masculinities constructed in ways that realize the patriarchal dividend, without the tensions or risks of being the frontline troops of patriarchy, are

complicit in this sense” (p. 78). Connell further explained that many men practicing complicit masculinities do so within the context of marriage, fatherhood, and community life. They are supportive, caring husbands who contribute and care for their families and communities. They do not openly dominate women or use violence against women, but identify with the concept of hegemonic masculinity. Through their complacency, these masculinities are complicit in the domination of hegemonic masculinity.

The concepts of hegemony, subordination and complicity were defined by Connell (1995) in relation to a gender order or hierarchy. However, Connell reported that structures such as class and race create other relationships between masculinities. Connell used the term *marginalized masculinities* to describe the masculinities of races and classes not meeting the characteristics of hegemonic masculinity. Connell wrote, “Marginalization is always relative to the authorization of the hegemonic masculinity of the dominant group” (p. 81). Marginalized males may practice hegemonic masculinity, but because they are also members of subordinate classes or ethnic groups, they are not allowed the same social authority as men in the hegemonically dominant group. Connell reported that in the United States Black men may embody hegemonic masculinity, but because they are not part of the dominant white race Black men are marginalized. Connell acknowledged that marginalization may also occur with subordinate masculinities such as homosexuals.

In contrast to, but in support of hegemonic masculinity, is the concept of *emphasized femininity*. Connell (as cited in Cheng, 1999), defined emphasized femininity as gender performance that accommodates hegemonic masculinity and serves to prevent other femininities from gaining cultural acceptance. Cheng explained, “The function of emphasized femininity is to please hegemonically masculine men and make them appear more hegemonically masculine – to make them feel stronger, wiser, more competent” (1999, ¶ 20). It is through the performance of

emphasized femininity that females and certain groups of marginalized males help perpetuate and maintain the social ideal of hegemonic masculinity.

Gender Work Roles and Caring

Cheng (1999) reported that the division of labor is influenced by both hegemonic masculinity and emphasized femininity. The opposing concepts have created bi-polarizations in labor, resulting in the societal view of certain occupations as masculine and certain occupations as feminine. Cheng identified selected hegemonically masculine occupations as the military, law enforcement, construction, and firefighting. Emphasized femininity occupations identified by Cheng include nursing, social work, clerical work, and teaching. In addition, Cheng pointed out that hegemonic masculinity may be expressed through work roles. For example, managerial hegemonic masculinity allows both men and women in managerial positions to exercise dominance and control over others through the use of rewards, punishment, and coercion in the workplace. Another work role described by Cheng is the technical/professional form of hegemonic masculine domination. Cheng reported that this style of domination is used by those (both male and female) who work as computer technicians, physicians and lawyers. Individuals in these occupations use their knowledge and expertise to gain and maintain power over others.

Guy and Newman (2004) described work roles that contrast with the hegemonically masculine managerial and technical/professional roles described by Cheng. Guy and Newman reported that many occupations traditionally held by women require *emotional labor*. This emotive work role is thought of as natural for women, and includes such tasks as caring, negotiating, and empathizing. The concept of caring is discussed extensively in the nursing literature, and many nursing researchers have worked to define and measure the concept of caring. Moffett (1994) proposed a conceptual model of caring for the helping professions which differentiated caring into affective, cognitive and behavioral components. Moffett distinguished

between two basic types of human caring: professional caring and personal caring. Professional caring involves different motives than personal caring, and the context of the two types of caring is also different. Personal caring is delivered within the context of family or other personal relationships, and professional caring occurs within the context of “helping professions,” such as nursing, teaching, and social work. Within the context of professional caring, Moffett conceptualized affective caring as including receptivity, responsivity, moral/ethical consciousness, and professional commitment. Moffett defined these constructs as:

Receptivity is the tendency of an individual to easily form relationships and to be sensitive to the needs of others. Responsivity is the tendency to be supportive, nurturing, and responsive to the needs of others. Moral/Ethical Consciousness is the tendency to treat others with human dignity and respect and to take responsibility for one’s own actions and for the welfare of others. Professional Commitment refers to following a consistent course in order to fulfill values and goals within a specific professional context. (1994, p. 16)

Moffett’s conceptual model of receptivity included components of interpersonal sensitivity and connectedness. Responsivity included components of concern, altruism and support. Moral/ethical consciousness included components of respect, acceptance, justice and virtue. And finally, professional commitment included components of endurance, consistency, and frustration tolerance. Moffett reported that the components of empathy and nurturance were considered fundamental to each of the four affective dimensions of caring in the nursing context.

To measure the affective component of caring, Moffett developed and tested the Caring Inventory for Nurses (CN-I). The CI-N consisted of four subscales which measured receptivity, responsivity, moral/ethical consciousness and professional commitment. Moffett surveyed 421 nurses, of whom 7.4% were male ($n = 31$), and reported that females scored significantly higher than males ($p < .05$) in each of the four subscales of the instrument. Moffett reported a positive relationship between scores on the responsivity dimension of the CN-I and scores on the Questionnaire Measure of Emotional Empathy developed by Mehrabian and Epstein (as cited in

Moffett, 1994). Moffett concluded that observed scores were consistent with prior research findings indicating that women tend to be more empathetic than men.

Ekstrom (as cited in Green, 2004) explored differences in perceived nurse caring according to nurse and patient gender. Using the Importance of Caring instrument to measure perceived nurse caring, Ekstrom reported that main effects ($p < .05$) when the gender of the nurse was male, was lower among both nurses and patients, concluding that nurses and patients perceive female nurses as more caring than male nurses. Using the Caring Behaviors Inventory (CBI), Green (2004) surveyed 348 nurse practitioners of whom 8.9% were male ($n = 31$). In contrast to the findings of earlier researchers such as Moffett and Ekstrom, Green found no statistically significant difference between male and female nurse practitioners' perceptions of caring. All of the nurse practitioners in this study perceived themselves as caring regardless of their gender.

Although caring is considered an important aspect of nursing, few studies on caring using a sample of male nursing students have been reported in the literature. One study on caring which did use male nursing students was a qualitative study of 20 male nursing conducted by Paterson, Crawford, Saydak, Venkatesh, Tschikota and Aronowitz (1995). In this study the researchers reported that male nursing students learn caring in nursing education within an interactional context. It is through experiential interactions with faculty, other nurses, and patients that male nursing students perceived they learned caring. Male nursing students participating in the study believed that one must first be receptive to learning caring, and that learning caring could not be taught. However, nursing faculty were perceived by male students as playing a key role in modeling and facilitating their development of caring.

Moffett (1994) distinguished between professional caring and personal caring as the two basic types of caring. In addition to research studies focused on gender differences in

professional caring, many researchers are now focusing on gender differences in personal caring. According to Kramer and Thompson (2005) it is estimated that males make up approximately 30% of all caregivers. Despite the increasing number of men providing personal caring to family members or significant others, Kramer and Thompson reported that the experiences of male caregivers has been neglected in caregiver research, and the contributions of men have often been marginalized. According to Kramer and Thompson, males provide care in a variety of styles that are influenced by gender, the relationship the caregiver has with the care-recipient, and the setting in which the care is given. In describing the interplay of gender and caring, Kramer and Thompson wrote, “He [the male caregiver] does caregiving and gender concurrently, and thus he actively constructs a new masculinity for himself, albeit one that entails caring for, nurturing, and a greater sense of connection to the care-recipient” (2005, p. 29).

The sense of connection to the care-recipient as well as social support among men caring for cognitively impaired older persons was the focus of research conducted by Neufeld and Harrison (1998). The concept of reciprocity, the extent to which the caregiver was able to have communication exchanges with the care-recipient as well as reciprocal social support from family and friends during care-giving, was explored through four interviews with 22 male caregivers over an 18-month period. Based on the work of previous researchers, Neufeld and Harrison reported that termination of the care-giving relationship was likely when reciprocity was absent. However, among the men in this study who reported an absence of reciprocity, the men continue to provide care out of a sense of obligation. It is interesting to note that most of the men in the study described giving care out of a sense of obligation, and believed it was their duty to protect or provide care based on their masculine family role as a husband, brother or son.

Doucet (2004) conducted qualitative interviews with 70 stay-at-home fathers caring for their children and discovered that the ways in which the fathers provided care was influenced by

their own sense of masculinity. Doucet found that the fathers struggled with giving up their bread-winner roles in the family. To compensate the fathers often took on part-time work or unpaid volunteer work. The fathers often found ways to reinforce their masculinity by performing physical labor such as repairing vehicles, woodworking, home improvement projects, or coaching and/or playing sports. The men reported that that wanted to impart a more masculine quality to their family care by promoting their children's physical activities, independence, and the fun and playful aspects of care. The men also felt the need to spend time with other men and take a break from their child caring roles. Doucet concluded that the masculinities represented by the men in the study did not represent more traditional masculinities, but instead represented complex, dynamic and evolving masculinities. Doucet wrote,

Furthermore, fathers' grappling with how to be "a good man" while also recognizing the "softening" that occurs while intimately involved in caregiving, points to the need to move beyond current theorizations around masculinities and to draw on other theoretical tools and approaches. (2004, p. 296)

Although masculinities may be changing and evolving, the societal view that caring is best performed by women is still present. The lack of value placed on caring and emotive work by society acts as a deterrent to both men and women who may consider work in a professional caring role. Guy and Newman (2004) reported that the tasks of caring, negotiating and empathizing are often required in the work place, but those men and women who perform such emotional labor are not compensated for this type of work. In fact, Guy and Newman argued that emotional labor is the missing link in explaining why women's jobs pay considerably less than men's jobs. Guy and Newman wrote:

Emotional labor applies to both men's and women's work, but it is the 'softer' emotions, those required in relational tasks such as caring and nurturing, that disappear most often from job descriptions, performance evaluations, and salary calculations. These are the emotions that are the mainstay of health and human service professions, public education, paraprofessional jobs, and most support positions, such as administrative assistants, receptionists, clerical staff, and secretaries. Simply stated, acts that grease the wheels so

that people cooperate, stay on task, and work well together are essential for job completion, but they are rewarded more with a pat on the back than with money. (p. 291)

In support of their argument, Guy and Newman pointed out that antidiscrimination and equal employment opportunity legislation over the past four decades has helped level the playing field for women at work, but has not resolved the pay gap between gender-segregated occupations.

The low pay typically associated with women's work has also been identified by researchers as a potential deterrent to males entering traditionally female-dominated professions such as nursing. Barkley and Kohler (1992) surveyed 126 male high school students from three different public schools to ascertain their perceptions about nursing. Participants were asked to complete a 45-item questionnaire using a Likert-scale rated from strongly agree to strongly disagree. The researchers reported that overall, participants in the study perceived a positive image of nursing, with the majority reporting that they agreed or strongly agreed that nursing was a profession, not just for women, and that nurses have high standards of behavior and a good public image. In addition to the Likert-scale questions, students were asked a series of questions about nurse wages and whether they would consider nursing as a career. Participants reported that they believed nurses only made between \$5 and \$15 per hour (lower than the actual salary ranges for that time), and the researchers therefore concluded participants did not perceive nursing as financially rewarding. In addition, 110 of the 126 participants reported they would probably not, or would definitely not consider nursing as a career option.

Men in Nursing

The Bureau of Health Professions National Center for Health Workforce Analysis (2002) reported that in the year 2000 there were approximately 1.89 million registered nurses in the United States. The demand for registered nurses at the time was estimated at 2 million, leaving a shortage of approximately 6%. The Bureau reported that several factors were contributing to a decline in the total number of registered nurses. These factors included decreasing enrollments in

nursing education programs, decreasing numbers of graduates from nursing education programs, an aging registered nurse population, and a decline in relative earnings of registered nurses. The Bureau projected that if the current trend continues, by the year 2020 the shortage of registered nurses in the United States will grow to 29%.

The growing shortage of registered nurses in the United States has focused attention on the under representation of men and minorities enrolled in baccalaureate nursing education programs. Several authors reported that the recruitment and retention of men and minorities into the nursing profession could help resolve the growing nursing shortage (AACN, 2001; Boughn, 1995; Brady & Sherrod, 2003). Men working in nursing have historically been attracted to practice settings with higher patient acuity levels such as emergency departments and critical care units (Boughn, 1995; Kersten, Bakewell & Meyer, 1991; Okrainec, 1994; Perkins, Bennett & Dorman, 1993). Hospitals, the setting in which these high acuity patient care areas are located, are projected to continue having the greatest need for registered nurses in the future (Bureau of Health Professions National Center for Workforce Analysis, 2002). Therefore, men could have a direct impact on decreasing the shortage of registered nurses in the acute care setting. Recruiting men into nursing is one strategy that has been used in other countries to address nursing shortages (Al- Ma'aitah & Gharaibeh, 2000).

Nursing educators have been challenged to help develop a registered nurse workforce that is more reflective of the composition of the total U. S. population. Two goals could be achieved within the nursing profession by increasing efforts to recruit and retain men and minorities: decreasing the growing registered nurse shortage and increasing diversity within the nursing profession. The American Association of Colleges of Nursing (AACN) has stated, "Attracting men and minority group members into nursing is essential to maintaining the integrity of the

nursing profession. Schools of nursing must take the lead in launching new and aggressive recruitment campaigns aimed at diversifying the nursing workforce” (2001, p. 5).

The American Association of Colleges of Nursing (2001) reported that the United State’s population is comprised of 51% females and 33% minorities. However, enrollments in baccalaureate nursing education programs do not mirror the nation’s population. Of the students enrolled in baccalaureate nursing education programs, 91% were female and only 9% were male. Only 26.5% of students enrolled in baccalaureate nursing education programs were from minority backgrounds. Considering these numbers, it is anticipated that in the near future the nursing workforce will remain predominantly white and female.

It is not surprising that the racial and gender composition of nursing faculty is also predominantly white and female. Men account for only 3.5% of the faculty in baccalaureate nursing education programs, and minorities only comprise 8.7% of the faculty. The lack of student diversity within baccalaureate nursing education programs is compounded by the under representation of men and minorities in faculty positions (AACN, 2001). Ellis (2004) conducted a qualitative study of 13 male nursing students enrolled in their last semester of nursing courses. Ellis reported the men in her study felt more male instructors were needed in nursing programs. The men perceived nursing curricula reflected a female perspective, and as males this was a difference they had to overcome. The men believed that having more male instructors in nursing would balance the perspectives of nursing education. In a qualitative study of 18 male nursing students Kelly, Shoemaker and Steele (1996) reported that male nursing students perceived more male role models were needed in nursing, and this would diminish the difficulty of males being in nursing.

Although many individuals and nursing organizations believe the entrance of more men into nursing will benefit the profession, Evans (1997) asserted that the entrance of more men into

the profession of nursing will not necessarily lead to progressive integration of masculine and feminine sex roles. Instead, Evans pointed out that men in the profession tend to occupy a privileged position in relation to female colleagues. Evans maintained that such a position of privilege is fostered by patriarchal cultural institutions, and men in nursing use strategies to separate themselves and their masculine sex role identity from their female colleagues and the feminine image of nursing. Primary among these strategies is the tendency for males to specialize in high acuity areas of nursing, such as critical care, because of the technical prowess and autonomy of nurses in these areas. Male nurses also tend to distance themselves by not socializing with female colleagues. Finally, Evans reported that the patriarchal institutions that nurses practice within tend to promote men more than women into positions of authority and leadership.

Many researchers have studied male nursing students in an attempt to identify why men choose nursing as a career, and to document the barriers men face in pursuing a nursing education. Okrainec (1994) conducted a 72-item survey of 328 nursing students, 164 male and 164 female, attending 13 different schools of nursing. The purpose of the survey was to examine the perceptions of nursing education held by male students. Female students were included for comparative purposes. In exploring reasons why males choose to enter nursing, Okrainec found that 87% ($n = 143$) of male nursing students reported the opportunity to help other people as the most influential factor in their decision to pursue nursing. The second most influential reason was employment opportunities (82%, $n = 134$), followed by income (77%, $n = 126$). Findings were similar among both the male and female nursing students.

Boughn (1995) also explored the reasons why men choose a career in nursing. Using a qualitative research design, Boughn interviewed 12 male students enrolled in a baccalaureate nursing program. Three themes emerged during the research regarding why the students had

chosen nursing. The first theme was psycho-social motivation. Participants expressed a strong desire to care for or help others. The second theme was practical motivation. Participants felt that nursing would provide them with job security as well as financial security. Finally, the third theme to emerge was feelings of power and empowerment. These feelings included power through the specific knowledge they were gaining as nursing students, as well as the power they envisioned having in their future practice. Many expressed the desire to pursue positions of power, such as management, or work in settings such as critical care, where they perceived nurses as having more power or autonomy.

Knowing someone who is a nurse is often cited as an influential factor for men deciding to pursue nursing as a career. In addition, prior experience with the health care system is also an influencing factor that has been cited in the literature. Perkins et al. (1993) reported that 70% of the 146 male nursing students completing a survey indicated they had at least one family member who was a nurse, and 88% had previously worked in healthcare as a military corpsman, EMT, nursing assistant, or licensed practical nurse. In a qualitative study Kelly et al. (1996) reported finding the men were often motivated to enter nursing because they knew someone who was a nurse, or had previous contact with the health care system. O'Lynn (2006) reported that 57% of 111 male nurses completing a survey knew a male nurse prior to enrolling in a nursing program.

Other researchers have explored the barriers that men face in pursuing a nursing education. Kelly et al. (1996) conducted a qualitative research study of male nursing students using a focus group design. Students participating in this study described the barriers that men face when choosing to enter nursing. One of the themes that emerged during the research was the negative image of nursing. Participants verbalized concerns that nursing is viewed as a female's profession, and identified a fear of being perceived as unmanly by their peers or clients. Other

concerns expressed by participants related to the image of nursing included the perception that nurses perform mundane tasks, are in a subservient role, have no autonomy, and lack formal education. In addition, participants expressed concerns about being perceived by others as homosexual and verbalized the need to acknowledge their heterosexuality to others. The participants felt that these negative images and attitudes about nursing were promoted by the portrayal of nurses in the media, especially through television.

Economic barriers were also identified by Kelly et al. (1996), as an obstacle in pursuing a nursing education. Students participating in the study expressed concerns about loss of income, and for some, the loss of the primary provider role within their family. Role reversal in losing the primary breadwinner role, and taking on other roles within the family such as cooking, cleaning and providing child care, was described by participants as difficult. In addition, the participants in the study reported nursing school was more difficult than they had expected. The men reported having little time to write care plans, and reported feeling demoralized when being told by faculty that a grade of “C” should be expected in nursing. The men expressed feeling frustrated because class content appeared to be irrelevant, and they were expected to learn a lot of material in a limited amount of time.

Gender bias within the nursing education setting was another theme that also emerged during the research. Participants expressed concerns about feeling isolated and lonely because of their gender and not always being included in conversations among female students. In addition, participants were often bothered by the generalization of nurses as female in both classroom lectures and in nursing textbooks. The use of the pronoun *she* when referring to the nurse was cited as an example of this. Finally, role expectations of male students in the educational setting were identified as barriers. Male students felt that their peers expected them to always be

assertive and take on leadership roles, as well as always assist others in performing physically demanding work such as moving patients.

The image of male nursing students displaying assertiveness has been documented in the literature by Streubert (1994), who conducted a phenomenological study of nine male nursing students. Streubert reported that the male nursing students in her study described feelings of confidence in the clinical setting. The male nursing students did not focus on a fear of harming their patients, or feelings of uncertainty or inadequacy in the clinical setting. Streubert concluded that unlike female nursing students who reported feelings of fear and inadequacy in a previous study she had conducted, the male nursing students in her study did not bring feelings of diminished self-esteem into the clinical setting.

Several researchers have reported that male nursing students have difficulties during their obstetrics and pediatric rotations. Using the *Sherrod Role Strain Scale*, Callister, Hobbins-Garbett, and Coverston (2000) reported that a study of 40 nursing students, 20 male and 20 female, revealed that the male nursing students had higher role strain scores during their maternal newborn clinical experiences than female nursing students. In a phenomenological study of eight male nursing students, Patterson and Morin (2002) found the students approached their obstetrics clinical rotation with a preconceived fear that they would be rejected as caregivers by female patients. The male students were also concerned their nursing care of female obstetric patients would be misinterpreted as inappropriate sexual behavior. The males reported that they felt like “outsiders” within the all-female context of their obstetrics clinical rotation, and valued the presence of their instructors or another female when they were providing nursing care to female patients.

The concerns male nursing students have about how they are perceived by female patients were validated in a qualitative study conducted by Morin, Patterson, Kurtz, and

Brzowski (1999). These researchers found that the majority of the 32 female obstetric patients interviewed preferred not to have a male nursing student, and many felt their male partner would be uncomfortable with a male nursing student providing intimate care. Evans (2002) found in a qualitative study of male nurses that most believed female patients were uncomfortable when receiving care from male nurses. The participants also believed that as a man female patients might misinterpret their touch as inappropriate or of a sexual nature. Evans concluded that this situation is compounded by the stereotype of men are sexual aggressors.

Several researchers have reported that male nursing students often perceive themselves as being unprepared to provide care to women and children. Male nursing students may perceive that they are lacking a feminine or maternal instinct that is required to effectively provide care to women and children, or that their nursing education inadequately prepared them for handling gender issues related to caring for women and children. In a survey of 111 male nurses, O'Lynn (2004) reported 61.8 % of the men received no guidance as student nurses on the appropriate use of touch. In addition, 90.1% of the men completing the survey reported that one important barrier for them as male nursing students was feeling nervous that female patients would accuse them of being sexually inappropriate when providing intimate care. In a qualitative study of 40 Jordanian male nursing students, Al-Ma'aitah and Gharaibeh (2000) found that the males perceived they were lacking the "maternal instincts" needed to care for children. The men reported communication with children as difficult, and felt that females were better at communicating with children than males. In addition, the men emphasized the importance of receiving patient feedback in response to their nursing care, and felt children could not provide such feedback.

Research on the career plans of male nursing students has been reported in the literature. Williams (1973) reported that of 273 male baccalaureate nursing program students completing a survey, 49% had a strong interest in becoming a nurse anesthetist. Ellis (2004) found in a

qualitative study conducted with 13 male nursing students in their final semester that most had career plans to eventually become a nurse anesthetist. Other researchers have indicated that male nursing students typically plan to work in a high acuity area after they graduate, such as critical care or emergency care units. (Boughn, 1995; Okrainec, 1994; Perkins et al., 1993). Researchers have documented that male nursing students have little desire to work after graduating in areas related to maternal/child nursing (Boughn, 1995; Okrainec, 1994; Patterson & Morin, 2002).

Much of the research that has been reported in the literature has focused on male nursing students as opposed to men practicing as registered nurses. In response to the growing national shortage of registered nurses, and specifically in response to the shortage in California, The California Institute for Nursing and Healthcare, the Coalition for Nursing Careers in California, and the American Assembly of Men in Nursing recently partnered to conduct a national survey of men practicing as registered nurse. The 34-item survey was conducted by the Bernard Hodes Group (2004) which reported a total of 498 men completed the online survey. The survey used a non-probability sampling technique, and caution must be taken in generalizing the results. Male nurses who volunteered to participate in the online survey were asked to rate reasons why they chose nursing as a career using a five-point Likert-scale, with one representing least important and five representing most important. The primary reasons participants reported for entering nursing included a desire to help people ($M = 4.24$), the perception that nursing is a growth profession with many career paths ($M = 4.0$), and the desire to have a stable career ($M = 3.67$). The men in the study reported the least important reasons they chose nursing as a career included a lifelong ambition to become a nurse, parental influence, funding availability for school, and having a family member in a health care profession.

When asked about their satisfaction with nursing as a career choice, 80% ($n = 398$) of the participants in the 2004 Bernard Hodes Group Survey reported that they would make the same

career choice again. Men participating in the study expressed concerns over public perceptions of men in nursing. When asked if they feel proud when telling others that they are a nurse, 60% ($n = 299$) reported that they did. Because of negative stereotypes about men in nursing, 40% ($n = 199$) of participants reported feeling awkward or defensive when telling others that they are a nurse.

When asked the main reason men aren't attracted to the nursing profession, 38% ($n = 189$) of respondents in the 2004 Bernard Hodes Group survey reported because nursing is a traditionally female profession. Some participants felt the stereotype that all men in nursing are gay (29%, $n = 145$) is a deterrent to men. Other reasons participants felt men aren't attracted to nursing included poor pay (15%, $n = 75$), and lack of role models (15%, $n = 75$).

Acknowledging the need to study practicing male nurses, Evans (2002) conducted research to explore the experiences of men working as nurses. Specifically, Evans wanted to explore the ways in which gender relations structure the work experiences of men practicing as nurses. Evans conducted a qualitative inquiry in which she interviewed eight men practicing as nurses. Evans reported that a theme of *cautious caregivers* emerged from the data. The men in Evans' study felt that as men they were stereotyped as sexual aggressors. In addition, the men felt they were also stereotyped as being gay since they were practicing in the female dominated field of nursing. As caregivers the men in the study felt they had to always be cautious because of the stereotypes of men practicing as nurses. The men felt that their care and motives were always under suspicion and that they were at increased risk of being accused of inappropriate sexual behavior. Evans concluded:

The gendered nature of men nurses' caring interactions reveals the ways in which gender stereotypes create contradictory and complex situations of acceptance, rejection and suspicion of men as nurturers and caregivers. Here the stereotype of men as sexual aggressors creates suspicion that men are at the bedside for reasons other than a genuine desire to help others. When this stereotype is compounded by the stereotype that men nurses are gay, the caring practices of men nurses are viewed with suspicion in situations

where there is intimate touching, not only of women patients, but of men and children as well. In each of these patient situations, men nurses are caught up in complex and contradictory gender relations that situate them in stigmatizing roles vulnerable to accusations of inappropriate touch (2002, p. 447).

Evans and Frank (2003) reported that in a qualitative study conducted with eight practicing male nurses, the men in the study reported engaging in activities that emphasized and reaffirmed their sense of masculinity. This was accomplished by study participants by doing among other things the “muscle work” of patient care. Such work included physical lifting and retraining or handling violent patients. This physical work also affirmed the need for men within nursing. However, the paradox is that emphasis on their strength or masculinity often resulted in others as perceiving the male nurses as uncaring. Evans (2004a) used the term *failed caregiver* to describe the image of a male nurse who is recognized for his strength and masculinity, but is perceived by others as uncaring, or not as caring as his female counterparts.

Although male nursing students and practicing male nurse report many gender-based barriers in nursing education and practice, researchers have reported that overall men are satisfied with their decision to enter the nursing profession. Okrainec (1994) reported 70% ($n = 117$) of male nursing students completing a survey were satisfied overall with their nursing education, and 91% would choose nursing again if given the opportunity. The Bernard Hodes Group (2004) also reported that 80% ($n = 498$) of the male nurses completing a survey indicated they were satisfied with their career choice and would be willing to make the same choice again.

CHAPTER 3

METHODOLOGY

The purpose of this study was to describe the meaning of masculinity for male baccalaureate nursing program graduates as perceived by recent male graduates of a baccalaureate nursing program located in southeastern Louisiana. In addition, I explored how the participants' perceived meaning of masculinity shaped or influenced their nursing education experiences, and in turn how their nursing education experiences may have shaped or influenced their perceived meaning of masculinity. In order to achieve this purpose, I used a naturalistic phenomenological research design. In this chapter I will explain the philosophical origins of phenomenology and the appropriateness of using it as a research design in this particular study. In addition, I will explain my sampling strategy, protection of human subjects, data collection methods, data analysis techniques, methods used to ensure rigor and credibility, ethical issues, my role as the researcher, and my personal biography.

Phenomenological Paradigm

Phenomenology has been referred to as one of the major traditions in naturalistic or qualitative research. Phenomenology, unlike other qualitative research traditions, seeks to explore the shared meaning of an experience or phenomenon from the perspectives of several different individuals (McCaslin & Scott, 2003). Phenomenology has also been described as an investigation of the lived experience of a small number of people, with the goal of revealing the quintessential meaning of the experience or phenomenon through dialogue and reflection (Rossman & Rallis, 2003). A researcher using a phenomenological framework explores the perceptions, thoughts and meaning of an experience or phenomenon, through interviews of persons who have in common with one another particular life experiences or phenomena.

Phenomenology has its roots in the writings of the German philosopher Edmund Husserl, who believed that people understand things based on how they experience them through their senses (Patton, 1990). Husserl referred to this as the *Lebenswelt*, or the “life world,” and he believed that it was from this point that all inquiry should start (Schwandt, 1994). Although Husserl believed people’s understanding comes initially from their sensory experience of phenomena, he also believed that experiences must be described, explicated and interpreted in order to have meaning. Husserl believed that interpretation was essential in understanding an experience, and that the experience itself included interpretation. In other words, both were intertwined and could not be separated. From these beliefs grew the phenomenological perspective that for people there is no separate or objective reality, but only what they know about their experience and what it means to them (Patton, 1990).

Also important to the history of phenomenology are the writings of the German social theorist Max Weber who wrote of the importance of *Verstehen*, or “to understand” (Schwandt, 1994). Elwell (1996) defined *Verstehen* as perceiving and comprehending the nature and significance of phenomena, or to know thoroughly through close contact with or prolonged experience of phenomena. Elwell explained that for Max Weber, the term “*Verstehen*” was used to refer to the attempt at understanding both the intention and the context of human action or experience.

The philosopher and social scientist Alfred Schutz continued to write about and clarify Weber’s concept of *Verstehen*, and explored various meanings of the concept. According to Schutz, *Verstehen* refers to the process by which people make sense of their everyday world. Schutz drew a contrast between the natural or physical world, which has no meaning for the molecules that inhabit it, and social reality, which has meaning and relevance for the humans living within it. Schutz also described *Verstehen* as the process by which social scientists attempt

to understand the process previously outlined – how people make sense of their everyday world (Schwandt, 1994). Schutz believed a phenomenological approach could be used to help social scientist understand *Verstehen*.

In addition to expanding upon the works of Weber, Schutz also continued to explore and expand upon the writings of Husserl. Holstein and Gubrium (1994) reported that in an attempt to bridge sociology with Husserl's more philosophical phenomenology, Schutz introduced a set of phenomenological tenets. These tenets included among others, the belief that language is the primary medium through which people transmit meaning of their life experiences. Words are then viewed as the building blocks of everyday reality. Schutz's social phenomenology aimed to interpret and explain human action and thought through the use of descriptions of realities as perceived by those experiencing the realities. Schutz's work is credited as being an important influence in establishing phenomenology as a major philosophical and social science perspective in the 20th century (Patton, 1990).

A researcher using a phenomenological methodology will focus on the essence of *shared experience*. Patton believed that that the focus on the essence of shared experience is what defines true phenomenological methodology. The researcher using a phenomenological methodology will capture the experiences of different people who share a common experience or phenomenon. The researcher will then analyze and compare the experiences to identify the essences of the phenomenon. This assumption of an essence or essences to shared experiences is the dimension that differentiates a phenomenological approach from other contemporary qualitative research approaches. Patton wrote, "The assumption of essence, like the ethnographer's assumption that culture exists and is important, becomes the defining characteristic of a purely phenomenological study" (1990, p. 70).

Interviewing is the data collection technique most often employed by researchers using a phenomenological methodology. Perhaps this preference for interviewing on the part of phenomenological researchers can be traced back to the early phenomenological tenets proposed by Schutz – namely that words are the vehicle through which people transmit meaning of their life experiences. Seidman (1998) described the importance of allowing individuals to tell their stories, and refers to story telling as a “meaning-making process.” It is through the stories, or lived experiences of individuals, that the researcher is able to develop an understanding of the phenomenon being studied. According to Seidman, in order for people to tell their story they must reflect on it and that is the purpose of the interview. By asking in-depth, open-ended questions, the researcher provides a framework from within which the individual can reflect upon and articulate their personal stories.

Rationale for Phenomenological Lens

Considering the historical philosophical roots of phenomenology and the contemporary definitions of phenomenological research methods, this paradigm best allowed me to uncover the meaning of masculinity for male baccalaureate nursing program graduates. Phenomenology focuses on the lived experiences of individuals, and the shared meanings among individuals of their lived experiences of a phenomenon. The shared experience among research participants in this study was their education experiences in a baccalaureate nursing program. The phenomenon of interest to me as the researcher was their perceived meaning of masculinity. In order to discover their meanings of masculinity, I used in-depth, open-ended questions during data collection interviews. I reported the results of the study as a discussion of themes and patterns that emerged from the analysis of the data.

Credibility

Unlike quantitative researchers, who measure and predict, qualitative researchers describe and interpret (Rossman & Rallis, 2003). Because of this difference in approach, qualitative researchers do not usually apply the terms reliability and validity to their work. Seidman (1998) reported that qualitative researchers are more likely to use terms such as *trustworthiness*, *credibility*, *dependability*, and *confirmability*, instead of the term validity. Phenomenological researchers, like other qualitative researchers, must demonstrate competency, credibility and rigor throughout the research process. Patton (1990) reported that a credible qualitative study should address the paradigm that undergirds the study, the qualifications, experiences and perspective of the researcher, as well as the methods used by the researcher “...to ensure the integrity, validity, and accuracy of the findings” (p. 461).

One of the strategies proposed by Patton (1990) to ensure integrity and accuracy of the findings is through *triangulating analysts*. Patton described this technique as “...having two or more persons independently analyze the same qualitative data set and then compare their findings” (p. 468). Rossman and Rallis (2003) reported that using a critical friend, or *peer debriefer*, is a useful strategy to ensure credibility and rigor in a qualitative study. A peer debriefer was defined by Rossman and Rallis as follows: “This person serves as an intellectual watchdog for you as you modify design decisions, develop possible analytic categories, and build an explanation for the phenomenon of interest” (p. 68). Rossman and Rallis also reported that the use of a *community of practice* was another useful strategy to ensure credibility and rigor. The community of practice is composed of valued colleagues who engage in critical and sustained discussions about the study, and can serve as sounding boards for the researchers’ ideas and conclusions.

To ensure competency, credibility and rigor in this study, I closely followed and documented the data collection and analysis methods outlined in this chapter. First, I used two peer debriefers in this study consisting of my dissertation committee chair who had expert knowledge and experience in qualitative research methods, and one registered nurse who was also knowledgeable in qualitative research methodologies, specifically phenomenology. The peer debriefers served as triangulating analysts for the study, and independently analyze the qualitative data I collected. A comparison of findings among me and my two peer debriefers was conducted to ensure consistency in interpretation. The three of us formed a community of practice, and engaged in critical and sustained dialogue throughout the research process.

Protection of Human Subjects

Prior to recruitment of participants, I obtained approval for conducting the study from the Institutional Review Board (IRB) of Louisiana State University (IRB # 2572). At the beginning of each interview, prior to collecting data, I gave each participant a written consent form. I informed each participant that participation in the study was voluntary and that they could withdraw from the study at any time without consequences. I also informed participants that confidentiality would be maintained at all times. I secured signed consent forms in a locked location separate from all audiotapes, computer files, and transcripts of the interviews. To ensure the confidentiality of each participant I coded all written transcripts using a fictitious name selected by the participant. I utilized a paid transcriptionist to create written transcripts of the audiotapes. However, the complete name of participants and any identifying information was withheld from the transcriptionist to ensure confidentiality. In addition to the transcriptionist, only I and my fellow triangulating analysts had access to the full written transcripts. Audiotapes, computer files, transcripts, and personal notes were kept in a locked location. These were destroyed upon completion of the written dissertation

Pilot Study

The use of pilot studies by qualitative researchers has been documented to be useful in developing and refining research proposals. Sampson (2004) reported that pilot studies help researchers avoid spending too much time in an area that is not focused, and facilitates the development of a research proposal. In order to ensure the guiding questions were appropriate and would serve as a vehicle for reflection and discourse on the phenomenon of interest in this study, I conducted a pilot study

The pilot study proved to be an invaluable tool in helping me refine the guiding questions used in the interviews. During my first interview the participant had difficulty articulating his meaning of masculinity. As I watched the participant struggle with verbalizing his meaning of masculinity I intuitively asked him to think of someone he considered to be masculine and to describe the characteristics that made the person masculine. Following this question I asked the participant to describe his meaning of masculinity. The additional question was effective in helping the participant reframe the original question related to his meaning of masculinity. As a result of this experience I added the question to my interview schedule. The revised guiding questions are included in this chapter under the heading of instrumentation. I obtained useful data from the pilot study, and incorporated this data into the final research study.

Sampling Strategy

I used a purposive sample for this study consisting of eight men who had graduated from a baccalaureate nursing program located in southeast Louisiana. All of the men were 21 years of age or older. Data were collected through individual semi-structured interviews with each participant. I conducted all of the interviews within a three-month period following each participant's graduation.

To obtain the sample used in this research I identified all male students who had graduated from the baccalaureate nursing program between August of 2005 and May of 2006. I then e-mailed a letter of invitation to each potential participant, or telephoned each potential participant, explaining the purpose, risks, and benefits of the study. I supplied my personal contact information to each potential participant either verbally or in writing. Once a potential participant verbally agreed to participate in the study, a date, time, and place of the interview was mutually established. I conducted interviews at a location that was private and convenient for both me and the participant. Most participants requested to meet me at my office, but one participant was interviewed at his home.

Data Collection

I conducted participant interviews in a private location and recorded each interview on audiotape to assist with data transcription. I followed the following procedures in conducting each interview:

1. Prior to the interview I informed each participant of his rights in the research project and asked him to read and sign a copy of the consent form. After signing the consent form I gave each participant a copy of the form. I also obtained demographic data from each participant at this point in the interview.
2. I recorded the interview on audiotape, and made notes on the participant's comments during the interview. Immediately following the interview I wrote field notes on my perceptions and immediate reflections upon the interview. I also documented any relevant facts about the interview such as location of the interview, the participant's demeanor, etc.
3. As soon as possible after the interviews were complete I gave the audiotapes to a paid transcriptionist. The only exceptions to this were the first, second and eighth interviews

which I transcribed myself. Once transcribed, I reviewed each transcript while listening to the original audiotape to ensure accuracy of the wording and representation of the participant's experience.

4. I then e-mailed or hand delivered transcripts to each participant. Participants were asked to also review the transcripts for accuracy and representation of their experiences. Some participants made comments regarding the fragmented grammatical nature of the transcripts, but none of the participants made substantive changes to the transcript.

Data Analysis

Data from interview audiotapes were transcribed using a computerized word processing program. I also used a computerized word processing program to transcribe the notes made immediately following each interview. I then used the phenomenological data analysis model proposed by Moustakas (1994) to analyze the data. The following steps were taken in completing the data analysis.

1. I initially read the verbatim transcripts of each interview, remaining receptive to every statement of the participant's experiences relevant to the objectives of the research study. Each statement was viewed as having equal value. Moustakas referred to this process as *horizontalization* of the data.
2. I reviewed the data to identify what Moustakas referred to as *invariant horizons* or *meaning units*, which were those statements of each participant's experiences that were unique or stood out. I felt these statements were essential or especially revealing of the phenomenon under study, and highlighted these statements or phrases. These statements or phrases were then assigned a brief descriptive label.

3. I reviewed the highlighted statements and phrases for similarities, and clustered similar statements and phrases into *themes*. Each theme was also given a brief descriptive label.
4. Using the identified meaning units and themes, I constructed a description of what the participant experienced and how he experienced it. Moustakas referred to this as a *textural-structural description*.
5. Once I developed the individual textural-structural descriptions, as suggested by Moustakas, a *composite* textural-structural description was developed. This description was reflective of the entire group of participants as a whole, and included the integration of individual textural-structural descriptions into a synthesis of meanings and essences of the experience under study.

The phenomenological research design selected for this study reflected my desire to understand the meaning of masculinity for male baccalaureate nursing program graduates. Although previous researchers have studied the meaning of masculinity for males practicing as nurses, I was unable to identify any previous studies which exclusively explored the meaning of masculinity for males who had recently graduated from a baccalaureate nursing education program. In addition, previous research did not explore how men perceived their meaning of masculinity shaped or influenced their nursing education experiences, and in turn how their nursing education experiences may have shaped or influenced their meaning of masculinity. It was my desire to give voice to the life experiences of the participants in this study, and uncover the answer to the guiding research questions as outlined in this chapter.

Guiding Questions

Participants were interviewed using a semi-structured interview process. During the interview I asked each participant the following guiding questions:

1. What led you to pursue nursing as a career?
2. What were your career plans when you first entered nursing school; did your plans change during nursing school, and if so, how?
3. Describe your experiences in nursing school that you feel were unique because of being a male in a female-dominated environment.
4. Think of someone who you consider to be masculine and describe the characteristics that you feel makes this person masculine?
5. What does masculinity mean to you?
6. How do you feel your meaning of masculinity shaped or influenced your education experiences as a nursing student?
7. How do you feel your nursing education experiences shaped or influenced your meaning of masculinity?
8. Considering both your meaning of masculinity and your experiences while in nursing school, overall were you satisfied or dissatisfied with your education, and why?

In addition to these guiding questions I also collected demographic data on each participant. This data included information on each participant's age, their education and occupation background prior to enrolling in a baccalaureate nursing education program, and the length of time that had elapsed since their completion of a baccalaureate nursing education program.

The Role of the Researcher

Rossmann and Rallis (2003) described the researcher as the means through which a qualitative study is conducted, and that the purpose of a study is to learn. From this perspective, the qualitative researcher is an *active learner* and seeks to gain a deeper understanding of the phenomenon of interest. As an active learner, the researcher is continuously learning throughout the research process. Rossmann and Rallis reported that through the active learning process, the

qualitative researcher also becomes an *active participant* in the study. Unlike other research methodologies, in a qualitative phenomenological study the researcher is involved in face-to-face interactions with participants through the interview process.

Ultimately, the researcher is responsible for transforming the learning that occurs during a qualitative study into knowledge or understanding that may be used in various ways and by various audiences. Rossman and Rallis (2003) reported that knowledge constructed during qualitative research is interpretive, and emphasized in the following quote how interpretation is influenced by the researcher:

The researcher makes meaning of (interprets) what he learns as he goes along. Data are filtered through the researcher's unique ways of seeing the world – his lens or worldview. Given this interpretive nature of qualitative research, the researcher's personal biography shapes the project in important ways. It is crucial, therefore, that researchers develop an acute sensitivity to who they are in their work. (p. 35)

Moustakas (1994) reported that the phenomenological researcher always has a personal interest in the phenomenon being studied and is intimately connected with it. As a result, phenomenological investigation is autobiographical, and the memory and history of the researcher are essential to the knowledge and understanding generated from the study. Given the importance of the researcher's personal background and experiences relative to a phenomenon of interest, and the analysis of data collected by the researcher from others about their personal experiences and meanings of the phenomenon, it is important for the reader to fully understand the background of the researcher. Moustakas reported that, "In phenomenological science a relationship always exists between the external perception of natural objects and internal perceptions, memories, and judgments" (p. 47). As the researcher, it is hoped that the following personal biography will provide the reader with insight into my personal experiences – my memories, perceptions and judgments, relative to the phenomenon of interest.

Personal Biography

I am a 43-year-old male and a registered nurse. I have been a registered nurse since 1984, and have both a bachelor's and master's degree in nursing. I received my Bachelor of Science in Nursing from the University of South Alabama in 1984, and my Master of Science in Nursing from the University of Texas Health Sciences Center at Houston in 1989. During my career as a registered nurse I have worked as both a hospital staff nurse and a home health nurse. I held a charge nurse position in a hospital, and held various management positions in home health including supervisor, director of nursing, and administrator. Since January 2000, I have been a full-time instructor in the School of Nursing at Southeastern Louisiana University, where I teach community and public health nursing courses.

As a male I never intentionally planned on becoming a nurse. I often tell people that I simply "fell" into nursing. When I began college I could not decide on a major, but had an interest in pursuing some type of health care profession. I considered several careers ranging from physical therapy to medicine. During the winter quarter of my freshman year I was assigned to an academic counselor who advised nursing and allied health professions majors. With her help I explored several health care professions including nursing. At first, I gave nursing very little consideration. However, this particular counselor began to discuss with me the idea of becoming a nurse anesthetist. She explained that nurse anesthetists made more money than regular nurses and it only required a few more years of school beyond the bachelor's degree level. She also explained that most men who enter nursing do so to become anesthetists. I even knew of a male nurse anesthetist in the small town where I had grown-up. So, in the spring quarter of 1981, I officially chose nursing as my major at the University of South Alabama with the intention of continuing my education and becoming a nurse anesthetist.

While taking the required prerequisite courses for nursing, I met and developed friendships with several fellow nursing majors. To my surprise, I met several other males who were also majoring in nursing, and like me, most of them had plans to pursue a nurse anesthetist career. However, I did not develop any close friendships with my fellow male students in these prerequisite courses. Instead, I became good friends with several female students, and we quickly evolved into a support system for one another. I did not consciously think of myself as being part of a gender minority as a nursing major. I was certainly outnumbered by females in most of my classes, but there were other males in the classes, and many of these prerequisite classes were taught by males.

It wasn't until I applied for acceptance into the clinical nursing courses that I began to take note of gender issues within nursing. As part of the application process I was interviewed by an all-female panel of nursing faculty. I vividly remember being asked during the interview how my father felt about my decision to pursue nursing as a career. Of course, once my father learned of my interest in a health care profession, he encouraged me to consider a career in medicine. However, I felt he was proud of me for pursuing nursing, and he knew that I wanted to eventually become an anesthetist. My father had very little formal education, and placed a high value on education for his children. He viewed education as a way for me and my older sister to have a better life, and throughout our childhood he encouraged us to one day attend college. However, my sister married after graduating from high school and did not continue her education. I knew that by just attending college and pursuing a degree my father was proud me. As I recall, I said something similar to this when answering the faculty panel's question.

The question about my father's feelings regarding my career choice had a significant impact on me, and now, many years later, it is one of only two questions that I can recall from that interview. I remember feeling on some level that the question was asked to intentionally

point out to me that nursing is a female profession. The underlying messages I perceived from the faculty were: You are an anomaly being here and wanting to pursue this degree. And, this isn't normal for a male, so your father must have concerns about your masculinity and/or sexuality. Of course after the interview, I wondered if the faculty panel had asked this question of female students. I later learned from talking to female applicants they had not; I was not surprised. This was my first experience with being treated differently as a nursing student because of my gender.

As I continued to pursue my nursing studies, I found that I was always paired with another male student in clinical skill lab courses. When learning to give injections, my partner was male. When learning to do a physical assessment, my partner was a male. Actually, this did not bother me, and I accepted this as normal. I felt it would have been awkward being paired with a female student. It was embarrassing enough just having to demonstrate on one another the skills we were learning in the presence of our female faculty. My relationships with the other male nursing students did not extend outside of skills lab courses. However, I continued my friendships with several of the female students I had met in my prerequisite courses.

Once we began going to the hospital for our clinical rotations, we were required to wear uniforms. At that time, many nurses still wore nursing caps, and the female nursing students were required to wear the school's cap as part of their complete uniform. During the course of my nursing education I came to view the nursing cap as a non-practical and archaic piece of the female nursing uniform. Many of the female students who actually had to wear the cap also felt this way. Whenever they asked about the purpose of the cap, they were told by faculty that it was a nursing tradition and that wearing the nursing school's cap was something to be proud of. Over time I formed the opinion that the cap was an outdated symbol of nursing, and one that promoted the image of nursing as a female only profession. At that time, only nurses who

worked in specialty care areas, such as intensive care, the emergency room, and surgery, wore surgical scrubs instead of a white nursing uniform and cap. On the regular patient care units, nurses were still wearing white uniforms, and many still wore their caps. Some hospitals that we rotated through as students required female nurses in non-specialty patient care areas to wear a cap. As a student I began to notice that more men worked as nurses in the patient care areas where surgical scrubs were worn.

In my junior year, a significant change occurred within the school of nursing – a male joined the faculty. His name was Joseph Smith, and he was one of my psychiatric nursing instructors. It was not until I began to reflect upon my nursing education experiences and write this dissertation did I realize the impact Mr. Smith had on my life and career. His influence could be characterized in many ways as indirect, but it was powerful and lasting. He offered me an image of a truly professional male nurse. He loved nursing as his chosen career, and his passion for the profession was evident. He was proud to be a nurse, and he loved being a nurse educator. He helped me realize that this was one more career option within nursing that males as well as females could perform. I found him easier to talk to than most of my nursing instructors. Not only was he male, but he was also younger than most of the other faculty. As students, many of us found him refreshing. He would often go out and eat lunch with us, and once even took a group of us by his apartment and showed us where he lived. I learned more about his life, his background, his parents, and his brothers, than I did about any of my other nursing instructors. He seemed to have a personal interest in each of us as students, and took the time to get to know us. At the same time, he was willing to allow us to connect with him on a somewhat personal level. I realize now that he was a mentor and role model for me, and find that my teaching style and interaction patterns with students are often similar to his. He was also the only instructor from nursing school that I kept in touch with after I graduated in 1984. We continued to

communicate for several years on a somewhat irregular basis. When I began graduate school I lost contact with him. I was later told that he had moved, and sadly had passed away. I'm thankful that I had him as a nursing instructor, and for the influence he had in my life. I never told him that, but wish now that I had.

During nursing school I became accustomed to being part of the gender minority, and for the most part did not consciously think about gender or masculinity. The only time gender really came up was when a patient or heavy object needed lifting. If I was present, I would always be asked to help other students or hospital staff with lifting tasks, and felt this directly related to my gender and the image of all males as being stronger than females. I really didn't mind, and if anything this strengthened my own sense of masculinity. However, my clinical experiences in labor and delivery were very different than my experiences in other areas of the hospital. During this clinical rotation I was only allowed to stand in the corner and watch. Fortunately I was not alone in this experience, and had a fellow male student with me in this rotation. As males, we were not allowed to touch the patients in any way. However, female nursing students could provide hands-on care, as well as male and female medical students. This was a university-owned teaching hospital, and several medical students were in the labor and delivery unit as well. This double standard of allowing male medical students to actively participate in hands-on care bothered me the most. The underlying message was that as a male in nursing I must be some type of sexual deviant and I was not to be trusted with a female patient. I was told that this hands-off policy for male nursing students was insisted upon by the (male) medical director of the labor and delivery unit. For whatever reason the policy was developed and implemented, it certainly made me feel that I was somehow less than and not as worthy as female nursing or male medical students. Other than these situations, I gave little thought to gender and masculinity as a nursing student.

I did spend some time during the last quarter of my senior year in nursing school reflecting on gender and masculinity. During that time I took a human sexuality course as an elective. I remember writing several papers in this class, and one of them addressed gender identity development. I remember primarily focusing on gender role stereotypes in the media, and exploring how such images influenced gender role development and expectations. I even mentioned my personal views in the paper about nursing caps promoting a gender image stereotype of nursing as a female-only profession. For me, the nursing cap is still a female-only icon of nursing, and I dislike seeing it used as a symbol for nursing.

In addition to the paper on gender identity development, I also remember being required to write reflective journals about my personal meaning of sexuality and related concepts such as gender. The only time as a nursing student that I reflected upon my personal meaning of masculinity was in writing these journals. However, I can't recall in great detail what I wrote in these journals, or how I described my personal meaning of masculinity. I am sure that my meaning of masculinity today is very different from the meaning I may have written about in 1984 as a 20-year-old male nursing student.

I believe that my personal meaning of masculinity has evolved and changed over time, and that it has been influenced by all of my life experiences. As a child, my father was my primary image of masculinity. My father was older; he was 56 years old when I was born. In contrast, my mother was 32 years younger than my father. As an adult I learned from my mother that my conception was an "accident," and that my father was quite upset about it. Because of my father's age, my parents intentionally planned the birth of my sister during the first year of their marriage. My sister was intended to be an only child, and I always perceived that my father favored my older sister. In fact, I never really felt close or connected to my father while growing-up. My father was very passive in my life, and I feel that my mother had a stronger influence on

me as a child than he did. Perhaps my perceived passiveness of my father toward me as a child can in part be explained by the fact that my birth was unplanned, and certainly not a responsibility he welcomed at the age of 56.

Despite the distance between us, I did learn a lot about masculinity from my father. What I learned about masculinity from my father was what I should and should not do as a male, and as a future man. These lessons were sometimes taught directly through verbal comments he would make, or indirectly through observations I would make of him in day-to-day life. I learned from my father that as a male I should not show emotion. I should be stoic and aloof; I should be strong and independent. As a male I should have initiative, take charge and get things done; I should be aggressive and competitive. As a man, I should work hard and be a provider. I should protect and provide for my wife and family. In return, my wife would care for me and meet my physical needs. I should be virile and have a strong sex drive. I should be completely heterosexual, and never show any physical affection toward another male. Physical contact with another male should not extend beyond a handshake.

Unfortunately for my father, he was not my only teacher of masculinity. My mother was also present as an instructor in this day-to-day life classroom. In some ways the lessons I learned from her supported those lessons taught by my father, but often the lessons were different. In addition to my parents, society was changing during my childhood in the 1960s and 1970s. The feminist movement was growing, and I was exposed to the popular media which was being influenced and shaped by this movement. Stories related to the women's rights movement and the equal rights movements were often covered in the media, and terms like "male chauvinist pig" became part of the American vocabulary. As a young adult, my meaning of masculinity was of course shaped by my experiences as a male nursing student. My career in nursing, my

marriage, and becoming the father of two sons are all experiences that have shaped my current meaning of masculinity, and how I define myself as a man.

It is easy for me to identify those aspects of my masculinity that were shaped or influenced by my father. As a man, I feel it is important to work hard. I feel that I have always invested a lot of time and energy in my jobs, putting in extra hours and taking on special projects. It is important for me to be viewed by others, especially co-workers and managers, as someone they can consistently count on and someone who will go above and beyond to get the job done. It is also important for my family to know that I am dependable and will provide for them. Although work often takes time away from my family, work is ultimately something that I do for my family. As a male, it is difficult for me to admit failure, or ask for help. I value autonomy and independence, and feel that my career choices in both home health and education reflected these values. I spent 10 years of my career in management, and these management positions reflected that “take charge” or “be in control” aspect of my masculinity. Even now, in my position as a nursing instructor I am “in charge” in the classroom.

There are several aspects of my masculinity that are very different from the masculinity of my father. By nature, I do not feel that I am overly aggressive or competitive. Perhaps this lack of aggression and competitiveness hindered my effectiveness in some of the management positions I have held during my nursing career. I am also a very kind, caring, gentle and sensitive person. Women, including my wife, have often called me a big “teddy bear.” Perhaps these are my feminine qualities, and perhaps these qualities were cultivated during my nursing education and career as a registered nurse. My mother, who is a nurturing and caring person, must also be given credit for serving as an early role model for me of these characteristics. Regardless of how I developed these characteristics, I feel that they have helped me in my career as a registered nurse. I am able to empathize with patients and express genuine concern and caring.

Although someone once told me that he perceived me as a stoic person when he first met me, stoicism is not one of my personal characteristics. I am capable of expressing my happy as well as sad emotions. My father would express emotions such as happiness or anger, but would rarely express sad emotions or cry around others. However, despite his stoic and detached nature, I vividly remember my father crying at his older brother's funeral, and each time he would visit his mother's grave. Like my father, I find it easier to express happiness and anger rather than sadness, but I am capable of expressing sad emotions, and I have cried at the funerals of loved ones - including my father's funeral. My father was also very uncomfortable showing any sign of physical affection toward other males. As a child I found this ironic since most of the other males in my father's extended family were physically affectionate with everyone, regardless of gender. Thanks to my physically affectionate uncles, I have no problems with showing affection to the males in my life that I care about.

Overall, I feel that I have a balanced sense of masculinity. I possess many stereotypical masculine characteristics such as being in control, autonomous, and independent. However, I also possess characteristics that are considered feminine in nature such as being caring, understanding, empathetic and affectionate. As a husband, a father, and a nurse, I feel these latter characteristics are just as much a part of my personal sense of masculinity as the more traditional male characteristics. It is my desire for those who know me as a man to feel that I am strong, committed and dependable, as well as caring, affectionate, loving and someone who in general is fun to be around.

Ethical Dilemmas

Malone (2003) identified several ethical issues that qualitative researchers often face when studying participants from their own institution. Since participants for this study were graduates from the same institution where I teach, steps were taken to prevent and/or minimize

such ethical issues. Malone identified coercion of participants as one ethical issue that often occurs in qualitative research. In this study, I did not approach participants about participating in my study until after they had graduated from the nursing program and received their degree. By doing this I attempted to minimize potential participants from feeling as if they had to participate in my study or suffer negative consequences. At the point in time potential participants were approached, they no longer had ties to the baccalaureate nursing program. In addition, I informed each potential participant that participation was voluntary and that they could withdraw from the study at any time without consequences.

Confidentiality of participants is another potential ethical issue that Malone identified as sometimes difficult to ensure in a qualitative study. Again, this becomes a greater issue if the participant is known to the researcher. I assured participants during the consent process that their identities would be protected, and that only I would be able to link their names with their respective transcript. I only used the fictitious name selected by each participant on his respective transcript. At no point in time did I disclose the identity of a participant.

CHAPTER 4

ANALYSIS OF THE DATA

This chapter presents the analysis of data, which I accomplished using the modified Van-Kaam method described by Moustakas (1994). Using this method, I initially viewed all data as having equal value and meaning. Moustakas refers to this initial review of the data as horizontalization. I then reduced and eliminated data by identifying the invariant horizons or meaning units - those statements most relevant to the guiding research questions. I then clustered the meaning units into non-overlapping themes, and assigned a descriptive label to each theme. Themes and meaning units were validated by checking them against the verbatim transcript of each participant. In addition, the themes and meaning units were validated through the use of triangulating analysts. Through a process of imaginative variation, I incorporated the meaning units and themes into an individual textural-structural description for each participant. Following the construction of the descriptive text, I conceptually illustrated each participant's meanings and experiences by developing *cognitive maps*. According to Miles and Huberman (1994), "A cognitive map displays the person's representation of concepts about a particular domain, showing the relationships among them. Descriptive text is associated with it" (134). I concluded my analysis by developing a composite textural-structural description and cognitive map based on all of the individual textural-structural descriptions. The composite description and cognitive map identify the meanings and essences of the phenomenon for the group of participants as a whole.

Horizontalization

Moustakas (1994) described horizontalization of the data as initially treating every statement as having equal value. Each statement may contain multiple horizons (insights or meanings), and horizons are unlimited. New horizons may be revealed each time data are viewed

and reconsidered. To accomplish the horizontalization of the data, it was necessary to read and reflect on the verbatim transcript of each participant setting aside prejudgements, and approach the data with an unbiased, receptive presence.

Meaning Units

Moustakas (1994) referred to meaning units as those statements that stand out as most relevant or as having the most value to the topic (or question). I identified the meaning units for each guiding question through a continual process of reading, re-reading and reflecting upon the verbatim transcripts of each participant. The meaning units I identified as having the most value and relevance to each of the guiding questions are presented in this section.

The meaning units I identified as being most relevant to the question, “What led you to pursue nursing as a career?” included the following statements:

- During my first two years of college...I was possibly interested in going to medical school...but wasn't really sure. I had no medical exposure, but...when I enlisted in the Army, I enlisted as a medic. When I came back and did my last two years at [college], [there was a] ...waiting list to get into nursing school...I already had two years toward a chemistry degree. I just finished out my last two years. I really had no intention of being a chemist...but, [I] always had it in the back of my mind that I would go back into the medical field. I looked at going to medical school again, and medical school didn't really seem to be what I wanted to do. I wanted more patient contact...pus, everyone was talking about the shortage of nurses, and I like...the potential for job security.
- Before nursing, I had a computer science degree with a minor in math, and I was looking at actually going into physical therapy. The pre-requisites were about the same, and well, I just ended up applying to nursing and not applying to physical therapy...It was a problem going out of state to go to physical therapy [school]. The whole fact of moving

out of state, not knowing anybody, instead of staying around here and getting a degree.

There are options available after you [graduate from nursing]...it's not like you're stuck.

You can always go get your master's and do different things. You can always go into different areas.

- When I graduated [from] high school I took a year or two of college, [and] didn't do so well. [I] went into vocational technical [school] and did six months of EMT [training]...worked for a couple of years as an EMT and then went back for an 18-month program as a paramedic...I can put a map on the wall, take a dart and throw it at that wall, and wherever it lands I can find a job [as a nurse]. And, I enjoy the medical field. I've been in it for years. I enjoy working with people. I'm a people person. One of the pitfalls of EMS is that...I never get to see the outcome. In EMS you are just with [the patient] for 15 minutes and you think you've done a great job, you got them to the hospital and they're still alive. So, that's one reason [why]...I chose nursing. The other reason was that I can go to work anywhere.
- I graduated [from] high school and, my [college] major has always been nursing...my dad was a nurse and then [he] became a nurse anesthetist. So, ideally...it was to follow in his footsteps. But then I did a project my senior year in high school [on] nursing...the field of nursing is so broad...I figured if I could be a nurse anesthetist I would, but if not then, nursing would be a great career and I'd always have a job.
- My dad's side of the family has more nurses than I can count...I guess the main reason was one of my cousins...He graduated from [nursing] ...and one day my dad told me he was in anesthesia school. I had no idea what that was. I'd never heard of that, and it went from there. So, I decided to [major in] nursing and follow...the same path that my cousin had...

- My aunt became an LPN. She graduated from a vocational school... and she would always talk about nursing and ...say you need to go into nursing, and in a sense that kind of influenced me...I was [interested]...in physical therapy at first because I wanted to do something in the medical field because I knew there was a good chance I would have a job...I took a career planning class [and] actually that kind of started [me] looking at all the different options. Then basically, I decided that physical therapy would be a tougher field to get into...and I was like well, you know, nursing sounds like a good idea.
- I always wanted to do something in the health field and I figured I was too lazy to go to medical school because it would be too long. So, I went into nursing school, and it took me nearly 6-1/2 years, I ought to have went to med school. But, I really just wanted to help people and be in the medical profession, and coming out of high school...the big craze was nurse anesthetist...and so I found out a bunch of guys were going into it and then I...was like, I can do that.
- I had always liked the medical field for a profession, and years ago when I was...in my teens, and early twenties, I wanted to complete a college degree. But, I was more interested in a bunch of other stuff...like getting married...So, I never finished my college education. I went into retail and eventually I got a chance to get my EMT and my paramedic, which finally got me into the medical field. And I enjoyed working in that field and my ultimate goal was to go back to school and eventually get my RN or something else so that I could work inside. As a paramedic, the older you get the harder it is to be a paramedic because you're out in the field...you have...the elements of the weather...the heat in the summer, the cold in the winter, the rain, and bouncing in the back of a truck is really rough on your back. It's really rough on you physically, two people lifting patients, 300, 400 pounds. It just gets to be too much the older you get. So,

I realized several years back, I've got to get back to school and start planning for the future because I can't be a paramedic forever. So, nursing was kind of like...a step up to me from paramedic. It's like just continuing my education.

The meaning units I identified as being most relevant to the question, "What were your career plans when you first entered nursing school; did your plans change during nursing school, and if so, how?" included the following statements:

- Pretty much from the get go I had been interested in emergency or critical care nursing... I know I want to go to graduate school. It's just a matter of what I want to do specifically... I want to go into nurse anesthesia... [or] education...[they] are at totally opposite ends of the spectrum, but, I'll probably end-up going into [nursing] education because I see that as more of my type of personality.
- [My] career plans [were] actually, to work in the ER for a while because I like the environment. Then, I said I would like to go back for anesthesia. [But] I just don't know if I want that job. It kind of seems boring...before [graduating] I would have said I wanted to go into anesthesia, but now I don't know exactly what I want to do. But, I would like to continue my education.
- My long-term goal was to set myself up for anesthesia school, and money is a big part of that. But, I [would] enjoy that environment. I [would] enjoy the stress of that type of environment [and]...the freedom of being able to make decisions based on the patient's condition and intervene as needed. That's my long-term goal. It [has] not changed. The only thing that will change that is not being accepted, and then I have a back-up plan which is a critical care nurse practitioner.
- In the beginning my main goal was to get the best grades and go to anesthesia school. Going through [school] I really found that I enjoyed the nursing aspect of it. I think I

always pushed myself to graduate and then a year later try and get into anesthesia school. And now, it's kind of like I want to...master what I've gone through before I venture on to other things.

- That [anesthesia] is still my main goal right now, but throughout nursing school I've realized there are so many other options...If I don't reach that goal I can still be happy doing so many other things. So, going into school I didn't know anything about nursing, of course, so that [anesthesia] was my main goal. But, now I know I can branch off and do almost anything that I want...
- Starting out I was thinking...I wanted to go more or less along the nurse anesthetist path. I know it's a very good career. When I started that's what I was thinking, but as time progressed things began to change and I don't think that's the direction that my life is going...once I began to get towards the end of my [education]...I actually started developing an interest in community nursing. But I don't know exactly where I'm going with that right now...but I do like the idea of community, or even teaching. Somewhere along those lines. I'm not sure quite yet but that's kind of what I'm looking at now.
- Right when I first entered nursing school it was nurse anesthetist straight off the bat. That's what I originally wanted to do. Now, I don't know if that's going to be my path. It changed once I saw what they did...I guess how boring it looked, like it would be just sitting there for hours on end looking at monitors...so, now I'm either considering going to nurse anesthetist school or...going to med school.
- I like emergency medicine. I had been a paramedic for quite a while, and even when I entered nursing school I planned on working in the emergency room. I like the trauma and the medical emergencies. And, I like to be on that first team of people that treat a

patient. I just enjoy that type of work. So, I had planned on doing emergency medicine when I entered nursing school, and that's where I am.

The meaning units I identified as being most relevant to the question, "Describe your experiences in nursing school that you feel were unique because of being a male in a female-dominated environment." included the following statements:

- There are always little things that come out. Even the first semester, learning how to move patients and stuff, it was basically the men were expected...to move the patients... The men are expected to lift more...it's just the way it is. I'm not complaining, I'm just saying that's a fact of life...It [gender differences] didn't really get to be a major issue until we got to our OB rotation. That was huge...the nurses on the unit would say, oh, you guys don't need to do this, you guys don't need to do that. Are you planning on going into OB? Oh, okay, well then don't even worry about doing that, we'll get someone, one of the females to do that. And...I'm not saying it's a bad thing, because I really had no interest in OB, and it wasn't my thing. And the women, when you would go in there, would often times be uncomfortable with a man coming in there. Although, they had male doctors, a male nurse coming in there, I was actually told, not to my face, but one of the fathers had said that if any male nurse [came] in there he was going to knock him out. So...the male doctor can do whatever he wants. That was kind of frustrating. Especially when you don't have the support of the nurses on the unit, and they come in there and see you as different...And the faculty...there is always some sort of thing when you're one of five men in a class of 70 or whatever. There are always [comments], like when the teacher will get up there and say, alright, we as nurses need to act like proper women, and all that kind of stuff.

- Some instructors actually didn't like guys, and some favored guys. I found they just gave the guys a hard time as far as paperwork...I mean, just always on them, always waiting for them to screw up. Just trying to find reasons to lower their grade or just whatever. Other instructors...they seemed like they were just happier to have guys in nursing. I don't know, it was just kind of funny, because you hear oh yeah, she likes guys and you'll be fine. And sure enough, those teachers...were easy going, but some [teachers] directly pin-pointed guys and didn't like guys it seemed.
- It was all a positive experience. You know, as far as being a male, I didn't have anything negative. It was really a pretty good experience. I did find that me and some of the other males we kind of bonded, especially that first semester...it was kind of the guys would get together and the girls would get together, there were times when we were mixed up too, so it wasn't a continuous thing. We kind of made a joke about it one time, you know, the guys against the girls...The instructors didn't treat me differently because I was a male. I didn't find that to be the case at all. All of the instructors were very receptive to me. I'm sure there may be some that are not receptive to men coming into the field, but I found them very, very receptive to me being in their class and in their clinic group.
- Part of it was that you didn't have to worry about being a number in the crowd [like] the girls do...if the teacher didn't know anybody in the class, she knew the guys. So...its good and its bad...I think they graded us [the males] according to...our abilities. I don't think they really showed any favoritism or anything like that, but I think it was definitely easier to be noticed, and your accomplishments were your accomplishments. You know, the teacher may see a girl doing this and not remember that it was this girl. [As a male] I think it was easier to be noticed and to be recognized, but other than that I don't think there was a big difference...

- Well, as far as in a clinical setting, [males]...can be called into a room and if there's any kind of situation going on with the patient getting agitated or something like that...a nurse, will come out and say hey, I need some lifting help, and then of course, hey, look grab him, grab this young guy. That happens a lot [Also,]...maybe it's the patient's trusting you more because you portray more power I guess than a little female nursing student, maybe they'll question you less, but I can't really say that for sure. In the school [classroom] setting...the girls, like they want to cling on to a male...so it was easier to get along with everyone...I believe that I got along better with most of the teachers and most of the students, a lot of it because I was male. Because the females seemed like they could have conflicting personalities a lot...someone would come to me and say this teacher, she's so mean to me, she said this, and I think she's the nicest teacher in the world. You know, so that is one thing actually that might be unique - it was very easy for me to get along with all the faculty.
- It was actually OB and Labor and Delivery. It seemed like the nurses were guarding their patients in a sense, you know, they were reluctant because we were males...it was like they...had the idea that their patients probably would rather not have a male in there. One of the nurses...she made a statement...along those lines, like, you know, that it kind of makes some patients uncomfortable and things like that, which in a sense it probably does...But in my OB and Labor and Delivery clinical, my teacher, I felt that she, because I was a male, I think that she would kind of push me push me out of my comfort zone. She really pushed me to grow and to get comfortable in the setting, and I think it was more because I was a male than anything, because I know some of the other students...they didn't do nearly as many things that I did, but I think that she was just

pushing me and helping me grow. You know, it was a positive experience for me, but I felt like because I was a male that she did push me a little harder than she did the females.

- Some of the teachers were pretty easy. I guess just being a guy some of the teachers did kind of look at you, some in a negative way, some in a positive way. I did have some teachers that I guess saw males as a threat because this is pretty much a female's career and this is like their domain. And, I guess, just having males enter their profession, I guess they kind of felt it as a threat. I mean, [they] really, look towards all the males in a negative way...they didn't like, I guess, reach out to us as much as they did some of the female students. And then there were some teachers, some of the female teachers, they really wanted to help you, that kind of thing. That and I guess always having other females in class wanting to help you out...It made the work a lot easier. It was a big trade off, cause I mean like in the beginning with, you know all the dosage reviews and stuff like that, doing dosage exams, it was math and math came as a breeze to me. And the girls, that didn't, you know, I guess they weren't too good in math. They always came to me for help. But then, if I had something, I guess my Pediatrics and OB semester was where I was definitely lost. I could definitely go to them and get help from them too. It was horrible, the worst semester of my life...I guess for Pediatrics women just have that natural motherly instinct with children. I get along with kids, but I get along with them like in play...but as far as being around like babies and have an instinct to know a little bit of what's going on...when a baby starts crying I'm clueless...I guess it was kind of a good thing too in my [clinical] rotation [that] we got paired up, because we were in such a small bed unit, and every once in a while there would be two students to one patient...if I was with a female, we'd go into a room and I would kind of be lost and just kind of stand back a little bit and, you know, they would kind of have an instinct of what to do.

The OB thing...I knew nothing about it going in...I guess what it was, was it just didn't interest me since I really didn't know anything about it already. I just kind of gave up on it in the beginning, and the only thing I enjoyed about it was the surgical aspect as far as like C-sections and stuff. Besides that...everything else I kind of just jumped into. My easiest [rotation] was probably ICU. I mean, I jumped into that real quick and enjoyed it and kind of think I found my niche, but I think I would have been better off if I would have got to do like an ER rotation. I never got a chance to do that in nursing school and I think I would have done pretty well...but nothing as difficult as Pediatrics and OB, that scared me half to death and I didn't know what to do about it.

- Not only because I'm a male in a female-dominated career, but because I'm an older male in a female-dominated career... I had one semester where an instructor kept inquiring if I was still working or not. You know, I'm a grown man; I'm not supported by my parents or anything. I had my own responsibilities ...throughout the semester that was like a major concern that I was working...and, you know, attending school. And, at the end of this semester I honestly felt that my grade reflected that fact... even in my final [evaluation]...that was the first thing she said, is I shouldn't be working full-time while I'm attending school. You know, I'm not 20...I'm a grown person, and...I have to have an income...so that was really a bad experience with nursing school.

The meaning units I identified as being most relevant to the question, "Think of someone who you consider to be masculine and describe the characteristics that you feel makes this person masculine?" included the following statements:

- This is the hard core, Marine Corps kind of guy. Doesn't take any crap from anybody. You know, square jaw, buzz cut haircut...it's just that strength to him, confidence, loud, in your face, right at you, and...you just look at him and say, that's not a guy I want to

mess with...He is...someone strong, confident...rough. Rough looking, rough around the edges...

- An overbearing personality...always right and never wrong...very egocentric.
- He's athletic, he works out, he runs, he stands tall, you know chest out always walks with his head up...He's on top of things. He's constantly aware of what's going on...and he flirts with the girls all the time...he's constantly giving me "atta-boys" and "good job," you know, almost like a slap on the ass, the thing the football players do, but not physically...just the way he carries himself, good, tall stature, waits for the other guys...for the rest of the gang...I see him as fully male.
- I think...being able to have a career, take your abilities and doings what's best. Taking your abilities and putting them to the best use that you can. I think...being able to set goals and be a leader and...be able to be whatever you want...being able to provide for a family and do the things that you want to...
- Confidence, power, muscular physique, able to communicate well...able to get things done if they need to get done, able to provide...
- He works...[a] hard worker, loves his family...[a] provider...protects his family, protects his wife...honors his family...he's the backbone of the family...affectionate toward his wife...not scared to be affectionate towards his kids.
- I can describe him to you, hard worker, he was a fireman...he woke up every morning, he worked out, went to work, got done with work and went home...very strong, very strong willed, strong minded, put his foot down, very opinionated...stuck with it...what he'd say would go...somebody who everybody kind of looked up to...He was everybody's friend but...if he had on a mean face nobody messed with him.

- First of all you think that it's a male, because of male physical characteristics as being masculine. But then I think of, if I think of an in-depth reason or description of masculinity. I think of provider, protector...things like that. I don't think of how a person acts. Specifically, I think of masculinity more as the ability of a man to provide...provide and protect his loved ones, family.

The meaning units I identified as being most relevant to the question, "What does masculinity mean to you?" included the following statements:

- Masculinity [is]...having male-like qualities...and those go from sexual characteristics to just attitude...masculinity has maybe a deep voice, strength; a poise about them... the masculine way is a very concrete way of thinking, black and white kind of thinking. And the feminine way is more touchy feely, more emotional side of it... I'm just more of a concrete thinker...I think more concretely... I think masculinity and sexuality have a lot...in common because I think...Heterosexuals, males are for the most part masculine, women are for the most part feminine...But...on the homosexual side the lines kind of blur, and it isn't quite as straight forward...
- I would say, almost like an arrogance... accomplish things that you put your mind to...I don't feel this way, but a lot of guys would, they just have to be the best person at everything...it means that I'm liable for myself and my family...Responsibility to take of others...not just financially, but...in general watching over them... Men tend to have more egos... I don't feel like I have a big ego or arrogance... I have more confidence and I just like to win, I'm competitive, and that's where it shows, is on a sports field rather than general life... I like winning... But, guys are competitive when you get them together... Confidence, competitive, aggressive; not physical aggressive, just playing hard and doing whatever you have to do to win... I don't think I'm overbearing at all. I

think I'm more of a person to listen to other people, and put in my input rather than just always have to be right...I don't have...any type of ego that has to be fed. I'm more laid back...do what I have to do quietly...not be hurried...and be private about it.

- Being kind of dominating, being in charge, carrying yourself in a way that is calm...authoritative...when it's appropriate to do so. Obviously, when you're in school you want to carry yourself in a way that is assertive, not aggressive, [and] not passive...and I don't think it's something you can learn, it just comes naturally; it's not something that you want to go around trying to do. I guess being in good physical shape would be another masculine trait.
- I'm able to do what I want, have the potential to go further and reach whatever goals I set...be able to provide for my family and I can provide for myself and help others as well...be a leader...So, I think ultimately it's thinking of yourself at the end and thinking of other people first...I think in general it's just being able to take what you're given and be able to do something with it that helps you take care of others.
- My definition would be able to provide...to be dependable [have] ... a muscular physique [have] size and presence...not be a push over... to be assertive... heterosexual is more masculine than a homosexual... Being alive now you see everything, you see all the different levels of masculinity I guess, well you get so much more information about other people from [the] media...and it adds to who I am and my opinions on things, so I don't necessarily think you [must] have all the trademark traits of masculinity to be masculine as where maybe if I was alive earlier I would think that... I don't think it's all about the traditional views anymore...
- I feel like men are...stronger...like physically, than women...I feel like men should be in a position to provide for and protect their family...masculinity is also...being affectionate

toward your wife...being affectionate toward children too, you know, even kids, with male sons they can be affectionate...a male can love his son and say they love their son without feeling like, oh, that isn't the right thing to do as a male...

- Being strong, strong-minded, physically strong, mentally strong, determined...hard headed... when I think of masculinity I think mostly of like physically... being built differently...
- As far as for myself...I'm male. But when I think of myself in a masculine sense I think of my ability to provide and protect...I always thought of myself as masculine just because of my ability to provide for my family, my children, and so forth. I think that's got to be somewhere in the description of masculinity, the ability to provide and protect.

The meaning units I identified as being most relevant to the question, "How do you feel your meaning of masculinity shaped or influenced your education experiences as a nursing student?" included the following statements:

- I think when you have a faculty that is primarily female, they tend to look at situations in a...female perspective...when the male looks at something more concrete, the female wants to be more touchy feely...you know, their psychosocial analytical stuff, where as the male just says how do we fix this...which is why I think there are a lot more men, male nurses, in the emergency side. Because it is more of just a fix it, get them out the door... as a male nursing student I was expected to become more touchy feely, to become less masculine I guess is the word...not necessarily more feminine, but just less masculine. Think less like that...think more in terms of the psychosocial, think more in terms of the feelings of the patient.
- I'd do what the instructors said exactly, I'd do what I have to do; I'd be quite about it. I'd go through clinicals say, and just take care of my patients. If I had a question I'd ask the

nurse, I'd ask the instructor if I had a problem, you know, figure out how to solve it...I'm not loud, I'm not overbearing...but some people actually have gotten into arguments with their nurse...and I'm just easy to get along with in general and that's how I ended up pursuing nursing. I mean, the nurses all...enjoyed me as a student because I have a personality that's easy to get along with [I'm]...just laid back and do what I have to do.

- I came to class and I came to clinical whether I felt it inside or not, I always tried to display an outward projection of I'm ready to do this...I'm prepared and I'm on time. I'm open to suggestions...at the end of the semester, when we were being evaluated...I went in with okay how'd I do? That's fine. I was straightforward. I didn't go in and, well I didn't get an A? I got a B...if I was upset that I didn't get an A and got a B...I'm not going to cry...I'm not going to be upset. My attitude is, you know, if we don't get where we want to be this time, we'll do it again...anything that I want, if I want it bad enough, I can have it...I know what I wanted and I went for it.
- It kept me striving to be the best that I could...it shaped it in a positive way...just being able to set myself apart and be the best that I can and make the most of my opportunities.
- Considering I maybe had more of an open view of masculinity, a more encompassing view from the traditional, I've never let any task [what]...some people would call the caring tasks...it doesn't bother me to do that because my definition of masculinity is not against doing that...I was able to jump right in without any conflict within myself. While some people might say, you know, why am I doing this...I don't even think twice about it because it's part of the job, it's something you've got to do, there's no point in making a conflict with that.
- I feel like it maybe pushed me to finish...but the point is that I need to get through school because...I need to get my life in order...so I can get on my feet, so I can prepare to build

my future...and prepare to take care of a family, prepare to...have a wife and to do all that I feel like it's my responsibility as a male to do...it pushed me to really press into school and say, look I need to get this finished, I need to get this out the way and not get behind a semester or something like that, but I really feel like it pushed me to go ahead and have that drive to finish school and to build my future.

- I hate to go back to the Pediatrics and OB thing, but...going into the class I just knew it wasn't for me and I guess I never really gave OB a chance. I think that hurt me a lot. Like in the beginning, I was just like, I'm going to do just what it takes to get by and I didn't really give it a chance. I think if I actually went into it [more]...open-minded...I would have probably [done] a lot better...I guess mentally I went into it knowing that it wouldn't be good which kind of hurt...The positive influences...I just always had like, I guess, a confident presence on the floor [in clinical]...and in classes. I think that allowed me to have more opportunities to do things...especially around patients...patients really don't want somebody standing over them shaking, sweating and breaking out. I guess, the confidence I kind of always had, and I think a lot of it had to do because of being a male...it kind of opened doors to a lot of opportunities for me...I got to [have]...more...ICU experience. We were only supposed to get four days in ICU, and I guess the confidence I showed on the unit...some of the students didn't like it. They didn't even want to go, and because of that I was just going to see if I could stay in their spot...actually the nurse manager of the unit asked my teacher if I could stay because they were looking to hire some people and they kind of saw, I guess, what I was like.. I guess the confidence and stuff that I showed on the unit...it helped me...
- Going back to nursing school, it gave me the ability to provide better for myself and my family...I have the ability to maybe not provide protection for patients or families,

although you do protect them in a sense by proper care, but... I get a satisfaction out of helping someone improve or get better. In a sense to me that's part of my masculinity, helping someone. So, going to nursing school gave me that ability to be able to help someone to a higher degree.

The meaning units I identified as being most relevant to the question, "How do you feel your nursing education experiences shaped or influenced your meaning of masculinity?" included the following statements:

- Whether I like it or not, I have become more touchy feely than I ever have been before... It has made me think more about what's the underlying cause of this person's predicament. How can we prevent this from happening in the future? What are they going home to? You know, where are they coming from... I think that I have become more open to seeing the feminine side of things... my narrow view of masculinity has kind of been stretched a little bit... I can still be masculine and project that masculinity, but have a soft side, and see that feminine, or see it in a feminine way.
- I don't think it changed it or shaped it at all.
- It let me know that I could be affectionate, caring, loving and compassionate, and also maintain masculinity at the same time... in school... there were patients that I hugged and took care of, and I was compassionate with, and I'm still masculine and doing that. That's probably the biggest thing I learned how to be compassionate and not have to be the tough guy. I was crying in the ICU, not whaling tears, but my eyes were definitely watering up big time. Just thinking about what it must have been like for someone to lose their spouse, and I don't know how they were all related, but there was a lot of their family members there, and for them to lose this person in their life, he was young, just 55 years old.

- I don't know if it really did shape my meaning of masculinity...I think it was something that I just grew up with and I don't think it changed in nursing school...I think nursing school was the vehicle for me to display it, as opposed to finding the meaning of it.
- It has made me kind of encompass the caring role into my masculinity because that's what we do, that's what we've been learning in school and it's become a part of me...it probably wasn't before I started school. Now I'm better at doing things like listening to other people and I think that is part of my masculinity to be there for someone so they can depend on me...And kind of the same thing, being there emotionally for other people and at the same time recognizing my emotions and where they're stemming from. It made me more aware...of everything. Your environment, anything going on...You stop and actually look at what's going on.
- I don't know that there's been a major change in my perception of masculinity because of nursing [school]...I think my OB experience is one of the main things...as a male...for me to go in a room and assist with taking care of a post-partum patient...that [was] very uncomfortable...before, there was no way I would do anything like that, but now I think...I could be more comfortable in that setting...I've experienced it now...
- It doesn't make me feel any less of a man. It makes me proud to be one...because I don't have to deal with all the drama like most of them [females] do...besides that...as far as influencing [my]...masculinity, I don't really think it effected it.
- I think my personal meaning of masculinity was probably shaped long before I entered nursing school, and I really don't think nursing school had a part in shaping that... I had determined that years ago.

The meaning units I identified as being most relevant to the question, “Considering both your meaning of masculinity and your experiences while in nursing school, overall were you satisfied or dissatisfied with your education, and why?” included the following statements:

- The purpose of getting into nursing school is to pass the NCLEX and become a nurse. Whatever I’ve got to do to get me to that point, I should be happy with that it got me to that point. And I passed the NCLEX, I got through that. Yes, there are certain aspects that school, of schooling that I would change. But...I’m satisfied with my education. I think I got a good education. I think it got me to where I needed to be...There needs to be more male instructors...in my opinion nursing is becoming less of a touchy feely, feminine profession, to a more concrete, masculine profession. And I think for that reason there needs to be more of that male thought process in the education system.
- I’m satisfied. I got to meet people, friends, through the program...I just enjoyed the whole experience. I’m very laid back and I don’t let things stress me out too much. I usually take things and enjoy it.
- I was satisfied with my education...As far as masculinity goes, I think I was treated very fair being a male. I was not treated any different than any other student. I was expected to do the same things as any other student and I was rewarded likewise when I did.
- I was very satisfied with my nursing education...I think [the program] gave us great opportunities, variety to see different things, and for the most part we were prepared well from lectures, from real experiences...my dad being a nurse...he would always tell me, the teachers are going to be against you because they were when he was in school. But I found that the teachers were very helpful...I got the attention that I needed and the preparation that I was looking for.

- Completely satisfied, and I think that it would help a lot of people just to get a little taste of what happens, of what we learn in nursing school, to get that better life outlook.
- Um, I would say that I was satisfied...in the sense of being able to take care of myself and establish myself for the future.
- I was really unsatisfied with my education... like the OB thing... that's such a specialty... I don't think that's something that all nursing students should be subjected to... especially being a male in one of the hospitals around here, they don't hire male nurses... the other males that I knew who were there [at that hospital] they didn't get to do anything, it was a wasted semester for them...I really felt OB was more of a specialty field that I think it should be looked at, looked into as far as a specialty field. I understand that they teach it because there are questions on the test [NCLEX]...but, there are also intensive care questions on the test [NCLEX] and not everybody did a rotation in ICU. I think if the option was given that would be a little better...I think it was really a waste to spend a whole semester doing it... Also, the way men think and the way women think, or at least the way I think, I think more black and white I guess...you read it, you see it, you do it, and that's how it's going to be, more... scientific... and nursing, especially nursing school...the test questions, some of them just [didn't] seem that way... through nursing school there was so much gray area...I had a teacher... she actually asked a question on a test and she gave like three options, and I actually showed her [in] the textbook where the answer [I gave] was written word for word...I still got the question wrong because she said, "That's not what I think." Which to me... that's not education...if I'm going to learn something I want to learn the facts about it...Nursing school was very gray, not real black and white, and I understand nursing is not real black and white, but I think... you ought to be taught basics very well to be able to move into gray areas, to be able to

critically think on your own, and I think...what they really forgot to do is [teach] the basics of it.

- Overall I was satisfied with my education. It gave me the knowledge and the skills to advance into a career path that will give me opportunities...for advancement so that I can in the years ahead provide better for myself, my family, my children...nursing school gave me an ability and basis to be a better person.

Themes

To begin the process of identifying themes, I reduced meaning units to a series of brief descriptive phrases. For example, I reduced the statement: “In the beginning my main goal was to get the best grades and go to anesthesia school” to the phrase: “Career Plan: CRNA.” I then began to cluster meaning units into non-overlapping themes. Each theme was given a thematic or descriptive label. Originally, I independently identified 12 themes. However, through a series of discussions with my triangulating analysts the 12 themes were collapsed into seven, and then eventually five themes. In addition, the thematic labels were modified. It is believed that these five themes are non-overlapping, and are either explicitly expressed or compatible with the complete verbatim transcript of each participant. The five themes and the meaning units associated with each are as follows:

1. Career Trajectory

Career Influences:

Relative or acquaintance a nurse

Interest in the medical field (PT or medical School)

Job security/diversity

Desire to help others

Prior experience as medic, EMT, or paramedic

Career Plans:

Short-term - ER or ICU experience

Long-term - CRNA or MSN

2. Masculine Image

Male appearance, looks or sounds masculine (square jaw, short hair, deep voice)

Physically strong, muscular, athletic, size or presence

Poise (stands tall, head high, chest out)

Heterosexual

3. Masculine Attitudes

Power, dominance, authority,

Aggressive

Ego-centric or arrogance

Bold, confident or assertive

Determined, strong-willed or goal-oriented

Individuality, independence, or autonomy

Non-emotional, controlled, quiet or calm

Dependable, leader, or head of family

4. Masculine Caring

Obligatory Caring:

Provide, protect or help others or family

Empathic Caring:

Seeks to know or understand (communication or listening skills)

Demonstration of affection (verbal or physical) or compassion

Emotionally aware or present

5. Education Experiences

Uncomfortable in OB or Pediatrics

Differential treatment (by faculty, nursing staff, peers, patients/families)

Learning style differences (concrete, basics, “just the facts”)

Satisfied/dissatisfied with education

Individual Textural-Structural Descriptions

Following is the textural-structural description for each participant. Moustakas (1994) described textural-structural descriptions as evoking a clear image of what was experienced and how it was experienced. Each composite was developed by reviewing the verbatim transcript of each participant’s interview in consideration of the identified meaning units and themes. The textural-structural description of each participant describes the phenomena experienced (what they experienced) as well as how the phenomena was experienced. The textural aspects of each description are based upon the verbatim transcripts. However, the structural aspects of each description are derived through a process that Moustakas refers to as *imaginative variation*.

Moustakas described imaginative variation as:

The task of Imaginative Variation is to seek possible meanings through the utilization of imagination, varying the frames of reference, employing polarities and reversals, and approaching the phenomenon from divergent perspectives, different positions, roles, or functions. The aim is to arrive at structural descriptions of an experience, the underlying and precipitating factors that account for what is being experienced; in other words the ‘how’ that speaks to conditions that illuminate the ‘what’ of experience. How did the experience of the phenomenon come to be what it is? (1994, p. 97)

Jonathan

Jonathan, a 35-year-old male, was the first participant interviewed. The interview was conducted in October 2005, at Jonathan's home. Jonathan graduated from the nursing program in August 2005. At the time of the interview Jonathan had taken and passed the NCLEX, and was working in the emergency department of an inner city hospital in an urban area.

Prior to attending nursing school, Jonathan had obtained a bachelor's of science degree in chemistry from a state university located in the northwestern United States. While working on his chemistry degree, Jonathan ran out of funds and enlisted in the Army. Jonathan trained to become a medic while in the Army. After two and a half years of active duty, Jonathan returned to college and completed his degree in chemistry. Jonathan considered pursuing medical school or nursing. However, he already had two years toward a chemistry degree, and the nursing programs in the region all had waiting lists at the time. Jonathan chose to complete his chemistry degree and did not pursue nursing or medical school upon graduating.

Jonathan maintained his connection to the military and upon graduation was an officer in the Army National Guard. For a two-year period following his graduation, Jonathan was also employed as a state trooper in a northwestern state. Jonathan married, and moved to the southern United States to be closer to his wife's family. After moving to the south, Jonathan transferred to the Air National Guard, and worked as a stock broker with his father-in-law.

Jonathan continued to have an interest in pursuing a degree in some type of medical field. He felt that nursing would give him more patient contact than medicine. In addition, Jonathan heard talk of the growing shortage of nurses and felt that nursing would offer him job security. Considering both of these factors Jonathan decided to enroll in a local university and pursue a baccalaureate degree in nursing.

When Jonathan initially entered nursing school his plans were to work in either an emergency department or critical care area. His prior experience as a medic made the emergency department a logical choice. However, during nursing school he began to consider working on a medical-surgical floor. In his senior year of nursing school Jonathan had a clinical rotation through an emergency department. This experience helped him decide that emergency nursing was definitely what he wanted to do. Jonathan was able to secure employment as a new graduate in the same emergency department where he had his clinical experience as a nursing student. Jonathan is interested in returning to school in the future to pursue a master's degree in nursing. He feels that his family and friends are pushing him to become a nurse anesthetist because of the financial benefits. However, Jonathan is considering a master's degree in nursing education, and feels that going into education better fits his personality.

Jonathan reported that in nursing school, because he was a male, he felt he was always expected to lift and move patients more than female students. He feels this is a "fact of life" for males in the nursing profession, and reports he is not bothered by it. Jonathan felt that his obstetrics clinical rotation was the most difficult clinical rotation because of being a male. Within the labor and delivery and postpartum clinical environments Jonathan was surrounded by female nurses, and had to provide care to female patients. The care focused on clinical issues that were feminine in nature, and foreign to Jonathan as a male. Jonathan felt that the female patients, their husbands, and the nurses who worked in labor and delivery and postpartum did not want male nursing students providing care to the female patients. Jonathan reported that the husband of one patient threatened to "knock out" any male nurse who came in the room with his wife. This experience created an environment in which the care being provided had a sexual connotation based on the gender of the caregiver. Jonathan recalled that one female patient refused to let him remove her C-section staples. Jonathan felt that the nurses who worked in

these areas would not communicate with him what was going on, and would go and do procedures without him instead of allowing him to observe or perform skills. Jonathan was aware of the double standard supported within these clinical environments where a male physician could provide any level of care, but as a male nursing student he could not. The underlying sexual connotation in the care he provided was ever present within this environment, or at least it was perceived by Jonathan to be present.

In addition to his obstetrics clinical rotation, Jonathan felt that his pediatrics rotation also presented him with some challenges. He explained that in his pediatrics clinical rotation he was pushed to be “touchy feely.” He felt that his fellow female students were more comfortable with the types of activities students were required to do in pediatrics. Within this environment Jonathan perceived that as a male he lacked the emotional and possibly intuitive thinking skills that his fellow female classmates seemed to possess when working with children.

Jonathan’s description of someone he considers to be masculine is someone who has confidence, strength, a masculine physical appearance such as a square jaw and a buzz-cut haircut, someone who is loud and “in your face,” rough, someone you wouldn’t want to mess with, and someone who is heterosexual. In forming a mental image of someone who is masculine Jonathan drew upon the environments of his previous military and law enforcement experiences. In describing his personal meaning of masculinity Jonathan said masculinity is boldness, and roughness, as opposed to shyness, timidity, and softness. Masculinity includes physical characteristics such as a deep voice, larger physical size, and strength. Jonathan felt that both men and women could possess masculine qualities. Jonathan also felt that masculinity means being a “concrete thinker” (more black and white) as opposed to an emotional thinker, and being heterosexual.

Jonathan felt his masculinity, specifically his concrete way of thinking and processing information, presented him with challenges while enrolled in nursing school. Jonathan felt that as a male he was required to change his way of thinking. He felt that he had to consider all aspects of a situation, including the psychosocial aspects of what was occurring. To Jonathan, this was contradictory to his natural tendency to think more concretely, and less “touchy feely” as he described it. Jonathan’s masculine tendency is to say “...how do we fix this? Let’s put on my Mr. Fix-it Hat, and let’s fix it; get them on their way.”

Jonathan feels that in terms of his way of thinking and processing information, nursing school required him to become “less masculine,” and therefore shaped or influenced his current meaning of masculinity. He explained again that he was required to consider the “touchy feely” (psychosocial) aspects of care. Jonathan stated, “It has made me think more about what’s the underlying cause of this person’s predicament.” Jonathan felt that nursing school did not change his views on masculinity, but did change him and his way of thinking about things. Jonathan now feels that he is capable of thinking about situations from a feminine perspective.

Considering both his meaning of masculinity and his nursing education experiences, Jonathan was satisfied with his nursing education. Jonathan had an end goal of becoming a registered nurse, and since he has passed the NCLEX he feels his education helped him achieve this goal. He does not feel that everything he had to do in nursing school contributed to his ability to pass the NCLEX. Jonathan stated, “Certain aspects that I think are unneeded and certain things that I think they should add.” Jonathan feels there needs to be more male nursing instructors and males in management positions within the nursing education environment. From his very concrete perspective, he believes that everything taught should directly contribute to the student’s ability to pass the NCLEX. If more male instructors taught in nursing programs, Jonathan feels there would be less emphasis on the “touchy feely” (psychosocial) issues, and

more emphasis on technical skills and procedures. However, Jonathan feels that only skills and procedures that will not be used in practice should be taught. As an example, Jonathan explained he was required to perform a pap smear on a patient during his obstetrics rotation. Jonathan feels that as a male he will never be required to perform a pap smear in practice, and therefore, this experience did not benefit him as a student. He said, "...it was a very uncomfortable situation for both me and the patient...what they were teaching us from the get go was patient safety, making the patient comfortable, that's the psychosocial aspect of it, and then they're going to make males go and do that. It was quite uncomfortable..." Figure 1 illustrates Jonathan's meaning of masculinity, career trajectory and nursing education experiences.

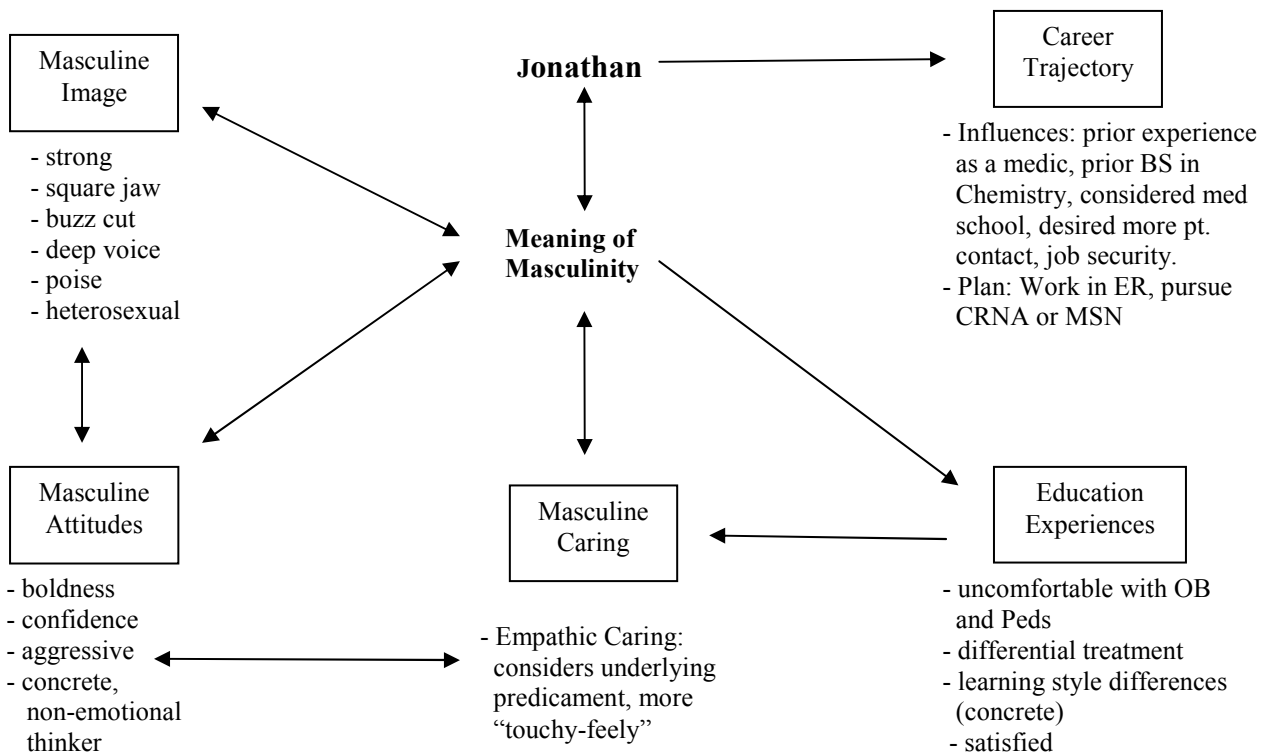


Figure 1. Representation of Jonathan's meaning of masculinity, career trajectory, and nursing education experiences

Bob

Bob is a 27-year-old male. Bob was interviewed in November 2005 at the researcher's office. Bob graduated from the nursing program in August 2005, but had not been out of school for more than three months. Bob had recently taken and passed the NCLEX, and at the time of the interview was working as a registered nurse in the emergency department of a large hospital located in a major metropolitan area.

Prior to enrolling in the nursing program Bob had received a Bachelor of Science degree in computer science with a minor in math. Bob initially was interested in returning to school for a degree in physical therapy, not nursing. This decision had been influenced by a personal injury to Bob's arm and leg that required physical therapy. Bob stated that he enjoyed being in the physical therapy environment, and that is what got him thinking about a career in physical therapy or healthcare. Bob looked into a physical therapy program, but it was located out of state. Not wanting to relocate, Bob then explored pursuing a degree in nursing. He applied to and was accepted into an accelerated nursing program designed for individuals with a prior bachelor's degree.

Bob reported that he did not regret going into nursing instead of physical therapy. He admitted that he knew very little about nursing prior to enrolling in the nursing program, but he grew to like the variety of opportunities available to someone with a nursing degree. When Bob first entered the nursing program his plan was to work in an emergency department for a while and then return to school to become a nurse anesthetist. Bob is currently working in an emergency department, and that part of his plan did not change while he was in nursing school. However, Bob is reconsidering becoming a nurse anesthetist, and stated, "I just don't know if I want that job. It kind of seems boring." Although he is reconsidering the idea of becoming a

nurse anesthetist, Bob still plans to one day continue his education and pursue a master's degree. However, Bob is uncertain of exactly what he would like to study.

While in school, Bob perceived that some nursing instructors did not like male students. He countered this by stating that the opposite was also true, and that some instructors seemed to favor male students. When elaborating on instructors that he perceived did not like males, Bob stated those instructors gave the males a hard time about paperwork, and seemed to always be waiting for the males to make a mistake in order to lower their grade. Bob felt the male students were more closely watched than the female students by these instructors. Bob did not perceive this difference in treatment in lecture classes, but only in the clinical setting. Bob described the instructors he perceived as favoring male students as being more "laid back" and "easy going." Bob felt these instructors made males feel more comfortable. Bob stated, "...you don't feel nervous...it just makes you feel more comfortable if there's not someone watching over your back...you don't want them hovering over you because it just makes you feel uncomfortable and awkward."

Bob stated that some instructors in nursing school made comments about female students "taking care of" male students. Bob said that in terms of group projects the female students always did more than the male students. However, he said the females always wanted to do their work in advance, and that the males tended to wait until the last minute to do things. Because of this, the females usually had done all of the work before the males were ready to begin, and therefore, usually did most of the work in group projects. Bob felt that the last minute work by male students was often just as good as the work of female students. He attributes these differences among male and female students to "personalities," stating that "...I think guys procrastinate a little more."

Bob described someone who is masculine as having an overbearing personality, always being right and never wrong, and being very egocentric. Bob stated masculinity was “almost like an arrogance,” and that men tended to have more egos and tended to be more competitive and more aggressive. Bob explained that this is something he has seen in other men, but did not feel that personally he was arrogant or had a strong ego. Bob has experienced these aspects of his own masculinity when playing organized sports with other men. He said that on the sports field he has more confidence, he can be more arrogant, competitive, and likes to win. Bob attributes this to being part of a team, and being around other men. He said that in a sports setting he has a chance to be more physical, release more energy, and have more confidence because he is surrounded by the team. However, Bob drew a contrast between being part of a team and his own “individuality,” explaining that he does not feel he is the same way off the sports field. Specifically, when Bob is in an environment surrounded by women he does not display these aspects of his masculinity. Instead, Bob is less aggressive and competitive, and tries to be “laid-back” and get along with everyone. Bob also described masculinity as being able to accomplish things you put your mind to, being your best, being responsible for yourself and your family, and taking care of and watching over your family.

Bob felt that his meaning of masculinity influenced his nursing education by making him focused and directed. Bob explained that in nursing school he did exactly what the instructors said, he did what he had to do, and was quiet about it. During his clinical experiences he would take care of his patients, and if he had a problem he would try to solve it. He stated that he tried not to be “loud” or “overbearing,” but instead worked at getting along with everyone. If he needed help or had a question he would ask his instructor or the nurses who worked on the unit. In general, Bob described himself as being laid back and doing what he had to do in the clinical setting, and he attributed this to his masculinity. However, Bob also acknowledged that he was a

procrastinator, which he attributed to being male, and felt that he was viewed negatively by some female instructors because of this quality.

Bob didn't feel his nursing education had any influence on his meaning of masculinity. However, Bob stated that nursing school did help him learn patience and how to get along better with women. Overall, Bob was satisfied with his nursing education when considering his meaning of masculinity and his experiences while in nursing school. Bob enjoyed meeting people and becoming friends with them while in nursing school. Bob even met his fiancé while in nursing school. Bob said that he was laid back and did not let nursing school stress him out. Although Bob did elaborate of several negative clinical experiences while he was in school, he did not feel these were because of his gender or masculinity. Bob stated that he enjoyed his whole nursing education experience and would recommend the program to others. Figure 2 illustrates Bob's meaning of masculinity, career trajectory and nursing education experiences.

Rod

Rod is a 40-year-old male. He completed the nursing program in December 2005, and was interviewed in February 2006 at the researcher's office. At the time of the interview Rod was working as a graduate nurse in the ICU of a large hospital located in a major metropolitan area. Rod had not yet taken the NCLEX.

Prior to enrolling in the nursing program Rod was a paramedic. Rod explained that after he graduated from high school he attended college for two years but didn't do well and dropped out. He then went to a vocational school for six months and became an EMT. After working as an EMT for a couple of years Rod returned to school and went through an 18-month program to become a paramedic. Rod said he decided to pursue nursing as a career because of job Rod stated, "I can put a map on the wall, take a dart and throw it at that wall, and wherever it lands I can find a job." Rod also explained that he enjoyed working in the medical field and had

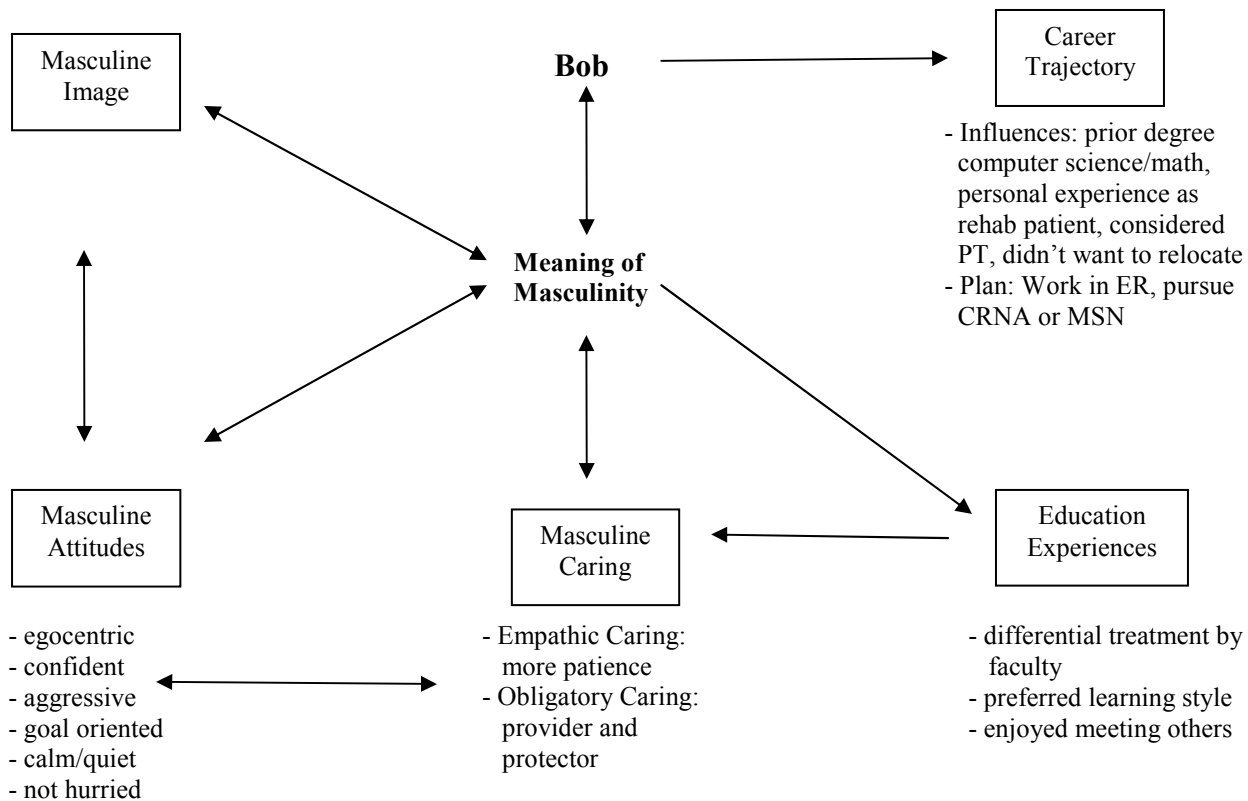


Figure 2.
Representation of Bob's meaning of masculinity, career trajectory, and nursing education experiences

done so for a number of years as an EMT and paramedic. Rod enjoys working with people, and explained that as a paramedic he never knew the outcome of the patients he would transport to the hospital. This is another aspect of nursing that attracted him. As a nurse, he is with his patients for a longer period of time, and gets to see the outcome of their care.

When Rod first entered the nursing program his long-term goal was to eventually become a nurse anesthetist. He wanted to work in either an operating room or critical care area when he graduated. His career plans did not change while he was enrolled in nursing school. Rod is currently working in an ICU, and he still plans to attend graduate school to become a nurse anesthetist. He explained that if he is not accepted into a nurse anesthesia program, he will return to school and pursue a master's degree as a critical care nurse practitioner.

Rod did not perceive any differential treatment in nursing school by faculty because of being a male. Rod felt that instructors treated him the same way they treated female students. Rod did note that during his first semester in nursing school there were three other males in his clinical group. He stated that first semester was unique because the males in the group bonded and would do things together. Rod reported that after that first semester he was the only male in his clinical groups until his last semester when he was put into a group with one other male student. Rod did feel that he was treated uniquely by some of his female classmates, explaining that he played a “fatherly role.” Rod felt this was not due to being a male, but rather his age and his experiences as a paramedic.

Rod did feel that gender was an issue during his obstetrics clinical rotation. Rod’s perception was that the male partners of the female patients did not want male nursing students providing care in labor and delivery or postpartum. Rod said that some female patients refused to have him work with them as a nursing student, and he would have to wait around until something came up that he could do. Rod stated that most of the obstetricians were male, and that the female patients and their male partners did not object to a male physician being present, only male nursing students. Rod attributed this to the male partners being “territorial” or jealous of other men looking at their female partners, but granting an exception to the physician as a professional. Rod was aware of the double standard supported within these clinical environments where a male physician could provide any level of care, but as a male nursing student he could not. The underlying sexual connotation in the care he provided was ever present within this environment, or at least it was perceived by Rod to be present.

Rod described a masculine person as someone who was athletic, and worked out. The person stands tall with his chest out and his head held high. The person is on top of things, and constantly aware of his surroundings and what is happening around him. He constantly flirts with

women, and displays a playful camaraderie and team spirit toward his male co-workers. In describing his own meaning of masculinity Rod stated masculinity means being assertive, not passive, being in charge, dominating, and authoritative when it is appropriate to do so. Rod also felt masculinity means being in good physical shape, and carrying oneself in a way that is calm and in control. Rod believed that masculinity was not something that is learned, but something that just comes naturally.

Rod felt that certain student characteristics he displayed while in nursing school were shaped or influenced by his meaning of masculinity. As a nursing student, Rod felt that he was always prepared and on time, and ready to do what was asked of him. Rod felt he was always in control of his emotions, even if he was upset or did not feel like being where he was at the time. Rod was also open and receptive to feedback from instructors, and did not emotionally react to negative feedback. Rod stated that as a student he felt like he was capable, and could accomplish anything if he wanted to badly enough.

Rod felt that his nursing education experiences had influenced his meaning of masculinity by helping him realize he could be affectionate, caring, loving and compassionate, and maintain his masculinity. As a student he became comfortable with being compassionate towards patients, and even stated that in certain situations he had physically expressed this by hugging his patient. Rod stated that nursing has taught him that he doesn't always have to be a "tough guy." Rod related that he has been teary-eyed in dealing with the death of patients in the hospital, and explained that prior to nursing school, as a paramedic, he felt more detached from his patients. Rod's nursing education experiences influenced and shaped his empathic caring skills, and Rod has incorporated these into his meaning of masculinity.

Rod stated that considering his meaning of masculinity and his educational experiences, he was very satisfied with his nursing education. Rod felt that he was treated fairly, and that his

masculinity did not influence the way he was treated by faculty. He felt that being an older student may have influenced how some faculty and students treated or responded to him, but this was always in a positive way. Rod did complain about the subjective nature of the clinical evaluations used in clinical nursing courses. Rod felt that if he developed a good rapport with an instructor he would be given a higher grade, even if he perceived his work as a student to be weaker than that of other students. Figure 3 illustrates Rod's meaning of masculinity, career trajectory and nursing education experiences.

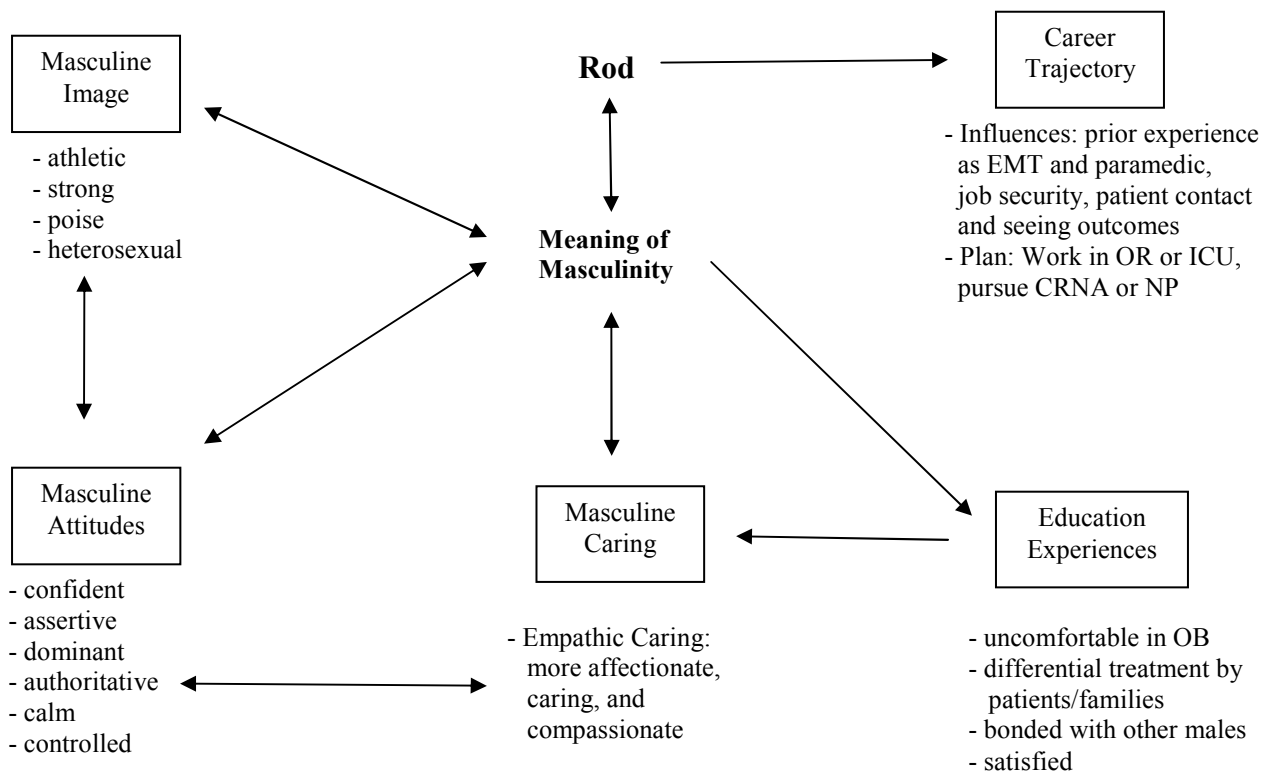


Figure 3. Representation of Rob's meaning of masculinity, career trajectory, and nursing education experiences

Ron

Ron is a 22-year-old male. He completed the nursing program in December 2005, and was interviewed in February 2006 at the researcher's office. At the time of the interview Ron was working as a graduate nurse in a pediatric intensive care unit of a large hospital located in an urban area. Ron had not yet taken the NCLEX.

Ron entered college after graduating from high school, and his intended major was always nursing. Ron decided to pursue a nursing education in order to follow in his father's footsteps. Ron's father was a nurse anesthetist. Upon entering nursing school Ron's goal was to make the best grades he possibly could and eventually enroll in graduate school to become a nurse anesthetist. Ron's goal did not change while he was in nursing school, however, Ron stated that he was not in a hurry to immediately return to school and pursue anesthesia. Ron stated that while in school he found that he "enjoyed the nursing aspect of it." Ron realized that anesthesia is more of a "technical" role as opposed to a caring role. Ron feels that many males and females are interested in pursuing an advanced degree in anesthesia because of the economic benefits and being able to better provide financially for a family. Ron is now considering waiting for several years and working as a registered nurse before he returns to school for an advanced degree in anesthesia.

As a male, Ron felt that he never had to "worry about being a number in the crowd," and he considered this a unique experience for him while in nursing school. Ron felt that instructors didn't always know all of the female students, but they always knew all of the male students and it was easier for instructors to remember him and recognize him for his individual work and accomplishments. Ron felt that nursing instructors did not always recognize the individual work of female students because they were part of a larger group of many female students. Ron said,

“The teacher may see a girl doing this and not remember that it was this girl. I think it was easier to be noticed and recognized.”

Ron did not believe his nursing instructors showed favoritism based on gender when grades were assigned, and that his nursing instructors were fair in evaluating students. Ron’s father, based on his own experiences as a nursing student, had told Ron the instructors in nursing school would “be against him” as a male. Ron did not find this to be true, but instead felt the instructors were helpful and supportive.

Ron described a masculine person as someone who is able to take their abilities, talents and knowledge and put them to the best use. He believes a masculine person is able to set goals, accomplish what they set out to do, and provide for their family. Ron’s believes that being masculine means being a leader. Ron’s personal meaning of masculinity mirrors these same characteristics. Ron feels that his masculinity allows him to accomplish goals, provide for himself and his family, be a leader, and help others. Ron emphasized this aspect of his masculinity, stating, “...ultimately it’s thinking of yourself at the end and thinking of other people first.”

Ron felt that as a student his meaning of masculinity motivated him to do his best. His masculinity motivated him to set himself apart from the crowd and be the best he could be. Ron did not feel that his nursing educational experiences had shaped or influenced his meaning of masculinity. He feels that his meaning of masculinity was formed through his experiences growing up. Since his father was a nurse, Ron does not equate certain careers or professions with certain genders, and believes that nursing has allowed him a vehicle to express his masculinity as opposed to shaping or influencing his masculinity. This is especially relevant considering Ron’s belief that being masculine means being able to provide for your family. Nursing will allow Ron

the ability to have a job that he enjoys, and if he returns to school to become a nurse anesthetist he will have an even greater ability to financially provide for his family.

Considering both his meaning of masculinity and his experiences while in nursing school, Ron stated that he was satisfied with his nursing education. Ron felt his educational experiences provided him with a variety of experiences and opportunities to learn, and that faculty members were helpful. Ron feels his education has prepared him to work as a registered nurse and provide for himself and his family. Figure 4 illustrates Ron’s meaning of masculinity, career trajectory and nursing education experiences.

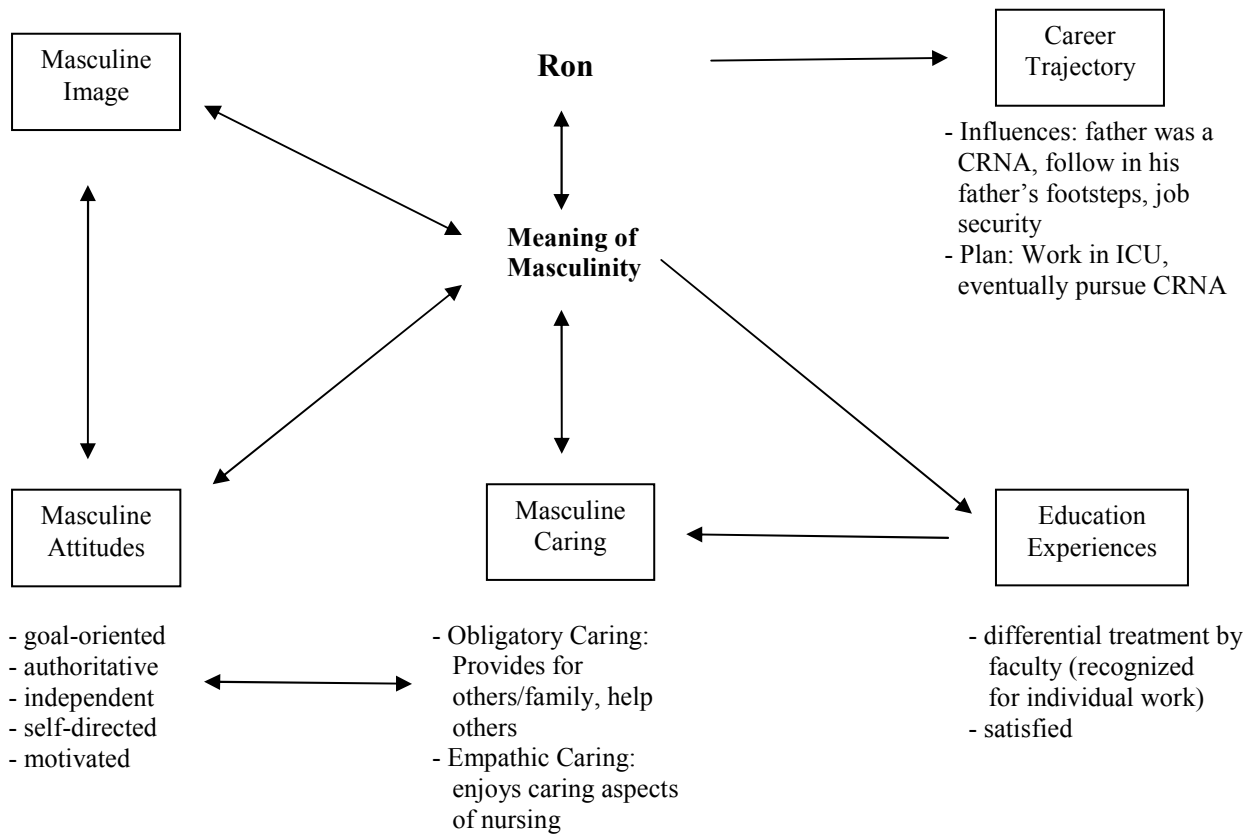


Figure 4. Representation of Ron’s meaning of masculinity, career trajectory, and nursing education experiences

Johnston

Johnston, a 22-year-old male, was interviewed in February 2006 at the researcher's office. Johnston graduated from the nursing program in December 2005. At the time of the interview Johnston was working as a graduate nurse in a critical care unit of a large hospital located in a major metropolitan area. Johnston had not yet taken the NCLEX.

Johnston entered college after graduating from high school. His original plans were to become a physical therapist. However, after a year and a half of college Johnston decided to pursue nursing instead of physical therapy. He was influenced by a male cousin who was in school to become a nurse anesthetist. Johnston said that on his dad's side of the family there are many nurses, and that nursing was always a career option for him. However, he knew nothing about the nurse anesthetist role until his male cousin entered anesthesia school.

Johnston's career plans did not change while he was enrolled in nursing school. Johnston knew that he would need a minimum of one year of critical care experience in order to be accepted into an anesthesia program. Upon graduating from nursing school Johnston was able to secure employment as a graduate nurse in a critical care unit. Johnston plans to begin applying to anesthesia programs as soon as he has six months of experience, and hopes to be accepted into an anesthesia program within the next five years.

Johnston felt that in nursing school many of the female students had "conflicting personalities" and did not always get along well with other female students, female faculty members, or hospital staff nurses. However, Johnston feels that he got along well with everyone, and he attributes this to his gender. Johnston said that in the clinical setting he felt patients perceived him positively, and were more "trusting" of him than they were female nursing students. Johnston believes that male nursing students "portray more power" than female nursing students and because of this patients question male students less. Johnston said that in the clinical

setting he also had unique experiences of being singled out to physically assist with agitated patients or patients who needed to be lifted, but these experiences did not bother him.

Johnston also felt that in the beginning of his nursing education he had to learn to be as thorough as the female students, especially in completing paperwork. Johnston stated, “Being a man you get to the point, keep it simple, [and] do what you need to do.” Johnston felt that his written papers, such as care plans, were never thorough enough for the nursing instructors, and this was a unique experience he attributed to being male. Johnston stated, “I’d look at my female classmates...they would have a novel written about mosquito bites on someone’s leg!” Johnston felt that men in general do not go into as much detail as women.

When asked to describe the characteristics of someone he considers to be masculine, Johnston said the person has confidence, power, and a muscular physique. The person is able to communicate well, and get things that need to be done accomplished. Johnston’s meaning of masculinity includes being able to provide for dependents (family), and being dependable. Johnston’s image of masculinity is someone who is muscular and has a physical size or presence. Johnston enjoys working out, and emphasized that a muscular physique, size and presence are important to his sense of masculinity. Johnston also felt that being masculine means being assertive, speaking out for what you want, and not being a push-over. Johnston believed that that a heterosexual orientation is more masculine than a homosexual orientation.

Johnston feels that the meaning of masculinity is becoming “blurred.” He explained that currently there are different forms of masculinity and that these are often seen in the popular media. Johnston felt he had been influenced by these various forms of masculinity, and did not personally possess all of the traditional characteristics of masculinity. Specifically, Johnston did not feel he possessed the power seen in traditional masculinity. Johnston felt that contemporary masculinity is more varied and individualized, and that individual differences are now more

accepted. Johnston felt that individuality and autonomy are part of his personal meaning of masculinity. Johnston described this aspect of masculinity by stating, "...I think that being different is definitely doing what you want to do...being true to yourself...following your goals and not what other people have planned for you."

Johnston felt that his meaning of masculinity shaped or influenced his nursing education experiences by allowing him to engage in what he called the "caring tasks" of nursing. Johnston used providing personal care, such as bathing a patient, as an example of a caring task. Although caring tasks may be considered by some to be feminine, Johnston felt that his broader meaning of masculinity allowed him to perform such tasks without hesitation. Johnston stated, "I was able to jump right in without any conflict within myself." Johnston also stated, "I [didn't] even think twice about it because it's part of the job. It's something you've got to do."

Johnston felt that his nursing school experiences had influenced or shaped his meaning of masculinity by helping him incorporate the caring role into his meaning of masculinity. Johnston feels that nursing school taught him how to care, and caring has become part of who he is. Johnston also feels that he is a better listener because of his nursing education experiences, and that his education has helped him become someone that others can depend on. Johnston felt that his nursing education experiences also helped him recognize his emotions and how to emotionally be there for others. In general, Johnston felt his education experiences gave him more confidence, and made him more aware of his environment and things going on around him. Johnston felt that through his education, specifically his experiences in working with people experiencing illness and death, he learned to not take things for granted. Johnston said he tries to not let "the little things" in life bother him, and to avoid conflict and confrontation as much as possible.

Johnston was satisfied with his education considering both his meaning of masculinity and his experiences while in nursing school. Johnston stated, “I wouldn’t have taken it back for anything. Even if I were to stop, even if I [had] finished nursing school and didn’t want to be a nurse, I think the life lessons that I’ve learned and everything I’ve taken from it makes me a better person.” Figure 5 illustrates Johnston’s meaning of masculinity, career trajectory and nursing education experiences.

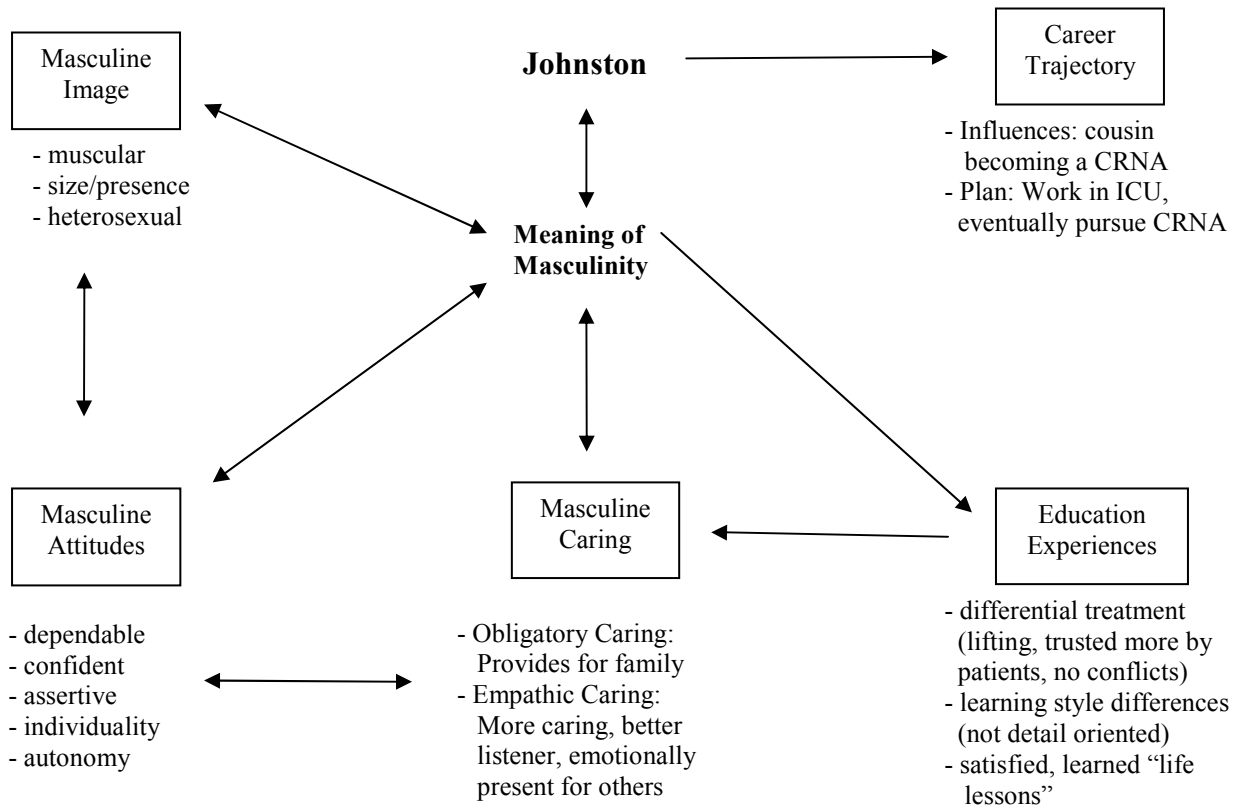


Figure 5. Representation of Johnston’s meaning of masculinity, career trajectory, and nursing education experiences

James

James is a 24-year-old male. He completed the nursing program in December 2005, and was interviewed in early March 2006 at the researcher’s office. At the time of the interview

James was working as a nurse on a telemetry unit at a large hospital located in an urban area. James had already taken and passed the NCLEX.

James entered college after graduating from high school. He said that several factors influenced his decision to pursue nursing. While he was in high school one of his aunts who was a nurse would often tell him he should consider a career in nursing. James also became interested in physical therapy as a career choice. James received a baseball scholarship to attend college, but the university did not have a physical therapy degree program. The university did have a baccalaureate program in nursing, and this, along with his belief that God wanted him to pursue a nursing degree helped him decide on nursing as a major. James did not declare nursing as his intended major until his third semester in college. When James first entered the nursing program his career goal was to eventually become a nurse anesthetist. However, while in nursing school James developed an interest in community health nursing, and was reconsidering his initial plans to become a nurse anesthetist. He is unsure if he will now pursue any graduate studies in nursing.

James felt that his OB clinical rotation was a unique experience in nursing school because of being male. James said he felt the nursing staff in the labor and delivery area were protective of the female patients and did not really want male students working with the patients. James reported that on one occasion a labor and delivery room nurse told him that it makes the patients uncomfortable to have a male nursing student. However, James felt that his instructor pushed him to perform more nursing care during his OB clinical rotation than some of his female classmates. James felt the instructor did this in order to help him become more comfortable in the labor and delivery setting. Although James felt he received differential treatment by the instructor, he said this was positive, and that the experience helped him grow professionally more than any other clinical experience.

James believes a masculine person is a hard worker who honors his family by providing for them and protecting them. The person is the “spiritual head” of his family, and demonstrates his affection toward his wife and children. In describing his meaning of masculinity James felt that masculinity means being physically stronger than a woman. Masculinity means being a protector and a provider of one’s family, and being able to show affection toward your family members. James felt that it was okay for fathers to show affection toward their sons and tell them that they love them. James believes that being masculine also means being the spiritual head of the family. James explained this statement, saying that he felt women were just as intelligent and spiritual as men, but that Biblically he believes the man is “the priest” of the family.

James felt his meaning of masculinity shaped or influenced his education experiences by motivating him to finish nursing school. James viewed his education as preparing him to get a job and eventually provide for a family. Because of his goal to finish the program, James was motivated to stay on track in completing the program and not fall behind. He feels this drive helped him do what he needed to finish the program. Initially, James did not feel that his nursing education experiences influenced or shaped his meaning of masculinity. However, James then explained that his nursing education helped him become more comfortable in taking care of female obstetric patients. James said that as a male, he is now comfortable working with female obstetric patients, and that his meaning of masculinity now would allow him to care for such patients, if needed, with greater ease.

James stated that he was satisfied with his nursing education considering both his meaning of masculinity and education experiences. He felt that his education prepared him to establish himself in a career and eventually provide for a family. His education also helped him expand his “comfort zone” in working with female obstetric patients, something he felt uncomfortable about because of his meaning of masculinity prior to nursing school. Finally,

James was satisfied with his nursing education because he feels it has provided him with the ability to work in a variety of settings and roles. Figure 6 illustrates James' meaning of masculinity, career trajectory and nursing education experiences.

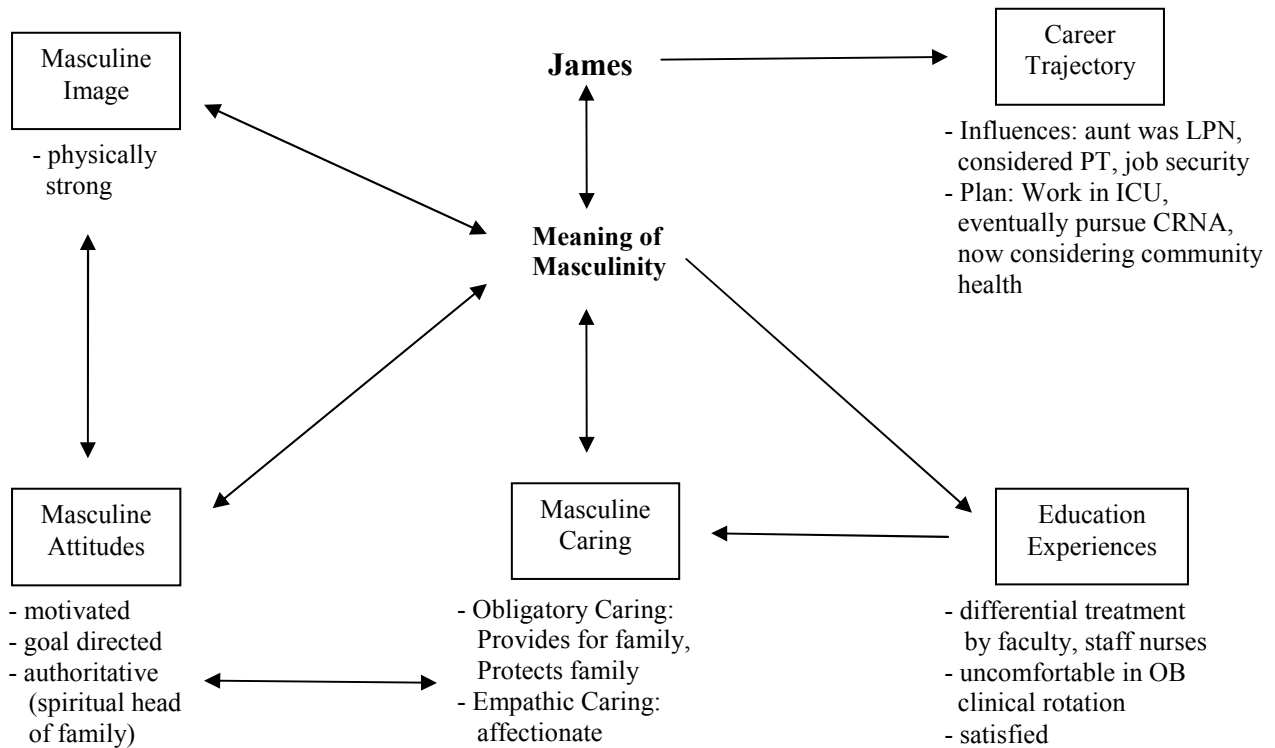


Figure 6. Representation of James' meaning of masculinity, career trajectory, and nursing education experiences

Junior

Junior, a 26-year-old male, was interviewed in March 2006 at the researcher's office. Junior graduated from the nursing program in December 2005. At the time of the interview Junior was working as a registered nurse in a critical care unit of a large hospital located in an urban area. Junior had taken and passed the NCLEX.

Junior received a baseball scholarship and attended a four-year university for one year after graduating from high school. When he enrolled in college he was interested in a career in

health care because he “wanted to help people.” In addition, Junior knew that he didn’t want a job that would require him to work outside. He considered medicine as a career option, but felt that it would require too many years of schooling. He knew several other males who were pursuing nursing degrees in hopes of becoming nurse anesthetists, and this influenced Junior to also major in nursing. After his first year of college, Junior transferred to a two-year community college in order to play baseball. While attending the community college Junior earned two associate degrees. Eventually Junior returned to the university where he had originally begun his college education, and received a bachelor’s degree in nursing.

When Junior finally entered nursing school his career goal was to become a nurse anesthetist. However, Junior is now uncertain if that is the path he will eventually choose. Junior stated, “It changed once I saw what they did...how boring it looked.” Junior has not ruled out the idea of returning to school to pursue anesthesia, but he reported that he is also considering medical school as a future career option.

Junior felt that the way female faculty members responded to him during nursing school was a unique experience based on his gender. Junior explained that he felt some female instructors were easy on him because he was male, and really wanted to help him. He said that he felt other female faculty did not like male students, and would not “reach out” to the male students like they would the female students. Junior believed that these female faculty members were threatened by men entering the female-dominated nursing profession. Junior believed that some female instructors intentionally made sure two males were never placed in the same clinical group. However, Junior said that he and the other males in the theory classes would always become friends.

Junior felt that his fellow female students treated him differently because of his gender, but were usually willing to help him. He felt that his fellow female students helped him during

his obstetrics and pediatrics clinical rotations. Junior felt that he was a resource to his fellow female classmates when they were learning how to do drug calculations. Junior said that he was good at math, and that many of the females in his class were not. Junior also felt that his fellow female students centered their entire lives around nursing school, but he did not. Junior said he always had interests outside of school and would make time to pursue these interests, such as working out, playing baseball, and doing things with a group of male friends. Junior said the females in his classes talked all the time and would be dramatic about things.

Junior reported that his obstetrics and pediatric clinical rotations were both unique because of being a male. Junior stated that in his pediatrics rotation he did not feel that he had the same “instinct” to know what was going on as the female students. Junior describes himself as “being lost” during both of these clinical experiences. Junior said he knew nothing about obstetrics prior to his rotation, and that obstetrics did not interest him. He did find the surgical cesarean sections fascinating, but did not enjoy the other aspects of his obstetrics experience.

When asked to describe the characteristics of someone he considers to be masculine, Junior said the person was a hard worker, he was a fireman, and followed a disciplined routine. The person got up everyday, worked out, went to work and then went home. The person was strong willed, and knew what he wanted. He was respected by other people, and considered to be everybody’s friend, but nobody messed with him. When asked about his meaning of masculinity, Junior stated it means “...being strong, strong willed, physically strong, mentally strong, [and] determined.” Junior emphasized that when he thinks of masculinity he mostly thinks of physical differences between males and females, and how males are built different than females.

Junior felt that his meaning of masculinity had shaped or influenced some of his nursing education experiences. He once again used the obstetrics and pediatric clinical rotations as examples. Junior stated that going into those rotations he had an attitude and knew those areas

were not for him. Junior stated, “I never really gave OB a chance, and that hurt me a lot.” Junior feels that if he had been more open-minded he would have had better experiences in obstetrics.

With the exceptions of obstetrics and pediatrics, Junior felt that his masculinity gave him confidence in his clinical experiences, and this confidence helped open doors for him. Junior explained that he was very confident during his intensive care unit rotation, and because of this he was able to make an impression on the manager of the unit. Junior was able to convince his clinical instructor to allow him to work more days in the intensive care unit than she had originally planned for him. The manager eventually offered Junior a job in the unit after he graduated, and this is where he is currently working.

Junior did not feel like his experiences in nursing school had shaped or influenced his meaning of masculinity. Junior said that many of his male friends joke with him about being a male nurse. However, Junior said he always points out that he is making more money than them. Junior said that he doesn't feel less masculine being a nurse.

Junior was not satisfied with his nursing education. He felt that the nursing instructors did not teach enough black and white concepts. He said nursing school was “too gray.” He admits that the practice of nursing is often gray, but that students should first be taught “the basics” - the black and white facts of nursing. Once students know the basics they can then move into learning the gray, and learning how to critically think. Junior said that working in the critical care unit is more black and white than what he was taught in school. Junior also felt that too much time was wasted on obstetrics and pediatrics. He felt that both of these were specialty areas, and that equal time was not devoted to other specialties such as critical care. Figure 7 illustrates James' meaning of masculinity, career trajectory and nursing education experiences.

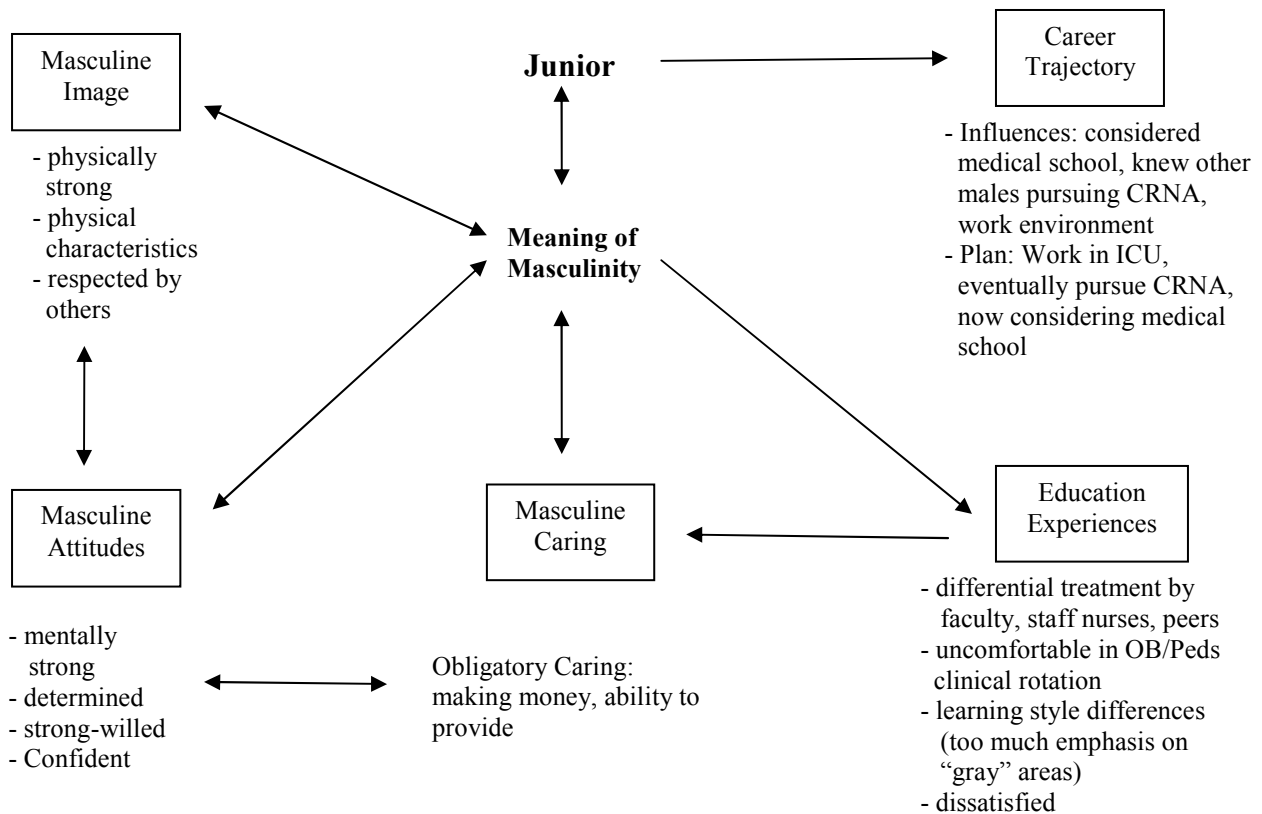


Figure 7.
Representation of Junior’s meaning of masculinity, career trajectory, and nursing education experiences

Pat

Pat, a 47-year-old male, was interviewed in June 2006 at the researcher’s office. Pat graduated from the nursing program in May 2006. At the time of the interview Pat was working as a graduate nurse in an emergency room at a large hospital located in a suburban area. Pat had not yet taken the NCLEX.

Pat explained that he always had an interest in working in the medical field. However, following high school Pat began working in retail. Eventually Pat enrolled in an emergency medical technician (EMT) program at a vocational-technical school. Pat began working as an EMT, and later became a paramedic. Pat said that he enjoyed working as both an EMT and a paramedic, and worked in emergency medical services for 10 years prior to enrolling in the

nursing program. Pat viewed becoming a registered nurse as a natural progression in his career path. Pat said that working as an EMT and paramedic is a very physical job, and the work occurs outdoors in a variety of weather conditions. Pat felt that as he grew older he would be less able to perform the physical demands of being a paramedic, and less tolerant of the extreme work conditions. When Pat entered nursing school his goal was to become an emergency room nurse. Pat's goal did not change while he was in school, and Pat was able to obtain a job in an emergency department when he graduated. At the time of the interview Pat was unsure if he would return to school for any type of advanced degree.

Pat felt that he only had one experience while he was in nursing school that was unique because of being a male. Pat said that he had one female clinical instructor who kept asking him if he was still working. This instructor felt that Pat should not be working fulltime and going to school fulltime. However, Pat, as an older male student, felt he had obligations to support himself and his family. He explained that not working was not an option because of his financial responsibilities. Pat said that during his clinical evaluation the instructor brought the issue up again, and Pat felt his clinical grade was lowered because he had to work. Pat said that this was his only experience during nursing school where he felt singled out or treated differently because of being male and being an older student.

Pat describes someone he considered to be masculine as being male in gender and having the physical characteristics of being male; they look like a male. In addition, the person is a provider and protector of his loved ones. Pat stated his personal meaning of masculinity is very similar to his description of a masculine person. He feels masculinity means being male, and being able to provide and protect his family. Pat said, "I've always thought of myself as masculine just because of my ability to provide for my family, my children...I think that's got to be somewhere in the description of masculinity, the ability to provide and protect."

Pat felt his meaning of masculinity shaped or influenced his nursing education experiences by motivating him to return to school and improve his ability to provide for himself and his family. Pat also felt that his masculinity was expressed during his educational experiences when he was able to help someone. As a nursing student, Pat felt he provided protection for his patients by providing proper care. Pat does not feel that his nursing school experiences shaped or influenced his meaning of masculinity. He feels that his meaning of masculinity was shaped long before he entered nursing school.

Overall, Pat was satisfied with his nursing education. Pat stated, “It gave me the knowledge and the skills to advance into a career path that will give me opportunities for advancement so that I can in the years ahead provide better for myself, my family, my children.” Pat feels that he had good experiences going through nursing school. He felt that some younger students looked up to him because he was older and returning to school to complete a degree. Pat feels that in general his nursing education made him a better person. Figure 8 illustrates Pat’s meaning of masculinity, career trajectory and nursing education experiences.

Meaning and Essences

According to Moustakas (1994), the final step of phenomenological data analysis is the integration of the individual textural-structural descriptions into a composite textural-structural description. The composite textural-structural description merges the experiences of each participant into a comprehensive description. The composite textural-structural description is the synthesis of the meanings and essences of the experience.

Composite Textural-Structural Description

The meaning of masculinity for men who choose to enroll in and complete a baccalaureate degree nursing program may be characterized by three distinct themes: masculine image, masculine attitudes, and masculine caring. In conceptualizing masculinity these men tend

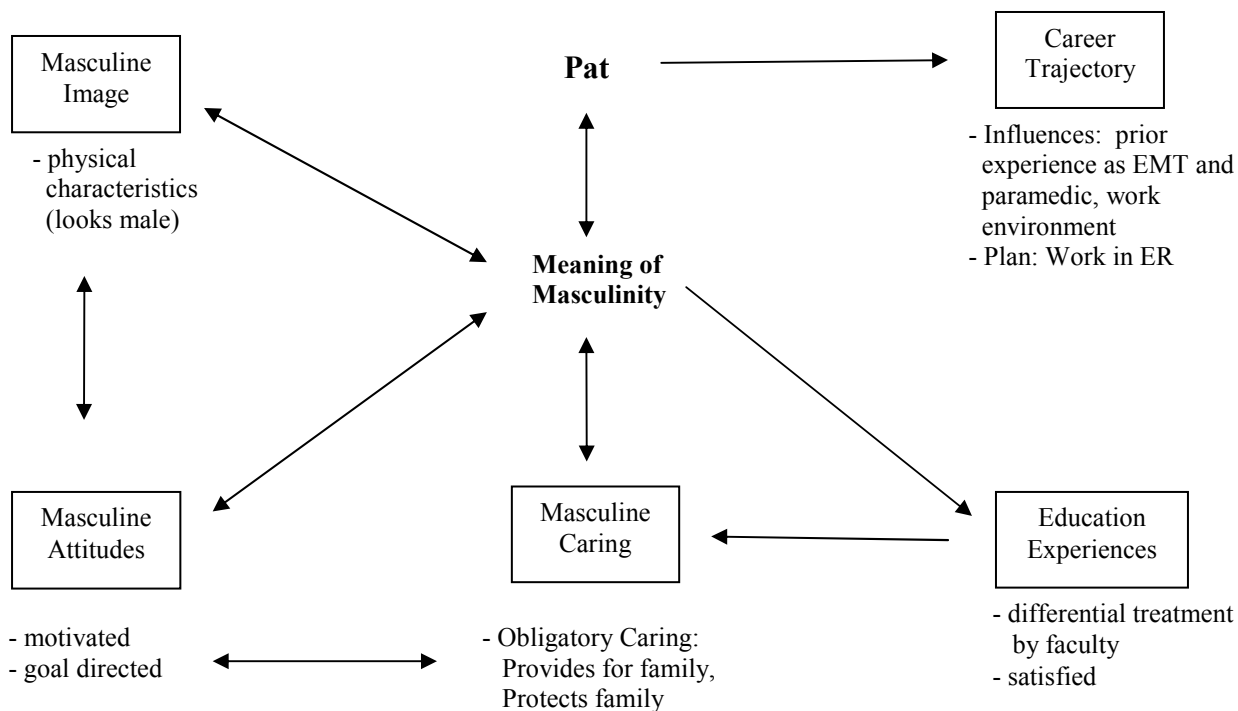


Figure 8.
Representation of Pat’s meaning of masculinity, career trajectory, and nursing education experiences

to have an image of masculinity characterized by physical attributes. Masculinity means being strong and having strength. When they form an image of someone who is masculine these men think of someone who looks male, who is muscular, and who is athletic or fit. These men are acknowledged in the clinical nursing environment for their personal strength, and are often called upon to assist others in moving or lifting objects or patients. This type of differential treatment does not bother these men. Although they acknowledge the difference, being called upon to physically assist with tasks because of their strength reinforces their sense of masculinity and confirms the need for them as males in the clinical nursing environment.

The men in this study also believe that masculinity means possessing or demonstrating certain attitudes. These attitudes include being very determined or goal-oriented. This masculine attribute motivated them to do what needed to be done in nursing school and to ultimately

complete the program. These men were determined and motivated to finish, staying on track and not falling behind in the program they kept the benefits of attaining their goal (a nursing degree) in focus. These men also believe that masculinity means being confident. Several men felt that their demonstration of confidence benefited them in the clinical nursing setting. If they projected confidence they were viewed more positively by their instructors, the nursing staff, and their patients.

The men in this study also believed that being masculine means being assertive and standing up for yourself and for others. The men felt it was important to articulate their needs or viewpoints, and not be dominated by others. It was important for them to have individuality, to be recognized for their individuality, and given autonomy or a sense of control. These men negatively viewed instructors who constantly watched over them or forced them into situations in which they were uncomfortable. Despite being in a negative situation, or experiencing something uncomfortable or stressful, these men felt it was important to remain calm and controlled. They considered it a weakness to become loud or emotionally upset in front of others over a negative experience, especially in the classroom and clinical nursing environments.

Men who complete a baccalaureate degree nursing program are exposed to the concept of caring, and through their clinical experiences are put into the caregiver role. Traditionally this role is considered a feminine role. However, the men in this study expressed what I have termed “masculine caring” as part of their conceptualization of masculinity. Masculine caring was expressed as obligatory or empathic caring. Obligatory caring is the feeling that they are obligated to provide for and protect their family or significant others. For several men in this study this was their core meaning of masculinity: to provide and protect. Becoming a registered nurse was viewed by them as a means through which they would be better able to provide for and care for themselves, their families and significant others.

Men in this study also expressed a greater capacity for empathic caring in response to their educational experiences in nursing school. The men felt they were better able to understand or seek to know what was going on with patients on an emotional or psychosocial level. The men talked about having better communication skills such as listening. The men felt that it was acceptable to display affection or show compassion to another person, regardless of gender, and that demonstrating such feelings did not diminish or take away from their sense of masculinity.

The men in this study all made a conscientious choice to enroll in a baccalaureate degree nursing program. Several common influences were identified that led these men to make the decision to pursue a nursing degree. Typically these men had a relative or knew someone who was a nurse. The nurse acquaintance was often another male. Several of the men had prior experience in healthcare working as a medic in the military, an emergency medical technician (EMT) or a paramedic. The men were initially drawn to the healthcare field in general before specifically deciding to pursue a nursing degree. Attending medical school or becoming a physical therapist was often initially considered as a career option. The men felt that nursing would allow them to fulfill their desire to help others, have job security, and work in diverse settings. The career trajectory of these men included working in a high acuity area of a hospital upon graduation, such as an emergency department or critical care unit. The men viewed becoming a registered nurse as a stepping stone to an advanced practice degree. Most of the men planned to continue their education and become a Certified Registered Nurse Anesthetist (CRNA). The men did not feel that their desire to become a CRNA was motivated by gender, but instead by financial incentive. Becoming a CRNA would allow them to maximize their salary as a nurse in order to better financially provide for themselves and their families.

During nursing school the men in this study had a variety of experiences which they felt were unique because of being a male. The men often articulated this as differential treatment. As

mentioned earlier, the men felt that they were called upon more than their female peers to assist with lifting and moving objects or patients. Female nursing instructors were perceived as either liking or disliking male nursing students. Those instructors perceived as liking male students were described as “easy-going” or “laid-back.” Nursing instructors perceived as not liking male students were described as always looking over the male student’s shoulder, trying to catch the male student making a mistake, or being overly critical of the male student’s paperwork.

The men in this study felt that their obstetric and pediatric clinical rotations were difficult and uncomfortable because of their gender. They perceived that the female staff nurses in labor and delivery and postpartum did not want male nursing students caring for the female patients. They also perceived that the female patients, and the male partners or spouses of the patients, did not want a male nursing student providing their care. The men felt that their gender as a male made the female patients uncomfortable. The men themselves were uncomfortable in this all-female environment, and approached their clinical experiences with a sense of dread. The men were surrounded by female nursing staff, a female instructor, female peers, and female patients. The issues being addressed in the clinical setting were considered “female issues” and the men perceived that they had limited understanding or no expertise in caring for female patients with such issues. In the pediatric setting the men felt their female peers had more intuition in identifying and responding to the needs of children. The men felt inadequate in their role as a caregiver to children, and perceived that they were lacking in their abilities when compared to their female counterparts.

The men in this study perceived that their preferred learning styles did not match with the instruction techniques used by the nursing faculty. The men described themselves as “concrete thinkers.” They felt that classroom instruction did not focus on the basic facts, but instead focused too much on details or peripheral information. In the classroom setting the men wanted

the facts and nothing but the facts. They had no interest in exploring topics in more detail, and especially did not like content addressing psychosocial issues of care. They felt that all of their instruction should have been basic facts that would ultimately help them pass their licensure exam. If content was not directly related to the licensure exam they felt it should not be taught. The men also perceived that their written paperwork was never as detailed as the paperwork of their female peers. The men felt that they were graded lower by nursing faculty because their paperwork never contained enough details.

Despite some negative feelings over experiences and differential treatment, overall the men in this study were satisfied with their nursing education. They felt that their education had

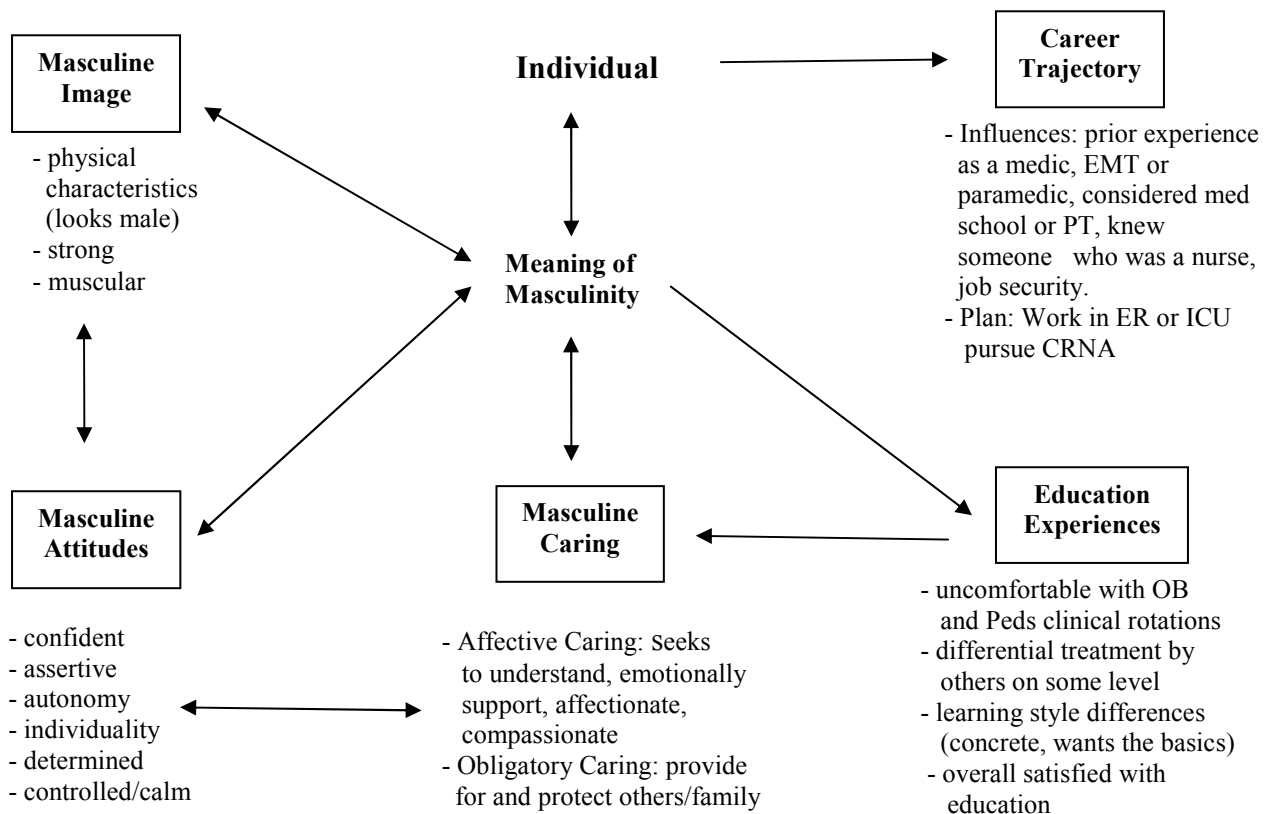


Figure 9. Representation of the composite meaning of masculinity, career trajectory, and nursing education experiences of all participants

prepared them to pass their licensure exam, and ultimately realize their goal of becoming a registered nurse. Their education provided the basis for their employment upon graduation, and will allow them to better provide financially for themselves and their families. They felt their education helped them grow in many ways and become a better person in general. The men felt that their nursing education had influenced them as caregivers, and that they are able to provide more emotionally supportive care to their patients and others. Figure 9 illustrates the composite meaning of masculinity, career trajectory and nursing education experiences for the participants.

CHAPTER 5

SUMMARY, OUTCOMES AND IMPLICATIONS

This chapter summarizes the research I conducted in this phenomenological study, the outcomes of the study, and implications from the study for nursing education, practice, and research. The summary of the research is organized sequentially following the arrangement of chapters within the dissertation. The outcomes are presented as themes that emerged from the data, and I position the themes in relation to previous data reported in my review of the literature. I conclude this chapter by identifying implications of the outcomes of the study regarding nursing education, practice, and suggestions for future research.

Summary

In chapter one I presented a brief introduction of issues concerning the relatively low percentage of men working in the nursing profession. I presented several obstacles in recruiting men into nursing, as well as obstacles men who enter nursing may face during their nursing education experiences. The idea proposed by Egeland and Brown (1988) that males entering nursing may hold a different view of masculinity than the prevailing societal definitions was also discussed. I could not identify any studies the literature that had examined the meaning of masculinity for males entering nursing. I explained that the primary purpose of this study was to describe the meaning of masculinity for male baccalaureate nursing program graduates as perceived by recent male graduates of a baccalaureate nursing program located in southeastern Louisiana. In addition, the study explored how the participants' perceived meaning of masculinity shaped or influenced their nursing education experiences, and in turn how their nursing education experiences may have shaped or influenced their perceived meaning of masculinity. I defined the terms used in the study, as well as identified the limitations of the study. I concluded chapter one by identifying how attracting men into nursing is essential to

maintaining the integrity of the nursing profession, and how males provide a potential resource for reducing the growing nursing shortage. I concluded chapter one by explaining how the knowledge generated from the study may be useful to nursing educators in better understanding gender related issues in nursing education.

In chapter two I presented a review of the literature. I organized the review of the literature around three broad themes: the concept of masculinity, gendered work roles and caring, and men in nursing. I conducted an initial review of the literature prior to data collection. This review of the literature formed the basis of the guiding questions that I used in conducting a semi-structured interview with each participant. Following data collection and analysis I returned to the literature to review previous works related to the themes that emerged in the study. I continued to organize information gained from my second review of the literature into the general categories previously identified.

In writing the review of the literature I first presented information on the conceptualization of masculinity. I explored the biological, evolutionary, and social theories of masculinity, and presented information on the concept of hegemonic masculinity. In reviewing gendered work roles I presented information on the social divisions of labor. I explained the emotional work found in many socially-defined feminine work roles. Caring is an essential part of nursing, and in the review of the literature I introduced information on caring as a concept, and issues regarding the abilities of males to provide care equal to the abilities of females. I also presented information on the interplay of masculinity and caring among men who are increasingly taking on more caring roles within their personal lives. I concluded the review of the literature by focusing on issues related to men in nursing. The information reviews the demographics of men in nursing, barriers to the recruitment of men into nursing, as well as issues men face in nursing education and practice environments.

In chapter three I explained the methodological design of the study. I first explained the philosophical origins of phenomenology and described the appropriateness of using phenomenology as a research design in the study. I explained the sample I used in the study, measures I implemented to protect the confidentiality of participants. I explained the data collection techniques as well as steps I took to ensure rigor in the analysis of the data. I explored ethical issues in using study participants that were known to me. I concluded chapter three by describing my role as the researcher, and presenting my personal biography. My personal biography offers the reader insight into my past experiences, as well as my autobiographical connection to and view of the phenomenon of interest in the study.

In chapter four I presented the analysis of the data, which I accomplished using the modified Van-Kaam method described by Moustakas (1994). Using this method, I initially viewed all data as having equal value and meaning. I then reduced and eliminated data by identifying those statements most relevant to the guiding research questions. I then clustered these meaning units into non-overlapping themes. Through a process of imaginative variation I incorporated the meaning units and themes into individual textural-structural descriptions. I concluded chapter four by developing a composite textural-structural description and cognitive map based on all of the individual textural-structural descriptions.

Outcomes

The outcomes of the study are presented as the themes that emerged from analysis of the data. The findings relative to each theme are presented in relation to previous data reported in the review of the literature.

Career Trajectory

The career trajectory of the men in this study varied, but reoccurring patterns were identified. Several of the men in this study reported they knew someone who was a nurse and

this acquaintance influenced their decision to pursue nursing. The nurse acquaintances were often other males or family members. Several of the men in the study reported having prior work experience in healthcare as a military medic, an EMT, or a paramedic. These findings are similar to data reported by other researchers. Perkins et al. (1993) reported that 70% of the 146 male nursing students completing a survey indicated they had at least one family member who was a nurse, and 88% had previously worked in healthcare as a military corpsman, EMT, nursing assistant, or licensed practical nurse. In a qualitative study Kelly et al. (1996) reported finding the men were often motivated to enter nursing because they knew someone who was a nurse, or had previous contact with the health care system. O'Lynn (2006) reported that 57% of 111 male nurses completing a survey knew a male nurse prior to enrolling in a nursing program.

The men in this study were often initially drawn to the healthcare field in general before specifically deciding to pursue a nursing degree. Some of the participants initially considered attending medical school or becoming a physical therapist. However, in choosing nursing the men felt they would be able to fulfill their desire to help others, have job security, and work in diverse settings. This finding is similar to those reported by previous researchers who found males were motivated to enter nursing because of a strong desire to care for or help others, and males felt nursing would provide them with job security as well as financial security (Boughn, 1995; Okrainec, 1994). The Bernard Hodes Group (2004) also reported that the primary reasons men gave for entering nursing was a desire to help people, the perception that nursing is a growth profession with many career paths, and the desire to have a stable career.

The career trajectory of the men in this study included plans to work in a high acuity area of a hospital upon graduation, such as an emergency department or critical care unit. This finding is consistent with data previously reported in the literature that men in nursing have historically been attracted to practice settings with higher patient acuity levels such as emergency

departments and critical care units (Boughn, 1995; Kersten et al., 1991; Okrainec, 1994; Perkins et al., 1993).

The men viewed becoming a registered nurse as a stepping stone to an advanced practice degree. Most of the men planned to continue their education and become a Certified Registered Nurse Anesthetist (CRNA), or obtain some other Masters Degree in Nursing. The men did not feel that their desire to become a CRNA was motivated by gender, but instead by financial incentives. Becoming a CRNA would allow the men to maximize their salary as a nurse in order to better financially provide for themselves and their families. There is a popular perception that most men enter nursing to become a CRNA, and this perception was supported by the men in this study. Williams (1973) reported that of 273 male baccalaureate nursing program students completing a survey, 49% had a strong interest in becoming a nurse anesthetist. Although this data is not recent, Ellis (2004) found in a qualitative study conducted with 13 male nursing students in their final semester that most had career plans to eventually become a nurse anesthetist. Other researchers have indicated that male nursing students typically plan to work in a high acuity area after they graduate, such as critical care or emergency care units (Boughn, 1995; Okrainec 1994, Perkins et al., 1993). Employment in a high acuity area is typically a prerequisite for admission into most nurse anesthetist graduate programs.

Education Experiences

During nursing school the men in this study had a variety of experiences which they felt were unique because of being a male. The men often articulated this as differential treatment. The men in the study felt that they were often called upon to assist with lifting and moving objects or patients. However, the men indicated that they did not mind being called upon to assist with lifting tasks. Other researchers have reported similar findings. Kelly et al. (1996) reported that male students felt that their peers expected them to always assist others in performing

physically demanding work such as moving patients. Evans and Frank (2003) reported that male nurses engaged in activities that emphasized and reaffirmed their sense of masculinity. This was accomplished by study participants by doing among other things *muscle work* of patient care.

Female nursing instructors were perceived by the men in this study as either liking or disliking male nursing students. Those instructors perceived as liking male students were described as easy-going or laid-back. Nursing instructors perceived as not liking male students were described as always looking over the male student's shoulder, trying to catch the male student making a mistake, or being overly critical of the male student's paperwork. The men perceived that their written paperwork was never as detailed as the paperwork of their female peers, and felt their grades on paperwork were generally lower than those of their female counterparts. Nothing could be found in the literature that reported male nursing students' perceptions of favorable or unfavorable treatment by nursing faculty. However, in a qualitative study by Kelly et al. (1996), the researchers found nursing was more difficult than the men who were interviewed expected. The men reported having little time to write care plans, and reported feeling demoralized when being told by faculty that a grade of "C" should be expected in nursing.

The men in this study reported that that their obstetrics clinical rotation was difficult because of their gender. The men perceived the female staff nurses in obstetrics were protective of their female patients, and did not want male nursing students caring for them. The men also perceived the female patients and their male partners or spouses did not want a male nursing student providing obstetrical nursing care. The men felt that their gender as a male made the female patients uncomfortable, and the men themselves were uncomfortable in this all-female environment.

This finding is not surprising based on previous reports in the literature. Several researchers have previously reported that male nursing students express discomfort with their clinical rotation in obstetrics, and male nursing students often perceive that they are treated differently in this clinical setting and viewed as intruders into the domain of women. (Callister et al., 2000; Kelly et al. 1996; Patterson & Morin, 2002). The perception of the men in this study regarding female patients' desire not to have a male nursing student provide their care is similar to a previous qualitative study conducted by Morin et al. (1999). These researchers found that the majority of the 32 female obstetric patients interviewed preferred not to have a male nursing student, and many felt their male partner would be uncomfortable with a male nursing student providing intimate care. Evans (2002) found in a qualitative study of male nurses that most believed female patients were uncomfortable when receiving care from male nurses. The participants also believed that as a man female patients might misinterpret their touch as inappropriate or of a sexual nature. Evans concluded that this situation is compounded by the stereotype of men are sexual aggressors. In a survey of 111 male nurses, O'Lynn (2004) reported 61.8 % of the men received no guidance as student nurses on the appropriate use of touch. In addition, 90.1% of the men reported that one important barrier for them as male nursing students was feeling nervous that female patients would accuse them of being sexually inappropriate when providing intimate care.

In the pediatric clinical setting the men in this study felt their female peers had more intuition in identifying and responding to the needs of children. The men felt inadequate in their role as a caregiver to children, and perceived that they were lacking in their abilities when compared to their female counterparts. Little has been reported in the literature on the perceptions of male nursing students in pediatric clinical settings. In a qualitative study of 40 Jordanian male nursing students, Al-Ma'aitah and Gharaibeh (2000) found that the males

perceived they were lacking the *maternal instincts* needed to care for children. The men reported communication with children as difficult, and felt that females were better at communicating with children than males. In addition, the men emphasized the importance of receiving patient feedback in response to their nursing care, and felt children could not provide such feedback. Although there are dramatic socio-cultural differences between the male nursing students in the Jordanian study and the current study, the theme of male nursing students feeling inadequate and less capable than their female counterparts emerged in both samples.

The men in this study reported that their preferred learning styles did not match with the instruction techniques used by the nursing faculty. The men described themselves as *concrete thinkers*. They felt that classroom instruction did not focus on basic facts, but instead focused on too much detail or peripheral information. The men in this study felt too much emphasis was placed on content related to the psychosocial aspects of nursing care. This finding is consistent with other researchers who reported gender is an important variable that must be considered in the preferred learning styles of men and women. Galotti et al. (1999) found in a study of 192 college students, males generally exhibited a separate knowing and females generally exhibit a connected knowing. Using a separate knowing approach males tended to take an impersonal stance and remain distant and unbiased in analyzing what they were learning. In contrast, females tended to be passionate, and emotionally and intimately connected to what they were learning. In a qualitative study of male nursing students, Kelly et al. (1996) found that male students were often frustrated because class content appeared to be irrelevant. Brady and Sherrod (2003) also reported that male nursing students must learn to think like nurses as well as think like women in order to be successful, explaining that the majority of instructors, textbooks, and test item writers in nursing education are women.

Despite some negative feelings about educational experiences and differential treatment, overall the men in this study were satisfied with their nursing education. They felt that their education had prepared them to pass their licensure examination, and ultimately realize their goal of becoming a registered nurse. Their education provided the basis for their employment upon graduation, and will allow them to better provide financially for themselves and their families. They felt their education helped them grow in many ways and become a better person in general. This finding is similar to those reported by Okrainec (1994) who reported 70% ($n = 117$) of male nursing students completing a survey were satisfied overall with their nursing education, and 91% would choose nursing again if given the opportunity. The Bernard Hodes Group (2004) also reported that 80% ($n = 498$) of the male nurses completing a survey indicated they were satisfied with their career choice and would be willing to make the same choice again.

Meaning of Masculinity

The meaning of masculinity for men in this study was characterized by three distinct themes: masculine image, masculine attitudes, and masculine caring. The theme of masculine image revealed that the men in the study viewed physical masculine attributes as important to their meaning of masculinity. The men believed the embodiment and projection of masculinity meant having physical strength, being muscular, athletic, fit, and looking like a male. The importance men in this study placed on the physical attributes or image of masculinity may be reflective of a social trend emphasizing an often unattainable masculine image of men to be increasingly lean, fit and muscular (Kimmel & Mahalik, 2004; Salzman et al., 2005). In addition, Cheng (1999) reported athletic prowess is an attribute of hegemonic masculinity.

The men in this study felt that the physical aspect of their masculinity influenced their nursing education experiences as they were often called upon to assist others in physical work such as lifting heavy objects or patients. However, the men did not perceive that their nursing

education experiences had shaped or influenced this aspect of their meaning of masculinity. If anything, their nursing education experiences bolstered this aspect of their masculinity, and reaffirmed not only their masculinity but a need for them in the nursing profession. This is congruent with the findings reported by Evans (2004a) who found in a qualitative study that male nurses reaffirmed their masculinity and contribution to nursing through performing more physical labor than their female counterparts. However, this emphasis on strength and physical labor often created an image of the male nurses as uncaring, or not as caring as female nurses.

Masculine attitude was the second theme to emerge from the data on meaning of masculinity. The men in this study believed that for themselves, masculinity means possessing or demonstrating certain attitudes such as being very determined, goal-oriented, confident, assertive, independent, autonomous, and emotionally controlled. In comparison, Cheng (1999) defined hegemonically masculine attributes as domination, aggressiveness, competitiveness, stoicism, and control. The men in this study believed that in order to be masculine they had to be stoic and emotionally controlled. However, the men did not believe they were themselves dominating, aggressive, or competitive. Some of the men in the study described these hegemonic masculine attributes in other men that they considered to be masculine. Some of the men also expressed that they themselves displayed these attributes in the presence of other men, but would not display these attributes in general or in their role as a nurse.

In general, the men in this study mirrored some, but not all of the attitudes and characteristics of hegemonic masculinity that have been reported in the literature. In reviewing the framework for analyzing masculinities proposed by Connell (1995), the men in this study may be described as exhibiting a complicit masculinity. The men in the study rejected many of the dominating and oppressive attitudes and characteristics of hegemonic masculinity. However, some of the men admitted to taking on these attitudes and characteristics in different situational

context, such as the company of other men, and the men easily recognized them in other men and described them as part of their overall meaning of masculinity. It must be noted that all of the participants in this study were white males, and all were from middle-class socio-economic backgrounds. These two factors must also be considered when analyzing the meaning of masculinity for the men in this study, and in applying Connell's framework for analysis of masculinities.

The men in this study believed their meaning of masculinity had influenced and shaped their nursing education experiences. As previously mentioned, the men's belief that masculinity means being strong and having strength was reflected in opportunities to emphasize this part of their masculinity by lifting and performing physical work. The men in this study also believed that their masculine attitude of being determined or goal-oriented motivated them to persevere and ultimately complete the program. The men in the study believed that their masculinity gave them confidence, and this in turn benefited them in their educational experiences. The men believed that projecting confidence favorably influenced how they were perceived and treated by instructors, nursing staff, and patients. The men believed their confidence also helped them demonstrate assertiveness, another masculine attribute, and they were able to stand up for themselves, articulate their viewpoints, and establish their individuality and autonomy. Finally, the men felt their masculinity helped them remain calm and emotionally controlled in negative or uncomfortable situations.

Although not directly linked to the meaning of masculinity for male nursing students, many of the characteristics of masculinity articulated by men in the current study could indirectly be seen in the participants of a qualitative investigation conducted by Kelly et al., (1996). The men in the previous study also expressed how the masculine attribute of having physical strength impacted their educational experiences. Although faced with many barriers while enrolled in

nursing school, the men in the previous study demonstrated a determination to complete the education program. In addition, men felt they were expected by others to be a leader and be assertive, and the men demonstrated a value for autonomy and independence. The men felt one of the negative public images of nursing was that nurses did not have autonomy. However, the men felt that compared to other jobs, nursing did have autonomy and that was an important consideration in their decision to enter the profession. The men in the study reported relinquishing their role as primary income provider in order to return to school as one of the stressful barriers in their education, thus demonstrating their value of being independent and autonomous. Masculine attitudes are also evident in the description of feelings Streubert (1994) reported male nursing students described regarding their clinical experiences. Male nursing students in Streubert's study reported feelings of confidence in the clinical setting similar to those reported by the men in the current study. Streubert reported the male nursing students did not focus on a fear of harming their patients, or feelings of uncertainty or inadequacy in the clinical setting. Streubert concluded that unlike female nursing students who reported feelings of fear and inadequacy in a previous study she had conducted, the male nursing students in her sample did not bring feelings of diminished self-esteem into the clinical setting.

The third theme to emerge as important to the meaning of masculinity for the men in this study was masculine caring. I chose the descriptive label of *masculine caring* to draw attention to what I feel is a unique finding among the men in this study. Most of the men in this study expressed caring in terms of their perceived masculine role of providing and protecting. Usually this was expressed in terms of the men's family roles as a husband and/or father. Several of the men in the study perceived providing for and protecting their family as the core meaning of their masculinity. I have termed this aspect of masculine caring as *obligatory caring* since it is based on societal beliefs held by the men that it is their obligation to provide for and protect their

families. For many of the men in the study, the desire to become a better provider was a key motivator in their decision to pursue nursing as a career. As previously mentioned, the men felt nursing would provide them with stable employment opportunities in the future.

This finding of obligatory caring by males in this study is similar to what has been reported by other researchers. Streubert (1994) conducted a qualitative study of male nursing students' perceptions of their clinical experiences. Streubert reported that the perception of caring for the men in her study was connected to social expectations related to their traditional male roles. This would imply that the men in Streubert's study may have also defined the concept of caring in terms of their traditional male roles of husband and father. Unfortunately, Streubert did not elaborate on this finding in more detail. No other studies reporting the influence of societal expectations and traditional male family roles on the perceptions of caring among male nursing students could be found in the literature.

Since the concept of obligatory caring was verbalized by participants in this study in relationship to family roles and responsibilities, a review of the literature was conducted on men's roles in caring for family members. There is an emerging body of knowledge on personal caregiving by men, and this is important considering that an estimated 30% of all non-professional caregivers are male and the number is expected to increase in the future (Kramer & Thompson, 2005). In research conducted by Neufeld and Harrison (1998), men who provided care to cognitively impaired family members were studied. The researchers specifically explored the concept of reciprocity, the extent to which the caregiver was able to have communication exchanges with the care-recipient as well as reciprocal social support from family and friends. Among the men in the study who reported an absence of reciprocity, most continued to provide care out of a sense of obligation. The men believed it was their duty to protect or provide care based on their masculine family role as a husband, brother or son. These findings would suggest

that the concept of caring for men may first evolve from an obligatory responsibility based on socially defined masculine family roles.

Through their clinical experiences male nursing students are put into the caregiver role. The men in this study perceived that their nursing education experiences had influenced them as caregivers, and that in response to their nursing education they were able to provide more emotionally supportive care to their patients and others. Men in this study also expressed a greater capacity for empathy, and reported having better communication skills, such as listening, as a result of their nursing education experiences. The men in the study felt such skills made them better caregivers. Some men in the study also reported that they felt it was acceptable to display affection or touch, or show compassion to another person regardless of gender, and that demonstrating such feelings did not diminish or take away from their sense of masculinity. All of these reports describe a type of caring that is more empathetic and compassionate than caregiving based out of a sense of obligation.

Within the context of professional caring, Moffett (1994) offered a conceptualization of *affective caring*. Moffett defined affective caring as including the constructs of receptivity, the tendency of an individual to easily form relationships and to be sensitive to the needs of others; responsivity, the tendency to be supportive, nurturing, and responsive to the needs of others; and having a moral/ethical consciousness, the tendency to treat others with human dignity and respect and to take responsibility for one's own actions and for the welfare of others. Characteristics of these three constructs were evident in the statements the men in this study offered about caring. Therefore, as the second component of masculine caring, I have chosen to use the thematic label of affective caring.

Neufeld and Harrison (1998) reported that the perceptions of obligation reported by the men in her study may best be understood in the context of the principles of justice and caring.

The principle of justice parallels the construct of moral/ethical consciousness proposed by Moffett (1994). Based on the men in this study, I propose that their meaning of masculine caring arose first from a moral/ethical obligation to provide and protect. This obligatory caring is developed in response to societal masculine role expectations developed within the context of a family unit.

In terms of learning or acquiring the ability to provide affective care within the context of professional caring, for the men in this study I propose that it was an evolutionary process which grew first from their sense of obligatory caring within the context of their personal lives, and continued to evolve from their varied clinical experiences of observing and modeling professional caring. This proposed evolutionary process was not explored in the current study. However, it is clear from the descriptions of the men in this study that their nursing education experiences had a profound impact on their sense of caring, their ability to provide affective caring, and the incorporation of affective caring into their personal meaning of masculinity.

In conceptualizing the development of affective caring, I have turned to the work of previous researchers. In a qualitative research study of 20 male nursing students focused on how male nursing students learn to care, Paterson et. al (1995) found that male nursing students learn caring in nursing education within an interactional context. Male nursing students participating in the study conducted by Paterson et al. believed that one must first be receptive to learning caring. I perceive that the men in the current study were receptive to learning caring, and demonstrated this when verbalizing the factors that motivated them to initially pursue a nursing education. The participants in the study conducted by Paterson et al. also reported that learning caring could not be taught, but only facilitated by faculty. It is through experiential interactions with faculty, other nurses, and patients that male nursing students learn caring.

Figure 10 illustrates how I conceptualize the two components of masculine caring as identified within the men of this study, and how those two concepts are related to one another and evolve as the male baccalaureate nursing program student progressed through the interactional context of the nursing education environment. In addition, the model illustrates the foundational constructs of affective caring as defined by Moffett (1994). I propose that these foundational constructs must be present for students to not only learn affective caring, but that

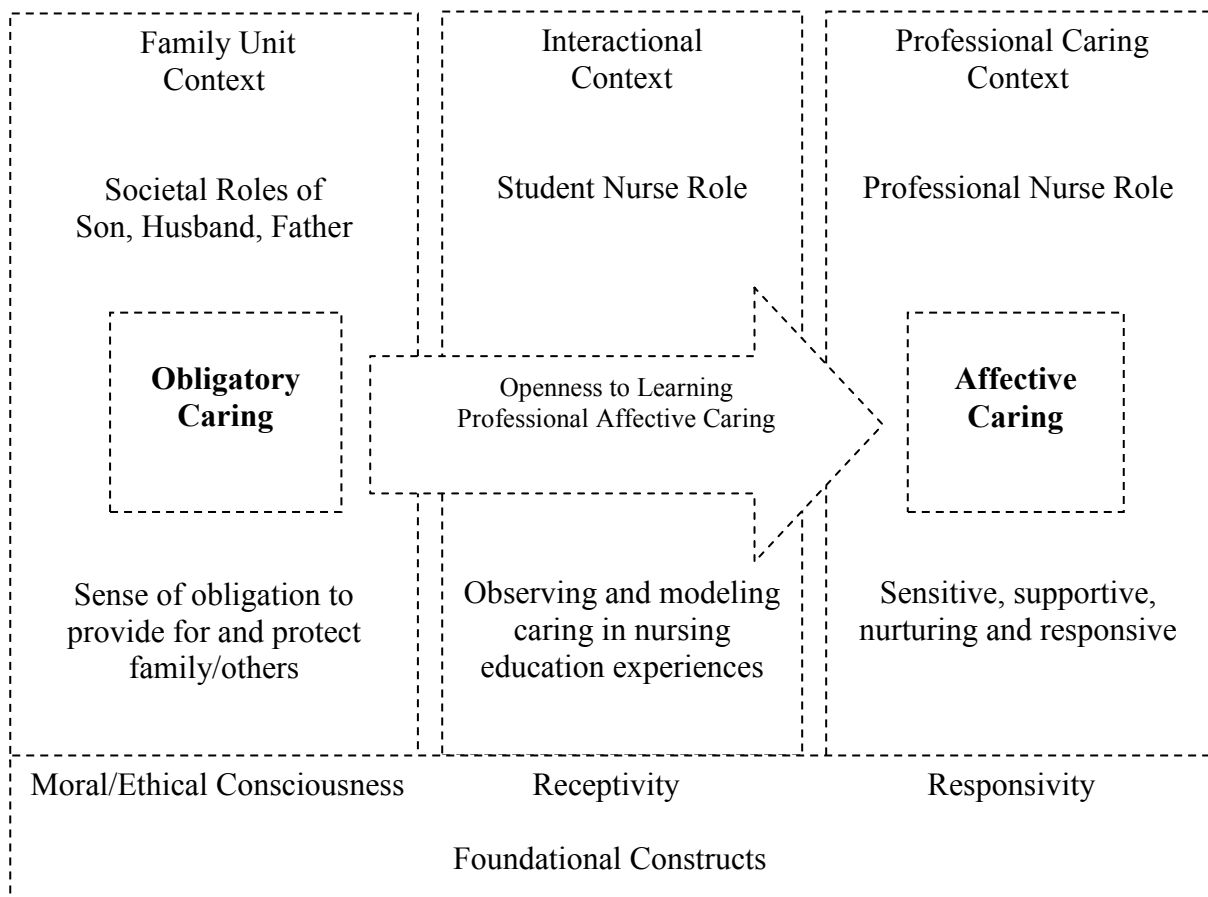


Figure 10. Conceptual model of evolution from personal obligatory caring to professional affective caring as experienced by male baccalaureate nursing program graduates during their educational experiences

these constructs also serve a purpose in the expression of obligatory caring and in the openness of male nursing students to learn affective caring within the interactional context of their nursing education experiences.

Implications

Based on the outcomes of this research study, there are several implications for the nursing profession. These implications are organized based on their relevance to nursing education, nursing practice, and future nursing research.

Nursing Education

Considering the growing nursing shortage and initiatives to promote gender and ethnic diversity within the profession, the recruitment of men into baccalaureate nursing education programs is likely to remain a priority for nursing educators in the future. Educators could benefit by examining the motivational influences which led the men in this study to enroll in and successfully complete a baccalaureate nursing education program. Many of the men in this study reported knowing a nurse before they enrolled in nursing school. Often the nurse was a family member, and the gender of the nurse acquaintances varied. Many males grow-up not knowing a nurse, and few young males have the opportunity to know a man who is a nurse. In response to the nursing shortage, and attempts to diversify the gender and racial make-up of the nursing profession, nursing educators have a professional obligation to serve as nursing role models to youth in general, and specifically to males and minorities.

Nursing educators should develop more opportunities to work with schools and youth organizations to promote nursing as a career choice for all genders and ethnicities. Obvious venues for such interactions between nursing faculty, students and youth include school career days or career fairs. Faculty and students could become more involved in working with schools and youth organizations to develop and implement health promotion activities within the context

of clinical nursing course. Such interactions would also illustrate the diversity of practice settings within nursing as most youth only associate nursing with the hospital environment. In working with schools and youth organizations it is important for nursing faculty and students to speak about the profession, and the need for males and minorities in the profession. Opportunities to work with all-male youth organizations would provide an opportunity for nursing faculty and students to work specifically with young males. Although currently underrepresented within the nursing profession, male nursing faculty and students have a special obligation to serve as nursing role models to young males, and should lead other nursing students and faculty in reaching out to youth.

Many of the men in this study reported having previous experience as a military medic, EMT, or paramedic. Some of the men in this study viewed their nursing education as a natural progression of their career. Nursing educators should capitalize on this perception and market nursing as a logical career path for individuals in these careers. Over the past decade baccalaureate nursing educators have developed innovative programs for nurses with associate and diploma degrees facilitating such nurses' desires to obtain a Bachelor of Science Degree in Nursing. Baccalaureate nursing educators should develop similar programs for individuals who are currently working as a medic, EMT, or paramedic. Such programs could recognize the career experiences of these individuals, and allow them to perhaps follow a modified clinical nursing curriculum. Technology could also be used to arrange learning experiences so that individuals in these careers could return to school while continuing to fulfill work and family obligations.

The men in this study reported incongruencies between their personal learning styles and those used by nursing school faculty. In general, the men in this study preferred a more pragmatic teaching style. Baccalaureate nursing educators should recognize the differences in learning styles that may be gender related. Although it is difficult for educators to address the

preferred learning styles of all students attempts should be made to vary teaching styles and learning activities in the classroom. By adding variety to the classroom educators provide opportunities for all students to learn utilizing their preferred learning styles at least some of the time.

The men in this study perceived that their masculine attitudes impacted their nursing education experiences. Baccalaureate nursing program faculty should recognize these masculine attitudes in male students and maximize the positive influences of such characteristics. The men in this study specifically identified confidence as a masculine characteristic that benefited them in the clinical setting. All nursing students, regardless of gender, should be encouraged to exhibit confidence, initiative, and assertiveness. Nursing faculty should examine their own insecurities, as well as reflect on their personal socialization process into the nursing profession. Within our patriarchal society the female-dominated profession of nursing has been described as an oppressed profession. Baccalaureate nursing faculty should promote characteristics and behaviors in future nurses that will empower them to break the cycle of subordination and oppression within the profession.

The men in this study reported discomfort in working in maternal child nursing environments such as obstetrics and pediatrics. Previous researchers have found that the role of nursing faculty is critical in making the clinical experiences for male nursing students in these areas either positive or negative. Baccalaureate nursing faculty should recognize this discomfort as a natural occurrence reflective of gender issues within our society. Nursing faculty should openly acknowledge the discomfort all students may feel when providing personal and intimate care to patients of the opposite sex. Nursing faculty should specifically serve as advocates for male nursing students, educating nursing staff and female patients about the rights of all students, regardless of gender, to have equitable clinical experiences.

Baccalaureate nursing faculty should openly affirm for all students their right to provide care to patients of the opposite sex. The societal image of males as sexual aggressors has been reported in the literature as a barrier for male nurses providing care to female patients. In addition, female nurses are often viewed as sexually promiscuous, or as sex objects in providing intimate care to male patients. Rarely are such issues openly discussed with nursing students. Faculty should instruct all nursing students in how to maintain a safe and professional approach when providing intimate care, and how to handle situations in which they perceive their nursing care is being sexualized. Female nursing students usually have other female students and faculty with whom they can discuss gender-related issues in the clinical setting. Several of the men in this study reported that they preferred being in clinical groups with other men, and the awkwardness of being the only male in a clinical group. Nursing faculty should be cognizant of placing a single male within an all-female group of nursing students, and if possible should attempt to pair-up males in clinical groups.

Nursing Practice

Like nursing faculty and students, all registered nurses have an obligation to serve as nursing role models for young people, especially males and minorities. Hospitals and other agencies that employ registered nurses should be encouraged to become more actively involved in programs working with youth. Healthcare agencies and organizations could organize a pool of nurses that could be called upon to participate in youth programs and speak about nursing as a career option for persons of all genders and ethnicities. Utilizing male and minority nurses in such groups would enhance efforts to reach younger males and minorities.

Female nurses and managers who work within gender-segregated clinical areas, such as obstetrics and pediatrics, could actively recruit male nurses to work in such clinical areas. It is time to tear down the gender-walls that have kept men out of these all-female domains. If men

worked in these areas as nurses, and it was not considered an oddity, then many of the stereotypical images of men working in these areas would perhaps disappear. Male nursing students would have male nurse role models in these areas, and perhaps over time, female patients and their spouses would come to accept the presence of men in these areas as normal.

Nursing Research

The purpose of this study was to describe the meaning of masculinity for male baccalaureate nursing program graduates. In addition, the study explored how the participants' perceived meaning of masculinity shaped or influenced their nursing education experiences, and in turn how their nursing education experiences may have shaped or influenced their perceived meaning of masculinity. No other studies exploring the meaning of masculinity for baccalaureate nursing program students have been identified in the literature. Therefore, this study should be replicated with other groups of male baccalaureate nursing program students for comparative purposes.

In addition to replicating the study with male baccalaureate nursing program students, the study could also be replicated with males pursuing degrees in other female-dominated professions. Such studies could focus on how men pursuing degrees in female-dominated professions define their meaning of masculinity, and how their meaning of masculinity may shape and in turn be shaped by their experiences within female-dominant educational settings. Again, such studies could be used for comparative purposes and to increase knowledge and understanding of gender issues for males in female-dominated educational programs.

The men in this study reported similar influencing factors that lead to their decision to pursue a nursing education. In addition, the men in the study reported similar nursing career plans. This study only explored how the participant's perceived meaning of masculinity shaped or influenced their nursing education experiences, and in turn how those education experiences

shaped or influenced the participant's meaning of masculinity. Future researchers replicating this study could also include questions to explore how men perceive their meaning of masculinity may have influenced their decision to enter a female-dominated profession such as nursing, and how their meaning of masculinity may influence their future career plans.

In addition to conducting future qualitative inquiries regarding men's meanings of masculinity, studies utilizing a mixed methodology could also be conducted. Studies could incorporate guiding questions similar to the ones used in this study in addition to using instruments designed to measure gender related constructs. For example, researchers conducting studies utilizing instruments designed to measure role strain in male nursing students have reported inconsistent findings. More studies are needed to examine these instruments and their appropriateness for use with samples of male nursing students. In addition, mixed methodology studies using instruments to measure gender role identity and/or conflict would also be beneficial in better understanding how men in female-dominated professions perceive their masculinity and gender roles.

The men in this study reported that their nursing education experiences had increased their capacity for affective caring, and that they had incorporated this type of caring into their meaning of masculinity. Little is known about the experiences within nursing education that have the greatest impact on men developing an increased capacity for affective caring. A longitudinal study of men in baccalaureate nursing education programs would be beneficial in better understanding how affective caring is developed by male nursing students. In addition, there is a need for a greater understanding of men and the general concept of caring. This is important not only because of increased efforts to recruit more men into the nursing profession, but also because more men are being called upon to provide personal care to family members such as children, but also to cognitively and physically impaired individuals.

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VITA

Kenneth Roy Tillman was born September 7, 1963, in Gulfport, Mississippi. He is the second child of the late William Elbert Tillman, Jr., and Joyce Shoemaker Tillman Fairley. He grew-up in the town of Lucedale, Mississippi, and graduated in July 1980 from George County High School. He attended the University of South Alabama in Mobile, where he graduated in June 1984 with a Bachelor of Science Degree in Nursing.

During the early part of his nursing career Tillman worked as a staff nurse at several hospitals located on the Mississippi Gulf Coast. In April 1985, he was inducted into Sigma Theta Tau, the international honor society for nursing. In January 1986, he married Audrey Beth Hopkins, a resident of Ocean Springs, Mississippi, and a 1985 nursing graduate from the University of South Alabama. In the fall of 1986, he enrolled in graduate courses at the University of Texas Health Science Center at Houston (UTHSC-H) School of Nursing. He graduated with a Master of Science Degree in Nursing from UTHSC-H in May 1989, and was awarded the Harris County Texas Medical Society Auxiliary's Clinical Excellence Award.

For a 10-year period following his graduation, Tillman held various management positions within home health care agencies located in Texas, Louisiana and Mississippi. During this time he and his wife had two children: Parish Jaques Tillman, born June 25, 1991, and Garrett Richard Tillman, born June 3, 1993. In January 2000, he joined the faculty of Southeastern Louisiana University School of Nursing in Hammond, Louisiana.

In January 2002 Tillman enrolled in the Doctor of Philosophy program in the School of Human Resource Education and Workforce Development at Louisiana State University. In April 2006, he was inducted into Phi Kappa Phi. He will graduate from Louisiana State University in December 2006 with a Doctor of Philosophy degree.