Trials and tribulations of male student nurses  

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Abstract

Gender and race can be regarded as the major organizing principles of the labour market, with disability, age and sexual orientation being factors that also influence employment patterns and outcomes (Kirton and Greene 2010). These five dimensions of diversity are the main sources of employment discrimination and disadvantage. This paper explores the male nursing student’s experience and considers whether male discrimination and disadvantage takes place as they are a minority group within nursing. The research used a mixed methods approach. It was conducted using semi-structured qualitative interviews on twelve respondents and two qualitative focus groups containing six respondents. A quantitative email questionnaire sent to two hundred student nurses was also used. The respondents were from a wide range of backgrounds, ages, cultures and levels of training. The findings showed that the male student nurses experience was very mixed. This included issues relating to perceptions, attitudes, roles, barriers, challenges, negative experiences and effects all relating to being a minority group subject to gender discrimination. Influences other than gender were noted to have an effect on their male experience such as age, culture, life experiences, confidence, personality and character traits. This research also identified possible solutions to how male experience could be improved and what the benefits would be of having more male nurses in the profession.

Key words: male discrimination, sexual predator, unmanly, resilience, peer support

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Introduction

There have been many different definitions and approaches to equality over the years. The main approach being based around the liberal and radical ideas which came about from the equality agenda of the 1970s-1980s. In the 1990s and onwards the equality agenda (policies and practices of equality and equal opportunities in organisations) moved towards diversity approaches. The principle of diversity being to maximise individuals potential with a move away from the negative aspects of older equality agendas by using employees diversity such as ethnicity to add value to organisations. The hope was that this new approach of promoting equality would lead to profit aligned with organisational objectives. However, despite this new way forward many organisations can still meet their objectives either without workforce diversity or without actually valuing diversity (Kirton and Greene 2010). This leads to inequalities and there is still a need to develop policies to redress discrimination and disadvantage. Because of this it is important for diversity management policies to grow from and onto existing equality policies and Acts, rather than replacing them (Kirton and Greene 2010) such as the new Equality Act (2010).
It is widely accepted that there are six main equality and diversity strands: gender, race/ethnicity, disability, sexual orientation, age and religion. Gender and race can be regarded as the major organizing principles of the labour market, with disability, age and sexual orientation being factors that also influence employment patterns and outcomes (Kirton and Greene 2010). These five dimensions of diversity are the main sources of employment discrimination and disadvantage.

This case study considers male discrimination and disadvantage in nursing education and looks at the reasons why men go into nursing. It examines the perceptions and attitudes within nursing towards male student nurses and considers the educational environment and pre-registration nursing course as a whole. It also looks into male personal experiences of discrimination and how they manage and cope with. Other experiences are also highlighted in the form of the barriers they come across and the reactions they get from others. There is a final consideration as to whether the male student nurses experience could be improved and in what areas. Consideration is also given in terms of how male student nurse numbers could be increased and why this would be beneficial to the profession as a whole.

**Research Design**

The research philosophy based on this study is a mixture between positivism and interpretivism. Business and management research often reflects this dual perspective, perhaps reflecting the stance of realism (Saunders et al 2007). Data is usually collected in the form of descriptions using non mathematical procedures when interpreting and explaining research (White 2002). There are a number of reasons to combine these two types of philosophy (White 2002). For example deciding to carry out a questionnaire after investigating a subject from a qualitative perspective or after studying changes in an organisation a survey is carried out to gain opinions about a particular aspect (White 2002). Ultimately looking at the same problem from a number of viewpoints is an excellent way to verify interpretation and draw conclusions (White 2002). Triangulation is the term used to describe this combining of qualitative methods with the idea being to increase the quality of the research (Cooper and Schindler 2008). By using a variety of methods, results give far more information about the topic under investigation (White 2002), particularly if the results from the different methods point to the same inferences; this in turn strengthens the whole argument (White 2002). Mixed methods also overcome any limitations of using one method particularly when wanting to provide a better understanding of a phenomenon (Bryman and Bell 2011).

Interviews were adopted for this study because they are a popular form of data collection and can provide a rich source of material (White 2002). The main advantage is that they can be used in a variety of contexts, situations, and in conjunction with other research methods (White 2002). They are not without disadvantages as they can be time consuming, suffer from problems of bias (White 2002). There is always the danger that the interviewees could want to please the interviewer and as a result not tell the truth (White 2002). For the purpose of this research a semi-structured interview was used as this gives the interviewee a great deal of leeway in how to reply (Bryman and Bell 2011), particularly as questions can be asked as the interviewer picks up on things making the interview process more flexible (Bryman and Bell 2011). Twelve interviews were carried out on male students from the ages of eighteen to forty and from year one, two and three of the pre-registration adult nursing course. Sample sizes for qualitative research vary by technique but are generally small as in this research. Nonprobability sampling (Cooper and Schindler 2008) was used where little attempt is made to generate a representative sample. The type of nonprobability sampling used was purposive whereby the researcher chose participants arbitrarily for their unique characteristics (Cooper and Schindler 2008).

This study also utilised focus groups so that the people with similar experiences could be interviewed in a relatively unstructured way about that experience (Bryman and Bell 2011). The focus group has become a popular method for researchers examining the ways in which people in conjunction with one another construe the general topics of research interest (Bryman and Bell 2011) and can be used to define problems and facilitates individuals to work together to identify potential problems (Hutt 1979). They also allow the researcher to develop an understanding about why people feel the way they do (Bryman and Bell 2011), and allows people to probe each other’s reasons for holding certain views. This method can be more interesting than the
sometimes predictable question followed by answer approach of interviews and is more naturalistic. The participants were selected because they were male nursing students and they were encouraged to discuss and share their points of view without any pressure to reach a consensus (Kruegar and Casey 2000).

Two focus groups were chosen with six participants in each as focus groups typically involve groups of six to twelve (Bryman and Bell 2011). Morgan (1998) recommends smaller groups as participants are likely to have a lot to say on the research topic, especially when they are emotionally preoccupied with the topic. When the moderator reaches the point that he or she is able to anticipate fairly accurately what the next group is going to say, then there are probably enough groups already (Calder 1977). So these two groups were felt to be sufficient.

The interview questions and focus group questions were semi-structured in nature, with open questions being asked around different themes. These themes were centred on the reasons/motivations/characteristics that underpin nursing, the perceptions and attitudes of others towards male nurses and how students coped with them. The male student’s personal experience of the educational environment and how students felt their experience could be improved. With open questions, respondents were asked questions and could reply however they wished (Bryman and Bell 2011). The reason to use open questions was so respondents could answer in their own terms and allowed unusual responses to be derived. The questions did not suggest certain kinds of answer but were derived from the research, they were useful for supporting the research or exploring new areas or ones in which the researcher had not thought of before or had a limited knowledge of as recommended (Bryman and Bell 2011). The reason for this structure was to incorporate flexibility and therefore gain rich data and information.

An email questionnaire was also chosen and a non-random (non-probability) sampling was used as it is impossible to determine accurately the sampling frame. The survey was sent to two hundred male nursing students as it was a cheap method that allows for a large sample spread over a wide area, and is convenient for respondents (Bryman and Bell 2011). This used closed questions only and was more generic in its themes, so as to gain views that would prove or disprove the findings. The reason to use closed questions was because it was easy to process the answers and they enhanced the comparability of the answers making it easier to show relationships between variables and comparisons (Bryman and Bell 2011).

List style questions were used which offered the respondent yes/no responses (Saunders et al 2007). They are essentially useful when ensuring the respondent has considered all possible responses (Saunders et al 2007). It was important to make sure the responses were defined clearly and meaningfully so that respondents were more likely to answer (Saunders et al 2007). Making questionnaires easy to answer is attractive and encourages the respondents to fill and return them (Saunders et al 2007). To achieve a high response rate an introduction was given on the first page of the questionnaire in addition to the covering letter. The limited time frame of the research meant that this survey was only a snapshot of students from one University. As Saunders et al (2007) states a short snapshot can be used to explore a particular phenomenon or phenomena at one particular instance.

A pilot study was undertaken as this should be done with a group similar as possible to the final population so that respondents will have no problem in answering the questions and there will be no problems in recording data (Saunders et al 2007). This involved showing the questionnaire and all the possible questions that were going to be asked to three people. Undertaking a pilot allowed for some assessment of the questions’ validity and the likely reliability of the data to be collected (Saunders et al 2007). The pilot did not identify any apparent problems and the questionnaire was deemed to make sense i.e. it had face validity (Saunders et al 2007).

Data Analysis

The interviews and focus groups were recorded allowing them to be transcribed and reviewed later (Bryman and Bell 2011). Note taking instead would have been disruptive as respondents need to stop whilst writing something down (Bryman and Bell 2011) and the nuances of language can be lost if the researcher has to rely on notes (Bryman and Bell 2011). Content analysis was used to analyse the findings of the interviews and focus groups as this seeks to quantify content in terms of predetermined categories and in a systematic and replicable manner.
(Bryman and Bell 2011). Content analysis was chosen as it follows a systematic process for coding and drawing inferences from texts (Cooper and Schindler 2008). In the case of this research thematic data units were coded, which uses topics contained within texts illustrating they represent higher level abstractions inferred from the text and its content (Cooper and Schindler 2008). In other words the responses to an open ended question may reflect a certain theme and essentially, what is being sought is a categorization of the phenomenon or phenomena of interest (Bryman and Bell 2011).

Since the nature of the research was only a snapshot, detailed statistical analysis was not required (White 2002). Univariate analysis was used as this allows for the analysis of one variable at a time (Bryman and Bell 2011). A frequency table was produced to provide the number and percentage of people belonging to each of the categories of the questions (Bryman and Bell 2011). Diagrams were used to display the data as they are among the most frequently used methods of displaying quantitative data (Bryman and Bell 2011) their chief advantage being that they are relatively easy to interpret and understand (Bryman and Bell 2011). Pie charts were mainly used as this helped to show the relative size of the different categories and also brings out the size of each slice relative to the total sample (Bryman and Bell 2011).

Following on from the data analysis the findings were categorised into three main themes which were:
1. The experience of male discrimination
2. The resilience of a male nurse
3. The way forward
These will now be discussed in turn.

The experience of male discrimination

Male students face problems because of their gender within nurse training which has been identified within the literature before (Keogh and O’Lynn 2007). Ironically being a male was used as an advantage at times as male students were expected to be assertive and to assume leadership roles and to take on extra jobs such as assisting with heavy lifting and transporting patients. However this also meant that they were often more closely scrutinised and “under a microscope” and these expectations were not really congruent with a course curriculum that was aimed more towards the needs of the female sex (Kelly, Shoemaker and Steele 1996). As a consequence in order to gain access to other jobs it was often cited that they had to be “extra professional” in their demeanour and approach. Respondents reported the perception of being in a ‘girly job’, again confirming that male nurses require the perceived attributes of a female nurse. Not only were these concepts evident within the nursing profession, but many of the male student nurses’ reported their families shared a similar perception, again questioning their reasons for why they were wishing to enter the nursing profession. Ultimately they felt discriminated against and as a result of this they had to cope with social isolation and unequal clinical opportunities compared to that of females. One such example of this related to receiving conflicting instruction around the use of human touch which was more female orientated. The latter correlated to the literature presented by Evans (2004) and Fenkl (2006) whereby male nurses continue to be stereotyped and the feminisation of the profession limits their full participation. They expressed issues of self-doubt and the perception of being treated very differently in their clinical experiences and clinical opportunities from that of female nurses.

The findings suggest that student’s felt there were many barriers to becoming a nurse, which included a fear of being perceived unmanly and not getting a client’s acceptance because of this. The stereotyping of student nurses as being ‘gay’ and the concept of homosexuality was predominant with male student nurses being asked frequently about their sexual orientation. This was a strong theme that arose across all three data collection methods. There are parallels in this research to the work undertaken by Genua (2005) who examined the stereotypes amongst male nurses and they concluded also that men can be labelled as gay or effeminate. All respondents concluded that they had all been asked by their mentors regarding their sexual orientation with some stating it was ‘homophobia but can’t be proved’ or they had said ‘don’t you want to do a real man’s job?’. Additionally all respondents disclosed that they would openly state to people anything other than the fact they were a nurse. It was felt that there was a distinct lack of male role models or male mentors in nursing to pave the way ahead for them and this would have made the situation easier.

Labelling male nurses as gay or effeminate can be considered as a social control issue because nursing
is defined as a woman’s profession (Evans 1997). It is evident when examining male student nurses that questions regarding their sexual orientation is not only embedded within the profession in training but it can follow them throughout their nursing career (Genua, 2005). Genua (2005) further suggest that being a male nurse will limit their eventual choice of speciality looking for jobs where there is little requirement of the need to touch or deliver intimate care at the bedside. Contrary to this Williams (1995) argues that male nurses who present themselves as ‘suitably masculine’ have consequently benefitted in tangible ways. One such instance relates to the fact that they gain higher level positions in nursing where there is an emphasis on leadership skills, technical competence and an unconditional dedication to work- qualities typically associated with masculinity. This is also noted at a nurse education level where it could be argued that male student nurses are also treated preferentially. It is therefore argued, the division of labour based on gender, has resulted in men being channelled into areas of specialisation considered more congruent with masculinity. These areas, in addition to their historical association with masculine traits such as physical strength, also reflect the superior value of men and everything masculine in patriarchal culture (Evans 2004).

It was clear throughout the discussions of the focus groups and interviews that the male students had been excluded from certain types of placements, gender specific care and from certain gender specific procedures whilst on their nursing programme. There was a general feeling amongst the respondents that they were excluded from optimising learning opportunities due to being male even though there were male midwives and male medical practitioners present.

The aforementioned has a clear correlation between the existing literature and the research findings; however the phrase ‘sexual predator’ occurred frequently throughout all methods of data collection and this had not been something that has been highlighted before in the literature. Being thought of as a “sexual predator” was brought up with undertones relating to being asked about their sexual orientation all the time. They felt that many who asked did it in a covert way to hide their homophobia rather than in a more overt ways previously. The students felt this was due to changes in society and the fears of today based on the need to be politically correct. This was supported with a respondent stating ‘won’t ask to look after young female patients as there is an image of being sexual predators despite it being ok for male doctors’. All the respondents felt that the media had a role to play in bring about this attitudinal change, it related to how television programmes reinforce the notions of sexual predators being dangerous and gay.

It seems that the perceptions of male nurses predominantly relate to being seen as homosexual and necessitating female traits and characteristics. These perceptions are in line with the current research and are not only in existence within the profession, but also stretch to society’s perception including family and friends and the media. The term ‘sexual predator’ appears to be a new emerging concept that has not previously been sighted within the current available literature and this concept may be influenced through current media channels.

The resilience of a male nurse

In order for male student nurses to manage the levels of discrimination that they encounter, the findings suggest ‘resilience’ plays a fundamental coping strategy in their day to day working activities. Integral to this notion is the idea that personality and characteristic traits are important facets in producing resilient practitioners. Fundamental to being resilient was the belief that students had to have the trait of being able to ‘get on with people’ and do that little bit extra and particularly that above their female counterparts as they ‘must impress’, and be able to ‘lift heavy stuff’, they were always ‘needed for some muscle’, ‘to manage difficult and aggressive people’, this in turn gained dividend in terms of much respect from others.

Despite the literature review and findings from this study suggesting male student nurses require feminine behaviours and are labelled as being gay, it is suggested that they also need the prerequisite of masculinity. Furthermore male nurses are expected to be more assertive, assume leadership roles and take on increased duties such as heavy manual handling, managing difficult situations and transporting patients. There was an overriding consensus that the male students were expected to undertake all this on a regular basis and to use this to the advantage of the workplace. They were asked frequently to assist pregnant nurses, manage violent
and aggressive patients under the influence of alcohol or illicit drugs, chaperone female nurses for safety and expected to look after prisoners. Male student nurse appeared to have an extended role and this extension also appeared to be apparent within the higher education setting whereby male student nurses were also expected to take on the enhanced leadership roles at the university such as student representation.

Respondents also acknowledged that way they were treated was not a bad thing as the man’s role is essentially to be gallant and there were advantages ‘it is about chivalry and so feel it is the role’, ‘this was fine as just want the job done’, ‘everyone remembers you’, ‘stand out more’ and ‘must have positive attitude then have positive experiences’. The students also recognized that in order to be successful they needed to be able to adopt certain traits they perceived as belonging to females including being caring, sensitive, social, clean, tidy, friendly, good listener, open, generous, emotional, multi-tasker, calming, empathetic, compassionate and helpful. This is cognisant with Grant (1988) identifying female qualities such as nurturance, compassion, sensitivity, cooperativeness, affection, gentleness, interpersonal sensitivity and interdependence as important traits for male nurses to have. Khan et al. (2011) also acknowledged that instead of attributing these notions a female traits adopted by males it is more that there can be differing levels of masculinity and that this is more consonant with the expression of emotion, openness to experiences and acceptance towards the diversity of men’s sexual preferences. Arguably the traits attributed to males such as independence, self-reliance, autonomy, aggression, leadership, initiative, competitiveness, ambition and analytical thinking are essential qualities need to survive or become a leader in today’s ever changing NHS. Nonetheless, some may argue that such characteristics of success are not without consequence as in the male nurse situation they are underpinned by homophobia, disadvantage and discrimination; it may be easier and more rewarding to want to be true to oneself and successful because of it.

Adopting this stance would also alleviate some of the problems the male student nurses experienced such as feeling that they needed to perform to a higher level than their female counterparts in order to be accepted and valued. Whilst some saw this positively others highlighted how this can be challenging and very isolating at times and recognised the importance of having a support mechanism around them.

There was a prevailing agreement amongst all respondents that being able to socialise and discuss day to day practices with other male student nurses was vital in order to progress positively through the nursing curriculum. The male student nurses who did not have this opportunity to socialise and discuss issues with male peers felt more isolated and lonely with one respondent stating ‘he had been depressed and required counselling because of this’. Undoubtedly, this provided some indication that some respondents felt a degree of role strain. This was compounded by a perceived lack of support from some mentors and female academics. Male students relayed that they had the additional burden of having to work a little harder to prove themselves due to being a minority group with one respondent stating they felt ‘pressure to stand out and to perform well to give a better image of males and encourage more to come into the role’. Role strain was not experienced by all as they suggested they just needed to ‘just band together as male students so not noticed’ or it was ‘down to how you bond with the group’. These responses are congruent with holding a particular personality strength alongside the ability to take advantage of peer support. Interestingly, the ideology of having some form of peer support, whereby socialisation and discussions can take place, seems to strengthen the male student nurse resilience which has not been noted in previous research.

Overall, the respondents described themselves as having both male and female characteristics which were seen as separate not interchangeable attributes amongst the sexes. The trait male nurses felt they possessed were felt to be adaptive rather than inherent. Furthermore it is evident that male students need to be resilient in training to deal with the challenges they face as men and social support plays an important part in this resilience.

The way forward

There is a clear necessity and professional obligation to provide more male nurse mentors to act as future role models to students and this could potentially improve the male nurse experience. There was a strong correlation across the three types of data collection methods that student nurses who have
experienced male educators have received a much more positive experience and felt better supported within the course. Students feel that this move alongside the introduction of specific male mentorship programmes should be considered with much more intent. Likewise in training students institutions need to be cognisant of the strong feminist image nursing portrays and how this can discriminate against males. Programmes and education has to be specifically designed to promote equality amongst the sexes. Respondents highlighted that by not addressing their needs this resulted in ‘no guidance on the appropriate use of touch’, and ‘limitations for male students during obstetric training’. Educators themselves should be more aware of their audience and act appropriately as reported by a respondent ‘lecturers need to stop calling everyone ladies or calling out morning girls’. This behaviour by lecturers further compounds the feelings of social isolation by male students. Nurse educators who are aware of gender issues and avoid gender bias in texts and historical frameworks of practice can better facilitate learning and prepare male nurses to move from a sense of being oppressed to being empowered professionals (Anthony 2004).

Students also highlight that recruitment into nurse training is faced with powerful barriers to prevent males from applying. This includes the powerful professional representation of nursing with its symbolic image of the female uniforms, titles and language. It is widely acknowledge within the literature (Alvesson and Billing 1992) that most jobs in society and most work areas in organisations have some sort of gendered image. Symbolism is closely connected to the degree to which the job is disproportionally occupied by one sex. The media has a strong part to play in reinforcing this female image of nursing and actively promotes the stereotype of male nurses as gay. Many of the respondents felt that the general public viewed nursing as the ‘Carry On’ films or ‘Holby City’. Furthermore it was noted by the respondents that nursing was not actively encouraged by career advisors, teachers or parents during their secondary education as it was seen as a more female profession.

Attrition and academic failure rates for men who enter into the nursing profession are high (Keogh and O’Lynn 2007) and it is clear that students do not always experience a training environment that is conducive to their needs as men in a female oppressed profession. The findings suggest as found by Ryan (2009) that men and women have different learning styles. Male students generally display the assimilator style of learning valuing rationalism and objectivity and they prefer didactic learning. However, a learning style most commonly seen in nursing is the reflector (Honey and Mumford 2000) which is preferred mostly by female students. As a result male students generally have to adapt to a more female orientated style of learning (Ryan 2009) which can impact negatively on their performance and their socialisation into the profession (Keogh and O’Lynn 2007).

It is evident that men in nursing have great difficulties within their training and there is a need to offer strategies to retain learners and find solutions. Nurse educators must use strategies and tactics to make male student nurses feel they are accepted and have valuable talents and traits that they bring to the profession. In order to provide appropriate education and training for student’s attitudinal change is required. The biggest shift must come from nursing leadership in changing nursing culture within the profession to become more sensitive of the gender needs of students. Awareness of media influence is also important in bringing about change. It is recognised that powerful methods such as the media and organisations can influence the existing symbolism of nursing positively creating a new cultural/societal image of the male nurse.

**Conclusion**

This research study set out to examine the male nursing student’s experience and it has confirmed that the male student nurse experiences are complex. The findings to this research study have been based upon a mixed methodology utilising three data collection methods increasing the reliability, validity and trustworthiness. Nonetheless, this study is based upon respondents from one higher education institute and is therefore too small to make generalisations to the wider population of male student nurses.

Gender discrepancy, bias and discrimination exist within nursing with male student nurses reporting many barriers and stereotypes. It is evident that male student nurses are perceived to be unmanly due to the feminine characteristics they sometimes hold.
Feminine traits within male students however can actually complement their pre-existing masculinity and this can be fundamental to delivering patient care effectively.

There seems to be a cultural and societal acceptance that men entering the nursing profession are ‘gay’ with their sexual orientation being questioned frequently, not only within the clinical setting but also within the structure of their family and friends. This issue appears to amplify the sexism approach within the clinical environment impeding the types of placement or learning opportunities chosen. A new emerging theme of male student nurses and nurses being a ‘sexual predator’ has not been cited in previous research and was unexpected to the researcher. Again this is most likely to be related to societal constructs and the current legal frameworks within the UK. Male student nurses need resilience to work within a heavily dominated female profession and value receiving emotional and social support in order to thrive. Despite numbers increasing, male nurses still remain a minority group with many experiencing some form of role strain.

In response to these findings it is recommended that a number of changes are required to eliminate the problems males experience when entering into nursing. The media could be influential in altering current stereotypes allowing public perceptions to change. This would certainly challenge the pre-existing symbolism attached to nursing whereby societal influences have perpetuated the development of nursing as a predominately female gender specific profession. This societal perception of nursing ultimately deters some male applicants from seeking admission to nursing programmes. Initially this calls for more improved career advice to be made available within secondary education and lastly higher educational clinical and academic environments require an attitudinal shift embracing the presence of male learners. More male mentors are required and therefore the introduction of male mentorship programmes is advisable. Certainly an increase to male nurses and male mentors would be beneficial to improving the efficiency, diversity and service delivery of the NHS offering a breadth of choice and flexibility to patients. A proactive approach addressing both the internal organisation and the external recruitment of men needs to take place if gender diversity in nursing is to happen so as to more effectively provide care to an increasingly diverse population.

References


