Exploring the Challenges for Nontraditional Male Students Transitioning into a Nursing Program

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ABSTRACT

The nursing profession aims to increase the number of male nursing students and practicing nurses. Although a laudable goal, research on the factors associated with retaining male nursing students is lacking. In addition, research has failed to incorporate the challenges facing nontraditional male students, who represent a significant proportion of men enrolled in nursing programs. This study used a mixed method design to explore challenges experienced by nontraditional male students in a nursing program at a 2-year private college in the northeastern United States. Students cited difficulty balancing school, family, and work as among their greatest concerns. They also described their experiences as a numerical minority and how their life experiences and maturity helped them cope with the challenges they faced.

Nursing programs are developing methods and programs to recruit and retain male students (Brady & Sherrod, 2003; Villeneuve, 1994). However, empirical research on the factors that affect the retention of men in nursing programs is lacking (O’Lynn, 2004). Current research has examined male students’ perceptions of their nursing program experiences (Kelly, Shoemaker, & Steele, 1996; Okrainec, 1994; Streubert, 1994), their decision to enter the profession (Boughn, 2001), the personality characteristics of male nurses and nursing students (Baker, 2001), and male students’ experiences of isolation in nursing programs (Burtt, 1998; Whittock & Leonard, 2003).

While there is a growing body of research on men in nursing, studies generally view men as a single category, failing to account for subcategories, such as age and experience. Specifically, this study examined the complexity of gender for nontraditional students in a nursing program. The social construction of what it means to be a nurse has typically meant a caring, hard-working woman. Men face the challenge of being a “real nurse” and potentially face questions about their masculinity or sexuality (Streubert, 1994). Similarly, the construction of a college student is evolving from a cadre of 18 to 23-year-old residential students going through an educational and identity development process toward a more diverse group of students attending diverse institutions (National Center for Education Statistics, 2003).

The intersection of gender and human development is salient for adult male learners entering the field of nursing. The empirical literature has examined the challenges and opportunities for either male nurses/nursing students or nontraditional students, but not nontraditional male nursing students. These population shifts require a reconstruction or deconstruction of assumptions about how diverse individuals perceive and experience phenomena amid these changes.

CRITICAL DEMOGRAPHY

Critical demography offers a new theoretical approach to frontloading issues of race, ethnicity, and gen-
Research on men in nursing has concentrated on the experiences and perceptions of male nurses or nursing students. O’Lynn (2004) examined the gender-based barriers facing male nursing students. Practicing male nurses (N = 111, >50% response rate) completed a mail survey indicating the presence of 30 barriers in their nursing program and their respective importance. Top-rated barriers included “no mentorship program,” “no history of men in nursing,” “no male faculty,” and “textbooks referred to the nurse as ‘she’” (O’Lynn, 2004, p. 233). The percentage of respondents stating that a particular barrier was important to them was high for the following items: “did not feel welcome as a male student in the clinical setting,” “nervous that female patients would accuse male students of sexual inappropriateness when providing intimate care,” and “anti-male remarks made by faculty in classroom” (O’Lynn, 2004, p. 233). The demographics of the participants did not include age during the time they were in nursing education programs, so comparisons of traditional and nontraditional students were not possible.

Okrainec (1994) also studied the perceptions of male nursing students and compared their perceptions to those of female students in Canada. Participants completed a 72-item survey measuring several constructs, including interests, attitudes, and satisfaction with the nursing education program. Male students were more likely than female students to expect to be working in nursing in 10 years and considered administration as a viable option in the future (74% versus 44%). Personality characteristics, such as natural aptitude for nursing, caring attitude, cooperativeness, and empathy, were similar for the men and women in the study. Unfortunately, the choices for age were 16 or younger, 17 to 19, and over 20. Slightly more than 70% of men stated they did not consider nursing until after age 20.

Kelly et al. (1996) approached the study of male nursing students’ experiences qualitatively. Thirty-two students participated in focus group discussions, covering topics such as motivation for entering the profession, barriers in nursing for men, and overall experiences in the program. Students held generally positive attitudes toward the program and the field of nursing as a whole. Challenges around the rigor of the work and feelings of isolation emerged. Students felt that the instructors and texts were geared toward women. They resented jobs such as lifting and moving patients, when it was perceived they were unfairly given these tasks. The mean age of the participants was 32, and many were coming to nursing as a second career. One quotation citing the challenges of the coursework included: “I can’t look beyond tests right now. My coursework was so long ago” (Kelly et al., 1996, p. 173); the participant is reporting the challenge of getting back into academics and recognizing the changing dynamics of instruction.

Whittock and Leonard (2003) reported preliminary findings of in-depth interviews with 70 men in three defined groups of male nurses in the United Kingdom. Thirty participants were pre-registration nurses, 30 were post-registration or practicing nurses, and 10 had left the nursing profession. Participants reported that men can be as caring as women, they were concerned with a lack of career advice and mentoring, and they feel excluded and are often expected to do “masculine” work, such as moving or managing difficult patients. Age differences around issues of confidence or gender did not emerge, with the exception that younger men expressed more confidence in their role. The average age of the sample was 33, and age and cultural differences were to be explored in future inquiry.

Streubert (1994) also used an interview protocol, focusing on the clinical situation. Nine students responded to open-ended questions about their clinical experiences. Eight of the 9 participants were second-career students, ranging in age from 26 to 35. Eleven themes that emerged from the analysis were summarized as:

To achieve the goal of being a “real nurse,” one must develop the technical, cognitive, caring and intuitive...
skills that are the reality of nursing. In addition to developing skills, it is necessary to adjust to functioning in settings that value women as primary care givers for intimate bodily functions. (Streubert, 1994, p. 29)

The results further describe the process of working in a team atmosphere and balancing the fear of making a life-threatening mistake with a feeling of confidence and success.

The literature review demonstrates that current studies of male nursing students included significant numbers of nontraditional students. However, the results and analyses failed to incorporate nontraditional student as a meaningful construct in the inquiries. Instead, the investigations focused solely on the effect of gender (i.e., being male) on students’ perceptions or experiences in nursing programs. The current study addresses this limitation by examining the transition to a nursing program with an equal recognition of issues relating to gender and nontraditional student status. Although the term “nontraditional student” has been used to include factors beyond age, in this study, students age 25 and older were considered nontraditional and included in the data analysis (Kim, 2002).

**METHOD**

**Participants**

A purposeful, criterion sample of 29 nontraditional male nursing students from a 2-year private college in the northeastern United States participated in the first part of the study. Criterion sampling calls for studying all cases that exhibit predetermined conditions (Patton, 2002); in this case, nontraditional male nursing students were studied. The participants represented more than 80% of all male nursing students in the program. Students ranged in age from 26 to 60, and 85% were Caucasian and 15% were African American.

In the second part of the study, interviews were conducted with 6 nontraditional male nursing students near the end of the spring semester in 2004. Each participant was currently or had been married, had children, and worked at least half time. Three participants indicated they had prior professional experience in a health care profession.

**Instruments and Procedures**

*Survey.* During one of the first classes of the fall 2003 semester, faculty administered a survey to the majority of the college population. The survey contained 50 items on student motivation (internal/external), self-regulation, study skills, and receptivity to services. In addition, two sections specifically addressed perceived challenges. The first section contained eight Likert-type questions (1 = strongly disagree to 5 = strongly agree) about the extent to which the items are of concern to the students. The second section asked students to rank their greatest concern from the list of 8 items on the challenges subscale. Items were adopted from a previously validated pre-matriculation survey (Gerken & Volkwein, 1999). Internal consistency for the perceived challenges subscale was $\alpha = 0.85$ for the sample in the study.

*Interview.* To facilitate the second part of the study, the coordinator of the nursing program invited male students via e-mail to participate in an interview. Participants reviewed and signed a consent form approved by the college’s Institutional Review Board. Each interview followed the guidelines developed by Claesson and Brice (1989):

- The same issues or questions were covered in all interviews.
- The order of the questions was fitted to the individual.
- Individual perspectives and experiences were allowed to emerge.
- The issues participants considered important were not presupposed.

The semi-structured interview protocol asked students about their experiences in the program, opportunities and challenges in the program, the public’s view of nursing, and what it means to be male in the nursing school. Spontaneous, context-based follow-up questions to probe, clarify, and interpret information were used throughout.

**Data Analysis**

Participant responses to the survey items were entered into a file using the Statistical Package for the Social Sciences (SPSS; version 13.0) and reviewed for accuracy. Descriptive statistics were calculated, including subscale means and standard deviations from the perceived challenges.

A team of undergraduate and graduate students, led by the author, used the Consensual Qualitative Research (CQR) approach to analyze the interview data (Hill, Thompson, & Nutt-Williams, 1997). Each member individually reviewed the verbatim transcripts for salient categories based on similar content and meaning. Then the team came together to discuss the categories and arrived at consensus regarding the categories that had emerged. The faculty member served as auditor, examining the team’s categories, and identifying and questioning any disagreements among researchers. The team met again to discuss discrepancies until agreement was reached.

After the process had been completed for all six interviews, the process of combining and comparing categories for relevant themes across the six interviews followed the same individual, team, and audit procedure. The CQR approach forced the researchers to openly present their categories and themes, providing opportunities for the researchers to challenge any unintended biases and/or preconceived notions they may have held that were not necessarily revealed in the data.

The research incorporated methodological and investigator triangulation into the design and analysis of the
study (Patton, 2002). Methodological triangulation, using multiple types of data to explore a single phenomenon, was evidenced in combining a qualitative interview approach with quantitative Likert-type survey items. Investigator triangulation was used throughout the CQR method. The use of multiple investigators working toward consensus limits individual researcher bias.

RESULTS

The results of this study are based on the simultaneous analysis of the descriptive survey responses and interpretive analysis of the interviews from a subgroup of the sample of participants who completed the survey. Emerging themes included pressures of balancing family, work, and school; perceptions of nursing; and client refusal to be treated by a male nursing student.

Pressures of Balancing Family, Work, and School

Participants reported being concerned with issues that previous research has found for nontraditional students, such as time poverty (Bowl, 2001). The two highest mean scores for nontraditional nursing students on the perceived challenges subscale (both 4.10 of 5) were reported for the items, “Meeting the academic demands of college” and “Balancing family responsibilities and schoolwork.” The lowest means were reported for items that had to do with securing transportation (mean score = 2.31) and making friends with other students on campus (mean score = 2.79). Balancing school and work responsibilities (mean score = 3.72) and concerns about paying for tuition and books (mean score = 3.86) were also cited (Table). The continuum scores were verified by student rankings on the three greatest challenges to success at the college. The top three concerns for male nursing students were: “Meeting the academic demands of college,” “Balancing family responsibilities and schoolwork,” and “Balancing work responsibilities and schoolwork.”

Qualitative analysis of interview transcripts supported the survey findings. Students indicated there were not enough hours in the day. One student summarized his greatest challenge this way, “When you consider working 30-40 hours, going to class, clinical, and trying to keep up with the readings.” Others spoke of sacrificing time spent with family in the short term, with the pay-off being graduation. Charles*, who is in his early 30s, works in the medical insurance business. He is married with young children. He talked about balancing responsibilities, which included: “Full-time work, 12 hours a week here at school or at the hospital doing our clinicals, and then from after work until it’s time to go to bed, studying.” Juan, a parole officer, decided to enter nursing as a second career. Like Charles, he was feeling the pull of multiple responsibilities, specifically related to family concerns and responsibilities. William, a man in his early 60s, owns a health-related independent business. He provided a slightly different description of the challenges of time. He talked about some of the flexibility because his children were grown up, but reflected that the decision to go back to school limited the amount of time he was able to spend with his wife.

In addition to the challenge of time, 3 of the interview participants without prior medical or health care experience found the course content challenging. Participants with military or medical-related professional experience described the content as review or updating their previous experience or training. A few spoke about the difficulty of getting back into the habit of studying or the classroom experience. However, it appears that the rigor of the program was most likely connected to the over-arching theme of balancing family, work, and school.

Perceptions of Nursing

In addition to exploring students’ perceptions of challenges generally, the interview addressed issues related to gender. Participants described the public’s perception of nursing, their decision to enter the field, and their experiences as men in the program.

Participants thought the public view of nurses was positive. They believed people respected the profession and considered nurses to be approachable. They contrasted the view of nursing as caring with a field where doctors are rushed and “HMOs are more concerned with money than quality of care.” Participants shared the public’s perceptions of nursing as primarily a female-dominated profession. Juan connected the public view of nursing as being a female position with a sense of caring: “Well, the view of a nurse would probably be of a

* Pseudonyms were used to protect students’ identities.
female. Somebody caring. A caring person, proficient at their duties.” While they linked the concepts of female and caring, the participants generally mentioned that they had witnessed changes in that perception. In addition, they mentioned that men were equally capable of being caring.

The participants did not feel that being male hindered their opportunities, but each reported incidents that reflected the effects of gender issues on their nursing school experiences. They cited a lack of locker facilities, few or no male nurses in clinical settings, no male faculty, and the exclusive use of women in textbooks as evidence of gender issues in their experiences. Notably, the participants were not bothered by these incidents or situations. Although all participants described more than one incident that reminded them they were in the minority in the field, they did not feel upset for two reasons: they reasoned that these incidents reflected a fact of life in the profession; and they stated that their life experiences, coded as “maturity,” led them to realize that they had faced larger problems and were not going to let these issues affect their success.

The participants described differences in how younger, traditionally college-age male nursing students might view gender issues, particularly when entering the field. Charles talked about peer perceptions of entering the field of nursing when he was in high school and how it has changed for him:

At that point, I don’t think it even crossed my mind. But I think if I was in a high school, and being 17 years old and my buddy telling me, “Hey yeah, I’m going to school for nursing.” I think at that time I might have been like, “What? What are you doing?” But I mean 12 years later, I don’t look at it that way.

Client Refusal to be Treated by a Male Nursing Student

Each participant described an incident where a client refused to be seen by a male nursing student. After being introduced to one of the male nursing students, many patients, particularly in the obstetric/gynecological (OB/GYN) rotation, asked for a female nurse. Cliff, a man in his early 40s who had worked in business before entering nursing school, talked about the perspective he gained when a patient told his clinical supervisor that she did not want to be seen by a male nursing student:

It has impacted me in my rotations from time to time where I was assigned to a client and a client was assigned to me, a nursing student. That was fine, but then they found it was a male nursing student, they were a little more uncomfortable. They requested another nurse to be present or do things instead of me; the plus to that was I got over it and “I got personal growth.”

This story was slightly different from those of the other participants in that the client asked for another person, a woman, to be present. The remainder of client refusals involved a client requesting a female nurse or nursing student. Robert, 32-year-old father of two, experienced several incidents in which a female client asked for a female nursing student. He described a mixed feeling of understanding the clients’ perspectives but wondering if he would confront this type of situation throughout his career.

In general, the men were not offended by client refusals and connected their life experience or maturity to their response. However, they noted that the situation was unfair because they felt competent to do the work. However, they stated emphatically that they did not like the OB/GYN rotation, where many of the incidents occurred. When asked if they think men should be able to skip that rotation, their responses varied. Some thought the OB/GYN rotation was not useful because they were certain they would not specialize in that area of nursing, while others felt it was equally important as the other rotations. They all agreed it was uncomfortable for both the clients and the nursing students.

DISCUSSION

The results of this study have implications for both nursing programs and research. These findings echo those of the independent lines of inquiry on nontraditional students and male nursing students. Students in the study were keenly aware of their situation as the numerical minority in the field, but did not feel that being male hindered their opportunities for success (Whittock & Leonard, 2003). The multiple responsibilities associated with being a nontraditional student emerged as the greatest challenge to their success (Bowl, 2001). However, the presence of gender-related issues, such as clients refusing to be seen by a male nursing student, emerged as a collective experience (Burtt, 1998). The men reflected on the situations as learning experiences.

Approaching the issues experienced by nontraditional male nursing students from a theoretical framework such as critical demography forces researchers and practitioners to simultaneously address accepted notions of gender and nontraditional status (Horton, 1999). Stated otherwise, the current study critiques other types of analyses because they failed to fully investigate the phenomenon of interest. Critical demography assumes that the investigation is evolving and that there is more to learn as the population of interest grows and changes along with changes in political, social, and economic realities. For example, these findings show that studying either “male” nursing students or “nontraditional” students is not sufficient. The key demographic of the population included both male and nontraditional students.

LIMITATIONS

The findings of this study need to be considered in the contexts of the limitations. First, the theoretical ap-
proach is a new paradigm, a different lens for examining issues of population change. Second, the sampling decisions and data collection methods have inherent limitations, such as lack of generalizability and threats to internal validity.

Critical demography represents a call for frontloading social reality. Other theoretical orientations, such as feminist epistemology, cultural studies, social construction, queer theory, and ethnographic approaches, could also be used as the framework for this investigation and/or analysis. Approaching the phenomenon of nontraditional male nursing students from a social construction approach by a female nursing researcher may have resulted in different questions for the inquiry. In addition, examining the study results with a different lens may alter the implications of the findings.

Critical demography is best applied for investigation of this phenomenon because shifts from an exclusively female-dominated field and a 20-year-old residential student body toward a more inclusive environment require a critical examination of gender and age issues. Conventional demography might simply report the factual numeric shift and interpret the changes with descriptive or inferential statistics (Horton, 1999). However, such an approach would fail to express how individuals immersed in the demographic shift experience and define the new social reality.

Two data collection methods helped guide the investigation. The first part of the study, a Likert-type survey, was administered to the majority of the student body as part of a retention strategy. The decision to incorporate the results of the study with the qualitative investigation of nontraditional male nursing students was intuitive, not strategic. After several interviews, it was clear that the participants discussed challenges of work and school as much as their experiences of being male in a female-dominated field. Therefore, the survey items did not specifically address issues of gender, and future inquiry could align the two parts of the study in a more purposeful way.

In this study, the author conducted the interviews. As a man, the author enjoyed a level of insider credibility with the men in the program. However, other characteristics placed the author in the position of outsider. For example, the author was not a nurse, nursing student, nor faculty member. The length and depth of the interviews suggests that the men were comfortable sharing their perspectives, but there is no way to determine the level of social desirability in their responses. It is possible that participants cautiously responded because of concerns that negative comments would be traced back to the individual. It is equally possible that participants embellished on incidents that were “gendered.” Future investigation could improve on these limitations by including additional survey items about perceptions of nursing as feminine and adding other qualitative approaches. For example, future studies could incorporate observations of clinical experiences.

The small sample represents another limitation. The level of transferability of the design and findings may be limited to other similar institutions. Replication studies at 4-year public institutions that offer nursing programs may need to modify their approach to adopt the current design.

CONCLUSION

While this study was limited in scope, there are several recommendations for nursing programs that support transition for nontraditional male students. First, nursing programs could explore developing peer supports. For example, study groups or informal networks consisting of linking first-year male students with male students in their second through fourth years could provide support.

Second, male students need an avenue to share their concerns around issues such as “client refusal to be seen by a male student.” Creation of a leadership position in the peer network described above would allow male students to share information with program faculty and staff so they can better understand the challenges of male students in the program.

Third, faculty could collect data from students and clients to identify the extent to which client refusal is an issue and develop some guidelines or recommendations for addressing any negative effects for students and clients. Similar to the findings of this study, previous research has found that the lack of male role models represents a barrier for male nursing students (O’Lynn, 2004).

Fourth, nursing programs should examine the language of textbooks and examples used in classes to determine the extent to which they represent both men and women in the field. Modifying class activities or adopting texts that reference men in nursing would reflect minor steps in recognizing the role of men in the profession. Finally, nursing programs can develop or build on student-practitioner mentor programs, with a particular emphasis on matching male nursing students with male nurses.

Recommendations for assisting nontraditional students with the transition to college build on the considerations cited above. A major consideration for nontraditional students is flexible times for supports and services (Bowl, 2001). Nursing programs need to review the office hours for advising, tutoring, and clinical practice space. If these supports are not open on certain evenings or on weekends, many nontraditional students will not be able to use them. In addition, nursing programs could collaborate with student services staff to coordinate programs and offer professional development workshops for faculty (Rendon, 1998). Interventions to address the challenges of nontraditional male students’ transitioning into nursing programs need to be evaluated so nursing programs can modify and improve their recruitment and retention efforts (Brady & Sherrod, 2003).
REFERENCES