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GENDER ADVANTAGE?
A CASE STUDY OF MALE NURSING STUDENTS AT A
NEW JERSEY COMMUNITY COLLEGE

by

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A Dissertation

Submitted to the
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College of Education
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at
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Dissertation Chair: Ane Turner Johnson, Ph.D.

Dedications

I dedicate this dissertation to Stephan Dicke, my husband, for his unconditional love and support; my parents for their encouragement; and lastly, to our future daughter, Penelope, as all of this was done for her. This research was completed in loving memory of Emily Michell and Michael Michell.

Abstract

Kathleen E. Michell
GENDER ADVANTAGE?
A CASE STUDY OF MALE NURSING STUDENTS AT A
NEW JERSEY COMMUNITY COLLEGE
2015
Dr. Ane Turner Johnson
Doctor of Education

Nurses face many challenges in the health care arena. However, male nursing students face a unique set of challenges in a female dominated profession. Limited research looks to understand the male student perspective and success. This qualitative, case study explored the success of male nursing students at a Community College in Northern New Jersey. Focus groups and semi-structured interviews took place with the male nursing students in their second year of the program. Three main themes were identified including gender advantage, male students find that their gender provides an advantage in the classroom and clinical settings; encouragement and support, the students attribute part of their drive for success to the support they received at home and in the program; and male nurse persistence, their own drive and determination along with their can-do attitude has helped to successfully navigate themselves through the program. Additionally, implications for future research, policy, and practice are discussed that addresses the male nursing students' ability to adapt to perceived gender roles in order to be successful in nursing, which impacts higher education and the profession.

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Chapter 1

Introduction

The nursing shortage is a worldwide challenge that will affect almost every country in the world (Littlejohn, Campbell, Collins-McNeil, & Khayile, 2012). There is an expected shortage of health care workers in the upcoming decades and as 28% of our population retires, long term care facilities, rehabilitation centers and hospitals will have to increase their staffing in order to accommodate the needs of our society (National League for Nursing, 2013). In addition, 25% of nurses are of the baby boomer age and will also be retiring soon (Littlejohn et al., 2012). The nursing shortage will grow to one million by 2020, and in order to meet the staffing demands of health care facilities when this occurs, nursing programs will be required to look for alternate ways increase their enrollments (Auerbach, Staiger, Muench, & Buerhaus, 2013).

One solution to this growing problem is to recruit and graduate a greater number of male nurses, who have been traditionally absent from the profession (Evans, 2004), which will help to create a larger, more diverse nursing workforce. Forecasters predict that health care will be a leading industry, requiring a skilled workforce in the forthcoming years (Auerbach et al., 2013). Community colleges, in particular, will be at the forefront of developing and training incumbent workers lacking valuable skill sets (Belfield & Bailey, 2011).

In health care, as our country adopts new models of health care reform, such as the Affordable Health Care Act, there will continue to be a greater emphasis on preventative care and the management of chronic diseases (Auerbach et al., 2013).

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According to the State of New Jersey Department of Labor and Workforce Development (2013), NJ's Labor Market Information staprojected tes that by 2016, the Health Care and Social Assistance sector will have a projected employment of 594,000 open jobs. This means an annual growth rate of 1.9%, which is a 20.5% change from 2006 (U.S. Bureau of Labor and Statistics, 2012).

The Home Health Care Services sector has projected that there will be 28,200 open jobs by 2016 (Kean University, 2009). The annual growth rate is 3.9%, which is a 46.1% change from 2006 (Kean University, 2009). This creates an abundance of the job opportunities for the health care worker in the State of New Jersey. Health care programs must keep up with the projected demand for skilled workers (Sochalsi, 2002). In order to meet the growing plea of the predicted health care worker shortage in upcoming years, it will be necessary for nursing programs, particularly at the community college level, to recognize the underrepresentation of male students in their pursuit to obtain an associate of science in nursing.

The Nursing Profession

Nursing is one of the world's oldest professions. A nurse provides a patient with resources for optimal health and provides them with the care needed to attain a high quality of life (National League for Nursing, 2013). A student may earn a registered nursing degree at an industry-recognized accredited institution (2013). This can come in the form of a diploma program, certificate program, associate degree program and a baccalaureate degree program (2013). Opportunities at the masters and doctoral level are also in abundance (2013). However, as of 2006, 60% of nurses receive their education by

in an associate degree in nursing (ADN) program at a community college (National League for Nursing, 2006).

Registered Nurses (RN) make significantly more than most other health science degrees obtained at the community college level. The starting salary for an RN is an estimated $60,000 per year, while other Allied Health degrees obtained earn far less (Minority Nurse, 2013). In Allied Health, a certified nurse aide earns $9 per hour, while programs in dental hygiene and assisting and many exercise science professions earn around $30,000 per year (Kean University, 2009). Since the wage for a nurse is so high in comparison, nursing programs have become highly competitive, compared to other health care fields at this educational level (Sochalsi, 2002).

Nursing programs from the start have been primarily recognized as a women's profession, for centuries, society has seen nursing as a caregiver's activity (Maggs, 1996; Boughn, 2001; Evans, 2004). Caregivers started out by taking care of their families and communities (Maggs, 1996). Women naturally fell into this role while at a time in society when men were working in the fields or at war. Women have been assisting with child birth since the dawn of time and even taking on the role of a caregiver if a woman died during the birthing process. Most care started in the home, and nurses were known for providing homecare. "The history of nursing is almost exclusively a history of women's accomplishments despite the fact that, as early as the fourth and fifth centuries, men have worked as nurses" (Evans, 2004, p. 321). This further perpetuates the idea that male nurses are rare (Evans, 2004). Society views women as caregivers and therefore, as nurses. Men continue to struggle to break through the barriers of nursing (Evans, 2004).

Gender and Feminized Fields

Over the centuries, quality nurses have been referred to as providing ultimate care (Boughn, 2001). Boughn (2001) asserts that with this care come a soft touch, warm hand and an understanding of a patient's needs. Women became synonymous with providing care to their loved ones and community based on this assumption (Evans, 2004). During the mid-nineteenth century, the founder of modern nursing, Florence Nightingale, further maintained the notion that nursing was a woman's profession (2004). Florence Nightingale believed that "to her, every woman was a nurse, and women who entered nurse training were doing only what came naturally to them as women" (as cited in Evans, 2004, p. 322). With this belief, the founder of modern nursing further perpetuates that nursing is women's work.

A nurse became culturally recognized as being a woman and a caregiver and thus nursing became a gender specific activity. "Here stereotypical feminine traits of nurturing, caring, dependence and submission exist in stark contrast to masculine characteristics such as strength, aggression, dominance, self-control and objectivity" (Evans, 2004, p. 226). Like in the profession of nursing, in American society, some occupations have traditionally been segregated by sex (Egeland & Brown, 1989). This segregation does not come based on productivity in the job, but because of society's opinions and expectations of gender roles (Kessler & McKenna, 1978). "A role, as the concept is used in sociology, is a set of prescriptions and proscriptions for behavior-expectations about what behaviors are appropriate for a person holding a particular position within a particular social context" (Kessler & McKenna, 1978, p. 11).

Some jobs are believed to require masculine qualities such as strength and dominance, while others require feminine qualities such as caring, nurturing and tenderness (Egeland & Brown, 1989). "The women's and men's liberation movements have somewhat changed these sex role stereotypes and traditional attitudes towards occupational roles, and women are increasingly working in male-dominated occupations" (Egeland & Brown, 1989, p. 694). However, it seems that men are more reluctant to enter into feminized roles, such as nursing (Kessler & McKenna, 1978).

Over the decades there have been a variety of reasons why men have been reluctant to enter into feminized occupations. In some cases, men believe that entering a feminized field will pose a threat to their masculinity (Egeland & Brown, 1989). In addition, men may feel looked down upon by their family and peers due to the feminization of their chosen profession (Kessler & McKenna, 1978). Men have also been reluctant because typically female-dominated professions have lower salaries than male professions.

Additionally, male nurses may be stigmatized by gender related stereotypes, such as not being able to care or sympathize with patients. Some males are able to overcome these negative stereotypes but research shows that some have to cope with stigma-by-association (Rudman, Mescher, & Moss-Racusin, 2012). Rudman et al. (2012) studied whether stigmas were derived from stigma-by-association, gay male feminist stereotypes, or a threat to a men's gender identity. The authors' discovered that men who support women's causes are at risk for stigma-by-association (2012). Women continue to outnumber men in nursing programs; however, it is important to understand just how

underrepresented males nurses are in the United States. We will need to understand this underrepresentation in order to meet the demands of our growing health care community.

In 2009, there were a reported 3,063,162 licensed RNs in the country, and approximately 294,063, or 9.6% were male (Minority Nurse, 2013). Although men have increasingly joined the profession, men are still underrepresented in nursing programs, private practice and in the hospital setting. In addition to the small percentage of incoming male nursing students, new male graduates are also leaving in the profession. Almost 7.5% of new male nurses will leave the nursing profession within four years when compared with 4.1% of new females nurses (Sochalski, 2002). The dropout rate for males entering the profession was also on the rise, from 2% in 1992 to 7.5% in 2000 (2002). Community college nursing programs educate the majority of registered nurses and play a significant role in the retention of male nursing students (2002).

The Role of the Community College

Community colleges offer students affordable and relatively quick educational training opportunities, providing students preparation for the United States' competitive job market (Belfield & Bailey, 2011). Given their open enrollment policies, community college students are provided with an opportunity to work towards their goals, in cost-effective ways (Romano, 2011). A community college education not only provides students with a means to achieve their educational pursuits, but also provides communities with a highly-skilled workforce (Belfield & Bailey, 2011).

Community colleges regularly look to businesses in their region to determine the in-demand employment opportunities and the requisite skills (Levin, 2001). Historically, the federal government has directed "community colleges toward economic goals,

emphasizing workforce training and state economic competitiveness as outcomes, compelling colleges to improve efficiencies, increase productivity, and to become accountable to government and responses to business and industry" (Levin, 2001, p. 237). States such as New Jersey believe that "a skilled workforce is one of the most critical issues to New Jersey businesses and the State's economic competitiveness, and, unfortunately, the basic computer, mathematics, communications and English skills of many New Jersey workers is less than what employers require for success" (US Law: Justia, 2009). With that being said, community college nursing programs continue to provide our state and federal economies with a skilled nursing workforce.

Nursing programs at the community college level offer prospective nursing students faster entry into the profession of nursing by providing a two-year degree (Raines & Taglaireni, 2008). Community college's open access affords students with the opportunity to work towards this degree, and gain entry-level access into the profession (2008). However, in the community college programs, recruitment of male nursing students still remains low. As of 2011, only one in seven nursing student are male, making up only 15% of nursing classes (Minority Nurse, 2013).

In these nursing classes, 96% of faculty members, at the undergraduate level, are female (National League for Nursing, 2010). In order to increase male nursing graduates, a number of things must change. Diversifying the nursing program faculty and creating mentorship programs to fully engage the male nursing students will aide in the persistence of these students while in nursing programs. Men continue to be underrepresented in every aspect of the nursing program experience. "Nursing education is highly gender differentiated, and that masculinities and gender relations appear to

influence men's roles in the nursing classroom and the cultures of nursing education in general" (Dyck, Oliffe, Phinney, & Garrett, 2009, p. 652). A male student is reminded daily that they are not the majority gender (Bell-Scriber, 2008). Textbooks, equipment, and course lectures are geared towards the female students (2008). Since over 60% of nurses obtain a community college education, these institutions must work to better epitomize the diversity of their student population.

Community colleges underrepresent their students and their potential to enter into the elite profession of nursing. This is especially true given the pending nursing shortage and our country's need for a skilled workforce (Littlejohn et al., 2012; Belfield & Bailey, 2011). In addition, "nursing does not reflect the gender characteristics of the population it serves" (Bell-Scriber, 2008, p. 143). In order to fully represent the interests of the American economy and the rights of all students who seek a community college education, community college nursing programs must work towards creating equal opportunities for their underrepresented students.

<center>**Problem Statement**</center>

By 2020, the nursing shortage will hit its peak at one million open jobs (Auerbach et al., 2013). This worldwide challenge will greatly affect the United States workforce (Littlejohn et al., 2012). Experts predict the shortage will not only include nurses, but health care workers in general in the upcoming decades (2012). The shortage will hit its highest as the population retires, requiring additional health care. During this time, long term care facilities, rehabilitation centers and hospitals will be required to increase staffing to accommodate all those who are expected to retire (National League for Nursing, 2013). In addition to this, 25% of those retiring will be nurses, also requiring

care; all while leaving their positions open (Littlejohn et al., 2012). As a result, highly skilled and qualified nurses are needed and must first be trained (Duvall & Andrews, 2010).

Historically, men have been reluctant to enter into what society believes to be feminized fields. Men have believed that their masculinity will be threated if they take on roles where they are seen as acting in less than manly ways (Egeland & Brown, 1989). They fear being judged by their family, friends and society (Kessler & McKenna, 1978). Men also can suffer from stigma-by-association and gay male feminist stereotypes (Rudman et al, 2012). In addition, men can feel as though their gender identity is being threatened (2012).

Despite the projected growth of health care careers and their high wages, men still are not entering into the nursing profession any more than in the past (Duvall & Andrews, 2010). Men make up an estimated 9.6% of the nursing profession (Minority Nurse, 2013). Men are also more likely to leave the nursing profession within four years of entering (Sochalski, 2002). Experts say that within four years, 7.5% of new male nurses will leave the profession in comparison to 4.1% of females nurses (Sochalski, 2002). One possible cause is a reluctance of men to enter into a highly feminized profession. This problem will negatively impact the economy, especially as the nursing shortage escalates (Duvall & Andrews, 2010).

The nursing profession still remains highly feminized, despite the need to diversify the profession. Men are not entering into the occupation, even as society requires an increase in the nursing workforce (Littlejohn et al., 2012). In order to meet the needs of our workforce, a greater understanding of men that are able to persist in this

feminized field was required. Research was required in order to support male nursing students to create a more diverse health care workforce for our aging nation (Auerbach et al., 2013). A qualitative case study which investigated how male nursing students take on feminized roles in a nursing program was necessary in order to assist in the increased retention rates of male nursing students.

Purpose Statement

The purpose of this qualitative case study was to explore how male nursing students experience their health care training program, particularly regarding the feminization of various aspects of the profession, and how they persist within these programs. Male adaptation to socially constructed gender roles (Douglas, 1977) was the focus of this investigation. A focus group of male undergraduate nursing students from a community college nursing program was conducted. In addition, these students were interviewed in order to study their experiences with gender roles as they prepare for the profession (Kessler & McKenna, 1978). A large, multi-campus community college in northern New Jersey, New Jersey State Community College (NJSCC), a pseudonym, served as a site for this research. This institution's nursing program graduates above the national average of 9.6% male nurses per year (Minority Nurse, 2013).

Research Questions

The following questions guided this study:

1. How did male students adapt to the feminization of their field?

2. How did males describe expectations and norms within their field?

3. What enabled male students to persist in a female dominated program?

Theoretical Framework

The theoretical framework that supported this study was derived from feminization. The concepts of feminization, gender and gender attribution were addressed to assist in the understanding of how male nursing students adapt and persist in nursing programs. These frameworks guided all facets of this study (Anfara & Mertz, 2006). This included the decision to conduct a qualitative case study, data collection strategies and analysis procedures (2006).

Feminization is the shift of gender roles in a society (Douglas, 1977). Feminization refers to the move of masculine roles to those that are considered feminine (Douglas, 1977). According to Douglas (1977), those feminine roles are ultimately considered weaknesses and highlight a woman's caring nature. In addition, feminization can mean an incorporation of women into a profession or societal group that was once socially recognized as strictly dominated by males (Douglas, 1977). Cagatay & Ozler, (1995) noted that there are demographic and cultural factors that play a part in the feminization of these gender roles.

Gender

In addition, gender supported this study's theoretical framework. Gender is a perceived notion of one's self (Frieze & Chrisler, 2011). "The term 'gender' has traditionally been used to designate psychological, social, and cultural aspects of maleness and femaleness (Kessler & McKenna, 1978). Sex, on the other hand, is the biological aspect that categorizes people into male or female (Frieze & Chrisler, 2011). Sex is biological and only references an individual's reproductive organs (2011).

"Originally intended to dispute the biological-is-destiny formulation, the distinction between sex and gender serves the argument that whatever biological intractability sex appears to have, gender is culturally constructed; hence, gender is neither the casual result of sex nor as seemingly fixed as sex (Butler, 2006, p. 6). It is imperative to an individual's sense of self to stay true to their gender identity (Kessler & McKenna, 1978). In fact, individuals often feel as though their identity is being threatened if their gender is not correctly being portrayed or understood.

Gender Attribution

The theory of gender attribution also provided the insight necessary to understand the notion of doing gender in the field of nursing (Kessler & McKenna, 1978). As discussed earlier, gender does not refer to someone's biological reproductive organs. Rather, gender refers to how one perceives one's self (Frieze & Chrisler, 2011). Gender attribution is the phenomenon of practicing, or doing one's gender (1978). Therefore, it is the act of someone in a feminine or masculine way (1978).

Society has constructed the idea that students take on female or male roles in their everyday lives and especially so in a professional setting. Society has determined what we view as a female profession, such as nursing (Butler, 2006). Gender roles have proven difficult for males to interject themselves into the field of nursing.

The theoretical frameworks of feminization, gender and gender attribution proved to assist in the connection to existing knowledge and did provide a basis for the choice of research methodology used in this study. Additionally, the frameworks influenced the data collection process and also provided a lens in which the data was interpreted. Gender identity and its construction assisted in the examination of the male nurse experience.

Significance of Research Study

This study explored how male nursing students are able to adapt to feminized roles. The researcher believes that there were several stakeholders that greatly benefit from this case study which include: nursing schools, hospital administration, and the economy. The following will explore how this study could impact future policy, practice and research.

Policy

In understanding the male student perspective in nursing, faculty members and administration will be able to use this research to better assist the needs of their students. The nursing programs across the country will able to retain a larger number of male nursing students by simply understanding male student needs.

This study has many implications that should be reflected in policy for nursing programs around the country. Stott (2004) states that it is common for nursing instructors to isolate male students in the classroom and clinical setting, causing male students to disconnect from the rest of the class. It is also explained that males find nursing programs challenging (Stott, 2004). Nursing programs will be required to reevaluate their classroom policies in order to retain more male nursing students. This will be required in order for our workforce to meet the demands of the upcoming nursing shortage (Littlejohn et al., 2012).

Practice

Looking into the future of the health care worker, diversity is necessary in this global economy. Nursing programs will need to be cognizant of the needs of a diverse workforce, which includes employing a diverse nursing faculty. Hospital administration

should also be aware that male nurses on the hospital floor provide all nursing students with a different experience and allow for a new perspective. In addition, hospitals will find that a more diverse staff will benefit their institution. Not only does this diversity provide a richer learning environment for staff, but also adheres to the needs of the patients.

The recruitment of male nurses is important to the profession. O'Lynn (2004) discusses that in order to meet the needs of the upcoming nursing shortage; the recruitment of male nurses is of the upmost importance. O'Lynn (2004) found that "that nursing education, as a whole, has failed to provide an environment optimally conducive to attracting and retaining men as students, and thus, preparing men for the nursing profession" (p. 235).

The objectives of this study included informing and properly training students to become productive members of society. As a result, students should be appropriately counseled and pipelines for nursing minority students will be created. Pedagogy, or understanding of teaching and learning, was also reflected in this qualitative research study (Brooks & Normore, 2010). Participation in this study has helped students understand the need for change and the necessity to constantly reflect on current practices (Brooks & Normore, 2010).

Future Research

This study advances the field of research focus on men in nursing programs. A consciousness of the broader social, cultural, and political contexts of education is recognized at the conclusion of the study (Dantley & Tillman, 2010). In addition, schools' marginalizing behaviors and predispositions of male nursing students were

highlighted (Dantley & Tillman, 2010). This study hopes to open the doors for additional research highlighting the accomplishments of male nursing students. These studies will focus on the effectiveness of mentorship programs targeting male students teaming up with male nurses. In addition, studies concentrating on student success rates in male nurse faculty classrooms will be essential.

Delimitations

As a researcher, there are limits of this study. It is important to acknowledge these limitations, as my personal and professional experiences possess potential biases and limitations with this research. The research focused on one specific community college, which may constrain the transferability of the study. In order to address this constraint, I ensured the use of deep thick description (Toma, 2006). In addition, the evaluation of the qualitative data achieved trustworthiness, as the data presented represented as closely as possible, the perspectives of the research participants (Lincoln & Guba, 1985).

The data collection methods may have also delimited the study. The use of a focus group as the primary source of data may have led to social desirability bias in the data (Fisher, 1993). Social desirability bias is the phenomenon where respondents may answer questions in a way that may be favorable to others (1993). This could cause misleading research results and could lead to unjustified theoretical or practical conclusions. However, social desirability bias was addressed by frequent use of indirect questions during the follow-up interviews with the participants (Fisher & Tellis, 1998). The use of indirect questioning asked the participants to respond to structured questions from the perspectives of others (Fisher & Tellis, 1998).

Multiple data sources were used to ensure credibility (Yin, 2013). These multiple data sources not only included focus groups but material culture, and follow-up interviews with the focus group participants. In order to ensure trustworthiness, stakeholder checks was also used (Yin, 2013). It is important to capture the experience of the stakeholder in order to ensure that the raw data collected is representative of the events (Yin, 2013).

In addition to the above mentioned limitations, I recognized that I came with my own preconceived notions and biases (Yin, 2013). I am a white, female, upper-middle class, Caucasian, who has earned both a bachelor's degree and a master's degree. I am also not a nurse, but a researcher looking to understand a mis/underrepresented group in academia. In addition, I came to the study assuming that male students feel outnumbered in a female-dominated nursing program. I also believed that male students have a more difficult time in a hospital clinical setting with respect to bed-side manner. It is my belief that males have a harder time connecting to their largely female-dominated instructors. However, I also recognized all of the above and did not assume that I understood how male students think and operate. I did not allow my own biases to affect the data collected and the outcomes of the study (Fisher, 1993). To manage my biases, I engaged in reflexivity to build self-awareness of these prejudices and remain cognizant of how they could have potentially influence this research (Drisko, 1997).

Overview of Chapters

This study has been structured into five sections. Chapter one included the introduction, including the phenomenon of male student taking on feminized roles, the purpose of this study, and what this means for a broader audience. Chapter two was a

review of the theoretical framework that helped to guide the study. In addition, a relevant

literature review was provided in order to understand the context in which this research

was based. Chapter two also included shortfalls in previous studies and an explanation of

the theories utilized to understand this topic. Chapter three provided an explanation of the

methodology used for this study. Included are relevant research questions, the sampling

methods used and the data collection technique. A full data analysis was also provided.

Chapter four provided findings from the focus groups and follow-up interviews. This

chapter discussed the case study findings and the conclusions of the researcher. The

research questions assisted in this process. Chapter five discussed the implications of the

researcher's findings. In addition, the researcher's recommendations for future research,

policy and practice were provided.

Chapter 2

Review of the Literature

Chapter two contains the study's conceptual framework, which includes a discussion of theory, perspectives and relevant information that helped to fuel this research (Yin, 2013). In case study research, general questions of how and why are explored while concentrating on specific events and inter-relationships (2013). In order to explore and target appropriate research questions for this qualitative case study, the literature review assisted in the direction the research must follow (2013). In addition, the review of relevant texts contributed to how this study was designed, implemented and reported (2013). This literature review provided a framework for this study. A lack of relevant research on this subject was discussed, along with the need of future research.

This investigation explored male nurse experiences and how they were able to take on feminized roles in nursing programs. Additionally, a review of studies emphasizing the profession's negative view of male nursing students was also explored. Based on these findings in the literature, I was committed in ensuring that social justice was embedded in the foundation of this inquiry. It also assisted in the formation of the lens in which I used to conduct and interpret this research. "Social justice demands deconstructing those realities in order to disclose the multiple ways educational organizations and their leadership reproduce marginalizing and inequitable treatment of individuals because their identities are outside the celebrated dominate culture" (Dantley & Tillman, 2010, p. 22).

This chapter highlights theories of gender, feminization and gender attribution relative to the male nursing student experience. In addition, the literature explored provides necessary insights to stereotypes of male nursing students and their experiences. Relevant literature discussing male nursing student attrition rates and their persistence have also been explored.

<center>**Relevant Literature**</center>

Gender Attribution

In order to reflect on the male nursing student experience, we must first understand gender and gender attribution. Kessler & McKenna (1978) discuss gender being nothing more than what we do. Desprez-Bouanchaud, Doolaege, & Ruprecht (1987) define gender as the "economic, social, political and cultural attributes and opportunities, associated with being male and female" (p. 20-21). Lips (2014) states that most theorists make distinctions between gender and sex. It has been theorized that gender is socially constructed, while sex is biologically determined, gender is not biological, femaleness or maleness does not exist, rather, these are socially created (2014).

However, Lips (2014) points out that the social dimensions that separate male and female are not as clear-cut as previous gender studies have implied. Femininity can be shaped by the fact that women have the ability to give birth (2014). Additionally, "men's biologically-based propensity to have larger, stronger bodies is enhanced by social norms that encourage men to work" (Lips, 2014, p. 2). Therefore, the idea of sex and gender are tangled and must be considered when discussing societal norms. The same is true of the students that adapt to female or male roles in a professional setting. These actions are a

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made up paradigm by society that is not only affected by the student's sex, but by their gender. Society has determined what we view as a female profession, such as nursing, and has served as an obstacle to men seeking to enter this field.

Gender attribution is the process of doing or performing gender, in day-to-day activities (Kessler & McKenna, 1978) and influences learning and behavior. In Kessler and McKenna (1978) overlay study, 38% of their participants believed that attribution to the male gender was based on male genitalia, but only 1% believed that genitalia recognized the female gender (p.172). The authors assert that the results reflect a subconscious and cultural understanding of gender attribution, rather than a conscious understanding (1978). Gender attribution reiterates the automatic reinforcement of society's gender roles which are placed on individuals.

The theory of gender attribution provides the insight to understand the concept of adapting to the feminized roles in nursing (1978). Below is a discussion on the relevant literature surrounding the ideas of feminization, stereotypes of male nursing students and their experiences. It was the intention of this literature review to provide an insight into the male nursing student as studied by other researchers. Furthermore, this review provides the reader with a basis for understanding this study. The studies below not only provide contextual knowledge, but also provide a basis for improvement on further research.

Feminization

In the interest of improving the male nursing student experience, an increased awareness of the feminization of the nursing profession was explored. Feminization refers to the shift of gender roles in society, specifically of masculine to feminine

(Douglas, 1977). In the past, feminine roles have been considered that of weaknesses and emphasize a caring nature (1977). Feminizing is the adaptation of male recognized roles taken on by women is a specific societal group or profession (1977). Demographic and cultural factors play a large part in the feminization of these gender roles (Cagatay & Ozler, 1995).

Research shows that stigmas of gender can affect male nursing students. However, some males are able to overcome these negative stereotypes and succeed in nursing programs. By overcoming these stereotypes, some male nursing students still must cope with stigma-by-association (Rudman, Mescher, & Moss-Racusin, 2012). Male nursing students often must muddle through with stigma-by-association, gay male feminist stereotype or threats to their gender identity (2012). Little research has been accomplished to investigate how these male students are able to overcome these obstacles and succeed. It was the purpose of this research to understand the methods in which male students are able to overcome the adversity they encounter in their nursing courses.

Male nursing students find themselves at risk for stigma-by-association when they campaign for what society deems as women's causes, such as providing care (Rudman et al, 2012). Past studies have found that "although women implicitly favored the male gender egalitarian leader more so than men, the male gender egalitarian leader nonetheless suffered an automatic weakness penalty on the party of both genders" (Rudman et al, 2012, p. 592). This means, that male nursing students must work harder to not only succeed in nursing, but overcome the stereotypes set forth by society, and now their female classmates. This makes success in nursing programs more difficult for the male student.

An awareness of gender performance, especially men nursing students performing as caregivers in a clinical nurse setting will be explored throughout this research. Although previous studies provide meaningful discussions on male gender identity, previous research leaves open the idea of whether stigma-by-association was initiated in the nursing profession. There is no explanation on whether this stigma begins in nursing school or is confined to the clinical setting. Based on this, we are left with the question: does this stigma deter men from succeeding in nursing?

Although this discussion concentrates on male nursing students, gender dynamics can transcend through professions. Gender dynamics within the profession of veterinary medicine research concludes that women often adopted masculine economic practices (Irvine & Vermilya, 2010). "Just as the veterinarians thought that the professional demeanor required favoring masculine characteristics over feminine ones, they suggested that economic success often involved dis-identifying with the feminine" (p. 73). This means that female professions maintain hegemonic masculinity by the resources made available to females in their careers (Irvine & Vermilya, 2010). This research provided an interesting insight to the economic success for genders.

Nursing has been a ladder for women to enter the workforce and earn a living wage (Maggs, 1996). Potential earnings are a major component when students chose a profession to pursue. Even though nursing provides a high living wage in the United States, men are still not entering the profession any more than they had been in past years (Duvall & Andrews, 2010). Based on the findings of Irvine & Vermilya, (2010) men should be favoring professions that will potentially provide them with the greatest earnings, such as a career in nursing.

In many professions, certain tasks are considered to be gendered (Poole & Isaacs, 1997). Caring, in nursing, is one of those gendered tasks (1997). In a study by Poole & Isaacs, (1997) students were asked why they chose nursing as a career and about their early experiences in a clinical setting. When asked why students chose nursing, the data found that "many of the female students responded in terms of 'caring for others' and the 'desire to help people,' the males responded in terms of career prospects" (p. 529).

Given the results of this study and others like this, research has shown that male students do not believe they are performing gendered tasks, such as caring for a patient. In fact, male nursing students see a monetary value in the occupation, rather than an innate desire to care for other. This is particularly important if nursing programs want to increase the success of their new male graduates especially at a time when community colleges are asked to provide accountability and a return on their students' investments (Selingo, 2013). As almost 7.5% of all new male nurses will leave the nursing profession within four years (Sochalski, 2002). If male nurses accepted these gendered roles, would more remain in the profession?

Perceived Labels

Men in nursing programs face negative stereotypes such as being unable to care for patients or even having their sexuality become an explanation as to why they are in the profession (McKinlay, Cowan, McVittie, & Ion, 2010). Male nurses and students have been negatively stereotyped by society as less than and not equal to the care woman can provide in the field of nursing. Men are judged by their gender and thought to be not as capable (2010). These negative labels placed on men in nursing can influence student success in nursing programs. These perceptions, such as nursing is women's work or that

men do not have the ability to care as well for their patients as female nurses, can affect the interactions between the male students and their interactions with their female cohort, their professors in the classroom and their interactions with patients in the clinical, or hospital settings.

Previous research has focused on whether-or-not current nursing students believed that nursing is a female dominated profession (McKinlay et al., 2010). These perceived labels associated with feminine qualities affect the way men and women interact with men in nursing programs (McKinlay et al., 2010). In addition, to nursing being seen as women's work, it has been found that nursing students generally associate the male nurse as being homosexual (2010).

More current research has determined that nursing students do not always associate female work with nursing and their male classmates to be homosexual. In a study by McKinlay et al., (2010) their results "showed participants characterized such stereotypical constructions of male nurses as held only by other people" (McKinlay et al., 2010, p. 345). "They themselves, however, used gender-based distinctions to problematic male nursing (McKinlay et al., 2010, p. 345). Nursing students were aware of the socially prevalent constructions of men in nursing, such as homosexuality or macho-ness, but the students in the classroom did not necessarily believe it to be true. However the nursing students perceived their male classmates, the nursing profession, especially the clinical setting has not updated their perceptions on the male nurse (2010; Evans, 2004; Egeland & Brown, 1989; Rudman et al., 2012). This is important to study because male retention rates do not compare to their female counterparts (Stott, 2004). A proposed cause of this is that it is common in nursing programs for instructors to isolate male students in the

classroom and clinical setting (Stott, 2004). This has the potential to affect the success of male students in nursing.

Although research has shown that nursing students are aware of negative stereotypes, "the evidence presented here shows that student nurses adopt other forms of gendered talk in which men are positioned in particular ways in relation to nursing practice" (McKinlay et al., 2010, p. 349). So while male students' sexual orientation and their level of manliness is avoided by female students, other gender specific constructs, such as a lack of caring and unwillingness to tackle unfavorable chores, have now been adopted (2010).

In essence, research has ascertained that nursing students now believe that they are rejecting prejudices such as believing male students are homosexuals. However, students in nursing programs today are adapting new forms of preconceptions against male nursing students. The biases against male nursing students have evolved since research began on this topic, however, the prejudices still remain.

While new generations might not be concerned about caring and inherent qualities of nurses, women in nursing programs are still labeling men in their cohort. Questions still remain. Should researchers be looking at stereotypes of macho-men rather than homosexuality? Are men seen as the stronger counterpart and singled out in the clinical setting as a result, while whether-or-not they can be sympathetic to a patient is irrelevant? One can hypothesize that men do not succeed in nursing because they are constantly singled out. Community college nursing program education can successful retain male nursing students if they were to focus on this issue.

Men, while not new to the profession, still must overcome barriers in order to succeed (O'Lynn, 2004). Gender-based barriers in nursing schools experienced by men found that their environment was a key factor to their negative experiences (O'Lynn, 2004). The recruitment of male nurses has been proven important to the profession given the upcoming nursing shortage. Research suggests that nursing education has failed to provide an appropriate environment for male nursing students (2004). In fact, nursing program environments are not conducive to attracting and retaining males and do not properly prepare men for the profession.

Negative stereotypes of male nurses, such as being less sympathetic to patients, needs to end in order for male students to succeed in a nursing profession (O' Lynn, 2004). There is need for nursing programs to properly recruit male students into the profession of nursing (O' Lynn, 2004). I believe this research is only a starting point into the world of the male nurse experience. Conclusions lead to males finding nursing programs challenging, however, further studies are needed. No experiences are recorded of men who succeed. How do the male nursing students that do gradate from their program overcome these experiences?

The Experiences of the Male Nurse

Few studies disaggregate their data into subgroups by the male nurse experience in an effort to understand how gender intersects in the ability to succeed in nursing programs. Studies show that male students often feel as though they must performing 'nursing like a real man' in order to be accepted by their class and even the profession (Dyck et al., 2009). In many cases, males have a reoccurring role in the classroom and clinical setting where they are asked to take on additional responsibilities, such as heavy

lifting (2009). This singles out the male student to perform what society beliefs to be their gender role.

Men in nursing programs are seen as commodities for the tasks they are able to perform. The negative male nurse experience is further perpetuated by the actions taken by their instructors. Many clinical classes call on the male students to assist in reaching high for items or heavy lifting of patients and equipment (Rudman et al, 2012). In addition, many studies mention that students on more than one occasion explained that they felt embarrassed because they were singled out to perform male tasks in clinical (Rudman et al, 2012; Dyck et al., 2009; Evans, 2002). Such an example is the male nursing student asked to take off their shirts to test electrocardiogram leads on their chest because they were male and the instructor believed that taking of their shirts was more acceptable than their female students doing so (Stott, 2007).

Previous research such as Dyck et al.'s (2009) study is limiting because the authors ascertain generalizations such that all male experiences are the same. In addition those that collect said data often have certain biases that can affect the studies' results. For example, in Dyck et al.'s (2009) study, the data collector was male, a nurse and the same average age of all of the responders. One can argue that the data collector's own bias and social desirability bias might have gotten in the way of true results. It is the hope of my study to provide a fresh insight into the world of the male nurse experience.

Given the performance of these gendered tasks, research has determined that these negative experiences can impact a student's success in the clinical setting (Evans, 2002). Often, male and female nurses have different work experiences based on their sex (2002). More specifically, male nurses in the clinical setting felt that they were thought of as

sexual aggressors and all while having their sexuality questioned when performing their tasks (2002). These negative experiences have a direct correlation with male nurses leaving the profession and their program (Sochalski, 2002).These experiences affect male nurse interactions and have resulted in disturbing their work as caregivers (Evans, 2002).

Experiences and challenges of a nursing program are studied by many to determine the male experience. Experiences and challenges of a nursing program are studied by many to determine the male experience. Men in nursing often run into situations where a client (or patient) refuses to be evaluated by them simply because of their gender (Smith, 2006). In a study by Smith (2002), students explained that they were not offended by this treatment but felt this was unfair to be judged based on what they perceived to be their gender roles. The findings of this study are relevant, as male students at the community college level recognized that their gender affected them while in their nursing program.

Attrition

The male nurse experience can potentially impact student performance and attrition in nursing programs. Despite male students choosing to enter into the profession, their experiences in their program greatly affect whether-or-not they will succeed. Attrition of male nursing students plays an integral part of the experience of these students.

Research reveals that male nursing students face great challenges from an academic and clinical perspective (Stott, 2007). These challenges include male students feeling isolated and excluded in the classroom and clinical settings. Based on these experiences, many male students are forced to reconsider nursing as their profession and

often leave their nursing program (2007). Stott (2007) states a direct correlation between perceived experiences and leaving nursing programs. And even if the males stayed in their program, they questioned their right to be a part of the class and profession (2007). "It was especially evident when it came to actively engaging in the learning process or asking questions in front of their female counterparts and appeared to arise from a fear of appearing sill or less academically able in a female dominated context" (p. 328).

In addition, research finds that males were more likely than females to leave nursing programs. However, McLaughlin, Muldoon, & Moutray (2010) also determined that "those most likely to withdraw were the individuals who initially viewed nursing as 'woman's work' or that the profession should be segregated according to gender (irrespective of their own gender), were those that left the profession in greater proportions" (p. 306). It is a bold assumption that negative experiences can directly relate to a student leaving nursing. However, it is proof that further studies are required in order to prove this theory. I used the attrition of male nursing students to assist in the direction of this research study.

While the lived experiences of males in nursing programs have been researched, many of these researchers use these lived experiences to explain why men leave nursing program (Stott, 2007). In addition, as a result of their experiences and the labels society places on them, researchers try to explain the low attrition rate for male nursing students (Stott, 2007; McLaughlin, Muldoon, & Moutray, 2010). Limited studies have been conducted to explain how men are able to persist in and graduate from nursing programs considering the negative experiences of male nursing students discussed in the previous research mentioned above.

Persistence

The success of male students in nursing programs may be based on the students' persistence in the program. Persistence, or retention, as they are often used interchangeably, are defined by student and institutional measures of success (Hagedorn, 2005). Success which is defined by students successfully completing their educational goals is also measured by the institution through graduation rates (Pascarella and Terenzi, 2005). Factors attributed to student persistence include "instructor preparation/organization, clarity, availability, and helpfulness; the quality and frequency of feedback provided to students; and instructor rapport with students all positively and significantly promote course content acquisition and mastery" (Reason, 2009, p. 673). Research shows that students who are active participants and engage in their learning process, have a better chance of degree completion (Upcraft, Gardner, & Barefoot, 2005).

Engagement also plays a factor in the persistence of nursing students (Popkess & McDaniel, 2011). Nursing students who actively participate in class have a greater retention rate (2011). These students also feel connected to their class and are more inclined to remain a part of nursing (2011). Additionally, Shelton (2003) ascertains that faculty play a major role in the retention of nursing students. Nursing students are more likely to complete their program when their instructors provide a caring and mentoring environment (Shelton, 2001).

Pascarella, Wolniak, & Pierson (2003) found that community college students who strived to continue their educational pursuits after their education ended at the associate degree level were more likely to graduate compared to those community college students that did not have those same goals. This research comes at a time when the

nursing profession demands higher levels educational attainment (Trossman, 2008). State delegates are creating legislation to require practicing nurses to earn their bachelor's degrees within ten years in order to continue working (2008). This has greatly affected community college nursing programs who are still wondering whether there will be a need for ADN programs in the future (2008). One of many proposed solutions are bridge programs that allow students to earn an associate degree then seamlessly move to a bachelor's degree. The recruitment and retention of these students at the ADN level will be scrutinized more so than ever before.

Nevertheless, limited research has been conducted which explain male student persistence in nursing, rather research concentrates on why men are not successful in the program. Researchers suggest that a lack of male role models in nursing programs may attribute to the loss of male students in their program (Brady & Sherrod, 2003). Additionally, researchers suggest that the constant labeling of men in nursing set the male students apart from the female, and further divides the two genders in the program and profession (Muldoon & Reilly, 2003; Brady & Sherrod, 2003). It was the intention of my study to understand male students who have already successfully completed one year of their nursing program.

Conclusion

A review of the current literature revealed that there are many areas in need of further examination. Based on this analysis, it has been determined that very few researchers investigate the small percentage of male students that make-up a nursing program. When research focuses on male students, studies hypothesize why these male nursing students do not succeed. It was the focus of this study to look at those male

nursing students in their second year to understand their perseverance in light of the challenges of a feminized profession.

Context

Given the above-mentioned literature, a qualitative case study was an appropriate route to understand how males are able to overcome their gender and succeed in nursing. The use of a case study was suitable because the focus of the study was to determine contextual conditions because they are relevant to the persistence of community college male nursing students (Yin, 2013). The research study took place at a community college in northern New Jersey.

NJSCC is a two-year, public, coeducational institution accredited by the Middle States Association of Colleges and Schools, by the New Jersey Board of Nursing, and by the Accreditation Commission for Education in Nursing (ACEN). This institution which services two counties in New Jersey has an estimated enrollment of over 8,000 students and graduates 120 nursing students each year. The nursing program has over 840 students taking perquisite courses at any given time in order to obtain eligibility to apply to the clinical nursing program. NJSCC is made up of the following demographics: 61.7% White, 8.3% Black, 11.2%, Hispanic, 5.9% Asian, 0.4% American Indian, and 12.5% that identify as Other. Of these students, 52% identified themselves as female, and 48% male.

In this nursing program, the percentage of male students versus female varies immensely; only 22% of the 2011 Nursing Program first year class were male, while 88% were female. This compares to a national average of just 9.6% of men in nursing programs (Minority Nurse, 2013). Students who complete this nursing program earn an

associate degree in nursing (ADN), which can be completed in two years. As of October 2013, 19% of enrolled students in the NJSCC nursing program were male (Health Science Education Annual Report, 2014). In the spring of 2014, 12% of the nursing student graduates were male. The spring 2014 graduation rate show a decline in male student retention from when they entered into the program in fall 2014, at 19% (2014). While this is a 7% decline, the NJSCC graduate rate is still higher than the national average.

The mission of the NJSCC nursing program is to "lead in the promotion and maintenance of health and the improvement of health care outcomes across all settings at the local, state, and national levels. This purpose relates to the mission of the college by providing strong academic and leadership preparation to both women and men" (Health Science Education Annual Report, 2014, p. 6). The mission of the NJSCC's nursing program recognizes the need to prepare both female and male students for a rewarding career in health care. This mission statement, unlike most nursing and allied health program statements in the rest of New Jersey, recognizes both female and male students and the importance of nurturing both genders for academic success and leadership.

Chapter 3

Methodology

This study was designed to understand the experiences of male nursing students in community college nursing programs. It also attempted to determine how these students are able to succeed and more forward with a career in nursing. This chapter discusses the following: a rationale for the use of a qualitative approach, a description of the case study methodology, the procedures I employed to collect this data, and the data analysis techniques I used for this study.

Purpose Statement

The purpose of this qualitative case study was to explore how male nursing students experience their health care training program, particularly regarding the feminization of various aspects of the profession, and how they persist within these programs. Male adaptation to socially constructed gender roles (Douglas, 1977) was the focus of this investigation. A focus group of male undergraduate nursing students from a community college nursing program was conducted. In addition, these students were interviewed in order to study their experiences with gender roles as they prepare for the profession (Kessler & McKenna, 1978). A large, multi-campus community college in northern New Jersey, New Jersey State Community College (NJSCC), a pseudonym, served as a site for this research. This institution's nursing program graduates above the national average of 9.6% male nurses per year (Minority Nurse, 2013).

Research Questions

The following questions guided this study:

1. How did male students adapt to the feminization of their field?

2. How did males describe expectations and norms within their field?

3. What enabled male students to persist in a female dominated program?

Assumptions of and Rationale for a Qualitative Methodology

A qualitative research strategy places emphasis on words, rather than statistical occurrences during the collection and analysis of data (Bryman, 2008). This research methodology was used to reveal participants perceptions and experiences in reference to a specific phenomenon (Janesick, 1999). Frankel & Devers (2000) explain that qualitative research is able to capture and analyze the facets of human experience that cannot be measured quantitatively. When humans' environments and experienced events are identical, it is qualitative research that can record the differences in perception, thought, and reactions that these necessarily different subjects experience (2000). As a result, the findings provided a descriptive, rather than a predictive result (Glesne & Peshkin, 1992). Additionally, the purpose of qualitative research was to apply information learned from the lived experiences of the participants to gain a greater knowledge in order to learn more about "facets of the social world" (Rossman & Rallis, 2012, p. 5). With its basis in empiricism, qualitative research seeks to explain knowledge, meaning making, and behavior as direct results of experience—or the processing of information via the senses rather than through a more methodical process such as the application of logic or scientific method (2012). As such, an important quality of empirical knowledge is that it cannot be proven. Rather it deals with subjective thoughts,

emotions, and beliefs. Qualitative research seeks to identify patterns and make sense of such subjective outcomes of objective events (2012).

Creswell (2013) explains that qualitative research involves close attention to the interpretive nature of inquiry and that qualitative research studies must be situated "within the political, social, and cultural context of the researchers, and the reflexivity of 'presence' of the researchers in the accounts they present" (p. 45). The process of qualitative research consists of the flow from "philosophical assumptions, to interpretive lens, and on to the procedures involved in studying social or human problems" (Creswell, 2013, p. 44). That is, because it seeks to measure empirical evidence of perception, qualitative research is itself subject to the perceptions and beliefs of the researcher and the cultural values of the milieu in which these events were studied (2013).

Because the subject of my research was to gain insight into subjective beliefs that influence student outcomes, the design considered and attempted to control for researcher bias. The selection of the topic, the decisions about which questions to ask and which students to study has necessarily been influenced by my beliefs and those of the culture in which I am working. The danger also existed that the analysis of the data collected and the conclusions drawn were based in part on my own perceptual lens (Denzin & Lincoln, 2005). Therefore a serious examination of closely held assumptions and their potential impact on such analysis was imperative. "The choice to use qualitative research methods has implications for the researcher's way of working, for the research design, the use of theory, the sample, the data collection methods, the data analysis, and the final publication" (Boeije, 2010, p. 2). As a qualitative researcher, I focused on the understanding of my phenomenon in its natural setting. I was able to do so by attempting

to understand the phenomena in the terms and meanings participants bring to them (Denzin & Lincoln, 2005). As a result, qualitative research assisted in understanding my participant's experiences and how their meanings of their experiences were formed (2005).

Based on these characteristics of qualitative research, as the researcher, I was able to concentrate on one specific case while examining its context. In addition, the information-rich cases studied, revealed complex meaning about the phenomenon (Patton, 1990). And lastly, I was able to connect the meanings learned from my participants to the greater phenomenon in which cases are similar (Creswell, 2013). The use of a qualitative research design allowed me to explore the silenced voices of the male nursing students. From this study, I want to empower male nursing students to share their stories of success and adaptation in nursing in order to enlighten future discourse, students, educational institutions, and workforce. This empowerment is a suggested solution to the upcoming, global, nursing shortage (Littlejohn et al., 2012).

Strategy of Inquiry

A qualitative, single, case study research design was selected for this study and is defined as a unit of investigation of a specific group (Henn, Foard, & Weinstein, 2009). Gall, Borg, & Gall, (1996) state that this type of inquiry is "the in-depth study of instances of a phenomenon in its natural context and from the perspective of the participants involved in the phenomenon" (p. 545). A qualitative case study approach allowed me to capture facets of human experience so that I could record the differences in perception, thought, and reactions to their experiences thus far in the NJSCC nursing program (Frankel & Devers, 2000). During this process, the use of case study inquiry

necessitated these careful recordings of the thoughts a perceptions of the participants, while taking great pains to avoid coloring the interpretation via my own assumptions (Gall, et al., 1996).

During this process, exploratory analysis was used, as research into this case has not determined any clear outcomes (Stake, 1995). The experiences of males in nursing are often times overlooked in nursing research, and it is the purpose of this case study to explore the individual experiences at NJSCC. This strategy assisted in the exploration of the subjective beliefs of my participants (Merriam, 1998; Yin, 2003). This case study research was both particularistic and descriptive in nature. My study was particularistic in nature, as one phenomenon was studied, and descriptive as this study recorded the differences in perception of the male nursing student experience (Merriam, 1988). Furthermore, this strategy of inquiry was holistic as this research concentrated on an in-depth exploration of one phenomenon (Feagin, Orum, & Sjoberg, 1991). The use of a single case study design provided holistic and meaningful characteristics of real life events of the male nursing students at this community college nursing program (Yin, 2009).

Yin (2013) asserts that a case study is based on a constructivist paradigm, which establishes that truth is relative based on one's perspectives, experiences, and social location. Moreover, a constructivist paradigm was commensurate with a case study in that the case cannot be understood without considering the context (Stake, 1995). For this reason, a case study was suitable because the focus of the study was to determine contextual conditions and how they are relevant to the phenomenon of the experiences of male students in nursing (Yin, 2003).

As a qualitative researcher I explored my participants' views of reality, behaviors, and norms to understand their success in nursing (Yin, 2009). Case study research allowed me to explore and understand this phenomenon in a variety of ways. This included the exploration of this subject within a variety of data sources which ensured that not just one lens was used to explore this phenomenon, but included a multi-lens approach (2009). Additionally, this strategy of inquiry allowed me, the researcher, to "retain the holistic and meaningful characteristics of real-life events" (Yin, 2009, p. 4). That is, the subjects described, in their own words, their experiences and the meanings they have derived from them.

Sampling

According to Miles & Huberman (1994), qualitative inquiry focuses on a purposefully selected sample size. These samples provided rich information and assisted the researcher in understanding the subject (Patton, 1990). Critical case sampling was used to focus on one single site in order to elicit the most relevant information from my participants (1990). The use of one case did not assist in broad generalizations to all cases, but assisted in logical generalizations (1990). Critical case sampling required the case to be decisive. Meaning, if the phenomenon happened here, then will it happen anywhere? Based on the decisive nature of critical case sampling, NJSCC was selected based on the robust nursing program and their larger than national average enrollment of male nursing students. Based on this selection, I believed that the data collected from the sample at NJSCC provided generalizations for male students who persisted in community college nursing programs. The results of this study provide community college nursing programs assistance with the recruitment and retention of male students.

During participant selection, I first used purposeful sampling. According to Creswell (2013) purposeful sampling is used when "the inquirer selects individuals and sites for study because they can purposefully inform an understanding of the research problem and central phenomenon in the study" (p. 156). More specifically, the use of criterion sampling allowed me to select a specific site that I could easily access the individuals and collect data (2013). Criterion sampling allowed for the selection of participants that exhibited certain characteristics inherent to the phenomenon under investigation (Patton, 1990). In this study, participants for the focus groups and the follow-up interviews were selected from NJSCC's nursing program in the students' second year. Male nursing students from the course NURS 123 Nursing of Adults II in the fall of 2014 semester were selected. For this research, it was important to select participant samples that shared similar experiences (Coyne, 1997).

It was essential to capture students in NURS 123 because the students have already experienced one full year of the nursing program at NJSCC. Additionally, students at this point in the nursing program have also experienced clinical rotations in a hospital setting. The students were able to draw from their experiences that were reflective of their classroom and clinical participation. Because of this, I did not wish to sample first year students, as their experiences did not include clinical time.

The number of participants in this research study were determined while in the field. However, "qualitative samples must be large enough to assure that most or all of the perceptions that might be important are uncovered, but at the same time if the sample is too large data becomes repetitive and, eventually, superfluous" (Mason, 2010, p. 2). Sampling ended when saturation had been reached. I knew when saturation had occurred

when no new information was observed in the data collection process (Guest, Bunce, & Johnson, 2006).

Data Collection

For this case study, three forms of data collection were used. The use of multiple data sources ensured the credibility of the study's findings (Yin, 2008). Credibility was established when the results of the research were believable (Lincoln & Guba, 1985). This was done when the data collected was of quality and not dependent on the quantity of participants (1985). Moreover, the richness of the information collected was more important than the actual amount (1985). The number of participants in data collection was emergent, which remains consistent with qualitative research (Creswell, 2013). In order to appropriately gather information for these purposes, the use of focus groups and interviews were used in this research design. Interviews of male nursing students in their second semester of NJSCC associates degree nursing program was completed in the fall of 2014. The use of focus groups, interviews, and a research journal will be explained below.

Focus Groups

Focus groups allowed a group of people to openly discuss a particular issue or issues in a safe and intimate manner (Morgan, 1997). In these groups, there was a dependence on the interactions of the participants (1997). As the researcher, I facilitated the discussion by providing questions and talking points; however, it was not the intention of these focus groups to be led by the researcher. As the researcher, it was my responsibility to not only observe the discussion but to notice the interaction between the individuals. The objective of beginning the research process with focus groups was to

start the conversation of the male experience in nursing and to encourage reflection on the part of participants. Follow up interviews elicited more depth and breadth on the issues that emerged as a result of the focus groups.

As the moderator, I conducted focus groups in Robeson Center, room L106, in the NJSCC college library. The focus groups took place during the NJSCC's free college hour and in the evenings prior to class. These times were chosen in order accommodate the busy schedule of the nursing students (Bloor, Frankland, & Robson, 2001).

According to Stewart & Shamdasani (1990), it was important to carefully select my participants in order to ensure they engaged in conversation and to make sure rich, thick data is collected. The interaction between my participants was focused, which created an environment conducive to open discussion (1990). Additionally, I adopted Stewart & Shamdasani's (1990) general principles to a successful focus group. These included thought-provoking questions that moved from general to specific, when needed. In addition, my focus group protocol was designed with my question order in mind (Stewart & Shamdasani, 1990). Given that focus groups are often times no more structured than a discussion of topics, the use of thought-provoking questions and the specific question order design allowed for structure in an unstructured discussion (1990). This allowed me as the researcher to collect the necessary data needed during these groups.

During the focus groups, I recorded the sessions and I also took notes, all while observing the subtle nuances between the male students. At the start of each session, participants were provided an agenda for the intended discussion (Stewart & Shamdasani, 1990). Additionally, students were provided a consent form and told that their

confidentiality would be upheld (Britten, 1999). During this process, I kept track of the responses in order to capture the relevant data (Miles & Huberman, 1994). A focus group summary form was used to record the time, location, and summary of our discussions and was provided to my participants after the session was transcribed.

Interviews

Semi-structured, open-ended interviews, are a common tool used by researchers conducting qualitative case study research (Yin, 2013). During this process, researchers have two jobs: to follow their own inquiry and to ask the interview questions in an unbiased manner (2013). Yin (2013) reminds researchers that the interviews "will resemble guided conversations rather than structured queries" (p. 110). During this interview process, I had the opportunity to sit with male students one-on-one and capture their own words as they explained their experiences in their nursing program. Additionally, I was given the opportunity to observe their body language. An interview protocol was also used to structure the conversations and provided follow-up from what is elicited from the focus group conversations (Seidman, 2006).

Rubin & Rubin's (2012) responsive interviewing approach was used to conduct these interviews. "The term responsive interviewing is intended to communicate that qualitative interviewing is a dynamic and iterative process, not a set of tools to be applied mechanically" (p. 15). The use of responsive interviewing allowed me to recognize that modifying my interview questions was needed depending on the knowledge and interest of my participants during their sessions (2012).

At the beginning of each interview, participants were asked if their interview may be recorded and then transcribed. By recording and then transcribing the interviews, I

was able to review what the participant had discussed, and I also conducted a member check. Stake (1995) explains that member checking provides the researcher a way to check and critique the data collected. Follow-up interviews were only conducted if additional information was required, based on this review.

In order to make my participants comfortable, I also established a sense of familiarity by using the same conference room as the focus groups. The individual interviews were conducted in the college's library in the Robeson Center, room L106. Like the focus groups, each interview was held during the NJSCC's college hour, when no scheduled classes or meetings took place. Additionally, some sessions were held in the evening before the evening/weekend students started their evening class, at the students' convenience. I used this process to understand the interviewee's experiences and create an open environment. All throughout this process, I remained cognizant not to probe for responses; rather I waited to see where the explanations of the students' experiences lead this research study (Marshall & Rossman, 2011).

At the beginning of each session, students were given a consent form to sign and I explained the purpose of the study, described risks and benefits, and discussed how their confidentiality would be upheld. Each interview was approximately 60 minutes in length. After each interview, I then transcribed and analyzed the interview. All participants received a transcription of their interview. This was done to further enhance the study's credibility by allowing the use of member checking (Toma, 2006). Participants were allowed to review the transcription and provide feedback, if warranted. An interview protocol was designed in order to ensure that each question was focused and relevant to the topic of study (Rubin & Rubin, 2012). During this process, I was reminded,

"qualitative research is not simply learning about a topic, but also learning what is important to those being studied" (p. 15).

Research Journal

In addition to the data collection techniques listed above, a research journal, or a field journal, was used to keep track of all results of data as they happened (Janesick, 1999). Janesick (1999) explains that "journal writing is a major source of data" (p. 507). The research journal was a major source of data because it provided the researcher a way to reflect on the notes and transcripts from the focus group and interview process (1999).

As the researcher, I not only took notes based on the student responses, it was imperative that the body language and other interactions between myself and the participants were observed and recorded during the focus group and interview process (Craig, 2009). In addition, reflective practice was used to understand the data that was collected during the focus groups and interviews (Osterman et al., 2004). I remained cognizant that the data collected might change the focus of questioning if the intended data collection techniques were not found to be useful (Osterman et al., 2004).

<div align="center">Instrumentation</div>

According to Stake (1995), I focused on one specific segment in the life of my participant. In order to illustrate the types of data that were collected, I developed a triangulation matrix to represent data for the study. Triangulation is a process that uses multiple data sources to showcase the repeatability of the data collected (Yin, 2013). The triangulation matrix helped to organize the research questions and the data sources used to authenticate the conclusions made from the data (Craig, 2009). In addition to the use

of this data source, the matrix also helped to validate the findings within the research (2009).

Focus Group Protocol

The focus groups was conducted on site at NJSCC. The sessions were conducted in the college's library in the Robeson Center, room L106. The focus groups took place in October 2014 and held during the NJSCC's college hour, when no scheduled classes or meetings take place. Additionally, one session was held in the evening before the evening/weekend students started their evening class. Based on Morgan (1997), the focus groups were limited to a small number in order to allow each student to share their experiences.

As the facilitator of the focus group, I took notes and record the sessions. I also provided the participants with the focus group protocol (Appendix A) and the focus group consent form (Appendix D). Each group was made aware of the expectations of the session and how their involvement contributed to my research. A focus group summary form (Appendix B) was used to record the relevant data collected from these sessions (Miles & Huberman, 1994). Table 1 outlines my research questions by showing how they relate to my focus group protocol.

Table 1

Research Question and Focus Group Protocol Matrix

Research Questions	Discussion Questions
RQ 1. How do male students adapt to the feminization of their field?	How have you adapted to the highly feminized field of nursing?
RQ 2. How do males describe expectations and norms within their field?	As a male student in nursing, what are your expectations in class and in clinical?
RQ 3. What enables male students to persist in a female dominated program?	As a male student, how have you been able to persist in nursing?

Semi-Structured Interview Protocol

Qualitative interviewing assisted in learning the lived experiences of my participants in order to better inform this study. The purpose of this single qualitative case study was to explore how male nursing students experience their health care training program, particularly regarding the feminization of various aspects of the profession, and how they persist within these programs. In order to investigate this case, semi-structured interviews took place in between October – November 2014. The interviews also were conducted on site at NJSCC. During this process, students were assured of their confidentiality (Creswell, 2013) and provided with the interview protocol (Appendix C) and the interview form (Appendix D).

It was the purpose of this research to explore the experiences and perceptions of my participants (Rubin & Rubin, 2012). Interviewing allowed a structured conversation to take place to discuss these experiences and perceptions (2012). Rubin & Rubin (2012) suggests using concrete questions to assist in gaining access to the knowledge of the participants. During this process, and through my interview protocol, I focused on obtaining the knowledge from my participants and make meaning of their experiences

(Seidman, 2006). In order to do this, I listened more and talked less during the interview process. Seidman (2006) suggests that interviewers must listen on three levels. First, I listened to what the participant said by concentrating on substance. Secondly, I concentrated on the "inner voice" of my participants (2006). By doing this, I attempted to break down the walls of their guarded explanations and responses to the questions and attempted to learn more in depth about their experiences. Lastly, I remained sensitive to the process of interviewing. I was cognizant of my interviewees nonverbal cues, time left for the interview and remain on track with my questioning (2006).

My interview questions were constructed using Rubin & Rubins's (2012) responsive interview or extended conversation methods in mind. These approaches were structured by interview questions that focus on the main questions that are addressed by my overall research. Next, I formulated probing questions which were used to manage my interviews while eliciting details from my participants. Lastly, I created follow-up questions which were used to elaborate on the keys themes during the interview (2012). Table 2 not only illustrates the interview questions created using Rubin & Rubins's (2012) responsive interview method, but the relationship between my research questions and interview questions.

Table 2

Research Question and Interview Protocol Matrix

Research Questions	Interview Questions
RQ 1. How do male students adapt to the feminization of their field?	A. Please describe ways in which you feel gender can impact success in a nursing program? B. How do you feel the program and the profession as a whole views male nurses? Has this view changed once you entered the program? C. Do you believe your gender has positively or negatively affected your success in nursing? If so, how have you been able to accept or overcome these challenges?
RQ 2. How do males describe expectations and norms within their field?	A. Please describe any obstacles or challenges that you may have encountered thus far in the nursing program? How did you overcome these obstacles or challenges? B. Please explain some of your positive experiences in the nursing program so far? What makes those experiences positive for you? C. Please describe some negative experiences in class or clinical in the nursing program? Why did they leave you with negative feelings? What could the program do to address those negative aspects you are describing?
RQ 3. What enables male students to persist in a female dominated program?	A. What do you think males specifically bring to nursing that people do not ordinarily realize? B. Do you believe more men are needed in the field of nursing? What do you believe needs to change in order for this to happen? C. Why do you believe you are successful in this program?

Piloting Protocols

Prior to collecting data, I piloted my protocols. This was done to pretest and try out my research instruments (Baker, 1994). Creswell (2013) states that the use of pilot testing will assist in refining and further developing my research instruments. In addition, piloting my protocols assisted in observation bias, developed relevant questions, and

helped to establish a research procedure (Yin, 2009). Prior to data collection, I tested out

my protocols in the form of a mini focus group and interview. I piloted my focus group

protocol by conducting a mini focus group of NJSCC's only fulltime male faculty

member and male nursing adjunct. Additionally, I interviewed both of these participants

to test my interview protocol in order to test the appropriateness of my questions and the

order in which I asked the questions during the focus group and interviews. Crosswaite &

Curtice (1994) stress the importance of pilot studies, as it provides accountability for the

researcher and the best possible research results are ensured in the larger study.

Data Analysis

"Data analysis involves organizing what has been seen, heard, and read so that

sense can be made of what is learned" (Glesne & Peshkin, 1992, p. 130). In this research,

I used categorical aggregation and pattern matching to understand the codes collected

within my data (Stake, 2005). Codes are defined as words or short phrases that

symbolically assign essence-capturing, summary for portions of the interactions with the

participants or visual data (Saldana, 2009). Categorical aggregation is the collection of

instances and the issuing of relevant meanings to those instances (2005). Pattern

matching establishes patterns and looking for correspondence between two or more

categories (2005). Stake (2005) explains that "qualitative understanding of cases requires

experiencing the activity of the case as it occurs in its contexts and in its particular

situation (p. 2). I experienced the data through pattern matching. Categorical aggregation

and pattern matching techniques were used to understand the reoccurring of the codes in

my data. These techniques assisted in drawing meaning from the data (Creswell, 2013).

During this process, I used categorical aggregation to help identify themes and patterns in the results at the analysis stage. Creswell (2007) states that categorical aggregation draws meaning from multiple instances, or patterns, that occur in the researcher's data. During my process, I grouped codes into categories to identify themes within the data to try and understand and make sense of the data. Then charts were created to represent these categories in order to fully understand the research and all of its patterns (Saldana, 2009).

In addition to categorical aggregation, Ryan & Bernard's (2003) directive approach was used in this study. The observations and interview notes were analyzed line-by-line in order to discover the codes to move forward in this process (2003). I coded first by hand, by using highlighters and notes in the margins and then enter this data into my codebook (Creswell, 2013).

First Cycle Coding

In first cycle coding, Creswell (2013) explains that dividing codes into two distinct cycles will assist in pattern matching. Saldana (2009) explains that the "first cycle coding processes can rage in magnitude from a single word to a full sentence to an entire page of text to a stream of moving images" (p. 3). In the first cycle, I used vivo coding to break down my collected data in groups. In vivo coding "refers to a word or short phrase from the actual language found in the qualitative data record" (Saldana, 2009, p. 74). In vivo coding is also referred to as literal coding and during the first cycle of coding, I analyzed the data collected line-by-line (2009). This process allowed me to use the words or terms from the participants as codes.

Second Cycle Coding

In the second cycle of coding, I organized this data into categories and themes (Saldana, 2009). Saldana (2009) states that in the second cycle, more advanced ways of organization are used to reanalyze the same data. "In second cycle coding processes, the portions coded can be the exact same unites, longer passages of text, and even a reconfiguration of the codes themselves developed thus far (Saldana, 2009, p.3). This required "linking seemingly unrelated facts logically, of fitting categories one with another" (Morse, 1994, p. 25). In the second cycle, I used pattern coding to develop my major themes from my data. Pattern codes are "explanatory or inferential codes, ones that identify an emergent theme, configuration, or explanation" (Miles & Huberman, 1994, p. 69). During this process, the codes were organized in my codebook to develop my themes from each set of data. With the creation of the codebook and map, I remembered that "repetition is one of the easiest ways to identify theme" (Ryan & Bernard, 2003, p. 89).

Analysis

Once I completed the coding process, I prepared my data for analysis. When interpreting data, a general analytic strategy will assist in helping to determine what and why specific data should be analyzed (Yin, 2009). I displayed my data in a chart in order to organize this information and to further identify the important themes in the data.

<div align="center">

Trustworthiness

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Trustworthiness is an important element for qualitative research (Toma, 2006). Sandelowski (1993) ascertains that issues of validity in qualitative research should reflect trustworthiness, which "becomes a matter of persuasion whereby the scientist is viewed

as having made those practices visible and, therefore, auditable" (p. 2). Trustworthy data consists of credibility, transferability, conformability, and dependability (Toma, 2006).

The credibility, or the true value, of a study looks at the whether the findings in the data make sense to what has been researched (Toma, 2006). The credibility of this study measured whether the data collected on the male nurse experience made sense in the context of previous research on this subject. The credibility was also determined by triangulating the data sources from the focus groups, interviews and research journal (Creswell, 2013). Additionally, member checking enhanced the credibility of this study (Toma, 2006).

The transferability of this study allowed this research to be applied to other studies, groups or settings in the future (Toma, 2006). Lincoln & Guba (1985) discussed the use of thick, rich description to help measure the similarities within studies. It is important in case study research to be able to transfer the findings to similar and relevant cases (Marshall & Rossman, 1999). The findings of this study not only transfer to other studies in nursing, but through all feminized fields.

The trustworthiness of a study was also determined by conformability. Conformability of a study exists when the data collected by the researcher can also be confirmed or replicated by others (Toma, 2006). This means that the results of my study can be duplicated by others. Lincoln & Guba (1985) discuss the importance of the use of an audit trail in order to maintain trustworthiness in the conformability of a study. For this research, the use of an external auditor was used to review the materials of this study.

In order to maintain dependability of a study, researchers must partake in peer review (Toma. 2006). Yin (2013) ascertains that a chain of evidence is important to the

dependability of a study. In order to ensure dependability of this study, I maintained the raw data collected for external reviewers. This includes notes and transcriptions from the focus groups, interviews and my research journal.

In case study research, Merriam (1998) recommends that researchers use triangulation to verify their data collected. This study ensured that the credibility of the research was achieved by triangulation, which was accomplished by asking the same research questions to different participants (1998). The use of triangulation in this case study assisted in strengthening the validity and reliability of this data. In addition, conveying findings of the data through rich, thick, description, and presenting my own biases also assisted in the reliability of this study (Creswell, 2003).

However, there are credibility and validity threats that could have existed in this research. For example, sampling issues could have arisen (Creswell & Plano Clark, 2011). Having a satisfactory sampling size for analysis can prove to be troublesome for this study given the limited number of male nursing students in community college programs. The sampling size must be adequate for analysis and must allow for consistency across the data (2011). In other words, the participants must be able to appropriately answer the questions asked in order to generalize about male success in nursing. The use of three different methods to collect data aide in the reliability of the data analyzed.

Ethical Considerations

Prior to the selection of participants for this study, and prior to any data collected, an application to Rowan University's Institutional Review Board had been made.

Additionally, a letter of support was received by the New Jersey State Community College's president allowing me to conduct research and collect data at this site.

In order to protect the identity and confidentiality of each of my participants, a pseudonym was created to protect their real names. Each participant was reassured of this confidentiality. Additionally, each were asked to sign a consent form. It was explained to each student that "the researchers are ultimately responsible for protecting the participants" (Orb, Eisenhauer & Wynaden, 2001, p. 94). I did so by protecting their identities.

"Embedded in qualitative research are the concepts of relationships and power between researchers and participants" (Orb, Eisenhauer & Wynaden, 2001, p. 93). During this process, I remained cognizant of my authority within this institution and how this authority might be perceived to my participants. While I do not have any direct power over nursing students, I do within in the department. However, I cannot expect my participants to understand the different chains of command set forth within my own department. It was made clear that no participant response would affect their status in the program or at NJSCC.

This study's objectives were to inform and properly train students to become productive members of society. As a result, students will be properly counseled and pipelines for male nursing students will be created. Involvement in this study assisted students in understanding the need for change in current nursing program practices.

Conclusion

With the conclusion of this chapter, the research methodology, strategies of inquiry and purposeful participant sampling were described. Data collection procedures,

instrumentation and data analysis were also considered and discussed. Chapter four will

include the findings of this study. And finally, chapter five will provide discussions and

implications for the study's findings.

Chapter 4

Findings

The purpose of this qualitative research study was to collect and analyze data to understand the success of male nursing students in the highly feminized field of nursing. This study involved male nursing students in their second year at a New Jersey Community College, NJSCC. Data collection took place in the fall 2014 semester at NJSCC. The data collected revolved around the individual experiences of the path of persistence of the male nursing student.

This chapter provides a description of the case at NJSCC. Next, the data collection and analysis techniques used to understand the data collected will be explained. Lastly, the rest of Chapter 4 will discuss the findings of this study. The concepts of feminization, gender, and gender attribution were addressed to assist in the understanding of how male nursing students adapt and persist in nursing programs. These concepts guided all facets of this study (Anfara & Mertz, 2006). Going forward, each student will be referred to by synonym, Student A-K, which is based on the order in which they were interviewed.

Description of the Case

Context

The use of a case study was suitable because the focus of the study is to determine contextual conditions because they are relevant to the persistence of community college male nursing students (Yin, 2013). NJSCC is a two-year, public, coeducational institution accredited by the Middle States Association of Colleges and Schools, by the New Jersey

Board of Nursing, and by the Accreditation Commission for Education in Nursing (ACEN). This institution which services two counties in New Jersey has an estimated enrollment of over 8,000 students and graduates 120 nursing students each year.

The nursing program has over 840 students taking prerequisite courses at any given time in order to obtain eligibility to apply to the clinical nursing program. NJSCC is made up of the following demographics: 61.7% White, 8.3% Black, 11.2%, Hispanic, 5.9% Asian, 0.4% American Indian, and 12.5% that identify as Other. Of these students, 52% identified themselves as female, and 48% male. In this nursing program, the percentage of male students versus female varies immensely; only 22% of the 2011 Nursing Program first year class were male, while 88% were female. This compares to a national average of just 9.6% of men in nursing programs (Minority Nurse, 2013). Please see Figure 1 for statistics.

Males in Nursing Programs
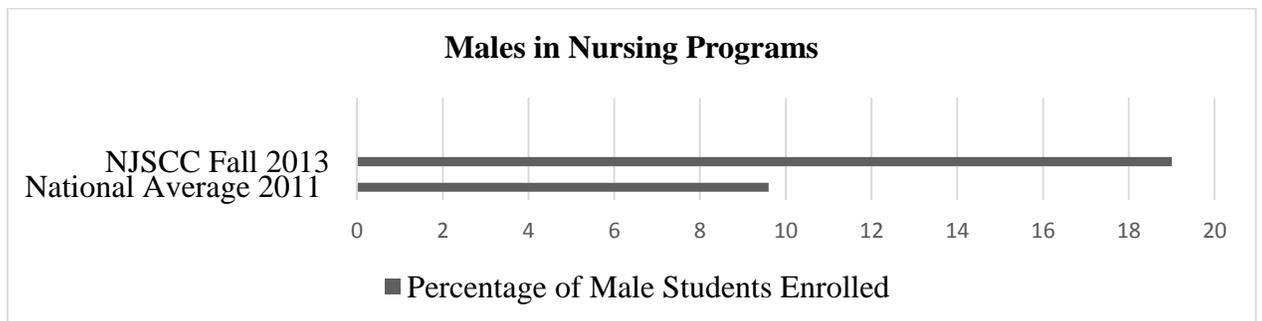
Figure 1. Percentage of men in nursing (Minority Nurse, 2013; Health Science Education Annual Report, 2014).

A total of 2 focus groups were conducted with a total of 8 participants present, 3 in the first focus group and 5 students in the last focus group. Additionally, a total of 9 open-ended interviews were conducted. Each data collection technique comprised of an all-male nursing student cohort in their second year in the program at NJSCC.

Each student participant has successfully navigated through the NJSCC nursing program resulting in the attendance of the second year classes which include lecture, simulated lab experiences, and hospital clinical and direct patient care experiences. Specific demographic information that concentrated on male student race, age, and socioeconomic status was not collected, as it does not play a factor in this qualitative case study.

Theoretical Descriptions

Gender attribution and feminization served as elements of the conceptual framework for this research. Gender attribution is the process of doing or performing gender, in day-to-day activities (Kessler & McKenna, 1978) and influences learning and behavior. These actions are a made up paradigm by society that is not only affected by the student's sex, but by their gender. Society has determined what we view as a female profession, such as nursing, and has served as an obstacle to men seeking to enter this field. The theory of gender attribution has provided the insight to understand the concept of adapting to the feminized roles in nursing (1978). The male students in this study discussed instances of performing gendered tasks in the classroom and clinical settings. The students did not feel that these tasks held them back in the program, in fact, the male students in this study believed that performing gendered tasks put them at an advantage in the program and would assist in the job search after graduation.

In the interest of improving the male nursing student experience, an increased awareness of the feminization of the nursing profession was explored. Feminization refers to the shift of gender roles in society, specifically of masculine to feminine (Douglas, 1977). Research shows that stigmas of gender can affect male nursing students. However, some males are able to overcome these negative stereotypes and succeed in nursing programs. The interviews with the male students from NJSCC provided countless examples of their ability to overcome gender roles and persist in the nursing program. These examples will be discussed in the findings section below.

Data Collection

Prior to the start of this study, I received Institutional Review Board on Human Subjects (IRB) at Rowan University approval. Additionally, I received written consent from the President and Executive Staff at NJSCC to conduct this research at their institution. During this study, three forms of data collection were used: focus groups, interviews, and a researcher's journal.

Participants

During participant selection, purposeful sampling was used. According to Creswell (2013) purposeful sampling is used when "the inquirer selects individuals and sites for study because they can purposefully inform an understanding of the research problem and central phenomenon in the study" (p. 156). More specifically, the use of criterion sampling allowed me to select a specific site that I could easily access the individuals and collect the data (2013). Criterion sampling allowed for the selection of participants that exhibited certain characteristics inherent to the phenomenon under investigation (Patton, 1990).

In this study, participants for the focus groups and the follow-up interviews were selected from NJSCC's nursing program in the students' second year. I made visits to each class in the second year in the day and evening/weekend programs and asked students if they would like to participate in my study. As a result, every male nursing student was interviewed in the fall of 2014 semester. The acceptance from the students to discuss their experiences was overwhelming, as I was able to achieve a 100% participation rate. I suspect after completing the interviews and focus groups, that this research study was so widely accepted by the faculty and male students at NJSCC because of the lack of focus on the male population in research and nursing programs across the United States. As Student B explained, "It is time for a change in nursing education focus." The study was well received by both the faculty and students at NJSCC.

Focus Groups and Interviews

Three structured questions were presented to the participants during the course of two structured focus groups. The focus groups allowed the students to openly discuss a particular issue or issues in a safe and intimate manner (Morgan, 1997). The objective of beginning the research process with focus groups was to start the conversation of the male experience in nursing and to encourage reflection on the part of participants.

The nine semi-structured, open-ended interviews elicited more depth and breadth on the issues revealed surrounding male nurse experiences that emerged as a result of the focus groups. Qualitative interviewing assisted in learning the lived experiences of my participants in order to better inform this study. Interviewing allowed a more structured

conversation to take place to discuss these experiences and perceptions (Rubin & Rubin, 2012).

Open-ended questions were asked to the students in the focus groups and interviews. This process allowed the creation and understanding of concepts and ideas (Toma, 2006). The research method and data collected were qualitative in nature, and the coding process also required qualitative approach (Teddlie & Tashakkori, 2009). The data collected from the focus groups later proved to jump start the individual discussions with the participants in the one-on-one interviews.

The students provided in depth accounts of their personal experiences and provided examples and insights to their thoughts and feelings. To code the participant responses, the reoccurring words used by the students were highlighted. The use of in vivo coding provided data analysis of the actual language used to recount these experiences to help make sense of the data collected (Saldana, 2009). After collecting and analyzing the data from the focus group, the interview protocol was analyzed. This analysis was to ensure that appropriate questions were being asked of the participants in order to understand my research questions.

Research Journal

As the researcher, I took notes and recorded student responses, it was imperative that the body language and other interactions between the participants and myself were observed and recorded during the focus group and interview process (Craig, 2009). In addition, reflective practice was used to understand the data collected during this process (Osterman et al., 2004). The research journal allowed me to remain cognizant of the data collected and allowed me to look back on the responses and notes to see if I needed to

change the focus of questioning in the data collection techniques, if I found them not to be useful (Osterman et al., 2004).

Data Analysis

During the data analysis portion of this study, I used a service called Dedoose to assist in the organization of my data. This computer based program allowed me to better organize the information collected from each participant. Dedoose is designed to aid in the analysis of qualitative data and allowed me to store all information collected from this study.

The focus groups lasted approximately 45 minutes, as did the interviews. The nine student participants of this research study, who participated in focus groups and open-ended interviews, were given the opportunity to speak candidly about their lived experiences. The interview questions were based upon what was discussed in the initial focus groups. Open-ended discussions on gender, success, persistence, and expectations were the main focal points during this data collection process.

The following section is divided into topics that ascended as a result of the focus groups and interviews (Saldana, 2009). The following themes are essential to undersetting the main phenomenon of this research, male nursing student persistence in a highly feminized field. The themes aid in responding to this researcher's initial questions.

During the focus groups and interviews, which spanned over the entirety of the fall 2014 academic semester at NJSCC, reoccurring themes began to emerge. These themes, which emerged from the participants themselves, began to paint a picture of the experiences that each individual collectively lived through. After the creation of a code cloud, reoccurring codes formed such as: the male student nurse advantage, student

persistence, big strong man, role models, positive attitudes, m-urse, adaptation, time management, program support, and expectations and norms. As a result of qualitative analysis, three themes have emerged.

In order to begin the coding process and with the assistance of Dedoose, I coded using in vivo coding to break down my collected data in groups. In vivo coding "refers to a word or short phrase from the actual language found in the qualitative data record" (Saldana, 2009, p. 74). In vivo coding can also be referred to as literal coding and during the first cycle of coding. During the first cycle of coding, I analyzed the data collected line-by-line (2009). This process allowed me to use the words or terms from the participants as codes. 18 codes were identified while using Dedoose.

In the second cycle of coding, I organized this data into categories and themes (Saldana, 2009). Saldana (2009) says that in the second cycle, more advanced ways of organization are used to reanalyze the same data. "In second cycle coding processes, the portions coded can be the exact same unites, longer passages of text, and even a reconfiguration of the codes themselves developed thus far (Saldana, 2009, p.3). This will require "linking seemingly unrelated facts logically, of fitting categories one with another" (Morse, 1994, p. 25). In the second cycle, I used pattern coding to develop my major themes from my data. Pattern codes are "explanatory or inferential codes, ones that identify an emergent theme, configuration, or explanation" (Miles & Huberman, 1994, p. 69). During this process, the codes were organized with the help of Dedoose to develop my themes from each set of data. I used a code cloud to understand the emergent themes within my data (please see Figure 2).

Figure 2. Code cloud, emergent themes from data.

When interpreting data, I used a general analytic strategy to assist in helping to determine what and why specific data should be analyzed (Yin, 2009). The first and second cycles of coding allowed me to group the data by my theoretical framework and allowed me to further analyze my data. The use of the code cloud, found in Chart 1, allowed me to display my data in order to organize the relevant and most significant codes in order to identify the important themes within the data.

The code cloud was automatically generated from the program Dedoose and took the codes from each excerpt and measured the amount of times the excerpt was coded with a specific code. The larger in size closed in the code cloud were more frequent in their occurrence, signifying the overall frequency in the data. From here, I organized the themes under three main headings, as I realized that most of the themes fit together to paint a larger picture. The data analysis process revealed three specific themes within the data from this organization. The three main themes include: gender advantage, encouragement and support, and persistence.

Additionally, member checking was completed during the interview process. The use of member checking has allowed me to ensure the accuracy of the data, along with the credibility and validity of the data. In order to do this, I summarized the data recorded during the interview and focus group stages. I confirmed the accuracy of the transcriptions with each participant after each interview took place. Each participant confirmed that the data recorded was accurate. It is important to restate that the data was analyzed through the theoretical lens described above. The frameworks framed each step in this process, including the development of the research questions, problem statement, and through the entire process of data analysis and interpretation (Anfara & Mertz, 2006).

Findings

In this next section in Chapter 4, the major themes that developed during the two focus groups and nine interviews will be discussed. Three themes emerged as a result of the qualitative analysis and depicted male nursing students affected by gender, because gender plays a pivotal role in the nursing student experience. Second, the analysis identifies that encouragement and support provides guidance for male students as a major finding of this study. And, finally, the analysis demonstrates that male nursing student success is dependent on each student's persistence and adaptations and therefore, individual male nurse persistence equates to success. The following section will provide an in depth analysis of the qualitative results.

Gender Advantage

Gender plays a pivotal role in the nursing student experience. The theme of gender plays a pivotal role in the nursing student experience rose from the words the participants used over again in the focus group discussions and the individual interviews.

The students interviewed began one by one to explain what it felt like to be a male student in the program. Each student discussed how they felt being singled out because of their gender and gave examples of when they were asked to take on masculine responsibilities. The theme, gender advantage, is broken into several subthemes that assist in the explanation of the perceived advantage of the male students based on their gender. The subthemes include defining professional advantage, commodity, and big strong man.

Professional advantage. All interviewed explained that they felt their gender provided a competitive edge rather than a detriment to their success in the program. Each felt that the nursing program faculty and clinical facilities singled male students, but the students also believed that this singling out helped them to work harder and provided the sense that someone was looking out for them. Additionally, the male participants believed that their gender would later help them secure a job in the competitive field of nursing. Over and over again the students used the words "big strong man" to describe how the outside world and nursing world describe them, The students believe that this singling out provides them a competitive edge and will set them apart from all of the other applicants. When asked about this singling out, Student E simply said, "This will be an advantage to getting the job" (Student E). In fact, the general consensus from Focus Group 2 on the discussion on singling out, that they believed "In class of five or six guys, we kind of stand out" (Focus Group 2). Focus Group 2 went on to discuss the fact that being the minority in the classroom was in no way hurting their success, each student believed that being in the minority only allowed them to foster relationships between

their class and instructors and allowed their work in the clinical portion of class to shine. Students believed that they were at an advantage because of their gender.

Commodity. When Student H was asked about being a minority in the program and profession, he explained, "The number of male students or male nurses in general versus female nurses, can actually be an advantage at this point, mostly because there are so few male nurses out there. I know a lot of, you know, to have the more diverse male/female ratio. I'm hoping that might be a little bit better or more appealing for employers to hire male nurse." "The program they definitely see male nurses as sort of like commodity, because there aren't that many" says Student H. In response to this same question, Student G explained:

> Honestly, I think I being a male in the program might be beneficial because there is a smaller percentage of us. I think it is a lot like if you compare nursing to like the police force. They are hiring a lot of Hispanics and African-Americans as minorities to kind of even it out because it's been such a white male dominated field, they are also hiring females. So, I think that they are kind of trying the same thing in nursing. I think they have already got a very good population of different ethnicities, but I don't think that there are a lot many males.

The students in the NJSCC program believed that they can use their gender to their own advantage. Students H and G believed because of the changing climate in nursing, the male students can use their gender to their advantage, and secure positions in a competitive job market.

The male students believed that the program paid more attention to them and provided greater insights because of their gender. The male students provided examples

of this when describing their classroom experiences. Student A describes his experiences in the classroom and said "The professors call on me more than the other students. They are always referring to me when trying to explain a situation in the hospital." Student H recounted an experience of being called on numerous times in the classroom also. "I feel as though the professors always want to hear my responses to question and they always ask me to stay after class to make sure I understood the lecture." When interviewing Student B, and asked about how he felt, he shared that he "thinks that they [nursing program faculty] really support males coming into the program, because they are not a huge number of them coming into the program, so I feel like they want to kind of push them and kind of see them succeed" (Student B). This was also discussed at length in the focus groups, where it was shared that "I also think they want us to do better because it looks better for the school to get more men in nursing" (Focus Group 2). Given the positive focus placed on the male students in the program at NJSCC, the male students believed that they were a commodity in their program and in the field of nursing. The male students are using this focus to enhance their experience in the program, and therefore bolstering their success. However, a result of this might be an unrealistic expectation in the field of nursing, outside of the classroom.

   Big, strong man. The male participants also believed that they had an advantage over their female counterparts in the clinical portion of their classes. When asked why this was, Student I said,

> Well there's been multiple times where I'll just walk onto the nursing floor and I'll
> go look at the board to go see what room I'm working in and with what nurse and

I'll hear from the other side of the floor, 'big strong man, big strong man' and it's the charge nurse calling me to come help move a patient or to move a bed.

Student I, along with every other participant shared an experience of being referred to as a "big strong man." Focus Group 2 why this term was used, asserted, "It's just basic psychology, the male is supposed to be stronger and can help out more. Who are you going to grab first, you're going to grab a male, a big guy." Because the students recognize that they are a part of a minority in nursing and in the program, they use their differences, i.e. stature, to explain the special treatment they receive, they look at the references to their body and perceived strength as a positive, rather than a negative.

When asked about how this reference made them feel, Student K explained, "Well there's a physical aspect of it, where I feel like men are stronger, so they have that advantage." In the first Focus Group, it was explained that in clinical they constantly hear "Oh grab *student B*, we need a guy in the room to help" (Focus Group 1). On further discussion about being in the minority, Student H explains,

> The number of male students or male nurses in general versus female nurses, can actually be an advantage at this point, mostly because there are so few male nurses out there. I know a lot of places want to have a more diverse male/female ratio. I'm hoping that might be a little bit better or more appealing for employers to hire male nurse.

Additionally, Student I explained,

> I do feel males are a commodity especially in nursing because there's very few of them out there and there's very few of them confident enough to become charge nurses or someone who is in a position of power. But sometimes you need that

person to help lift somebody people who end up disabled and or overweight there's a hard time and you do have to utilize machines but that can be time consuming in which case other patients might not be getting seen or something could go wrong or the patient becomes uncomfortable and self-conscious of things.

The male students also believed that their gender would assist in securing a job after graduation. When asked why, Student E explained, "I've heard that males are actually viewed as less of a liability for employment." While Student F explained, "I feel I'm most likely going to get a job and hired over a bunch of females that I graduate with, just because I'm a guy, I'm the minority they're going to hire me." Because of their sex, students at NJSCC believed that the hospital and long-term care facilities would see them as a commodity and want to fulfill some sort of human recourses quota, therefore hiring them just because they were male.

When interviewed, students did not discuss their exceptional educational training, abilities, or experience; rather, their perceived gender would assist in the job search. The male students believed that gender plays a pivotal role in the nursing student experience. This was true for the participants in their interactions with their instructors, clinical experiences, and also when thinking about the future. When discussing his perceived advantage, Student C says that "If somebody thinks a male is stronger and better at lifting, you know, I don't think that's really hurting to many people." The attitude of all participants was to use their gender as an advantage in the program and for employment after graduation.

Personal & Programmatic Attributes

Encouragement and support provided by their program and their role models provided male student's with a sense of belongingness. During the focus groups and individual interviews, each student spoke about the encouragement they received from a family member, significant other, another student, and/or a faculty member in the NJSCC nursing program. Additionally, students' believed they were successful in the NJSCC nursing program because of this support. When discussing why the students how they felt about the support given to them, Focus Group 1 explained, "It's very inspirational when somebody in that position (nursing faculty) tells you, you know you're where you need to be and you know you can do this. Remember, you are good at this. These words have been very inspirational." Each student received words of encouragement that made them feel as though they should strive for success in the nursing program and these words continued to encourage them when the courses became difficult or when outside factors influenced their time. The theme, encouragement and support, is broken into several subthemes that assist in the explanation of why students believe their success can be attributed to this support. The subthemes include defining program support, cohort support, outside support, and role models.

Program support. Programmatic encouragement and role models were defined as positive reinforcements that nudged the student on to want to perform and succeed in the program. Students received words of encouragement that made them feel as though they should also continue on in the program. Program faculty not only encouraged the students to succeed, but they made the students responsible for their own success. During the Focus Group 1 discussion, the group spoke about their experiences with positive

instructors that provided them support and guidance. During this discussion, a member of the group said, "Last month I had an instructor who would tell me, this is your evaluation, this is you, if you ever feel that you are discouraged, read this evaluation over, because this is you right here and this is what you have done." The students in Focus Group 1 each provided instances of someone in their life, mainly an instructor, which took the time to speak with them and discuss their strengths. The group believed that this attributed to their success in the program.

The nursing faculty at NJSCC provided the students with inspiration and the participants believed that this has affected their drive and ability to succeed in the program. In the interviews, students started to discuss how the program attributed to their success and why they believed the instructors provided them such inspiring words. Student E believed "I think that the program has some higher expectations for the males in terms of our performance. They want us to get through, they want us to succeed." To this end, Student B recounted,

> During this nursing program I have met a lot of people, you know students and instructors, and I feel like their support and us being supportive of one another, it helps to get through the program. Because you can't go to your friends majoring in something else they just don't understand how nursing school is.

Students believed that the cohort style program provided them with a supportive circle that the instructors also took part in. The instructors' words of wisdoms and individual attention provided them male students at NJSCC a sense of belonging and place in the program. It is this sense of place that students attributed to part of their success.

Students stated that their instructors in the classroom and in the clinical environment pushed them to achieve in lecture and clinical, predominantly because of their gender. When asked to elaborate further, Student F stated,

> I kind of feel like there's always that push to want to do more especially when I am in the class lecture. I kind of feel like I need to read my notes a head of time and be more prepped because in my mind I am like 'alright she is going to want to call on the guys more' and I've seen that happen over the girls.

While Student B remembers, "Even patients that I deal with, they tell me that they have so much confidence in me and they will go and tell doctors, 'My nurse (student B) over there, you need to go talk to him' and it just feels awesome. The feedback from others is what really helps me." The students conveyed that the support they received in the program allows them to be successful in nursing. The positive environment created by the faculty at NJSCC and the nurses at the clinical facilities used by the program has created an inclusive atmosphere where the male students feel they are supported. The interviewed students believed that this positive reinforcement has cultivated their sense of belongingness instead of the exclusion felt by male students in other programs around the country (O'Lynn, 2004).

Cohort support. The students interviewed believed that the push they received from the instructors, classmates, and the clinical context held them accountable for their success. It no longer became an individualized success, rather, the students started to become reliant on one another and the program. During the interview process and focus groups, there was a sense of belongingness and the desire not to let anyone down. The cohort became accountable for one another. Student D explains this best when asked why

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a cohort has assisted in his success, he stated, "We became responsible for one another. I do not want to let down my instructors who encourage me, my classmates who depend on me for study groups and late nigh phone calls, or my clinical patients that tell me they look forward to my visits." The other participants mirrored the same feelings of wanting to strive for better because of the support that has been provided to them.

The male students also asserted that having a close cohort during their program has aided in their success. When discussing why a close cohort provided success, Student K stated, "There's always everybody in the class, they're always very supportive, like they're always willing to help; we started as friends, and now it almost feels like we're a family, because we always study together." Additionally, Student C responded with discussing his own insecurities entering into the program as an adult student.

> I was a little bit worried. I'm 45, and you know I was 44 I guess when I came into the program and I figured I would be in a class with people half my age. And I was a little worried about integration, a little nervous about are people going to accept me, I'm old enough to be the father of a lot of these people. But I was accepted by my fellow students. They did not see my age as a negative, but believed I had something to contribute. I joined study groups to help prepare for the tests, and it was the best thing I could have done.

Students identified the cohort model of the program as key to their success because it allowed a venue to receive support; a chance to lean on someone fully understands the difficulties of being in nursing; and a process by which to manage the time commitment of the program and profession. Since the students were able to move through the program

with each other, study together, and experience the profession together, they have a created a bond that each believed attributed to success.

When discussing this bond, Student C explained, "Working with classmates has definitely been a positive experience; I've been successful because I've been able to integrate socially, and I have had some really positive feedback from a number of the instructors, so it's been reassuring to hear that you're doing a good job." At NJSCC, the students believe that the cohort based program and the positive reinforcement provided to them from their caring instructors ensured male student success in nursing.

Outside support. Additionally, the participants' recounted experiences where they believed outside support attributed to their drive and success in the NJSCC program. When discussing why outside support would influence success, Student K stated, "From my experience; my family, they love the fact that I'm going to school for nursing, and just the same as my friends. And one of the main reasons why I went into a nursing is because I had people tell me 'you will be a great nurse.'" In Focus Group 1, students discussed that their family and even the nurses they currently work with in aide positions provided the same support and encouragement that they had received from the NJSCC faculty. "The nurses that I work with, even male and female, they have been very supportive and even my family, they support me and they're very proud of what I've accomplished and they're very excited to hear that graduation is in May. I can't wait to finish for them" (Focus Group 1). During this conversation, a student in Focus Group 1 explained,

> We all have our reason to coming to nursing so whatever it may be, that's what
> pushes us to finish and even having that extra support from an instructors or our

family or even our co-workers, I feel like that's what really helped me get to the

point where I am now because there are times where I doubt myself and I look

back to that support.

The students in Focus Group 1 stated that the support they received from those outside of

the NJSCC program help push them through to graduation. Many of the students

interviewed believed that receiving support from family and friends gave them an extra

push to make sure they succeed, as they do not want to let anyone down with their

failure. The outside support they received played a vital role their perceived sense of

belonging which aided in their success in nursing. Previous studies showed that male

students often have to prove to their family and friends that as a man, they can in fact be a

nurse. Having to prove their goals often has made male students feel isolated and they

eventually drop out of their program (Stott, 2007). The support the NJSCC male students

received outside of the classroom has only fostered their love for the nursing profession

and has supported their continuation of the program.

       Role models. Role models for the male students also provide encouragement and

strength for completing the NJSCC program. The participants provided examples of the

support they received from family, friends, coworkers, and faculty. However, the students

also looked to specific people to admire and to be imitated. The male students held their

role models in high regard and attributed their entering into the program and remaining in

the program to these relationships. During this discussion, Student B said, "I saw first the

nurse that took care of my brother, he was really, really good, with him." This example of

the nurse who provided care for his disabled brother set the stage for Student B's interest

in health care. Throughout the interview, he continually went back to this nurse as the

reason why he wanted to help people. When asked to describe his role model, Student B explained, "The nurse who cares for my brother always took her time with him, she made it all look so easy (being a nurse). I knew from early on, watching her, I wanted to care for people the way she did." This student's positive experience with a nurse at an early age provided him with a role model, a person he has been trying to emulate his entire adult life.

When other students talk about their role models they often named a family member, an older friend, or a professional that took the time to be kind to them. Student K believed his older sister was his role model and stated,

> You know, there's been times where I'm like, 'I can't do it anymore' sometimes this program drains you emotionally, physically, and there's been times where I'm I can't do this anymore. And then, she's like, 'No, you have to finish; you're so close.' She provides me with encouragement and support.

And with Student F, it was his mom who encourages him, and he said, "My mom always reminds me, when things get though, humble yourself, it's going to be worth it at the end." The students believe that their biggest supporters help guide them through the program. They believe without this support, they would not be motivated to finish. Given the documented lack of male role models in the field of nursing, male students must turn to any role model to help guide them through the program (Brady & Sherrod, 2003). The students at NJSCC look to role models outside of the traditional context of a male nurse, since males make up such a small percentage of the nursing population. Instead, the students turn to their family members and female nurses for the support they believe they need.

Additionally, Student I identified his feeling of insecurities in the program when asked who is his role model is and why. "A lot of people look at a male nurse and just assume why aren't you a doctor. A male nurse has always been looked at as someone who just didn't want to follow through, but from the influence of your family and people around you, you can do it." Encouragement and support provides guidance for these male nursing students. Their role models, NJSCC faculty, students, and other means of support provide reassurance when course content become difficult, yet, also provide direction when they are unsure of themselves. Each participant attributed their success to these outside factors and they were thankful for the graduation end in sight.

Male Nurse Persistence

Individual male nurse persistence equates to success. Through the data collection period, each participant spoke about their success and what contributed to their completion of two years in the NJSCC program. While mentoring and gender advantage were discussed and clearly attributed, each participant also believed their individual drive played a factor. Male students credited their own positive attitudes, their individual persistence, time management skills, and their ability to adjust to their surroundings as reasons why they have been successful in the NJSCC program so far. The theme, male nurse persistence, is broken into several subthemes that assist in explaining why the individual student believed they were successful in the NJSCC program. The subthemes include defining positive attitude, motivation and persistence, and adaptability.

Positive attitude. Participants believed that their positive attitude played a factor in their success. During the individual interviews, I asked the students why they believed they were successful thus far in the nursing program. Many of the students believed it

was their ability to think positively that contributed to their success. Student K responds to this questions by stating, "I get through the program by thinking to myself, yes, I can do this. I don't let anything weigh me down and I don't pay attention to the drama and the cliques in class." This student believes that his can do attitude attributes to his success; he is using the way others view him to attribute to his confidence as a nursing student by allowing the opinions of others to shape his self-perception.

When this same topic was discussed in the focus groups, a member of Focus Group I discussed, "I think positively, and tell myself, 'Okay, yeah I am one of the very few male nurses that are interested in coming into a field that is highly with females, I can do this.'" Student I attributed his care free and positive attitude to moving forward in the program, he explained, "I mean I have experienced discrimination, and that's not a big deal. I don't mind being the only male, I think of myself as a team member, helping out a team member." Each student account provided a positive spin on their thoughts about why they were successful. For instance, the students mentioned above believed that the respect they believed directly coincided with his success in nursing, while others simply told themselves, "Yes, you can do this."

Motivation and persistence. Motivation and persistence also were factors participants listed as reasons they believed they were successful. When student F was asked why he believes he is successful in nursing, he responded, "I believe I'm successful in the program because personally I'm a highly self-motivated student." He goes on to say:

I ignore any other negative situations about me being in nursing like 'Oh you're never going to make it' or 'Oh it's going to be hard for you because you're a guy.'

I ignore that stuff and I focus on being determined, motivated, getting through

school because I enjoy and I want to become a nurse in the health care field. So

it's just staying persistent, it just comes down to how bad you want it and being a

guy you have to ignore everything else because it can be a distraction.

For some students, proving themselves to others were their motivation for success in the

program. Student A responded, "Working hard, trying to prove to them (my class) that I

can do much better than the females is my motivation for success." While providing their

examples, Focus Group 2 agreed with this student: "Just keep your eye on the prize and

make a plan on how to obtain it." The students' motivation and persistence were

individualized and intrinsic, coming from within.

Individual time management also assisted in the students' motivation and

persistence. While answering the same question, Student F explained, "In clinical or

class is I would say just managing my time first off and kind of getting past the anxiety

and expectations has helped me succeed." While students in Focus Group 1 responded,

"Being able to put in the time to study, prepare for exams, and get all your work done,

while still getting to the rest of your life helps." Student A also explained that managing

his time has helped his work and home balance, making him less stressed and better able

to focus on school work. "I try to meet it up with the family demand, so I try to balance it

a lot that has really helped me." The students' ability to manage their time effectively

provided them with the motivation they attributed to their success in the program.

Adaptability. Lastly, the male students at NJSCC believed that their ability to

adapt or adjust to situations in the classroom or clinical settings have assisted in their

success in the program. When discussing the climate on the clinical floor, a student in

Focus Group 1 believed that the "psychology is so much different between male and females and you just have to adjust to the way they behave." Focus Group 1 believed this adjusting made it easier for them to work in an environment with mainly female patients and nurses. In the individual interviews, Student A explained:

> So you have to adjust to that different behavior, and also to the clients, to the patients, some of them don't want male nurses. It might be due to religious or cultural issues, especially the Spanish and the Arabs and some Africans. They may not want males, the females might not let the males to take care of them. So with all of these kinds of issues, you have to learn how to adapt to them so you can be the best you can be.

The participants believed that adapting to what the patients want, regardless if they are offended or not, will only assist in their ability to success in nursing.

During the individual interviews, many of the participants recalled a time where they were referred to or heard of the derogatory term, "m-urse", a male nurse. The students explained that they believed the term was derogatory because of what it signified, a male nurse, not just a nurse in general. They were very animated about the separation from nurse to m-urse as being disrespectful and believing that when it is spoken it was supposed to be insulting. When asked how the term m-urse made them feel, Student F explained, "At first I kind of felt like I needed to prove myself and become a little more masculine because I'm entering the nursing field". He then goes on to explain, however, "After being referred to as a m-urse, that kind of changed like my gender role, like I feel like I needed to step away from being more masculine because if I acted more feminine, than it would be like going against social stigma in nursing, I

needed to adapt to my surroundings." Despite being offended by the term m-urse Student F believed that adapting to his surroundings would help him fit in, and fitting in and being successful are the goals of the male students in the NJSCC nursing program.

The students in the NJSCC nursing program asserted that adapting to socially constructed views of what it means to be a nurse helped them on the clinical floor. The students believe that they need to be caring and attentive to patients, but they must remain respectful of their boundaries. When asking the students how they believed they have adapted as male nurses, Student I stated, "I have to be both sides as a nurse, compassionate, sympathetic, caring, and have humility. But I also need to be strong and attentive, when I am asked to assist in patient transport, I've seen the conforming from both sides." The male students believe there is a difference between being a male nurse and a female nurse. However, the interviewed students believed it was in their best interest for the profession to conform to the feminized roles of nursing. The male students believed that they must act big and strong when assisting other nurses, however, when it comes to caring for patients, they must take on the socially constructed female roles, such as acting in a gentle and caring way. Student B states "I feel like I need to be the patient's advocate. And I completely agree like that's kind of where my viewpoint as far as nursing is. I feel like patients need a voice." Their goal at the end of the day was to provide their patients with quality care, regardless of their gender.

Conclusion

Male nursing students face a unique set of challenges at NJSCC. Nursing students work hard to master the courses presented to them in lecture and clinical form while some of their peers do not succeed. As male students, they deal with issues of gender in a

program and profession designed and catered to females. However, the male students a part of the NJSCC nursing program have successfully navigated through the program.

First, gender has played a pivotal role in their student experience. Male students find that their gender provides an advantage in the classroom and clinical settings. They work hard towards graduation and expect their reward to be gainful employment in the competitive New Jersey nursing workforce. Second, encouragement and support provides guidance for male students. The male students at NJSCC attribute part of their drive for success to the support they receive at home and in the program.

And lastly, their individual male nurse persistence has provided them success. The male nursing students at NJSCC use their own drive and determination along with their can-do attitude to help successfully navigate themselves through the program. "We joke and say 'well, you know we're not wearing the skirt and hat without a cape.'' The male students in the program are constantly reminded of their gender, yet use their differences to push forward.

Chapter 5

Discussion, Implications, and Conclusion

Chapter 5 was designed to connect the major findings of this research to the literature surrounding student persistence and success, while exploring gender roles within the highly feminized field of nursing. I will discuss male nursing student persistence and their success in the highly feminized field of nursing. In addition to this discussion, implications for the research findings for future research, policy, and practice will be provided. A discussion on the importance of leadership will also be outlined below.

Discussion of Findings

Three research questions guided this study in order to assist in understanding the male student nurse experience within the feminized field of nursing. The research questions included:

1. How did male students adapt to the feminization of their field?
2. How did males describe expectations and norms within their field?
3. What enabled male students to persist in a female dominated program?

The data collected from NJSCC provided personal accounts from male nursing students in the NJSCC nursing program about their experiences with gender and success in the program. Additionally, the data provided countless examples of the students' lived experiences with their own persistence along with the strong sense of community created at NJSCC.

The diverse voices of the students provided examples of their experiences in the program and their life outside. The data revealed a link between the students' perceived

gender roles and their success in the program. The male students also believed that their gender provided them an advantage over the female students in the program. Additionally, the male students interviewed believed that their individual mentor/mentee relationships established inside and outside of the classroom along with a close cohort provided them guidance through the difficult times in the program. Students believed that their own positive attitude attributed to their success in nursing. In this next section, I will discuss these findings in detail and how they are directly related to the research questions and current literature.

Feminization

In relation to the first research question, the students at NJSCC did not adapt to the feminization of their field. Research shows that the stigma of gender can affect male nursing students (Rudman et al, 2012). This means that male nursing students must work harder to not only succeed in nursing, but overcome the stereotypes set forth by society and their female classmates (2012). Studies show that male nursing students still must cope with stigma-by-association (2012). Meaning, that male nursing students must often muddle through with stigma-by-association, gay male feminist stereotype, or threats to their gender identity all trying to complete a rigorous nursing program (2012).

Research suggests that overcoming these stigmas often makes success in nursing programs more difficult for the male student to achieve (Irvine & Vermilya, 2010). The awareness of gender performance for men in nursing singles out the male student (Evans, 2002). Unfortunately, little to no outside research has been completed to investigate how these male students are able to overcome these obstacles and succeed in the profession of nursing.

Although previous studies provide meaningful discussions on the male nurses'
gender identity, further discussions on the male students who overcome gender stigmas
are not explored (Rudman et al., 2012). Furthermore, there is no explanation as to
whether this stigma begins in nursing school or is confined to the clinical setting where
students are placed. Either way, as this current study shows, some males are able to
overcome these negative stereotypes and succeed in nursing programs. The results of this
research study provide countless examples on how male students do not believe they are
performing gendered tasks, such as caring for a patient. In fact, the discussions at NJSCC
reveal that the male students believed they should not be thought of as a separate entity, a
m-urse, and that caring for a patient is a universal task in nursing regardless the gender of
the caregiver. These findings contradict previous studies on the male nursing student
(Rudman et al., 2012; Irvine & Vermilya, 2010; Evans, 2002).

McKinlay et al.'s (2010) research suggested that the stereotypes associated with
feminine qualities affect the way both men and women interact in nursing programs.
However, the male students in the NJSCC program did not believe that they are viewed
negatively. In fact, the male students believed that the NJSCC program faculty
encourages and fosters males in the program. The students also perceived that being male
at NJSCC was a more desirable trait because of the extra attention they received during
class time and clinical. In contrast, other studies suggest that male students face gender-
based barriers such as their environment (McKinlay et al., 2010; O'Lynn, 2004). Those
students believed that their negative experiences hindered their success in nursing
(O'Lynn, 2004). The case of male students at NJSCC did not show gender as a barrier,
but a vehicle for success.

The male students at NJSCC used their gender to their advantage. In fact, male nursing students placed a monetary value on their gender and believed they can use this difference to their benefit in the classroom and when looking for a job in a hospital. This use of their gender advantage is particularly important for the male nursing students to ensure success in their program and later on in the profession. The belief that they are, in fact, at an advantage and not a disadvantage because of their gender aided in their success in the program. The students used this as motivation and believed that standing out only created a more positive experience for them. These findings vastly contradict previous studies on the male nursing student that concluded that students often feel embarrassed because they are singled out to perform male tasks in clinical settings (Rudman et al, 2012; Dyck et al., 2009; Evans, 2002). However, the male students at NJSCC used this singling out to their advantage. They believed when an instructor in the classroom or hospital asked them to perform gendered tasks, they were able to let their skill set and abilities set them apart. As a result, the male students believed that they were shown preference in a competitive program.

The students at NJSCC believed that their gender is an advantage so much so that they have created a "Men in Nursing" student club at NJSCC. This club was established after the focus group discussions where the male students realized they were very much similar in their experiences throughout the program. The group formed in late fall 2014 and they met regularly to discuss their issues. The creation of such a club is just another example of a contradiction to the current literature on men in nursing programs. Dyck et al.'s (2009) study concluded that all male experiences are the same in nursing, negative.

However, the creation of a male based student club at NJSCC provided evidence of positive male participation in a nursing program.

The male students at NJSCC recognized their gender as an advantage; however, they did not seem to reflect upon their own gender privilege (Coston & Kimmel, 2012). Although the male students are a minority in the program and the profession, they are in fact privileged in society because of their gender, and, more specifically, in the workforce (Cagatay & Ozler, 1995; Coston & Kimmel, 2012; Rudman et al., 2012).The students at NJSCC expressed that they received better treatment because they are male, however, this treatment further marginalized the female nurse in what is supposed to be a feminized field (Rudman et al., 2012). Research shows that men in nursing positions make up the majority of the management roles in hospitals over other female nurses (Evans, 2004); the students' privilege as revealed in this study may have implications for the continued marginalization of women in positions of leadership.

The male students at NJSCC clearly do not accept their gender attribution (Kessler & McKenna, 1978), meaning that the male students did not adhere to the traditional female and male roles of the profession. The case of NJSCC did not support gendered expectations and stereotypes of men in a feminized career field and educational setting. The male students at NJSCC picked and chose their gendered activities, whether it was lifting a heavy object in the hospital or caring for a patient at the bedside. The findings showed that the male students at NJSCC did not adapt to the feminization of the field, but instead the male students used their gender to their advantage.

Personal & Programmatic Attributions

In relation to the second research question, the male students at NJSCC described how the expectations and norms within their field influenced their retention in the program. Research suggests that the typical negative male nurse experience can potentially obstruct student performance and contribute to attrition in nursing programs (Dyck et al., 2009; Evans, 2002: Sochalski, 2002). However, in the case of NJSCC, the male students' experiences in the program had been positive and those experiences had positively affected their performance and retention in the program.

Moreover, research suggests that the male nursing students face gender-related challenges in the academic and clinical settings (Stott, 2007). These challenges include feelings of isolation and exclusion in the classroom and clinical settings (2007). Based on these experiences, many male students reconsider nursing as a profession and subsequently leave their nursing program (2007). Research suggests that male nursing students feel isolated in nursing programs because they believe they do not fit in to the female centered program (Rudman et al, 2012; Dyck et al., 2009; Evans, 2002; Stott, 2007). Male students are often negatively singled out in programs, and their gender is often exploited (Stott, 2007); for example a male student may be asked to take his shirt off in order to test electrocardiogram leads on his chest in the middle of a classroom lecture, yet, as research notes, this would never be asked of a female student (2007). Additionally, the male student is often asked to perform gendered tasks such as heavily lifting in the classroom (Rudman et al, 2012; Dyck et al., 2009; Evans, 2002), contributing to their gendered isolation in the classroom.

However, this was not the case at NJSCC. The male nursing students in their second year did not feel isolated nor excluded. The male students felt very close to their cohort and attributed this closeness to their success in the program. The students spoke positively of their instructors and cohort, providing examples of their involvement in various social activities within the program. In fact, many of the participants did not feel as though they could make it through the program without the help of their close cohort. This finding supports other nursing research that suggests that cohort-based nursing programs often provide nursing students with support and guidance that assists with their success in the program (Safadi, Saleh, Nassar, Amre, & Froelicher, 2011). The cohort model is typically a regimented program structure in which students progress toward degree together, taking all of the same classes, with the same instructors, at the same time (2011). The research suggests that this type of program model provides the students with a sense of belongingness and that students often feel responsible for each other's success and failures (2011).

Previous research has found that there is a direct relationship between a male student's perceived experience and whether they will leave their nursing program or not (Scott, 2007). And further research reveals that even if the student remains, the male student questions their decision to stay because the student often feels as they do not belong in the feminized field of nursing (2007). The case at NJSCC contradicts these research findings. All participants noted feeling deeply connected to the program and their classmates. The students interviewed did question their success in the program and defended the profession to their family and friends who disparaged the profession or questioned their decision.

While the lived experiences of males in nursing programs has been researched to a degree, many of these studies use these lived experiences to explain why men leave nursing program (Rudman et al, 2012; Dyck et al., 2009; Evans, 2002). As stated throughout the entirety of this document, limited studies have been conducted to explain how men are able to persist in their program and graduate from nursing programs. The case at NJSCC provided data, instead, as to why men are successful in nursing programs. The students at NJSCC do not feel isolated because they are male. The male students believed they were fully integrated into the program and received guidance and support from their fellow students and instructors in the program. The male students at NJSCC did not question their presence in the program because of their gender and believed they played an integral role in their cohort.

Many students during the interview and focus group phases discussed the positive feedback that they have received as a result of their clinical experiences in the hospital. Relationships, built with nurses on the unit floor and with the patients they have been assigned to, aided in their desire to remain in the program. The findings from this case dispute previous research that shows that male students generally have a negative experience in clinical because of their gender (Poole & Isaacs, 1997). Previous studies have found that the hospitals have not updated their perceptions on the male nursing student, supposing that the male student is not able to care for patients the way a female student is able to (Evans, 2004; Egeland & Brown, 1989; Rudman et al., 2012). Yet the NJSCC students attributed part of their success to their positive experiences in clinical; these male students did not feel that their gender affected the way they were treated in the hospital.

Additionally, the students at NJSCC explained that they had to succeed and remain in nursing for each other, indicating a sense of personal responsibility and accountability for cohort success. The students relied on each other to study for exams and provided a shoulder to lean on when the program material was difficult or when they had outside distractions. Previous studies looking at the male nurse experience show that the male students are not able to connect to their class and show that this lost connection attributes to male student attrition (Popkess & McDaniel, 2011). The countless examples provided by the case at NJSCC provide an alternative perspective in that personal and programmatic experiences that culminated in the male students' success.

Persistence

In relation to the third research question, participation and involvement has enabled the male students to persist in this female dominated program. Persistence and retention are used interchangeably, and are defined by student and institutional measures of success (Hagedorn, 2005). Success is defined by students successfully completing their educational goals, or in the case of nursing, their program (Pascarella & Terenzi, 2005). Research states that there are several factors that attribute to student persistence, including "instructor preparation/organization, clarity, availability, and helpfulness; the quality and frequency of feedback provided to students; and instructor rapport with students all positively and significantly promote course content acquisition and mastery" (Reason, 2009, p. 673). This research shows that students who are active participants and engaged in the classroom are more likely to complete their program (Upcraft et al., 2005). The case of NJSCC aligns with this previous research in that the male students attributed their success to the guidance they received from their instructors and cohort.

This guidance included a positive experience from their instructors, which included constructive feedback, helpfulness, and clarity.

Nursing research shows that students who actively participate in class have a greater retention rate (Popkess & McDaniel, 2011); this is true in the case of the NJSCC male student. These students felt more connected to their class and their program. Faculty involvement also plays a major role in the retention of nursing students (Shelton, 2003). Moreover, students are more likely to complete their nursing program when their instructors provide a caring and mentoring environment (2003). Such is the case at NJSCC in that the students felt connected to their instructors and fellow students, and therefore participated in the classroom.

There has been limited investigation in the role gender plays in this persistence. Researchers suggest that a lack of male role models in nursing programs may attribute to the loss of male students in their program (Brady & Sherrod, 2003). Additionally, researchers suggest that the constant labeling of men set the male students apart from the female, and further divides the two genders in the program and profession (Muldoon & Reilly, 2003; Brady & Sherrod, 2003). The findings from the NJSCC case provided counterexamples of how a nursing program can ignore the feminized nature of the field, allowing their male students to work towards successful completion, rather than separating them because of their gender.

Implications

This study has implications for future research, policy, and practice. The research addresses male student persistence and the ability to adapt to perceived gender roles in order to be successful in nursing. With the conclusion of the research, it is clear that there

are several stakeholders that would greatly benefit from the results of this study, which include nursing schools, hospital administration, and the workforce.

Practice

With the conclusion of this research study, and the ability to better understand the male student perspective in nursing, faculty members, and administration in higher education will be able to use this research to better meet the needs of their students. As seen in the case at NJSCC, the male students benefited from the sense of community the program engendered. The practice of the NJSCC program allowed the students to embark on the program as a group, allowing them to rely on each other for support throughout the duration of the program. The male students excelled with the inclusive nature of the classroom environment. Based on these findings, nursing programs across the country should be more inclusive of their male students. This will enable the programs to retain a larger number of male nursing students by simply understanding male students' needs.

Additionally, findings from the case at NJSCC suggested that the male students were given preference in the classroom based on their gender. The male students believed that this preference gave them an advantage and this advantage would continue on throughout their career. Based on these findings, nursing programs need to be mindful of all of their students to ensure success and provide each student with an advantage over those trained in other programs. Programs such as the one at NJSCC must look towards empowering all students, not just the male students, in order to ensure diversity in management positions in the profession (Evans, 2004).

The results of this research study also have many implications that should be reflected in policy for nursing programs around the country. Stott (2004) states that it is

common for nursing instructors to isolate male students in the classroom and clinical

setting, causing male students to disconnect from the rest of the class. It is also explained

that males find nursing programs challenging because they feel isolated from the

instructors and female students (2004). Given the findings in this study, the participants

revealed that comradery and a sense of belonging provided the male students with a sense

of place and assisted in their persistence in the program. Based on this research and the

results from the NJSCC case, classroom policies should be evaluated to ensure the

promotion of all student engagement and to remain cognizant of those students that are

more likely, based on research findings, to feel excluded in the classroom (2004). Based

on this, nursing programs should reevaluate their classroom policies in order to ensure the

inclusivity of their male students.

Additionally, given the advantage the male students believed they had in the

NJSCC program, the program should look at how gender and gender preferences may

affect the competitive environment of all of their nursing students. The programs must

ask themselves, are they giving the male students an advantage for future leadership and

management positions within nursing (Evans, 2004)? And how does this affect the

female student who believes she is at an advantage because of her gender? Also they

must ask are male graduates receiving preference from hiring managers in hospitals in

order to diversify their organization along with leadership positions further along in their

career. The environment created at NJSCC certainly is inclusive of the male student,

however, based on the findings, the question becomes, did the male students receive more

attention than the females? And how does this then affect the retention of the female

students in the program? The practices of nursing programs should continually be

evaluated to understand which gender, if any, is given preference in the classroom and clinical. Based on the case at NJSCC, this preference provided the male students a perceived advantage, in other programs. These perceived advantages may have consequences that will affect students later on in the profession of nursing. What happens to the student that believes he or she is at a disadvantage because a certain gender has become more desirable in the field? These perceived advantages can lead to issues with staffing and retention in the field, and given the projected workforce shortage, this is not something the profession can afford to take lightly.

Policy

When looking toward the future of the American workforce, diversity is necessary in all fields, health care being no exception. To care for patients most effectively, and to understand patients on a deeper level, a diverse workforce is critical. The trend towards women preferring female obstetrics and gynecological doctors (OBGYNs) is an example. Patients can identify with health care workers who share their experiences and backgrounds. Thus female OBGYNs can understand a woman's pregnancy concerns perhaps better than a male. But the need for diversity goes beyond the one-on-one connection. A diverse policy-making body, including informal groups in health care settings, consisting of males, females, minorities, and so forth, is better able to understand the impact of policies on these various groups and enact policies based on that better understanding. Health care theory over the years has attempted to move to a more patient-centered holistic approach, and that approach demands a better understanding of the patients themselves.

In addition, nursing programs will need to be cognizant of the needs of a diverse workforce, which includes employing a diverse nursing faculty. Hospital administration should also be aware that male nurses on the hospital floor provide all nursing students with a different experience and allow for a new perspective. O'Lynn (2004) asserted that in order to meet the needs of the upcoming nursing shortage, the recruitment of male nurses is of the upmost importance, yet programs fail male students. "[N]ursing education, as a whole, has failed to provide an environment optimally conducive to attracting and retaining men as students, and thus, preparing men for the nursing profession" (p. 235). The recruitment of the male nurse starts in nursing school. NJSCC has provided their students with an environment optimal to success, according to participants. The inclusiveness of the NJSCC faculty and students, along with the exposure to clinical education has provided students with the confidence to work independently as nurses and take pride in their accomplishments. NJSCC and other nursing programs around the country should provide counseling and recruitment for nursing minority students. Research suggests that students respond more effectively to academic and personal counseling when they are speaking to counselors who look like they do (Payton, Howe, Timmons, & Richardson, 2013). With that being said, in order for the male students to benefit from targeted recruitment into nursing programs or benefit from counseling once already in the program, male nursing counselors are necessary for the male students to relate.

Providing these students with focused support will help grow their sense of inclusion, which each participant in this study believed attributed to their success. Additionally, male specific nurse mentors would provide students in nursing programs

the opportunity to follow and receive support from a male nurse who can provide insights to the program and profession (Payton, et al., 2013). Research suggests that gender specific mentors are more beneficial to minority students, giving those students someone like them to connect with, when their program cannot do so (Kim, Oliveri, Riingen, Taylor, & Rankin, 2013). Gender specific mentors provides students with someone to talk with and lean on during the difficult times in their program, along with providing them a role model and someone to aspire to be like (2013). Given the small percentage of male nursing instructors, gender specific mentors should be sought after from alumni and staff at the hospitals affiliated with the program.

Additionally, the male student advantage should be considered in policy. While this case study provides examples of why the male nurse was successful in the NJSCC program, it falls short in understanding student success, in general, in nursing. Additionally, is the program providing pipelines for future male leaders in the profession at the detriment of fostering the female students' leadership skills? The results of this study point toward not only providing additional supports for the male student to ensure success, but also in the creation of policies that foster female leadership roles in the profession.

The results of the case at NJSCC have many implications for policy at community colleges nationwide and their nursing programs. Community colleges offer students affordable and relatively quick educational training opportunities, and their nursing programs offer prospective nurses faster entry into the profession. However, given the changing climate in health care and the upcoming nursing shortage, community colleges must look to the future and create a new language to meet the needs of the ever-changing

demographics of their student body (Belfield & Bailey, 2011; Levin, 2001; Littlejohn et al., 2012; Raines & Taglaireni, 2008).

New and fresh policies are required that can assist in meeting the needs of the new students enrolling. Necessary policy changes include restructuring admission requirements for nursing students, as capable applicants might not be reflected in standardized testing. Also, boosting finical aid, scholarships, and evaluating tuition costs will prove to be beneficial. Additionally, adequate remediation for unsuccessful students is necessary in all programs, not just for nursing. As an example, failing a student out of the nursing program might not be in the best interests for the student, school, and future workforce. A better pathway is needed to assist these unsuccessful students and it is imperative to understand why a student was unsuccessful in the first place.

Future Research

This study advances research on men in nursing, which has, heretofore, only investigated the negative outcomes for men in educational programs. This study hopes to open the doors for additional research highlighting the accomplishments of male nursing students. Future studies might focus on the effectiveness of mentorship programs targeting male students and individualized academic counseling for male students. Additional studies concentrating on male student persistence in nursing will be essential to the diversification of the nursing workforce.

In addition, studies on the NJSCC nursing program will be important to the continued success of the program. Additionally, a look into why some male students fail to persist after they have left the program might provide more depth and breadth to the findings reported here. NJSCC has created an inclusive program, which has provided

their students with encouragement and support; but what happens when the students move on from the program and are no longer encouraged? Studies on male nurse success, beyond their educational experience, will be important in order to determine the lasting effects of the program at NJSCC. After students graduate, which students are more likely to move into managerial position in the profession? Additional research would be beneficial to understand the connection between male student success and the environment created by the program.

Research suggests that women are less aggressive then men in the workplace, and this is even true in the feminized field of nursing (Rezaei-Adaryani, Salsali, & Mohammadi, 2012). Men are more likely to obtain management positions in the nursing profession despite only making up less than 10% of the profession (Rezaei-Adaryani, et al., 2012: Minority Nurse, 2013). Additional research to understand the male experience in nursing will also assist in further developing the female nurse. In order to understand why men are more successful in management positions in nursing, understanding the male experience is essential. It is imperative to look at the experiences in nursing programs and in the workforce in order to gain a greater understanding of the male experience.

Leadership

The discussion on how male nursing students experience the feminization of their field is vital to the nursing profession and community college programs. Additionally, leadership is at the forefront to support the creation of a diverse environment inside the classroom and in the profession. Conducting this research has sparked an awareness within the NJSCC nursing program to the needs of the male students. The faculty have

begun open discussions on the importance of the diversification of the nursing students and staff. As a result of these discussions, there is an increase of the leadership capacity from the educators at NJSCC. Meaning, the instructors in the NJSCC nursing program have begun working towards reflection, inquiry, and focused action to enable substantial change in the better practice of the program (Lambert, 1998). The male students at NJSCC have also benefited greatly from this research study. As an example, the male students in the NJSCC nursing program have created the "Men in Nursing" student club in order to provide a voice to the male nursing students in the program. The voices found through this research study will empower future nurses to be professional and competent in the health care arena. In addition to the empowered voices found through this research, hospitals, long-term care facilities, and acute care facilities will also be affected. Nursing programs that promote gender equality result in a more diverse student that will trickle into the nursing workforce. The increase of diversity will provide a richer learning environment for future staff, which will also meet the needs of their diverse patients.

Conclusion

Nurses face many challenges in the health care arena. However, male nursing students face a unique set of challenges. Research has shown that the male nursing students must overcome several challenges in order to be successful in nursing. And even when these students are successful, men in nursing are likely to leave the profession at an alarming 7.5% within four years of entering (Sochalski, 2002). The nursing program at New Jersey State Community College recruits an estimated 22% of male students to make up their cohort (Health Science Education Annual Report, 2014). However, this 22% is still not enough to meet the demands nationally of the growing nursing shortage

of one million by 2020 (Auerbach, et al., 2013). NJSCC is, however, working in the right direction to ensure male student success for their current students.

While gender has played a pivotal role in their student experience, the male students used gender to their advantage. Encouragement and support also provided the students at NJSCC guidance helping them achieve success. And finally, the male students at NJSCC believed their individual persistence aided in their successful completion of the nursing program. The male students at NJSCC do not adapt to the feminization of nursing, instead, they used their gender to their advantage and used it only when needed. The male students described the expectations and norms for the program and the field to be ever evolving. The program at NJSCC provided encouragement and support and as a result created a tightknit cohort that worked together to ensure success. And finally, individual male persistence allowed the students at NJSCC to persist in a female dominated program.

To meet the needs of the growing health care crisis, further development of the nursing workforce is necessary (Littlejohn, et al., 2012; Auerbach et al., 2013). Based on the findings of this research, it is in the best interests of the nation's health care community to encourage men in nursing. And it starts in the nation's community college nursing programs. Programs need to be ever evolving in their quest to educate this future workforce. The further diversifying of the student population will greatly benefit hospitals and affect their current climate. And finally, the successful recruitment and retention of male students will help to create a larger, more diverse nursing workforce. The NJSCC nursing program is working to eliminate the stigma of a m-urse, one cohort at a time.

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Appendix A

Focus Group Protocol

Thank you for agreeing to participate in my research and this group interview. This Focus Group should last no more than 90 minutes. This session will be audio recorded and I will also be taking notes. Nothing you say in this group will in any way influence or affect you. You will be referred to in my research by a pseudonym.
Do you have any questions regarding the Focus Group process?

1. How have you adapted to the highly feminized field of nursing?

2. As a male student in nursing, what are your expectations in class and in clinical?

3. As a male student, how have you been able to persist in nursing?

Thank you again for your participation. Your responses provided valuable information. I will provide you with an overview of our interview once this session has been transcribed. Please review this, just in case I have misrepresented your responses unintentionally in anyway.

Appendix B

Focus Group Summary Form

Date/Time:
Location:

Topics discussed:

Key points:

Observations:

Appendix C

Interview Protocol

Gender Advantage? A Case Study of Male Nursing Students at a

New Jersey Community College

Hello, I appreciate your time to come in and sit with me today. May I audio tape record this interview? I have invited you here today to participate in an interview about the male nursing student experience.

Please know, there are no known risks for participating in this interview, nor are there any costs for participating in this study. The information you provide will help me understand how best to satisfy the needs of student in a college or university. The information collected may not benefit you directly, but what I learn from this study should provide general benefits to higher education.

Nothing you say in the interview will in any way influence or affect you. You will be referred to in my paper by a pseudonym.

Please know, your participation in this study is voluntary. And at any point during the interview, you may choose to decline to answer any question.

1. Please tell me a little bit about yourself? Where are you from? What nursing class are you currently in?

2. Have you previously or do you currently work in health care while attending nursing school?

3. Please describe any obstacles or challenges that you may have encountered thus far in the nursing program?
    a. How did you overcome these obstacles or challenges?

4. Please explain some of your positive experiences in the nursing program so far?
    a. What makes those experiences positive for you?

5. Please describe some negative experiences in class or clinical in the nursing program?
    a. Why did they leave you with negative feelings?
    b. What could the program do to address those negative aspects you are describing?

6. Please describe ways in which you feel gender can impact success in a nursing program?

7. How do you feel the program and the profession as a whole views male nurses?
    a. Has this view changed once you entered the program?

8. Do you believe your gender has positively or negatively affected your success in nursing?
    a. If so, how have you been able to accept or overcome these challenges?

9. What do you think males specifically bring to nursing that people do not ordinarily realize?

10. 12. Do you believe more men are needed in the field of nursing?
    a. What do you believe needs to change in order for this to happen?

11. Why do you believe you are successful in this program?

Thank you again for your participation. Your responses provided valuable information. I will provide you with an overview of our interview once this session has been transcribed. Please review this, just in case I have misrepresented your responses unintentionally in anyway.

Informed Consent Form

**Gender Advantage? A Case Study of Male Nursing Students at a
New Jersey Community College**

**Informed Consent for Interviews or Interviews with record reviews
(Expedited Review with identifiers)**
**Please read this consent document carefully before you decide to participate in this
study.**

You are invited to participate in a research study about understanding about the
experiences of male students in nursing. This study is being conducted by researchers in
the Department of Education: for the Doctorate in Educational Leadership at Rowan
University.

Participation in this study is voluntary. If you agree to participate in this study, you
would be interviewed for about 60 minutes/hour.

In this social and behavioral study, the participants will be asked to participate in a focus
group and individual interview.

There are no known risks for participating in this focus group or interview, nor are there
any costs for participating in the research.

Your identity will be kept confidential to the extent provided by law. No one other than
the researchers would know whether you participated in the study. Nothing you say in the
focus group or interview will in any way influence or affect you. You will be referred to
in this study by a pseudonym. In addition, our conversations will be tape recorded for
data collection purposes.

Please initial here to consent: _____

Participating in this study may not benefit you directly, but it will help us understand how
best to satisfy the needs of students in a college or university. The information collected
may not benefit you directly, but what I learn from this study should provide general
benefits to higher education. *Your participation in this study is completely voluntary. If
you choose not to participate in this study, this will have no effect on the services or
benefits you are currently receiving.* You may skip any questions you don't want to
answer and withdraw from the study at any time without consequences.

If you have any questions about this study, please contact my dissertation chair, Dr. Ane Turner Johnson at JohnsonA@Rowan.edu.

If you have questions about your rights as a research participant, please contact the **Rowan University SOM IRB Office** at (856) 566-2712 or Rowan University, Glassboro/CMSRU IRB at 856-256-5150 or eirb@rowan.edu.

YOU WILL BE GIVEN A COPY OF THIS FORM WHETHER OR NOT YOU AGREE TO PARTICIPATE.

If you agree to participate in this study please sign on the next page. Thank you.

Consent Form Creation/Revision Date: 08/18/2014

**Gender Advantage? A Case Study of Male Nursing Students at a
New Jersey Community College**

Informed Consent for Interviews or Interviews with record reviews

(Expedited Review with identifiers)

Agreement:

I have read the procedure described above. I voluntarily agree to participate in the procedure and **I have received a copy of this description.**

Name (Printed) _____

Signature: _____

Date: _____

Principal Investigator: _____ Date: _____

Version Date: *9/30/2014*
Consent Form Creation/Revision Date: 08/18/2014