Experiences, Attitudes, and Perceptions of Female Adjunct Clinical Instructors Teaching Male Pre-Licensure Nursing Students.

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For my sons, Joshua and Alexander. All this, I did for you.
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ABSTRACT

Experiences, Attitudes, and Perceptions of Female Adjunct Clinical Instructors Teaching Male Pre-Licensure Nursing Students.

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The global shortage of nurses is a problem that has serious consequences. Recruitment of men into nursing has been seen as one possible solution to both diversify the profession, and fill the shortfall, but there are multiple barriers for males in nursing. These barriers are reported as they first contemplate a career in nursing, during nursing education, and as they transition into the profession. This results in decreased retention and success, with males leaving nursing in higher numbers than their female peers. Clinical instructors are described as an essential source of encouragement and support for nursing students, yet are also identified as one possible influence that deters men in nursing. This research study utilized a qualitative, descriptive, emergent design employing semi-structured one on one interviews with female adjunct clinical instructors. The participants were asked about their experiences, attitudes, and perceptions of teaching male pre-licensure nursing students in the Fundamentals clinical rotation. Roy’s Adaptation Model served as the conceptual framework for the study. The emerging ideas and implications suggest areas of nursing education where change can be made to increase recruitment, retention and success for male nursing students, and facilitate their greater acceptance in the profession.
Keywords: male nursing student, clinical instructor, nursing education, barriers
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CHAPTER 1
INTRODUCTION

The American nursing workforce is facing a severe shortage of qualified Registered Nurses (RNs) in the coming decades. As the nursing workforce itself ages and retires (National Council of State Boards of Nursing, 2020), population in general ages at the same time, increasing the number of elderly patients requiring nursing care with insufficient numbers of nurses to care for them. There is substantial documentation of barriers that discourage men from joining the nursing profession (Hodges et al., 2017; Sedgwick & Kellett, 2015). This view that nursing is not a suitable career choice for males reaches as far back as Florence Nightingale in her work “Notes on nursing; What it is and what it is not” (1969), self-published in 1859. Nightingale strongly advocated for nursing to be a profession for women alone with a few limited exceptions in psychiatric settings where masculine strength was seen as an asset in controlling unruly patients (Davies, 2013; Yi & Keogh, 2016; Younas et al., 2019; Zahourek, 2015). One of the barriers with perhaps the greatest potential to do harm to incoming male nursing students is a negative experience with a clinical instructor (CI). The CI role is complex and multi-faceted, and essential to student success. Bias against male students from CIs has been described as a factor reducing male nursing student retention and transition into the workforce (Carnevale & Priode, 2018; Sayman, 2014; Younas et al., 2019).

Background
The presence of a variety of barriers has been reported in pre-licensure nursing education where male students are in the minority and report feelings of isolation and marginalization, with some even going so far as to report sensing feelings of resentment at their presence from female faculty or students (Golden, 2018; Sedgwick & Kellett, 2015; Younas et al., 2019). Textbooks assigned in nursing classes rarely show men in the nursing role, or acknowledge the historical contribution of men to the nursing profession (Andrews et al., 2012), and the language used often refers to the nurse as “she” (Meadus & Twomey, 2011; Younas et al., 2019). This lack of males in the visual imagery of the nursing profession can send the message that nursing is still only for women, and that males are an anomaly. Nursing faculty are predominantly female, with very few male faculty to act as role models for male students, and faculty can be guilty of feminizing their language when talking about the nurse in the classroom (Meadus & Twomey, 2011; Younas et al., 2019).

In clinical placements, male students can be met with further resistance from hospital staff, patients, and the CIs who are charged with the role of teaching and mentoring them into success (Sedgwick & Kellett, 2015). Extensive barriers to learning and practice in tasks requiring intimate touch such as bathing or toileting are reported in the literature (Golden, 2018; O’Lynn & Krautscheid, 2014; Whiteside & Butcher, 2015), particularly in pediatric and women’s health settings (Golden, 2018; Meadus & Twomey, 2011). Male nursing students are often expected to care for heavier patients (Younas et al., 2019), or to deal with potentially violent or aggressive patients rather than their female peers (Andrews et al., 2012). Patients often assume that a male nursing student is a doctor, rather than a nurse, delegitimizing their role and sense of professional identity.
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(Golden, 2018; Meadus & Twomey, 2011; Rajacich et al., 2013; Younas et al., 2019).

The lack of male role models and CIs makes it more difficult for male student nurses to socialize into the professional role (Andrews et al., 2012). This combination of pervasive and persistent barriers leads to reduced retention rates in nursing school for male student nurses, compared with their female peers (Andrews et al., 2012; Golden, 2018).

**Statement of the problem**

The aging of the American nursing workforce, combined with the aging of the population in general, results in more patients and inadequate numbers of nurses to take care of them. In parallel to this problem is the overall lack of diversity in the American nursing workforce, such that it does not reflect the diversity of the patient population it cares for. These dual dilemmas make it essential that the profession welcomes, mentors and encourages qualified nursing students to succeed, irrespective of gender as well as other individual characteristics. Some male students who enter into pre-licensure nursing education report experiences of negativity and bias from their CIs (Carrigan & Brooks, 2016; Mott & Lee, 2018; Powers et al., 2018; Voss & Eldeirawi, 2017; Younas et al., 2019), potentially resulting in poor learning experiences, greater levels of stress than their fellow female students, disenchantment with the nursing profession in general, and reduced retention and successful transition to the nursing workforce. The CI has an incredibly important responsibility as a role model, source of encouragement and support, and is key to a productive learning experience. A relationship between a male student and CI that is compromised by bias from the CI purely on the basis of gender is most likely destined to fail.

**Purpose of the Study**
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The purpose of this qualitative, descriptive study was to explore and describe the experiences, attitudes and perceptions of female adjunct CIs teaching pre-licensure male nursing students in their first Fundamentals of Nursing clinical rotation. A series of semi-structured interviews were carried out with the intention of gaining insight and understanding of the experiences, attitudes and perceptions of female adjunct CIs towards male nursing students.

Research Questions

1. What are the experiences of female adjunct CIs teaching male pre-licensure nursing students?

2. What are the attitudes reported by female adjunct CIs towards male pre-licensure nursing students?

3. What are the perceptions of female adjunct CIs with regard to the impact of the increasing number of males in the nursing profession?

Theoretical Framework

The study was guided by Roy’s Adaptation Model (RAM), (2009). This conceptual framework can be utilized to examine both individuals or groups in terms of the efficacy of their adaptation to changing stimuli in the environment across four modes: physiological, self-concept, role function, and interdependence. Adaptation in any one mode can be viewed as being in one of three states: integrated, compensatory, or compromised (Roy, 2009).

This study examined female adjunct CIs as a group, focusing on the group identity mode of adaptation. The group identity mode involves the following factors: interpersonal relationships, group self-image, social milieu, and group culture. The
overall intention in the group identity mode is to maintain integrity of the group’s common goals and ideals, whilst adapting to changing stimuli in an integrated manner that preserves the group’s sense of self. The increase in males entering the nursing profession functions as a stimulus within the system, challenging the CI group to adapt and embrace a new group identity that integrates both male and female gendered group members.

**Nature of the Study**

This was a qualitative, descriptive study using an individual, semi-structured interview process to gather data from female adjunct CIs who have experience teaching male pre-licensure nursing students in their first fundamentals of nursing clinical rotation. Clinical instructors were asked to reflect upon their teaching experiences with male pre-licensure nursing students. Interview data were collected and analyzed concurrently for common themes and experiences using an emergent study design. The identified categories and themes were used to construct a narrative description of the experiences, attitudes, and perceptions of female adjunct CIs teaching male pre-licensure nursing students in the Fundamentals clinical rotation.

**Operational Definitions**

For the purposes of this study, these key terms were operationally defined as follows;

*Clinical Instructor:* a registered nurse teaching a small group of 6-10 pre-licensure nursing students. They might also be referred to as a clinical teacher or adjunct/clinical faculty in the literature.
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**Adjunct:** A registered nurse who teaches pre-licensure students in the clinical setting as a secondary part of their professional life. It is not their primary source of employment but is additional work they perform for a university or college on a temporary, as needed basis.

**Male Nursing Student:** a pre-licensure student enrolled in a Bachelor of Science in Nursing (BSN) or Accelerated Bachelor of Science in Nursing (ABSN) program who self-identifies as being of the male gender.

**Female Nursing Student:** a pre-licensure student enrolled in a BSN or ABSN nursing program who self-identifies as being of the female gender.

**Fundamentals Nursing Course:** the first nursing course that a student takes requiring clinical practice with patients, focused on basic nursing skills. It may also be named “Foundations”, depending upon individual School of Nursing preference.

**Clinical Setting:** an acute clinical patient care setting such as a hospital or rehabilitation facility.

**Significance to the Nursing Profession**

A study investigating the experiences, attitudes, and perceptions of female adjunct CIs teaching pre-licensure, male nursing students is significant to the nursing profession as we contemplate the burgeoning shortage of qualified nurses to care for our aging population. Any factor that is contributing to the decrease in retention of capable nursing students needs to be examined and understood so that changes can be implemented to limit its impact. By studying and developing an understanding of the experiences, attitudes, and perceptions of female adjunct CIs working with male nursing students,
student retention may be improved and a smooth transition to the nursing workforce for male students facilitated with greater success.

Summary

The aging nursing workforce coupled with an aging population results in more patients and fewer nurses to care for them. Increasing the number of nurses by tapping into non-traditional sources such as males will assist in addressing this problem, and the issue of a lack of gender diversity in nursing in the coming decades. In order for this strategy to be effective, male nursing students need to be welcomed, supported and mentored throughout their pre-licensure nursing education with the same degree of success as their female colleagues. The barriers to success faced by male nursing students and male nurses in the workforce results in decreased retention and satisfaction with nursing as a career choice. Negative attitudes and perceptions from female adjunct CIs against male students are identified as one possibly significant barrier that has the potential to be damaging. This study pursued a qualitative, descriptive approach to understand the experiences, attitudes, and perceptions of female adjunct CIs teaching male nursing students in pre-licensure nursing education. Roy’s Adaptation Model (2009) was used as the conceptual framework guiding the study to investigate this group.
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CHAPTER 2

REVIEW OF THE LITERATURE

Literature Search Strategy

Searches of the literature were conducted over the past five years, during both the principal researcher’s master’s and Doctoral work. The Salem State University and Endicott College libraries were utilized at different times to perform online searches in the following databases; EBSCO, PubMed, Medline, SAGE, and Google Scholar. Searches were conducted using combinations of the following keywords, terms, and phrases: males/men in nursing, experiences of males/men nursing students, barriers to males/men in nursing, bias against males/men in nursing, clinical instructor/teacher/faculty role, clinical instructor/teacher/faculty characteristics, and clinical instructor/teacher/faculty bias. Quantitative and qualitative studies, literature reviews, meta-analyses, meta-syntheses, and editorial articles were considered. Only articles written in English were accepted. Articles were read by the researcher, and reference lists cross-checked for other possible sources. The literature search was ongoing until saturation of information was obtained.

Introduction

The profession of nursing in the United States is facing a shortage of qualified Registered Nurses (RNs) to meet the growing needs of our aging population in the coming decades. Multiple strategies have been proposed to address this serious problem and increase the size and potential contribution of the nursing workforce (Carnevale & Priode, 2018; Hodges et al., 2017; Rajacich et al., 2013; Roth et al., 2008; Sedgwick & Kellett, 2015). Expanding the pool of potential nursing students by purposefully seeking
male applicants is seen as one effective approach to producing a greater number of qualified nurses. However, in order for them to be successful, it is essential that these male students be readily welcomed into the traditionally female dominated profession of nursing. Male students who are less supported and guided through a traditionally female dominated education process, will face decreased likelihood of success and retention, in both nursing education, and as they transition into practice. There are multiple barriers facing males at different points in their journey to becoming experienced nurses; as they consider entering nursing school, during the nursing education process, and as they practice in the nursing profession upon graduation.

This review begins by examining the literature investigating these barriers, and then describes the critical role of the clinical instructor (CI) in nursing education. Clinical Instructors have a complex role in the education of nursing students with many challenging responsibilities. Clinical Instructors function to bridge the theory to practice gap, act as gatekeepers into the nursing profession, provide essential encouragement, support, and constructive feedback, and facilitate socialization into the nursing profession for the novice nurse. A productive CI-student relationship is essential in order for the CI to carry out the full scope of their role effectively. The presence of CI bias against male nursing students has been mentioned as an influence that negatively impacts this critical relationship, having far-reaching consequences for the future of the nursing profession (Carnevale & Priode, 2018; Sayman, 2014). Given the impact of the CI-student relationship, and the many demands of the CI role, further study investigating the experiences, attitudes, and perceptions of female adjunct CIs towards male pre-licensure nursing students is worthy of attention.
The review concludes with an examination of the conceptual framework that guided the study. Sister Callista Roy’s Adaptation Model (Roy, 1970, 2009) will be discussed as the conceptual framework to investigate the perceptions of clinical nursing instructors as they attempt to adapt to the changing nursing landscape, and changes in the traditional demographics of the nursing workforce. Investigation of the efficacy of adaptation of the CI group to changing gender norms within the nursing profession will be explored with regard to the group identity mode of the Roy Adaptation Model (RAM) (Roy, 2009).

The problem at hand

Males who choose to enter into the nursing profession may have faced a chilly reception stemming from Florence Nightingale’s original characterization of nursing, self-published in 1859, as a domain belonging to, and suitable for, women alone (Davies, 2013; Moore & Dienemann, 2014; Nightingale, 1969; O’Connor, 2015; Yi & Keogh, 2016; Younas et al., 2019; Zahourek, 2015). This contrasts with a historical male presence in nursing for thousands of years, documented in religious orders, military forces, and laymen caring for the sick (Ashkenazi et al., 2017; Carrigan & Brooks, 2016; Davies, 2013; O’Connor, 2015; Sedgwick & Kellett, 2015; Younas et al., 2019; Zahourek, 2015). The earliest record of men in nursing is found in India from 250BC with the opening of the first known school of nursing, which only accepted male students (Carrigan & Brooks, 2016; Christensen, 2017). Despite this long history of males successfully carrying out nursing work, the influence of Nightingale’s view is so pervasive that the latest available data from 2019 shows only 9.1% of the nurses in the workforce in the United States identify as male (Minority Nurse, 2019). Whilst this
feminization of the profession has contributed to the shortage of RNs to care for our aging population, it also complicates the balance of the profession’s demographics with regard to gender. A profession that better represents the population it serves in all matters of diversity, including gender, is better able to provide quality patient care, resulting in improved patient outcomes and satisfaction (Cowan et al., 2015; Villarruel et al., 2015; Yi & Keogh, 2016). The current gender imbalance of the nursing profession takes away opportunity and choice for patients who would appreciate and prefer the option of being cared for by a male, and does a disservice to the profession itself, casually discarding the potential contributions of half the population based merely on gender.

The stereotype of nursing as a female role is further amplified by the negative representations of male nurses in popular culture. Television, movies, magazines, and books often portray males in a nursing role as sources of comedy, out of place in the hospital setting, a source of romantic intrigue, or as having an ominous intention in their role as a nurse (Carrigan & Brooks, 2016; Jamieson et al., 2019; O’Connor, 2015; Rajacich et al., 2013; Stanley, 2012; Wallen et al., 2014; Weaver et al., 2013).

One notable exception is an episode of “The Handmaid’s Tale” where only men are seen functioning as nurses (Miller, 2019). No commentary is made on this unusual situation within the episode due to the fact that the television series is set in a near future dystopia where women are viewed and utilized merely as tools to further men’s ends and desires. Women are not allowed to read or think for themselves, and not considered important or intelligent enough to carry out a complex role such as nursing. The men providing nursing care to the patient are symbols of the bizarrely stringent gender roles portrayed throughout the series. This visual adds to and highlights the “otherness” of the
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male as nurse concept, rather than acting as a positive image and example for males contemplating a nursing career, studying in pre-licensure nursing education, or working in the nursing profession.

A global concern

It is not just in the United States that men desiring to work in the nursing profession face barriers making their journey to licensure, and their ensuing experience as part of the workforce, difficult. Studies from around the world report similar themes to those found through research in the United States. There is a large body of confirming research from English speaking Western nations (Gavine et al., 2020) that might readily be considered similar to the United States, including Australia (Juliff et al., 2016; Stanley et al., 2016), the UK (Whiteside & Butcher, 2015), Ireland (McLaughlin et al., 2009; O’Connor, 2015), Canada (Meadus and Twomey, 2011; Twomey & Meadus, 2016), and New Zealand (Jamieson et al., 2019). However, the range of issues and barriers faced by men in both pre-licensure nursing education and the nursing profession are also reported in many other nations including Norway (Jordal & Heggen, 2015), Poland (Kluczynska, 2016), Cyprus (Kouta & Kaite, 2011), Greece (Kiekkas et al., 2016), South Africa (Mthombeni & Phaladi-Digamela, 2015), Nigeria, (Folami, 2017), Mauritius (Hollup, 2014), Hong Kong (Chan, Chan, Lui, Yu, et al., 2014; Chan, Chan, Yu, et al., 2014; Chan, Lo, et al., 2014), China (Zhang & Liu, 2016), South Korea (Shin et al., 2017), Taiwan (Liu & Li, 2017), Chile (Ayala et al., 2014), Turkey (Kulakac et al., 2015), Israel (Ashkenazi et al., 2017), and Jamaica (Adeyemi-Adelanwa et al., 2015). This global body of work speaks to the problem of recruitment, support, success and retention of men in
nursing education and the profession as a whole worldwide, and the need for the international nursing community to purposefully address this issue.

Attempts to address the problem

The current nursing shortage in the United States has resulted in efforts to actively recruit men into nursing so that various avenues of filling the shortfall are being explored (Moore & Dienemann, 2014; Rajacich et al., 2013; Roth et al., 2008; Sedgwick & Kellett, 2015). Women can no longer be seen as a limitless supply of potential nurses as they now enjoy a full array of career choices and opportunities that were not readily available to them in the past. Strategies have been put into place over the last two decades in an attempt to increase the rate of men entering the nursing workforce in the hopes of handling the projected shortfall.

In 2002, the Oregon Center for Nursing (OCN) spearheaded a recruitment campaign for middle and high schoolers titled “Are you man enough to be a nurse?” ( Minority Nurse, 2013). The iconic poster associated with the campaign displayed a group of men, some of them dressed in nursing scrubs, and others dressed to engage in hobbies that are typically thought of as being masculine. The campaign aimed to change the image of nursing in the minds of middle and high school students, portraying it as a career choice suitable for anyone looking for a challenging role in the health-care field. The campaign focused on the need for nurses to have intelligence, critical thinking ability, and to be highly skilled professionals, making it a suitable pursuit for students of any gender identity, rather than just females.

In 2009, the Robert Woods Johnson Foundation collaborated with the American Assembly for Men in Nursing to develop a strategic plan, “The 20 x 20 Choose Nursing”
campaign, to increase the number of men entering the nursing profession (Carrigan & Brooks, 2016; Minority Nurse, 2013; Moore & Dienemann, 2014). The collaboration included a coordinated and purposeful marketing campaign of print and social media, promoting men in nursing by telling the stories of male nurses and their pursuits outside of work such as mountain climbing, biking, computers, and being a family man. In contrast to the OCN’s earlier approach, the campaign aimed to degenderify the nursing profession, focusing on the nurse as an individual with their own interests and talents, rather than making their gender the central focus. The message was that nursing is a career suitable for all gender identities, and that the individual’s personal strengths, skills, talents, and interests are the key to success in the profession. The campaign also provided scholarships for men interested in entering nursing education, a toolbox for school guidance counselors to use when discussing the possibility of nursing as a career choice with male students, and awards for schools of nursing and workplaces deemed to provide the best environment for men in nursing. The overall goal of the campaign was to have 20% of nurses and nursing students identify as male by the year 2020. Given that the current rate of men in nursing in the United States is only 9.1%, the campaign has unfortunately fallen far short of its goal (Minority Nurse, 2019).

One RWJF sponsored initiative was the Scholarships for Underrepresented Students in an Accelerated Initial Nursing (SUSTAIN) program, which aimed to increase recruitment, retention and success of all minority nursing students, including males, in accelerated, pre-licensure Master of Nursing programs (Cowan et al., 2015). The initiative intentionally targeted minority nursing students for recruitment, offered scholarships to qualified applicants to relieve financial burden, and provided purposeful
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social and academic support to increase retention rates in the program. Participants engaged in leadership activities and service learning to foster independence and socialization into the professional nursing role. Interactive teaching and learning approaches were utilized in courses to promote increased student engagement and academic success. Tutoring, study and test taking skills development, and mentoring were also provided. The results of this initiative were a 100% retention rate and 92% first time NCLEX pass rate for the SUSTAIN program participants.

Similar successes for male students were reported in other RWJF sponsored accelerated nursing programs through secondary analysis of data from 3,502 male students from 2008-2016 (Spurlock et al., 2019). Completion and NCLEX success rates were reported as being high for male students participating in these supportive, accelerated programs. This data supports the rationale for investment in programs such as SUSTAIN. There is clear evidence that these types of programs greatly increase the success of minority student groups, including males, contributing to increased diversity of the nursing profession. These initiatives can help male students to successfully navigate the many additional barriers that they often face in pursuing a career in nursing, compared to their female peers.

Barriers at multiple points

Barriers to males considering nursing as a profession

Despite the recent efforts to increase the number of men recruited into nursing, there is substantial documentation of many barriers that still work to discourage male students from joining the nursing profession (Carrigan & Brooks, 2016; Cowan et al., 2015; Roth et al., 2008; Sedgwick & Kellett, 2015). One of the most influential and
primary barriers is the persistence of society’s view of nursing as women’s work, unsuitable for males (Carlsson, 2020; O’Connor, 2015; Tollison, 2018; Whitford et al., 2020). This point of view precludes most males from even considering nursing as a possible career. Furthermore, most male students in middle and high school report that in addition to not independently thinking about a career in nursing, they were not given guidance to consider the nursing profession, even if their academic strengths and interests would suggest it to be a good fit otherwise (Carrigan & Brooks, 2016; Davies, 2013; Gavine et al., 2020; Jamieson et al., 2019; O’Connor, 2015; Roth et al., 2008; Whitford et al., 2020). There is a lack of positive male nursing role models, both publicly in the media, and often within the students’ own family and friends, so the profession is not brought to the forefront (Clinical Digest, 2014; Jamieson et al., 2019; Sedgwick & Kellett, 2015). Males who do consider pursuing nursing may also meet with resistance from their family and friends. They may face questions about their masculinity, or the presumption that their interest in a female dominated profession such as nursing means they must, by default, be homosexual (Jamieson et al., 2019; O’Connor, 2015; Stanley et al., 2016; Twomey & Meadus, 2016; Voss & Eldeirawi, 2017; Whitford et al., 2020). These familial influences, questions, and assumptions can readily serve as discouragement to a middle or high school student, and prompt them to turn away from a profession for which they are otherwise well suited.

Barriers within nursing education

The cultural persistence in thinking of nursing as a female dominated profession has created a number of problems for the men who do choose to pursue a nursing career. In nursing school, male students are in the minority and often report feelings of isolation
and marginalization (Cowan et al., 2015; Schmidt & MacWilliams, 2015; Voss & Eldeirawi, 2017). A preliminary report on efforts to address gender based incivility in nursing education at Duke University in North Carolina (Morgan et al., 2019) found that some males related feelings of resentment at their presence from female faculty or other female students, supporting other findings in the literature (Powers et al., 2018; Sedgwick & Kellett, 2015; Younas et al., 2019). Male students also reported instances of microaggressions from female students towards them across nursing education settings, including in the classroom, online, and in the clinical setting (Morgan et al., 2019; Powers et al., 2018; Voss & Eldeirawi, 2017; Younas et al., 2019). Female students were reported as referring to males with degrading names such as “the penis group” and excluding male students from study groups or group texts (Morgan et al., 2019, n.p.).

Male nursing students sometimes report feeling intimidated asking questions in front of an all-female classroom, for fear of looking silly and inept (Powers et al., 2018). Male initiated social activities can be dismissed as having little value in comparison with female organized activities (Morgan et al., 2019). Male students have also reported that their success and aptitude for nursing is minimized by their peers. Female students make comments implying that their male gender is the only reason why they are selected for certain tasks, or offered certain job opportunities upon graduation, denying their possible intellectual contributions or skills that actually contributed to their success (Morgan et al., 2019).

Textbooks and other resources rarely show men in the nursing role, nor do they tend to acknowledge the historical contribution of men to the nursing profession (Powers et al., 2018; Younas et al., 2019), and the language used often refers to the nurse as “she”
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(Meadus & Twomey, 2011; Younas et al., 2019). This subtle omission of men from the visual image and language of nursing potentially sends a message to male students that they are not really supposed to be there and are only guests in their own chosen profession.

Nursing faculty are predominantly female, with very few male faculty to act as role models for male students, in both the clinical and classroom settings (Carrigan & Brooks, 2016; Mott & Lee, 2018; Powers et al., 2018; Voss & Eldeirawi, 2017; Younas et al., 2019). As of 2018, only 5.5% of nursing faculty are male, but there has been no particular reported effort to recruit more men into the faculty role (Mott & Lee, 2018). Faculty can be guilty of feminizing their language when talking about the nurse, and even making assumptions about the students’ knowledge of the female body and women’s health, as most students are female (Meadus & Twomey, 2011; Powers et al., 2018; Younas et al., 2019). Nursing faculty are perceived by male students as being largely ineffective in recognizing microaggressions and incivility against them, or even if they do recognize it occurring, faculty are ill-equipped to address the situation (Morgan et al., 2019).

In clinical placements, male students can be met with resistance from hospital staff and patients, and have to withstand suspicion regarding their behavior before they even begin to function in the clinical environment (Carrigan & Brooks, 2016; Morgan et al., 2019; Powers et al., 2018; Sedgwick & Kellett, 2015; Younas et al., 2019). They are treated as being suspect from the very start of their nursing experience. Male students face significant barriers to their learning and practice in tasks requiring intimate touch (Colby, 2012; Morgan et al., 2019; O’Lynn et al., 2016; O’Lynn & Krautscheid, 2014;
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Powers et al., 2018; Whiteside & Butcher, 2015; Whitford et al., 2020; Younas et al., 2019), which is defined as;

Task-oriented touch to areas of the body that may invoke discomfort, anxiety, or fear among caregivers or clients or may be misinterpreted as sexual in nature. Such areas of the body include, but are not limited to, the breasts, lower abdomen, genitals, perineum, buttocks, and inner thighs. (O’Lynn & Krautscheid, 2014, p. 126)

Very few prelicensure nursing education programs specifically address the appropriate approach and process of touching patients in an intimate manner as part of nursing care, leaving male students in a vulnerable position when caring for female patients (O’Lynn et al., 2016). Many male students report feeling that they must be cautious in these situations and are fearful of being wrongly accused of sexual impropriety. They perceive that their touch has been sexualized (Biletchi, 2013; O’Lynn et al., 2016; Younas et al., 2019), rather than being seen as therapeutic. These students also report being asked to leave the room for certain patient care activities, limiting their learning opportunities in comparison to their female colleagues (Biletchi, 2013; Mitra et al., 2018). Male students can be subject to hesitation or rejection from patients and families in settings caring for children, and women’s health (Carrigan & Brooks, 2016; Biletchi, 2013; Golden, 2018; Powers et al., 2018; Whitford et al., 2020; Younas et al., 2019). This results in the male student feeling sidelined and allowed only to function within strict boundaries imposed by others. Their gender overrides their interest, knowledge, and skill when these experiences occur. The incivility towards male students, and the isolation and marginalization they experience can be pervasive throughout nursing education. This results in reduced retention rates in nursing school for male student nurses, compared to their female peers, leading to fewer qualified nurses entering
the profession overall and contributing to the greater nursing shortage (Kiekkas et al., 2016; Voss & Eldeirawi, 2017; Younas et al., 2019).

**Barriers in the nursing workforce**

The stress of being in a female dominated environment continues as men transition into the nursing workforce. Many of the same concerns from their time in prelicensure nursing education are still present in the work setting with additional pressures and role strain now coming to the forefront. Men in nursing are often seen as physical strength needed to care for heavy patients, and can be subject to an expectation that they must deal with potentially violent or aggressive patients rather than their female colleagues (Kiekkas et al., 2016; Moore & Dienemann, 2014; Morgan et al., 2019; Twomey & Meadus, 2016; Younas et al., 2019). Patients often assume they are a doctor, rather than a nurse, and may reject their care altogether when they realize the nature of the male nurse’s role (Rajacich et al., 2013). Female nurses vary in their willingness to accept male nursing colleagues, as found by Gedzyk-Nieman and Svodoba (2018) in a study of hospital nurses in a large Midwestern U.S. city. Level of nursing education was found to be a factor impacting a nurse’s willingness to accept male colleagues, with those with a higher nursing education level found to be more accepting. This finding suggests that the nursing profession will become more cohesive and welcoming to male nurses if all nurses are encouraged to pursue further education, benefitting the profession as a whole.

In some countries where men are not allowed to work in the maternity setting, experience as a midwife is required for senior management jobs, effectively shutting men out from these positions (Kouta & Kaite, 2011). The lack of male role models and
mentors in the workplace makes it more difficult for new male nurses to socialize into professional expectations and responsibilities (Davies, 2013). The role strain they experience results in higher rates of males leaving the nursing profession, compared with their female colleagues (Kiekkas et al., 2016; Rajacich et al., 2013).

Men who remain in the nursing profession can feel pushed into certain areas of practice and shut out from others. High tech nursing environments such as ICU, ER and the operating room, or practice settings that potentially require physical strength such as restraining a patient in psychiatric care, are seen as better fits for society’s idea of suitable male employment (Jamieson et al., 2019; Moore & Dienemann, 2014; Wu et al., 2015; Younas et al., 2019). The expectation that a man in nursing will want to climb the corporate ladder and pursue managerial positions rather than remaining in a clinical position is also prevalent (Jamieson et al., 2019; Younas et al., 2019).

In contrast, men in nursing can feel unwelcome and even a sense of outright hostility in practice settings such as pediatrics or obstetrics where their very motivation for expressing interest in such areas can be characterized by some as deviant or malevolent, and can often result in treatment refusal (Golden, 2018; Jamieson et al., 2019; Whitford et al., 2020; Younas et al., 2019). This sense that men can function as nurses, but only in certain circumstances that society begrudgingly approves of, limits their career opportunities and choices, and leaves them in an even further isolated and marginalized state. Males contemplating a career in nursing, those in pre-licensure nursing education, or those now transitioning to the workforce are left looking at the fullness of the profession from the sidelines where they have been allowed to have
access, rather than from the same central starting point as their female colleagues with all possible career paths open to them.

Perhaps the most damaging stereotype of men in nursing is that they cannot be caring, or that their way of expressing care is so fundamentally different from that of women that it renders men ill-suited to the nursing profession altogether (Colby, 2012; Jamieson et al., 2019; Jordal & Heggen, 2015; Stanley et al., 2016; Tollison, 2018; Wu et al., 2015; Younas et al., 2019; Zahourek, 2015; Zhang & Liu, 2016). Caring has historically been viewed as a natural female tendency, whilst a real man keeps his emotions to himself (Jamieson et al., 2019; Kiekkas et al., 2016; Wu et al., 2015; Zhang & Liu, 2016). Women’s ways of expressing caring are seen as being more touchy-feely than men, but as many male nurses already report feeling cautious regarding the touching of patients, they are left with the dilemma of how to best demonstrate caring in other ways (Colby, 2012; Kiekkas et al., 2016; Zhang & Liu, 2016). Male students report that some female faculty do not necessarily perceive their masculine style of caring as being as valid, or as effective as the traditional feminine approach to caring, negating their efforts (Colby, 2012).

Clinical instructors are seen as playing a crucial role in demonstrating and role modelling the act of caring for patients (Cook & Cullen, 2003), but the lack of male CIs is a dilemma, leaving male students without a suitable role model to show them how to address this unique problem as a man in the nursing profession. Despite these obstacles, it has been reported that men who choose to enter the nursing profession do so because they want the opportunity to demonstrate care for their patients just as much as their female counterparts do (Colby, 2012; Schmidt, 2016; Zahourek, 2015; Zhang & Liu, 2016).
Motivating factors and positive influences for men in nursing

Whilst there are barriers to men pursuing a nursing career at multiple points along their journey, those who do enter the profession report some positive and motivating factors that brought them there. O’Connor (2015) carried out a qualitative descriptive study of 18 male nurses in Ireland with regard to the experience of working in a gendered profession such as nursing, asking them what factors encouraged them to pursue such a career. A similar study was conducted in Australia with nine newly graduated male nurses, asking about the experience of pursuing a nursing career as a male (Juliff et al., 2017). These studies and others found that there are a range of influences and motivations in different arenas that serve as encouragement for the few men who do make the choice to enter nursing. Males who contemplate a career in nursing were often heavily influenced by a family member or friend who was a nurse, especially if that nurse was also a male (Gavine et al., 2020; Juliff et al., 2017; O’Connor, 2015; Whitford et al., 2020; Yi & Keogh, 2016). Hearing first-hand the positives and rewards of a nursing career was an encouragement to consider the profession for themselves. Male students were also likely to relate a personal experience of spending time with a close relative in the hospital, or being a patient themselves, giving them the opportunity to observe nursing work intimately, and thus develop an interest in a career that they might otherwise have never considered (Gavine et al., 2020; Juliff et al., 2017; O’Connor, 2015; Whitford et al., 2020; Yi & Keogh, 2016). Male nurses reported that they often came to the nursing profession indirectly having spent time working in another health-related role, and having seen the advantages of working in nursing, aspired to further their education so that they could step into a more advanced role. Previous work as an EMT or in the
military was a common background for male nursing students, such that males reported that they often came into nursing by chance, rather than design and intention (Gavine et al., 2020; Juliff et al., 2017; O’Connor, 2015; Yi & Keogh, 2016).

Positive characteristics and job attributes of a career in nursing were also seen as motivators for males. Stability of the job market, good promotion prospects, attractive salaries, and opportunities for further education and career growth were identified as factors that males considered to be beneficial, and part of what made a nursing career worthwhile in their minds (Clow et al., 2014; Gavine et al., 2020; Juliff et al., 2017; O’Connor, 2015; Whitford et al., 2020; Yi and Keogh, 2016). Whilst males leave the nursing profession in greater numbers than their female colleagues, those who do persist in the profession are often paid larger salaries and more likely to hold administrative or leadership roles than females (Clow et al., 2014; Muench et al., 2016; Wilson et al., 2018).

Certain areas of practice were described as being more attractive to males because of their more masculine characteristics. Specialties such as the emergency room, intensive care unit, or perioperative unit that involved a lot of equipment and technical knowledge, psychiatric nursing where males have traditionally functioned as nurses, or administrative or leadership roles were seen as being more suitable for males, and more in line with societal norms and concepts of masculinity (Clow et al., 2014; Whitford et al., 2020; Yi & Keogh, 2016). The characteristics of these specialties allowed men to be a nurse whilst also holding onto their masculine identity. Other specialties such as obstetrics and pediatrics were seen as being more feminine in nature and hence less desirable, perhaps even unsuitable for male nurses (Gavine et al., 2020; Juliff et al., 2017;
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Yi & Keogh, 2016). These practice areas also fell in line in terms of acceptance of male nursing students from staff and patients, and treatment acceptance or refusal during clinicals (Gavine et al., 2020).

Despite the stereotype that males are not caring, and do not gravitate towards altruistic professions, there is much in the literature to support the idea that male nurses are drawn to the idea of caring for people, just as their female peers are. The opportunity to be of help to others was described as a major motivating factor for men, just as it is for women seeking to become nurses (Gavine et al., 2020; Juliff et al., 2017; O’Connor, 2015; Whitford et al., 2020; Yi & Keogh, 2016). The opportunity to utilize humor and to lighten the mood for patients and families in situations that are often very stressful and depressing has also been described as an expression of caring by men in nursing, a previously unreported finding (Smith et al., 2019). These many factors contribute to the recruitment and success of those males who do pursue a rewarding career in the nursing profession, in spite of the pervasive barriers and negative influences that stand in their way.

Significance to the future of the nursing profession

The nursing profession needs to be concerned about the unique challenges and barriers that males are experiencing at multiple stages of their journey, including as they begin contemplating a possible nursing career, when they are in the midst of a demanding and rigorous nursing education, and as they transition and strive to be a vital part of the nursing workforce. During each of these phases negative and discouraging influences and barriers may be encountered, both large and small, whilst potential positive influences that are present can be minimized and not prioritized. Despite the fact that the few men
who do enter nursing report positive and motivating factors that attract them to the profession, they are still outnumbered. This makes it difficult for them to be successful, or to sustain a career as a result. We are facing a major nursing shortage that is in fact, already here, and threatens to get more acute as our population ages in the coming decades. The nursing profession can ill afford to casually cast aside half of our possible future nurses, purely on the basis of an outdated, unnecessary societal stereotype that only females are suited to the nursing role.

The critical role of the clinical instructor

Clinical instructors, sometimes referred to as clinical teachers or clinical faculty, have a critically important and foundational role in nursing education for pre-licensure students. The CI role has numerous objectives and responsibilities, with CIs functioning essentially as one of the most influential gatekeepers into the nursing profession (Brown et al., 2012). The CI is obliged to answer to numerous people and entities, each with different expectations and understanding of what is most important in diverse situations. The role is incredibly complex and challenging, yet CIs are usually given little to no training in how to perform their role effectively. There is a lack of research overall with this population of nurses, despite their position as a key influence in a nursing student’s success (Dahlke et al., 2012).

Bridging the gap

The most important responsibility of the CI is to bridge the theory to practice gap for novice nursing students as they step into the clinical patient care setting, many of them for the very first time (Akram et al., 2018; Baldwin et al., 2014; Shahsavari et al., 2013; Zlotnick et al., 2016). Clinical Instructors utilize the opportunities in the clinical
environment that are not readily available in the academic setting to prompt and develop a student’s critical thinking, clinical judgement, decision making ability in real time, and competency in skills and tasks. Clinical Instructors are tasked with facilitating the student’s transition from textbooks, lectures, and artificial laboratory simulation into actual practice with patients and their families, most of whom will not progress in their illness exactly as the textbook predicts they should. The CI’s role is to help the student translate their scholarly, academic knowledge of nursing into practice with patients, families and hospital staff, all with pressing concerns that must be addressed. The CI’s ability to facilitate this transition in the student’s thinking and perspective is key to the student’s success in the clinical setting.

Developing relationships

Clinical Instructors are responsible for establishing and maintaining productive working relationships with multiple people as part of their role, including the nursing school academic faculty, patients and their families, hospital nurses and unit managers, hospital administrators, the hospital education department, medical staff, allied health professionals, nursing assistants, and most importantly their nursing students themselves (Brown et al., 2012; Gibbs & Kulig, 2017; Shahsavari et al., 2013; Valiiee et al., 2016; Wiens et al., 2014; Zlotnick et al., 2016). Each of these different clinical positions and entities have their own expectations and understanding of the CI role, and how they think the student nurse should be directed to conduct themselves in the clinical setting. This can place tremendous strain on the CI as they attempt to navigate the sometimes incongruent and competing demands of the clinical setting, between patient needs, student needs, the staff’s expectations, and the healthcare organization’s standards and
practices. Clinical Instructors who are able to successfully address and attend to all these different relationships are better equipped to facilitate a productive clinical experience for their students.

**Establishing a productive learning environment**

Clinical Instructors are also responsible for setting the tone of the clinical experience for their students, and have a strong influence in terms of whether the experience will be positive or negative (Akram et al., 2018; Rowbotham & Owen, 2015; Shahsavari et al., 2013; Valiee et al., 2016; Zlotnick et al., 2016). Whilst many hospital staff have an impact on the student’s experience of the clinical environment, the CI is the person held accountable, and the primary source of encouragement and support for the student as they tackle clinical skills, tasks, and decision making, often for the very first time. The CI can inspire confidence and a willingness to try a new skill, or instill anxiety or even fear in their students, depending on the CI’s attitude and understanding of their supportive role (Meyer et al., 2016). Their ability to create a healthy learning and working environment via the relationship that develops between nursing student and CI is critically important, and greatly influences the student’s chances of success (Shahsavari et al., 2013; Valiee et al., 2016). Clinical Instructors are readily situated to provide the caring support needed for success by expressing interest in the student’s well-being and learning (Meyer et al., 2016). In contrast, an impaired relationship between CIs and their students can result in significant levels of stress for a student and their losing confidence in their knowledge, abilities, and potential for success. This can culminate in a loss of the persistence and motivation needed to continue in the challenging nursing program and transition into the nursing profession (Meyer et al., 2016).
Desirable characteristics of the clinical instructor

Nursing students have identified several characteristics that make the difference between a CI who is effective and one who is not. Meyer et al. (2016) identified the following qualities that students reported as being desirable in a CI; demonstrating caring, kindness and respect for both students and patients, personalized attention and guidance, flexibility, and the ability to be a good listener. Passion for nursing is seen as being contagious, and able to inspire students, making it easier for them to learn. A literature review by Dahlke et al. (2012) identified additional characteristics that make for an effective CI. The ability to communicate clear expectations, correcting when necessary without belittling, being approachable and able to establish productive working relationships, demonstrating a high level of clinical skill, knowledge, and judgement, explaining in a clear and comprehensible manner, being well prepared for their role, and showing enthusiasm were all reported to be highly valued traits in effective CIs. Similar themes were identified by Valiee et al. (2016) including CI proficiency in clinical skills and knowledge, effective communication skills, providing guidance and encouragement, demonstrating respect, patience and kindness, and promoting student independence and self-confidence. Zilembo and Monterosso (2008) in a study of 23 undergraduate Australian nursing students identified leadership skills, clinical competence and knowledge, professional socialization, and guidance and support as being of greatest importance. Overall, students identified a CI’s eagerness and enthusiasm for nursing as a profession and willingness to teach others as the key qualities that made them effective in their role.

Undesirable characteristics of the clinical instructor
In contrast, nursing students have also identified a number of CI characteristics that are not helpful or productive in facilitating student learning. Students reported that having a CI who belittled them, made them feel stupid, was not responsive to questions, or did not advocate for them in the clinical setting contributed to a very negative learning environment (Powers et al., 2018). Clinical Instructors who showed favoritism towards one student over another, either in attitude, or in opportunity for practice and skill development, were seen as being discouraging and unsupportive. These negative behaviors and attitudes from CIs prevent students from growing in confidence in the clinical setting, and hinder their ability to develop all of the many complex attributes that are required of the registered nurse.

**Complex learning**

In addition to the responsibilities of the CI in teaching more well-known nursing skills and knowledge to their students, the literature also provides evidence for the need to teach concepts of a much more complex nature such as emotional intelligence (Allen et al., 2012; Felstead & Springett, 2016; Koharchik et al., 2017), ethical awareness (Koharchik et al., 2017), and self-efficacy (Rowbotham & Owen, 2015). The CI needs to possess all of these higher order character traits themselves before they can effectively pass them onto their students. This further extends the demands of the CI role, and the personal resources that each CI must bring to the table in order to be successful in effectively teaching students.

**Emotional Intelligence**

Emotional intelligence (EI) is defined as having “non-cognitive capabilities, competencies and skills that influence one’s ability to succeed in coping with
environmental demands and pressures” (Allen et al., 2012, p 231). Having a high degree of EI is thought to contribute to a higher degree of workplace effectiveness (Allen et al., 2012; Felstead & Springett, 2016; Koharchik et al., 2017). Skill in being adaptable to change, flexible, and able to cope in a high-pressure environment are all essential for success in nursing practice. Nurses, including CIs, with a higher degree of EI are found to be more positive in their outlook, more likely to demonstrate enthusiasm, and more confident in their abilities (Allen et al., 2012; Felstead & Springett, 2016; Koharchik et al., 2017). They are less likely to be judgmental, and uncaring. A CI with a higher level of EI is likely to be perceived as a better teacher by students, and preferred over a CI who displays little interest in their role, regardless of their skills and clinical knowledge (Allen et al., 2012; Felstead & Springett, 2016; Koharchik et al., 2017). This higher order self-awareness of EI needs to be cultivated in nursing students, placing even more demands on the role of the CI.

**Ethical awareness**

The CI is also uniquely positioned to mentor students as they develop ethical awareness and the courage needed to act as an advocate for their patients (Koharchik et al., 2017). Whilst the cognitive requirements of ethical awareness such as knowledge of healthcare and privacy law, confidentiality, consent, and the right to refuse treatment can be taught in the classroom, it is in the clinical setting where the student best sees ethical dilemmas play out. The CI bears the responsibility of demonstrating the sometimes uncomfortable and potentially confrontational, yet professionally rewarding, task of patient advocacy. They play a vital role in guiding student understanding of ethical issues, and the role of the nurse in navigating the difficult landscape of an ethical
dilemma. Clinical Instructors need to be able to prompt self-reflection in their students and facilitate group discussion about ethical concerns that are witnessed in the clinical setting. These actions on the part of the CI encourage ethical awareness, and the development of “moral courage” (Koharchik et al., 2017, p. 59) in student nurses, resulting in nurses with a more finely tuned sense of ethics, and the motivation to be involved in addressing the need for patient advocacy.

**Self-efficacy**

CIs also play an important part in reducing student anxiety in the stressful and challenging clinical environment by promoting the idea of self-efficacy, as described in Bandura’s Social Learning Theory (1977) in Rowbotham and Owen, 2015. By promoting self-efficacy and encouraging students to believe in their own ability to be successful, CIs can make the difference between a student making progress or failing to reach the academic standard required for success. Students with high levels of self-efficacy display greater resilience in the face of setbacks and are willing to keep trying in the face of challenges. They are more likely to welcome feedback from the CI, and to see critique as an opportunity to improve, rather than a threat to their sense of self. A CI who is able to foster self-efficacy in their students, is more likely to be seen as a positive influence, resulting in better student outcomes.

**Constructive feedback**

The ability of the CI to provide prompt and constructive feedback and critique in a manner that helps students to learn is an essential skill (Rowbotham & Owen, 2015; Gibbs & Kulig, 2017; Valiee et al., 2016). Students appreciate a CI who is caring and approachable, yet who also sets appropriate limits (Meyer et al., 2016). The CI is
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ultimately the one who will evaluate the student’s performance in the clinical arena. It is imperative that they are able to conduct evaluations in a manner that is accurate and holds students to the specified competencies and benchmarks. However, it is equally important that students are able to trust that the evaluation process is indeed fair and equitable, and that the CI does not hold any bias against them (Shahsavari et al., 2013; Valiee et al., 2016). If this sense of trust is not present, then the student’s ability to accept feedback and critique is hampered, and they cannot learn to the fullest extent.

**Role modelling**

Role modelling is a prominent part of the CIs’ responsibilities (Baldwin et al., 2014; Brown et al., 2012; Felstead & Springett, 2016; Gibbs & Kulig, 2017) and yet perhaps is something that they are not necessarily conscious of. Students look to their CIs to show them how to be professional in the clinical setting, and to role model the attitudes and postures the student nurse should adopt with patients, families, and other hospital staff. This type of “covert teaching practice” (Baldwin et al., 2014, p e18) has a valuable impact on students, whether the CI knows it or not. Ideally the CI acts as a positive role model for their students, demonstrating a broad spectrum of behaviors, attitudes, habits, and skills that contribute to them being a successful and productive nurse providing quality patient care. Positive attributes that students can observe through role modelling include enthusiasm and a positive attitude towards nursing, communication skills, compassion, patience, and acceptance of diversity in others (Gibbs & Kulig, 2017). Students can observe the CI’s behavior and integrate it into their own practice, looking to the CI as a trustworthy and reliable model of what they should do.
Clinical Instructors can also act as a poor role model, showing the exact opposite of behaviors desired of a professional nurse (Baldwin et al., 2014; Felstead & Springett, 2016). Students who recognize the negative behaviors the CI is role modelling can still learn from them by seeing examples of what not to do, as opposed to a positive example of nursing behaviors and attitudes. However, there is also the risk that the student will not know the difference between a good or bad role model, or may come to the conclusion that it is acceptable to cut corners to make the complex nursing role easier if they see their CI doing so. These issues can result in nursing students adopting negative, unproductive habits, behaviors, and attitudes that do not serve them well as they enter into the nursing profession (Baldwin et al., 2014; Felstead & Springett, 2016). The opportunity to function as a strong role model for students is a critically important part of the CI role and has the potential to have a huge impact on students’ professional success for years to come. A CI who operates from a position of bias against certain students, whether conscious of their bias or not, further complicates matters, making it even more difficult for students to be successful. The long-term influence of this aspect of the CI role cannot be ignored.

*Professional socialization*

The CI’s influence ultimately extends beyond interactions with their students for one clinical assignment, by contributing to the formation of the students’ views of the entire nursing profession, and their place in it (Brown et al., 2013). The CI acts as a key facilitator of the student nurse’s development and socialization into the professional nursing role (Brown et al., 2012; Brown et al., 2013; Felstead & Springett, 2016). Nursing has its own unique culture within the greater culture of healthcare as a whole
with its own rituals, norm, routines, and expectations (Brown et al., 2012). The CI is tasked with assisting the student nurse in navigating through this complex, and at times unspoken culture, firmly rooted in decades of history. The student nurse must successfully manage to internalize the values and norms of the profession in order to be accepted by other nurses. The CI is uniquely positioned to facilitate the development of the student’s self-concept and social identity as part of the nursing profession. The CI is instrumental in moving the student away from some of their preconceived ideas of what it means to be a part of the nursing profession, and towards an understanding grounded in the reality of practice as a professional nurse. The result of CIs failing in this regard is ultimately self-destructive to the profession as a whole (Brown et al., 2013).

**Importance of the clinical instructor role to the nursing profession**

The numerous, interwoven, challenging, and at times, competing expectations that are placed upon a CI create a role that is hugely influential and critically important in the development of the next generation of nurses, and the future of the nursing profession as a whole. Despite this, there has been little research into CIs as a population, and their attitudes and perceptions of the students they teach has been somewhat neglected. Given the impact of the CI role on student development and success, it is vital that research of this nature is conducted. The possibility that bias against male nursing students could exist among nurses who function as CIs is not to be taken lightly and needs to be examined. The continued shortage of nurses predicted in the coming decades demands that qualified individuals, regardless of gender, be given the guidance and support needed to navigate the challenging nursing education process, and transition into the nursing
workforce. Clinical Instructors must act as a positive influence that facilitates success, not a negative influence resulting in outcomes that do not further the nursing profession.

**Conceptual Framework**

The proposed dissertation will utilize aspects of Roy’s adaptation model (RAM) (2009) as the framework for the research study (Figure1). Roy’s model originally emerged from graduate school work completed under the mentorship of Dorothy Johnson in 1964, based on a foundation of von Bertalanffy’s general systems theory and physiological psychologist Harry Helson’s adaptation level theory (Butts & Rich, 2018; Kim & Kollack, 1999). This early conceptual work developed into the RAM (Roy, 1970, 1971, 2009), and Roy continued to work on refining her model for the rest of her career.
Roy (2009) views each human individual as a system in a constant state of flux, attempting to adapt to the changing environment around them. The system receives input in the form of external and internal stimuli, processes the stimuli through the body’s internal and feedback mechanisms, and produces behavioral output that can either be adaptive, or maladaptive in achieving adaptation to the changing environment (Kim & Kollack, 1999). There are three possible levels of adaptation, described as integrated,
compensatory, or compromised (Butts & Rich, 2018; Roy, 2009). The integrated level is functional and adapts appropriately to the incoming stimuli. The system at the compensatory level is managing to function in the short term, or perhaps only to a certain extent. It is functional in the moment but may not be able to sustain functionality in the long term. The compromised level of functioning indicates that the system has broken down and is no longer functional.

Stimuli making an impact on the system are described as constantly changing triggers that elicit a response as the person interacts with the environment (Butts & Rich, 2018). Whilst Roy’s original model focused on the individual as the system, Roy later recognized that groups of nurses can also be considered as a system going through the process of adaptation (Roy, 2009; Meleis, 2012). It is this group perspective that will be utilized in the proposed study to explore the experiences of female adjunct CIs.

Roy’s Adaptation Model (RAM) describes four modes in which adaptation can be observed; physiological, self-concept, role function, and interdependence (Roy, 2009). It is possible for each mode to function independently, or for a system’s output as behavior in one mode to act as input and a stimulus in another, resulting in ever changing states of adaptation (Butts & Rich, 2018; Roy, 2009). In a group system the self-concept mode is referred to as group identity. This mode is concerned with interpersonal relationships, group self-image, social milieu, and group culture, with the goal being to maintain integrity of the group’s common identity (Butts & Rich, 2018; Roy, 2009). Roy (2009) describes a primary process of this mode being to have a shared identity within the group, emerging from the environment, shared relations, goals and values, and co-responsibility
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for achieving them. They are represented in Fig. 2, Group Identity Mode - Theoretical Basis.
Figure 2

*Group identity mode. Theoretical basis.*

Clinical instructors as a subset of the nursing profession as a whole will be the group under consideration using the RAM as the framework directing the study. The increasing number of males entering into the nursing profession acts as a stimulus to the CI system, prompting the group response as behavioral output. This study will focus on the group identity mode of adaptation for female adjunct clinical instructors as a group. Behavioral response in terms of attitudes and perceptions towards males in clinical teaching instruction will be examined, exploring the CI group’s level of adaptation to the stimulus of increasing numbers of male nursing students.

The RAM model describes a number of coping processes that influence how well the system can adapt to changing stimuli in the environment (Roy, 2009). Roy describes two coping processes regarded as internal central mechanisms, known as the regulator and cognator subsystems that function to achieve adaptation. The regulator subsystem derives mainly from the autonomic nervous system including the neurons, endocrine
glands, and perception psychomotor responses and is confined to individual adaptation, and thus is not applicable to the proposed study. The cognator subsystem however, attaches symbolic meaning to stored and related stimuli, responding through perceptual information processing, learning, judgement and decision making, and emotion and attachment (Meleis, 2012; Roy, 2009). It is this subsystem that will be considered within the proposed study. Another factor in the RAM model is a system’s coping capacity influencing the extent to which the system can effectively achieve integrated adaptation. Symbolic meaning and coping capacity from the cognator subsystem can be applied to the group concept and can be used to assess the efficacy of the group’s adaptation to changing stimuli. (Butts & Rich, 2018; Roy, 2009).

The slow but persistent increase in the number of men entering the nursing profession acts as a stimulus to the group system representing the nursing profession as a whole, and female adjunct clinical instructors as a subset of that group. Clinical instructors as a system must adapt to a change in the demographics of the nursing workforce and the students they are teaching. The behavioral response observed from the group system of clinical instructors to the change in input must be one of acceptance and welcome for men in the nursing profession in order for the system to be in a state of integrated or effective adaptation. However, any negative bias shown against male nursing students points to a system that is, at best, in a compensatory if not compromised state in its adaptation to changing workforce demographics. In the group identity mode, the traditional image of nursing as a female dominated and controlled profession, focused on the feminine characteristics of nurturing and caring is potentially threatened by a changing gender structure. The social experience of being a nurse, traditional nursing
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group culture, and understanding of the nursing profession’s group identity are fundamentally changed as more men enter the profession. To allow men into the group dynamic changes the place of nursing in the healthcare culture, and potentially threatens the group identity of the CI system. This research study investigated the experiences, attitudes and perceptions of individual CIs, framing the emerging narrative from the perspective of the CI group’s adaptation to the changing demographics of the nursing profession in the group identity mode of Roy’s model (2009).

Summary

Males face roadblocks into a successful nursing career at many different points including during contemplation of the possibility of pursuing nursing, throughout pre-licensure nursing education, and as they transition and function within the nursing workforce. The dissertation study investigated the experiences, attitudes, and perceptions of female adjunct CIs teaching male nursing students during the Fundamentals clinical rotation, as one potential barrier to males. The study was conceptually guided by Roy’s Adaptation Model (2009), looking at the group identity of female adjunct CIs and the efficacy of their adaptation to the stimulus of increasing numbers of males entering the nursing workforce. Results from the study assisted in identifying CI attitudes towards, and perceptions of, male nursing students, and suggested where pre-licensure nursing education can take steps to improve recruitment, retention, and success of male nursing students. The CI-student relationship is too valuable to allow it to be diminished by potentially negative CI attitudes and perceptions towards otherwise capable nursing students based merely on gender.
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CHAPTER 3

METHODOLOGY

Aims of the Study

The study aimed to utilize a qualitative, descriptive research approach to investigate and develop an understanding of the experiences of female adjunct CIs teaching male pre-licensure nursing students in the clinical setting for the Fundamentals nursing course. The study aimed to investigate the attitudes held by female adjunct CIs towards male pre-licensure nursing students. The study further aimed to investigate the perceptions of female adjunct CIs with regard to the impact of the increasing number of males in the nursing profession.

Qualitative Research Approach

This study utilized a qualitative, descriptive research design to investigate the experiences of female adjunct CIs teaching male prelicensure nursing students in the fundamentals clinical rotation. The goal of qualitative studies is to come to a deep appreciation and understanding of the phenomenon of interest, and the experiences of the people who are part of it (Miles et al., 2014; Polit & Beck, 2012). The research design is emergent in nature, allowing for the semi-structured interview questioning to evolve as pertinent themes and topics for discussion are identified in early interviews, informing later interviews in the process (Miles et al., 2014). The purpose of interviewing is to gather experiential data such as stories and anecdotes from the participants that assist the researcher in coming to an understanding of the phenomenon (Miles et al., 2014; Polit & Beck, 2012). The process of “bracketing” out preconceived notions and knowledge surrounding the phenomenon of interest prior to commencing the interview process
allows the qualitative researcher to listen to the experiential evidence with a reduced risk of bias (Polit & Beck, 2012). What was once seen as familiar and, perhaps, taken for granted, assumes a new feeling, and can be truly appreciated from a different point of view. The experiential data collected from the interviews is read through to search for meaning, with those phrases deemed most salient selected for further consideration and analysis (Miles et al., 2014; Polit & Beck, 2012). The chosen quotes are then used to construct a narrative description and illustrate the conclusions that were drawn from the study. Thus, the qualitative researcher comes to an appreciation of the central essence of the phenomenon under consideration, and what it signifies to the participants.

Participants

The participants for this study were a purposive sample (Miles et al., 2014) of sixteen (n = 16) female adjunct clinical instructors who had taught male pre-licensure nursing students in the clinical setting for the nursing Fundamentals rotation in a BSN or ABSN program. The participants were recruited by email contact initiated through the administration of the Schools of Nursing they teach at throughout Massachusetts. An email was sent to program administrators explaining the study purpose and asking that the invitation to participate in the study (Appendix A) be forwarded to all female adjunct clinical instructors teaching nursing fundamentals for the program inviting them to participate. Participants were not offered any incentives, nor received any compensation, for being part of the study.

Assumptions
Male nurses in the clinical instructor role are unlikely to feel bias against male students, or to struggle with the idea of an increasing number of male nurses in the nursing profession.

Clinical instructors teaching courses in the nursing program that are placed after the Fundamentals course such as Medical/Surgical nursing may not have the same attitudes and perceptions towards male students. As the students in a later course will be more experienced and competent in caring for patients, this changes the experience of the CI. This increased competence will make it more likely that the CI will accept male students as being part of the nursing profession, as opposed to the CI teaching Fundamentals.

**Inclusion Criteria**

In order to be eligible for the study, participants needed to meet the following criteria; participants must be female RNs who have taught Fundamentals clinical for at least one year, or two semesters in a BSN or ABSN pre-licensure program. They must have received their nursing education and initial nursing licensure in the United States. They must be adjunct clinical instructors, rather than regular academic faculty teaching a clinical course. They must have taught male nursing students for at least two semesters in the clinical setting for the Fundamentals course in order to reflect upon the experience.

**Exclusion Criteria**

Clinical instructors who had not taught male students in the clinical setting for nursing Fundamentals for at least two semesters were excluded as they had not had the necessary experience to adequately reflect upon the interview questions. Clinical
instructors for courses other than Fundamentals were excluded because Fundamentals course content is primarily focused on providing basic nursing care that might include intimate touch, which can potentially create concern and bias against male students.

Clinical instructors who received their nursing education and initial nursing licensure outside of the United States were excluded because their formative nursing experiences in another country may be different from those CIs who completed American nursing education, possible resulting in different attitudes towards, and perceptions of, male nursing students. Clinical instructors for obstetrics and pediatrics were excluded as these special patient populations may raise other concerns for the CI outside of the provision of basic nursing care and are beyond the scope of this study.

Full time, academic faculty who are teaching a clinical course alongside regular classroom teaching were excluded from this study as they have made a full commitment to functioning in the education setting, possibly changing their attitudes towards, and perceptions of, male nursing students.

**Demographic Variables**

A demographic data sheet (Appendix B) developed for the purposes of this study was given to each participant prior to the interview and asked for the following information; age in years, years working as an RN and area of specialty, highest level of nursing education achieved, number of years in clinical teaching and certified nurse educator status, and prior experience working with or supervising male RNs.

**Sample Size**

A sample size of sixteen (n = 16) nurses was obtained for the study. Recruitment and interview of participants continued until data saturation was achieved.
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Setting

All interviews were conducted at a time and place identified as comfortable for the participant to put them at ease and make it easier for them to reflect upon the interview questions. Locations included the researcher’s office, the researcher’s home, the participant’s home, and in a private space at the participant’s place of employment. All interviews were audio recorded with the participant’s permission obtained prior to the start of the interview.

Data Collection Tools

An original, semi-structured, interview guide (Appendix C) was developed for the purposes of this study. Open-ended questions asking the participants to reflect upon their experiences as a female adjunct CI with male pre-licensure nursing students were asked. An emergent study design was employed to revise and add to the interview guide based on analysis of early data collected that suggested additional relevant questions for further exploration of the phenomenon (Polit & Beck, 2012). The principal researcher made every effort to bracket out her own preconceived thoughts, feelings, perceptions, and attitudes regarding the phenomenon during the interview process so that the data collection process was not compromised (Polit & Beck, 2012).

Data Collection Procedures

An emergent, qualitative, descriptive approach was utilized for this study to investigate the experiences of female adjunct CIs teaching male pre-licensure nursing students in the Fundamentals clinical rotation. The principal researcher conducted semi-structured, one on one private interviews with participants recruited through purposive sampling. An email to the administrators of local Schools of Nursing was sent, asking
them to forward the study recruitment letter (Appendix A) to all of their female adjunct clinical instructors for Fundamentals. Participation was completely voluntary, and confidential. An informed consent form was signed by each participant prior to the start of interviewing (Appendix D). The interviews took place in a private location mutually agreeable to both researcher and participant, taking approximately 60 minutes each, and were recorded with a digital audio recorder. The recordings were then given to a professional transcriptionist familiar with nursing education and medical terminology in order to be transcribed verbatim. Only the principal researcher and the transcriptionist listened to the recordings. Once the interviews had been transcribed, and accuracy confirmed by listening to the recordings, comparing them to the transcripts, and sending them to the relevant participant for member checking, the recordings were erased. All research data and information were kept on a password protected computer or in a locked cabinet.

Data Analysis

This study followed an emergent research design, with collection and analysis of data occurring concurrently. The Classic Analysis Strategy as described by Kruger and Casey (2009) was employed as it is recommended as being most suitable for novice qualitative researchers. Data analysis commenced by listening to the audio recordings and reading the transcriptions several times over in order to develop an overall appreciation of the narratives of the participants. The transcripts were read by both the principal researcher, and the qualitative expert on the dissertation committee. Salient quotes and statements from the experiential data were selected for their relevance and ability to contribute to understanding of the study research questions. The quotes were clustered
according to pertinent themes that emerged. A narrative report of the emerging themes with supporting data in the form of quotes was written, and then each theme considered as part of the whole to construct an overall understanding of the experiences, attitudes, and perceptions of the participants.

The qualitative research expert on the Ph.D. committee oversaw and participated in the analysis phase of the study, providing feedback and commentary on the emerging themes, and the organization of the results and discussion. The other committee members provided ongoing feedback as the results were written and revised. This continuing oversight of the analysis process facilitated increased trustworthiness of this phase of the research methodology, and confidence in the results.

**Ethical Considerations**

Prior to commencing recruitment of participants and data collection, approval for the proposed study was sought from the Endicott College Institutional Review Board (Appendix D). Participation in the study was completely voluntary, confidential and anonymous to all but the principal researcher. Pseudonyms chosen by the participants themselves, and study numbers known only to the principal researcher and transcriptionist, were assigned to each participant to protect their identity. A study disclosure statement was given to each participant prior to starting the interview process (Appendix E), explaining the purpose of the study, possible risks and benefits, and the implications for nursing practice, nursing education, and nursing research. Participants were given the opportunity to ask any questions or express concerns. All questions and concerns were addressed by the principal researcher in good faith and to the best of her knowledge. All participants were advised that they may contact the Ph.D. in Nursing
Director at Endicott College, Dr. Janet Monagle, if they had any further questions or concerns at any time in the process of participating in the research study, and that they could withdraw from the study at any time without a need for explanation. A professional transcriptionist with knowledge of nursing education and medical terminology was utilized to transcribe the digital audio recordings. The principal researcher and the transcriptionist were the only persons to listen to the audio recordings. All research materials were kept on a password protected computer, or in a locked cabinet. Research materials will be kept for five years after completion of the study, and then destroyed.

**Trustworthiness of the Study**

Trustworthiness is the mark of a high-quality study in the qualitative research tradition, in the same way that rigor and validity are marks of a high standard quantitative study. The criteria signifying quality in the framework developed by Lincoln and Guba, as described in Polit and Beck (2012), are as follows; credibility, dependability, confirmability, transferability, and authenticity. Credibility refers to how much confidence can be placed in the researcher themselves, and their ability to carry out a high-quality study. Dependability refers to the stability of the study findings over time, and whether the participants would respond the same way at a future time. Confirmability refers to the likelihood that two different researchers would come to the same conclusions about the meaning of the experiential data that is collected and would agree on the developed description of the phenomenon under consideration. Transferability refers to the potential for the description of the experience and meaning found in the data to be transferred to other settings and groups. Whilst it is not always possible to transfer meaning, the mark of quality is demonstrated by the researcher constructing a “thick
description” (Polit & Beck, 2012, p 585) of the phenomenon in such a way that other researchers can make a satisfactory judgement as to whether or not the data is indeed transferable. Authenticity refers to whether or not the researcher has masterfully captured the true meaning and essence of the phenomenon of interest and is able to relate that to others in such a way that demonstrates a fair and faithful picture of the range of experiences found within the data.

In order to attain each of these standards of a high-quality study, the researcher strived to establish rapport and trust with each participant, so that they felt comfortable sharing their stories. The researcher aimed for prolonged engagement with each participant, listening closely to assess meaning behind their stories, and giving them as much time as necessary to respond to the study’s purpose. Careful questioning and probing were a focus for the researcher, in an attempt to ensure that high quality, experiential data were collected. Reflexivity, the awareness of what each individual brings to a study in terms of prior knowledge and postures (Polit & Beck, 2012), was achieved through self-reflection and bracketing of prior assumptions and knowledge regarding the experiences, attitudes, and perceptions of female adjunct clinical instructors teaching male nursing students. A reflexive journal was kept throughout the study process to aid in this endeavor. Striving to keep each of these criteria of trustworthiness at the forefront throughout the study process assisted the researcher in producing work that can be considered trustworthy by others in the profession. The researcher utilized the expertise of a Ph.D. committee member who has extensive experience in qualitative research to make the case for overall trustworthiness of the study, focused around each of the core elements described above; credibility, dependability, confirmability,
transferability, and authenticity. Transferability of the results was supported by comparison to, and confirmation of, findings in the literature.

**Potential Researcher Bias**

Researcher bias can never be completely eliminated, however the following potential sources of bias are noted and acknowledged. The principal researcher completed her nursing education and initial years of nursing practice in Australia where males are much more common in the nursing profession. She encountered male students in all of her classes and clinical groups, had a male CI for two clinical rotations, and worked alongside male RNs in every nursing position she held there. The principal researcher’s own brother is also an RN, and so the concept of males being part of the nursing profession group identity is natural and in no way threatening or problematic to her. The researcher made every effort to remain neutral throughout the interview process, and not color the attitudes, perceptions, and experiences of the participants with her own thoughts and opinions regarding male student nurses, or males in the nursing profession.

**Limitations**

There were several limitations to the study. The study utilized a purposive sample of RNs in Massachusetts who responded to an email invitation forwarded to them from their school administration. As all of the participants were drawn from the same geographic area, it is possible that RNs from other parts of the United States might have different attitudes to, and perceptions of, the research topic, and these views were not revealed in this study. The greater Boston area has a number of very high-quality centers for nursing education, and many highly regarded health centers hospitals. The experiences, attitudes and perceptions of nurses working in this environment may be
different from those working in other parts of the United States. It is also acknowledged that the researcher knew some of the participants due to her own six years of experience as an adjunct CI teaching nursing fundamentals. The data collected relied on self-report from the participants, and so there is also the possibility that they were not entirely honest in their answers or may have misremembered the details of the incidents and experiences they were relating to the researcher. Qualitative research as a whole is sometimes criticized as having limited validity and reliability due to the fact that it usually cannot be replicated or generalized to a larger population, and occurs in the naturalistic, real world setting.

**Research Timeline**

The study proposal defense took place on 25th September 2019, with Endicott College Institutional Review Board (IRB) approval received on October 28th, 2019. Upon gaining IRB approval, participant recruitment commenced. Data collection and transcription of the interviews occurred throughout November and December 2019. Data analysis commenced in November 2019, as interviews were completed, and continued into February 2020. The final analysis was written in March and April 2020 and presented at the dissertation defense in May 2020.

**Budget**

A budget of $1500 for transcription services, paid for by research scholarships from the following sources;

1. Massachusetts Rhode Island League for Nursing Doctoral Study Scholarship - $500
2. Malden Hospital Alumni Doctoral Study Scholarship - $1000
CHAPTER 4

RESULTS

This qualitative, descriptive study investigated the experiences, attitudes and perceptions of female adjunct clinical instructors (CIs) when working with male, pre-licensure nursing students during the Fundamentals clinical rotation. Whilst previous studies have explored the experiences of male nursing students, few have explored the same questions from the perspective of the CI. This is an important area of study because the views of CIs with regard to male nursing students, positive for the most part, but in some ways varied, are an important contributor to male students’ success. The prominent CI responsibility to function as a gatekeeper for the nursing profession emphasizes the need to investigate and understand their point of view.

The following research questions guided the study and the subsequent analysis:

1. What are the experiences of female adjunct CIs teaching male pre-licensure nursing students?
2. What are the attitudes reported by female adjunct CIs towards male pre-licensure nursing students?
3. What are the perceptions of female adjunct CIs with regard to the impact of the increasing number of males in the nursing profession?

The data and results of this study are presented as themes and sub-themes, extrapolated from the raw interview transcripts utilizing the classic analysis method (Kruger & Casey, 2009). The original transcripts were confirmed through member checking and read through multiple times by the principal researcher and the qualitative
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research expert on the dissertation committee. Those quotes that were most relevant and illuminating for the research questions were chosen for further analysis. The quotes were coded with regard to emerging themes, and then clustered for analysis and interpretation. Theme titles were chosen that represented the essence of the content, and a narrative description of each theme developed. Oversight of the analysis process by the dissertation committee, as was described in detail in chapter 3, contributed to overall trustworthiness of the process and the study results.

Participants and Demographics

A total of sixteen (n = 16) participants were recruited to take part in semi-structured, one on one, interviews with the principal researcher. All participants chose a pseudonym to be used in reporting the data to ensure anonymity, and confidentiality. The participant demographics are displayed in Table 1. Female Adjunct Nursing Clinical Instructor Demographic Data below.

Table 1. Female Adjunct Nursing Clinical Instructor Demographic Data

(N = 16)

<table>
<thead>
<tr>
<th>Name</th>
<th>Age in years</th>
<th>Years as an RN</th>
<th>Highest level of education in nursing</th>
<th>CNE status</th>
<th>Area of practice</th>
<th>Years as a CI</th>
<th>Prev. work with male RNs</th>
<th>Prev. supervision of male RNs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angela</td>
<td>43</td>
<td>20</td>
<td>BSN</td>
<td>N</td>
<td>Cardiac</td>
<td>3</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Betty</td>
<td>65</td>
<td>43</td>
<td>MSN</td>
<td>N</td>
<td>Public Health</td>
<td>12</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Cecile</td>
<td>66</td>
<td>44</td>
<td>MSN</td>
<td>N</td>
<td>Med surg</td>
<td>12</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Dolly</td>
<td>33</td>
<td>11</td>
<td>MSN</td>
<td>N</td>
<td>Orthopedics</td>
<td>7</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Elizabeth</td>
<td>61</td>
<td>41</td>
<td>MSN</td>
<td>N</td>
<td>Gerontology</td>
<td>10</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>
The age range of participants was 28 to 67, with a mean age of 50.9 years, and a standard deviation of 15 (SD = 15). Number of years working as an RN ranged from 7 to 44, with a mean of 25.5 years, and a standard deviation of 14.6 (SD = 14.6). Number of years working as a CI ranged from 1 to 20, with a mean of 7.6 years, and a standard deviation of 5.2 (SD = 5.2). With regard to level of education in Nursing, three (n = 3) CIs had a BSN, one (n = 1) had a Master’s in Public Health, and the rest (n = 12) had completed graduate education in Nursing. Certified Nurse Educator (CNE) designation had been achieved by four (n = 4, 25%) participants, with the remainder (n = 12) not having pursued Nurse Educator Certification. All participants (n = 16) said that they had previously worked with male RNs, and thirteen (n = 13) said that they had previously
supervised male RNs. The participants came from a wide array of areas of nursing practice, despite all teaching in the Fundamentals clinical rotation. Six CIs (n = 6) worked in medical surgical settings. Four CIs (n = 4) worked in cardiac units. Two CIs (n = 2) worked in critical care. One participant worked in each of the following nursing specialties; Informatics (n = 1), Occupational Health and Safety (n = 1), Public Health (n = 1), and Gerontology (n = 1).

**Findings**

Analysis of the research data yielded five themes and sub-themes, organized as follows;

*Theme #1 Comparing male and female nurses*

**Subtheme:** A different perspective.

**Subtheme:** Diversity in the profession.

**Subtheme:** Males take a different path in nursing.

(a) *Influential experience prior to nursing education.*

(b) *Moving away from the bedside.*

(c) *The rush of adrenaline.*

**Subtheme:** Males face assumptions regarding their sexual orientation.

*Theme #2 The virtues of male nurses and students*

**Subtheme:** Humor as an asset.

**Subtheme:** Readily available physical strength.

**Subtheme:** A calming influence.

**Subtheme:** Quietly confident.

*Theme #3 Male nurses as students and colleagues*
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Subtheme: Overconfidence.

Subtheme: Teaching males is more of a challenge.

Subtheme: Ambition of male nurses.

Subtheme: Questioning the motives of male nurses.

Subtheme: Males adrift in a female world.

Theme #4 Male nurses and students with patients

Subtheme: Certain areas of practice may not be receptive to males.

Subtheme: Intimate touch from a male nurse for female patients.

Subtheme: Males as technicians as opposed to caregivers.

Theme #5 The future of the profession of nursing

Subtheme: Men improve the status and credibility of nursing.

Subtheme: We need better strategies to teach male students.

Comparing male and female nurses

Clinical Instructors made a number of comparisons between male and female nurses and nursing students. This included how they saw males as offering a different point of view on issues that arise in nursing practice, the contributions of males to the diversity of the profession, the CIs’ view of the typical career path for men in nursing, and how that contrasted with females, and the persistent stereotype that being a male in nursing implies that the man identifies as gay.

A different perspective.
Many CIs discussed how men offer “a different perspective” on patient care and how to go about addressing issues within the profession, which was seen as a positive contribution to nursing.

**Betty:** It’s nice to see males in the profession. They bring a different outlook. How males view things is different than how females think. Their thoughts are always just a little different than the females.

**Krista:** Male students give a totally different perspective on all sorts of issues. I thought that it was important that the female students heard from the other 50% of the population.

**Gertrude:** It's not good to be predominantly one gender or the other in any profession. Men and women work differently, think differently, and offer different things to a workforce. If you have a better balance of genders, I think this creates a better balance of skills.

**Diversity in the profession.**

Having greater numbers of males was seen as one way of diversifying the nursing profession, and better reflecting the diversity of the patient population overall. The CIs felt that this was a helpful and positive outcome from having an increased male presence in the profession.

**Lynn:** Males offer a fresh perspective. We're stronger when we're all different and come from different places.

**Felicia:** Nowadays there are lots more male nurses. It helps with equality. It helps patient and staff morale. Why not? We have male teachers, we have female teachers, and we have male nurses, we have female nurses. There shouldn't be any
differences. Everybody's happy, more open-minded to bring equality to the profession.

**Pamela:** It gives more people opportunity. It's another step towards diversity and we are in a very diverse population. Increasing diversity means that our workforce is going to better mirror the population we live in, and I think that's probably a good thing.

**Males take a different path in nursing.**

The CIs reported a number of ways in which the path for males tends to differ from females over the course of their nursing careers. Some CIs made the observation that male students knew ahead of time that they wanted to move into a specialized area of nursing practice, more so than their female peers did.

**(a) Influential experience prior to nursing education.**

Clinical Instructors reported that male nursing students often came into nursing education with a previous background in medically related fields such as firefighting, Emergency Medical Technicians (EMTs), a military background as a field medic, or were even formerly a Licensed Practical Nurse (LPN). These previous experiences, which often included an element of critical care, were viewed as giving them an advantage over other students.

**Angela:** They're already in a profession like a fireman or an EMT going into nursing, and they want more of that role, especially if they are second career nursing students. They want to take it one step further and be in the hospital in a nursing role or be a nurse in the emergency room.
Hannah: We see more of the military people coming in who have been Medics going into nursing. That’s what drove them there, being a medic in the military.

Felicia: They often have a healthcare background before they came into the clinical which makes a huge difference. I have students who have been EMTs or LPNs. They have all these clinical insights, so they are capable of being hands on.

Cecile: I find a lot of them have come out of the military. That tends to be their background. They have a little bit more base knowledge than the nursing student that hasn't had any training.

(b) Moving away from the bedside.

CIs reported a perception that the majority of male students never had any intention of staying in medical- surgical, bedside nursing, and that they knew this even as beginning nursing students. The general sense was that males are using bedside nursing as a steppingstone into other areas of practice.

Betty: Rarely do I see males as a general staff nurse on the floor. I don't think making beds and doing all that simple stuff was ever in the realm of what male students want to do. Making the beds and bed baths was never up their alley.

Dolly: Men are using it as a steppingstone to move on to something else. They know from the get-go that bedside nursing isn’t going to be where they will remain. They know all along that they want to keep going and have an advanced practice role.

Isla: They're not going to want to do that bedside nursing that a lot of the females would do. Let me hold your hand during end-of-life care, those sorts of things. It's
more of a steppingstone to get in a different area of nursing, something a little bit higher up.

(c) *The rush of adrenaline.*

Clinical Instructors observed that male students were often very focused on moving into critical care practice areas such as the ICU, ER, or the OR. The anticipated “rush of adrenaline” when working in these high-pressure areas was seen as being part of the attraction for male students.

**Angela:** With male students, their goal is really either emergency room, becoming a nurse anesthetist, or some kind of high-level ICU emergency medical care. They like the more critical, multi-system, sicker patients. They like that adrenaline.

**Cecile:** They tend to like the emergency rooms. They like the ICU as opposed to a geriatric unit or things like that. They tend to like the adrenaline.

**Krista:** They all want to be in the ICU, the ER, they want to do evacs, or they want to get into administration. It's a power thing.

**Pamela:** I see more males in ER, trauma units, OR, anesthesia. Definitely the trauma unit is attractive to males; the complexity, the excitement. Bedside nursing probably wasn't the first choice of many of them. The day that you go to work and three of your patients code, that appeals more to males.

**Males face assumptions regarding their sexual orientation.**

The CIs relayed a number of instances in which an assumption was made by a patient, family member, or staff themselves that male nurses and nursing students must be gay. Whilst this assumption was not always expressed in a
negative context, but rather as a simple observation, CIs recognized that these expressions could serve as a barrier to males in the profession. The presence of this assumption was identified as one possible reason why males gravitated towards high energy, technical practice areas such as the ER or ICU, more in keeping with traditional masculine roles. Given that females are not generally exposed to speculation and curiosity regarding their sexual orientation, being subject to this experience could serve as a distraction from professional matters for male nurses, and certainly constitutes an invasion of privacy.

Gertrude: A patient asked one of my students about his sexual preference saying “Oh, you’re a male nurse?” It was intrusive and not well said. It so happened that my student was gay, and openly gay, but he still didn’t want to have to tell the patient. That has nothing to do with his choice of profession.

Hannah: People think male nurses are gay, that’s a huge thing, the stigma. You have this big burly guy coming in. Why does he want to be in nursing? He must have issues; he must not be able to do a masculine job like construction or driving a truck.

Krista: There’s the stereotype of a male nurse, that he must be gay, there must be something wrong with him.

Pamela: Male students think if they go into trauma or a big ICU the stereotype of being gay isn’t going to be there.

It is evident from these quotes that female CIs view males as being “different” and recognize that the general public in the role of patients and families may too, but as to exactly how they think males differ is not entirely clear. These differences were further
articulated and expanded upon in the following themes where the CIs talked about what they saw as being the virtues of having more males in the profession of nursing, and the possible concerns and hesitancies that came to their minds when asked to consider the issue.

The virtues of male nurses and students

Males were described as having some specific attributes and character traits that made a positive contribution to the day to day running of the workplace and were helpful to their female colleagues and patients.

Humor as an asset.

Some CIs mentioned that male nursing students had a better sense of humor than females, and that they used this to their advantage when establishing rapport with patients. Humor was seen as a positive trait that helped the male student be successful.

Krista: One of the things I found different with guys is their sense of humor. I don't know exactly what it is, but their sense of humor is different. I can't explain it, but it just makes it more fun.

Angela: The male students joke a little more with the patients if they feel they can with their personalities. They discuss things, make little jokes with them, whereas my female students are more timid with that and they don't really engage as much. I feel like a lot of the male nursing students engage very well with the patients.

Hannah: I worked with one nurse who everybody loved. He was phenomenal. He would sit with the patient, look them in the eye, give them a smile, crack a little joke.
Readily available physical strength.

Males were described as being of great value in nursing because of their perceived physical strength over female nurses. Some of the CIs were aware that this use of males as muscle was somewhat unfair to male nurses, but not all.

Felicia: When there is a patient on the floor who is heavy the nurses will be calling me saying “Can you send your student, the male student?” Nobody knows his name, but they all know about him.

Jasmine: In the most obvious and maybe even the most selfish sense, because my back is aging, and I've been doing this for almost 25 years, it certainly helps to have their muscles on the unit.

Krista: People tend to use guys for muscle a lot of times, and that's a big stereotype. I don't have a problem asking a guy for some muscle if you really need it, but there must be a fair trade-off.

Olivia: I find the men I work with to be pretty helpful. It's nice to have some bigger men that can help turn patients because the patients are growing bigger, unfortunately. That is tough for someone like me who's petite.

A calming influence.

Many of the CIs mentioned that they viewed male nurses as a lesser source of drama in the workplace compared with female nurses, and that males are less “catty”. This was seen as making them easier to work with, both as students, and as colleagues in general. Males were perceived as staying out of gossip or conflict between staff and serving as a calming influence within the group dynamic of the unit.
Dolly: We used to joke all the time that when we had men on shift with us it was less drama. They just didn't care about the gossip of what was going on in the unit the same way that women do.

Elizabeth: I think men whine less. They are less sensitive about certain things. That can make them easier to work with as students.

Jasmine: Men are a little bit easier to work with than a whole female cast of characters. Women can be catty to work with. We all know that, right?

Krista: I would never want to work at a place that's all women; the drama, the drama! There is much less drama when there's guys on the floor.

Quietly confident.

The CIs found that male students displayed a greater level of confidence than their female peers which allowed them to step up to challenges in the clinical setting more readily. The male students were seen as being comfortable in their own skin and ready to face whatever might come their way.

Angela: The male nursing students are very confident, “I'm going to be a nurse”. They're not as hard to break out of their shell as my female students. The females are more timid and you really have to coax them into rooms, they go in very differently, soft-spoken, and just very timid with their patients.

Hannah: If males decide they're going to do nursing, they’re going to do it and they're going to do it well, and they're not gonna let anybody tell them they can't do it. Most men take pride in what they do.
**Molly:** The male students were very confident and so I had confidence in them. I think the patients see that. It really plays out well when they're doing assessments. They weren't shy at all and the patients could see the confidence.

When thinking about the positive traits that males bring to the nursing profession, the female CIs tended to gravitate towards the most obvious, and perhaps utilitarian, characteristics that provided a specific benefit to their own workplace experience; men are usually physically stronger and take on a lot of the heavy work that female nurses used to have to manage for themselves. The CIs also made comments about the overall temperament of males in terms of being more laid back, humorous, and having confidence in their work that was of benefit to CIs, colleagues, and patients alike. By the same token, they also talked about characteristics of males where they felt somewhat hesitant, and a sense of ambivalence towards males in nursing, which will be discussed in the next theme.

**Male nurses as students and colleagues**

Whilst there was discussion of several positive character traits that male nurses tended to possess, there were also many comments describing perceived negative attributes. It was suggested by some CIs that in addition to being arrogant rather than confident, male nursing students were more difficult to teach and made the role of the CI harder. Some CIs questioned why a man would want to go into the nursing profession at all, and why men were promoted more quickly into positions of power and authority. They suggested that men were not really pursuing a career in nursing because of a true commitment to the compassionate care of patients, but rather primarily for financial
security and personal gain. Some CIs described men as not really fitting into the female dominant world of the nursing profession, making it difficult for them to be fully accepted by their colleagues.

**Overconfidence.**

The same confidence held by males in nursing that was discussed in the previous theme, and that was seen as an asset by some CIs, was interpreted by others as arrogance. These CIs suggested that their male students tended towards being over-confident, making them arrogant, and in need of a more realistic perspective of their role as a student.

**Betty:** I had one student in Fundamentals that we used to jokingly call “Dr. Dan” because he thought he was. Everything was beneath him, because he wanted to become an ER nurse practitioner, and then eventually move into administration. He just really thought he knew more than everybody. He was very smart, he was a bright guy, but Dan had a lot to learn.

**Naomi:** One was a little too cocky and he made more mistakes than the others. A man has an ego sometimes. They have to let that ego go a little bit.

**Hannah:** Some male students feel they don't need to study as hard. I've had a couple of males who were borderline students. They'll study just before the exam, whereas other people spend a certain amount of time each day studying. I think it's their ego.

**Teaching males is more of a challenge.**

Some participants expressed that males present a different challenge when working as a CI. They felt that male students demand more effort and time from
the CI, or that the work required is fundamentally different from that necessary with female students. Some CIs even reported that they knew of other CIs who were known to be much harder on male students, or that even refused to work with them, and that the school of nursing catered to that.

**Angela:** I just had to reiterate it week after week. He finally got it, but I had to say “Hey, this is part of nursing. It's just not medications and diagnostics, it's basic care”, which I think males don't understand as well. We have to keep guiding them.

**Dolly:** The male students required a lot of redirecting, a lot of prompting, a lot of “Why are you at the nurse's station when you should be off answering that call light?” or things like that. I don't think the girls required that much direction. And if the guys are not going to work hard, then why are they here? I still to this day wonder if my male students ever passed the boards, one in particular. I just can't envision him practicing.

**Isla:** Two males that I've taught recently didn't pick up on things as well. It was easier for the female students. When I see a male student on my list, I know it sounds bad, but sometimes in my head I'm thinking they are going to need a lot of follow-through.

**Naomi:** One teacher I know is a lot stricter and I think she's a lot harder on the male students. The students say “I'm so glad that I don't have her”. She is very tough on them, she's on them all the time. It's perceived that she is hard on them. That's what the other students say.
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Lynn: We have one adjunct that does not like to take males. I don’t mind taking them, but it’s something that you have to think about when assigning students. It’s just known that this person doesn’t want male students.

Ambition of male nurses.

Males were described as being more likely to seek a position in administration or management within the nursing profession than their female colleagues. This was sometimes attributed to males having more ambition generally, but also that females tended to be more passive and less confident in their own abilities to fill these roles.

Betty: They often make an immediate jump right up to administration. It’s like they’ve got to be the large and in charge person.

Felicia: They don't stay long in bedside nursing. A lot of them quickly go into administration. Some males prefer to do the boss thing.

Lynn: It makes me sad sometimes because I see these few guys that I got my master’s with, and they're directors of floors. I would still be nervous to do that. They tend to get promotions and go higher up the ladder in the hospital. It’s unfortunate sometimes for us as females that we don't feel like we have the experience, because our personalities are not as assertive. We have the same experience, but we would be nervous because we wouldn't want to be in charge of the whole hospital. Sometimes I just think “We can do it too!” We just don't always have the confidence.

Questioning the motives of male nurses.
Some CIs outright questioned why a man would want to work in a traditionally female dominated profession such as nursing. Financial opportunity and job security were often suggested as likely motivators, rather than males being there for what the CI perceived to be the right reasons.

**Dolly:** I think that males are there more for financial reasons. It's a career where you'll always have a job. It's a career where you can be financially successful. So I question not the idea of men in nursing directly, but rather are they here for one of those reasons, instead of being motivated by wanting to be caring and compassionate.

**Pamela:** I've always thought money was their motivation. Pay has increased significantly so that it would make sense that a male student could progress to the point where he could actually bring home enough money to take care of his family.

**Olivia:** What made them choose this profession, this route? I'm definitely seeing more males. I'm curious as to why. Has it always been a desire for you but now you feel like it's more acceptable, or do you feel like it's a financial thing? Would this be monetarily valuable to you? Would you do better in this world than you would have in a different career? Nursing seems more stable. I think nurses make a really good salary, more so than other professions starting off.

**Males adrift in a female world.**

Several CIs acknowledged the difficulties for males trying to fit in socially in a female dominated workplace. Whilst the quality of their work and skills
might be equivalent, the CIs perceived that males found it a challenge to bond with their colleagues to the same extent as females nurses do.

**Gertrude:** One male nurse said to me “Sometimes it's just a lot”. It's a lot of women, and anybody could say that if they were a woman working mostly with men. How they think is different.

**Isla:** I think it's hard. You have a bunch of women sitting around talking about women’s stuff; shopping, or this is a new recipe I found, or pregnancy, or planning a wedding. The males seem to be in their own little space off to the side doing something else.

**Lynn:** Nurses are very open; we talk a lot. Sometimes girls will be talking about kids or other sorts of female things. Oh my God. I'm coming off sounding so sexist! Nursing is usually a lot of females and we're very close. So to have more men changes the dynamic. You form bonds with who you work with. It might take a little bit more work for a man to fit in. I definitely think that they still aren't as integrated as they should be.

**Krista:** Some guys fit in beautifully and our staff accepts them, they get hired and everything's fine. And then you have a few that have a chip on their shoulder, are looking for trouble, who are looking to be harassed, or looking to be dumped on.

**Male students and nurses with patients**

The CIs expressed a spectrum of attitudes regarding potential difficulties that males might face in their encounters with patients. Some identified specific areas of practice where they felt that males do not belong, whilst others saw no reason that males should be limited in their choice of nursing role. Others identified certain patient
populations such as obstetrics patients, or tasks involving intimate touch with female patients such as bathing as being potentially problematic for males in nursing.

**Certain areas of practice may not be receptive to males.**

Certain specialty practice areas such as obstetrics, pediatrics, and end of life care were identified by some CIs as being problematic for males, and not an area that they should seek to work in. Several CIs mentioned that it was the patients or families themselves who did not want male nurses in those areas.

**Gertrude:** I don't know a single man who enjoyed their labor and delivery clinical or stuck with labor and delivery after graduation. I was talking to a co-worker and he said he once had a laboring patient who was 26 years old, and her husband who was 28 years old. He was there as a 26-year-old himself, staring directly at that area, and that was what made him the most uncomfortable. The patient’s genitalia was the only focus.

**Olivia:** Females giving birth is a very private, intimate thing. To have male nursing students who might not be appreciative of that could be a problem. We do have two male nurses that work in our birthplace, but is that really the best fit?

**Dolly:** Males would find it difficult in a maternity or labor and delivery unit. I can see that a male probably could be trained, I’m just not sure that the comfort level from the patient would be the same. If a male walked in and said he was going to be my maternity nurse, I would think “How are you going to have any idea how to help me?”.

**Lynn:** I had male students when I was a patient myself in maternity, which was fine. But I want somebody who knows what’s happening trying to coach me
through birth. That might be something where the nurse’s own life experience could help soothe the patient. The patient wants someone who’s been in their situation.

**Molly:** Maternity can be a problem because it's such an intimate, close, experience. You're very exposed and vulnerable. To have this male figure that you don't know…

**Isla:** The family decides, or maybe the patient decides, to go that route of end-of-life care. Males don't want to go through the emotions with the family. They don't want to be in that family meeting where we're talking about all the options and being there when they cry. When it’s a male nurse you almost feel bad for that family because they're not given the guidance or the emotional support that someone else could have given them.

**Pamela:** I don't know how the assignments would go in pediatrics. I would imagine in some instances that dads would be concerned with a male nursing student.

**Intimate touch from a male nurse for female patients.**

One area of disagreement between CIs was the issue of male students providing nursing care of an intimate nature such as bathing or inserting a urinary catheter for female patients.

**Cecile:** One female patient with a male student said, “He's very nice, but I don't want him to do these things”. The student and I talked about it and he understood, he didn't have a problem with it. I think he was probably relieved.
Elizabeth: You must be careful with in-patient selection for the male students. I usually will go to the patient and ask if they are willing to have a student. But then I feel like I have to say, “Do you mind if it's a male student?” Which is strange because you wouldn't say to a male patient, “Do you mind having a female student?”.

Pamela: If I asked a male student to bathe a female patient when he hadn’t bathed a dozen male patients yet, I think that would put him in a position where he wasn't increasing his skill level because of his discomfort with having the first female patient.

CIs disagreed over the age of patients that would have a problem with male nurses; some said younger women would have difficulty accepting a male nurse, whereas others said older women would have more trouble.

Angela: I think there has always been a gender minefield, especially with the younger patients. Tasks such as heart monitor placement, because you are touching their chest and putting leads on them. Sometimes my male co-workers will say “Hey, do you mind just putting that on? She's of the younger generation, say 20-25”.

Olivia: If it were a younger woman like myself, would I want a young man to insert a urinary catheter? I'm not sure of my comfort level with that to be completely honest with you.

Molly: Males can be scary to the elderly women. Especially if they’re a big guy. Some of the elderly, confused, dementia patients can be scared of that.
**Naomi:** The elderly, I think that’s tough for males. They really can’t do a lot of personal care because a lot of older women don’t want them to touch them. They don't want a man to touch their body. They don't want to show their body. They don't want the male to see their body without clothes. They don’t want to lose their sense of dignity.

A few CIs felt that gender was not an issue at all. All of them agreed that they needed to speak with male students about the issue if it ever came up, and to reassure them that it was nothing personal.

**Dolly:** I can't remember having any experience where patients didn't want to have a male nursing student. I think that's a positive thing. I think that a lot of hospitalized patients now are fairly used to there being a fair amount of men practicing out there. They are not necessarily all that shocked.

**Molly:** I was nervous about washing up a female patient with a male student or how that would be different than working with a female student, but it was not different at all. My preconceived notions went away fairly quickly.

**Felicia:** The student was a very insightful young man, and he just said, “The patient doesn't want me.” So he and I talked, and I said “It has nothing to do with you. It has to do with the patient. There are a lot of people that love you. There are some of them that don't like students, but that is okay.”

**Males as technicians as opposed to caregivers.**

The concept of caring is seen as the very foundation of the nursing profession. The CIs were split in their attitudes regarding caring by male nursing
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students. Some expressed that male students were heavily focused upon technical tasks and skills, rather than caring. They reported male students struggling with the emotional aspect of nursing care, and that this was detrimental to the patients and their families.

**Betty:** My female students often will focus in more on the socio-emotional aspect of the patient, whereas the males are very clinical. Not the warm, touchy, fuzzy feelings the way that a woman feels. Their emotional support was there, but it was more clinical than it was emotional.

**Dolly:** We were discussing the emotional care of the family. The one male in the group had a hard time grasping that idea. I think he grasped that the family was going to miss their daughter, but he had to be prompted to think about the emotional side of it. He was a lot colder, more matter of fact. As far as technical skills go, he could be taught those, but when it came to the emotional part of supporting a family grieving the loss of their child, he struggled. I needed to work harder to teach him about the emotional piece.

**Elizabeth:** A patient might confide in a female nurse about a fear of death, or fear of going home alone. I've seen female students in our post clinical review have tears in their eyes when they talk about some sadness that they might experience on the part of a patient. But I think men tend to be a little bit more stoic about things like that.

**Isla:** I've been the resource nurse and I've stepped in because I can tell that the family is not getting that emotional support they need because of the male nurse. He's there, he did his job, he gave meds when he should have, he documented
when he should have, he was appropriate. But it wasn't that sense of “It's going to be okay; I’ll help you feel okay, we can do this”.

The concern that males might be overly focused on the technical aspects of nursing rather than caring and compassionate was not the view of every participant. Some CIs felt that male students were just as capable of being caring towards patients as female students, and just as effective in that aspect of nursing.

**Felicia:** They say “I love to take care of people. I want to be part of caring for the sick.” They display compassion, that’s all that matters, and nothing else.

**Hannah:** There was a patient who was end-of-life care and I had a student who sat with that patient. He held her hand, talked to her, sang her a little song. He was there when she passed, and tears came to his eyes.

**Lynn:** One of my male students spent an hour feeding a stroke patient dinner. A lot of people would be dying to get out of the room and not want to be sitting there, so intense with someone for that long. Nobody else had spent that time with him. The student was really caring.

**Krista:** If they have a male patient, and they are watching the World Series or they're watching a football game with the patient, I think that's wonderful because that's caring right there. They are able to bond over something. Then during the commercial break, the student nurse can say “So how has your blood pressure been lately?” or “How are things going at home?”

**The future of the profession of nursing**

The CIs acknowledged that increasing the number of males impacted nursing in a number of ways that are of advantage to the profession as a whole. Males were largely
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seen as having a positive influence. Some CIs also expressed a desire to know more about the part they could play in improving the experience and success of male nursing students.

**Men improve the status and credibility of nursing.**

Some CIs mentioned that nursing’s history as a female dominated profession had positioned it as more menial and less respected in terms of credibility and status when compared with other health professions. The increasing number of males in nursing was viewed as a strong influence on the profession’s improved salaries and professional reputation and respect.

**Dolly:** Nursing is becoming a lot more evidence-based and scientific. It's becoming a lot more professional, and I think that's a very positive thing. The addition of men in nursing is helping to strengthen that. It's giving us more clout with other medical professions.

**Elizabeth:** It really makes nursing more of a worthy profession in a sense. To think that men would consider that as their primary profession or occupation. It's not a menial job anymore.

**Gertrude:** By bringing males into the environment, maybe people see less and less of that mother, wife, the person who stays home and takes care of others. They see the person as working as a respected member of a profession.

**Krista:** More men is one of the reasons that salaries have gone up. Guys tend to be thought of as the breadwinner. In order to fill nursing shortages, you had to have guys. In order to get the guys to come in, you had to raise the salaries.

**We need better strategies to teach male students.**
Some of the CIs expressed a desire to know more about how best to teach male nursing students, and how they could improve upon their own teaching approach and strategies. They wondered what the nursing profession as a whole could be doing to attract more males. They were pleased to see that research was being done on this topic.

**Betty:** I think that's a piece of nursing education that we have to figure out; how to zero-in and help nurture that aspect of their caring personality. I think we need to help them get in touch with more of that. I don't know that I know how to do that, I just think that we do.

**Dolly:** I'm excited that there's research being done about men in nursing. I'm curious to know, specifically, what the things are that they need teachers to do a better job at. I think it's important that we do a good job training them. It would help me to know what they need.

**Isla:** I worry “Do I have the tools to help male students?” because I want them to be successful. Could I make them become more successful if I had more strategies of how to work with them better? Oftentimes instructors don't have those tools that male students need, and they end up transferring out of nursing. Maybe if we had different strategies for them, or better ways to work with them, we could have gotten them through that hump.

**Hannah:** I think we need to sit and talk with a group of male students. Find out what they think we should do. Obviously, we're not male. What brought you into this profession? Why do you want to be a nurse? Maybe come up with some recruiting stuff that would go along with that. I think if we show men that nursing
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has an abundance of areas, and schedules that you can work, the various jobs that nurses can do, I think it would bring in more men.

Some of the CIs confessed that they had initially felt very apprehensive about having male students, but once they had spent some time with them, and developed a sense of how to approach a male student within that teacher-student dynamic, they felt more comfortable with their role as instructor.

**Molly:** Initially I was very nervous about it, but my worries dissipated quickly when I saw my male students. They seemed very prepared and very motivated. I quickly learned that it was not going to be an issue at all. They’re in the student role, and I treat them just as I would a female student.

**Lynn:** I have a moment of apprehension, of nervousness with male students. I’m not sure why. I’m a younger clinical instructor though, so that might be part of it. Ultimately, only one CI had anything overtly negative to say about the impact of the increasing number of males entering into nursing.

**Dolly:** I worry that as we’re marching along, we're forgetting the nursing part of it. I think we're forgetting where we came from a little bit. I think that's the negative aspect of having more men in our profession.

Despite some reservations which should be acknowledged, CIs were generally positive about the influx of males into the nursing profession. They saw the presence of males as increasing respect and esteem for nurses, increasing salaries for all, and offering a different perspective on the profession than their female colleagues. At the same time, male students were also perceived by some CIs as presenting a different challenge from female students. This new challenge might require novel strategies and approaches from
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the CIs that they are not used to, and some expressed a need and desire to know more about how to work most effectively with male nursing students. These implications for nursing practice will be addressed in the discussion.
CHAPTER 5
DISCUSSION

Interpretation of the Themes

The purpose of this study was to describe the experiences, attitudes and perceptions of female adjunct Clinical Instructors (CIs) teaching pre-licensure male nursing students in their first Fundamentals of Nursing clinical rotation. The research questions were:

1. What are the experiences of female adjunct CIs teaching male pre-licensure nursing students?
2. What are the attitudes reported by female adjunct CIs towards male pre-licensure nursing students?
3. What are the perceptions of female adjunct CIs with regard to the impact of the increasing number of males in the nursing profession?

The study utilized a qualitative descriptive strategy, involving semi-structured, one on one interviews with a purposive sample of 16 participants. The study followed an emergent design, with data collection and analysis occurring simultaneously, allowing the interview guide to be refined and expanded upon as new information about potential themes came to light. The Roy Adaptation Model (Roy, 1970, 2009) was used as the conceptual framework guiding this study. Analysis of the data using the Classic Method (Krueger & Casey, 2009) resulted in five themes with sub-themes, reported in chapter 4. This data will be interpreted in terms of how it answers the guiding research questions and compared to the current literature. This will be followed by a discussion of the study’s limitations, and recommendations for nursing practice and further research.
Female adjunct CIs related experiences with male nursing students that fell into a number of common themes. Their initial experiences and impressions brought them to the conclusion that male nursing students are different from female nursing students in a number of ways. Males see matters in nursing from a different perspective which the CIs thought to be a good addition to the profession, although they were not specific with regard to what that different perspective was. Males were also described as bringing diversity to the nursing profession, which was viewed as being helpful in terms of better serving the diverse American patient population, resulting in better patient outcomes. The CIs also relayed that, in their experience, males came to the profession of nursing from a different background than most females, and that they want to follow a different path in nursing. CIs reported the formative experiences of males in the military, working as firefighters, or as EMTs, and how these experiences influenced the decisions of male students to pursue a nursing career. Males were described as having very specific ideas about their future careers, with the general consensus being that they do not wish to stay in medical-surgical bedside nursing, but rather to move into high pressure clinical environments such as the ER, ICU, or OR. The CIs were also cognizant of assumptions about sexual orientation being a specific barrier that male nurses faced as opposed to females. These findings support what has been previously reported in the literature (Jamieson et al., 2019; O’Connor, 2015; Stanley et al., 2016; Twomey & Meadus, 2016; Voss & Eldeirawi, 2017; Whitford et al., 2020).

The CIs also spoke to their own positive experiences of having men in nursing but tended to focus on traits of males that were specifically of direct benefit to the CIs.
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themselves. The CIs related the tendency for males to have an outgoing sense of humor, and that they were more confident approaching a new patient. They observed that this made it easier for male students to establish rapport. Male nurses or nursing students were described as being helpful due to them having greater physical strength for handling heavier patients, reducing the risk for injury for female nurses. Males were also perceived as providing a calming influence in a traditionally female dominant profession, changing the overall group dynamic and reducing instances of difficult relationships between all-female coworkers. These experiences point to the initial impression that CIs view having more males in the profession of nursing as an advantage, and that they are generally positive and accepting of male students.

These findings are supported by the current literature confirming the continuing presence of common stereotypes as to what male nurses best contribute to the nursing profession, and ongoing assumptions about their personal characteristics (Gavine et al., 2020; Whitford et al., 2020; Younas et al., 2019). Regardless that these stereotypical views are generally seen as positive for the most part, the presence of stereotypes serves to minimize the attributes and potential contributions of male students, boxing them into preconceived ideas and traditional gender roles. The use of male students as a source of readily available physical strength to handle heavier patients was described as a common occurrence (Kiekkas et al., 2016; Moore & Dienemann, 2014; Morgan et al., 2019; Twomey & Meadus, 2016). Whilst this might indeed be true in the case of some male students, to ascribe this as the primary contribution that a male nursing student can make to the profession of nursing potentially disregards the many other positives that the student has to offer.
The CI observations that males tend to move quickly away from traditional bedside nursing and into high pressure clinical environments or administrative roles was also supported in the literature (Jamieson et al., 2019; Moore & Dienemann, 2014; Morgan et al., 2019; Wu et al., 2015). This trend was reported as being driven by a societal pressure on men pushing them into these particular nursing roles that better suited traditional views of masculinity, or the types of jobs that men should do. The prevalence of this perception diminishes the possibility and freedom for males to choose to pursue what interests them in their nursing career; either they are pursuing the obvious stereotypical career path that male nurses are expected to take, or they have stepped into a non-traditional area of practice where they are viewed with suspicion, and may be unwelcome. The fact that any student, regardless of gender, who wants to pursue a certain career path and already knows what this is during their nursing education should not be surprising or perceived as a negative. Nurses that represent the diversity of the patient population in all aspects including gender are needed in every area of nursing practice, and students feeling drawn to one area over another does not negate their overall desire to be a competent and caring nurse. Where they choose to work is irrelevant in terms of capability, commitment and success.

The persistent stereotypical assumption that a male in a female dominated profession such as nursing is gay also serves to diminish and set apart male nurses and nursing students. A person’s sexual orientation has no relevance or bearing on their choice of profession, and their competence in carrying it out. Whilst some male nurses are gay as is found in every profession, that is not part of their professional role, and should never be a subject of speculation and curiosity from others. A nurse's private life
outside of the workplace, regardless of gender, should not be held up to scrutiny. To do so minimizes their professional knowledge and skill, and their role as a healthcare provider.

The attitudes reported by female adjunct CIs towards male nursing students

Underlying CI attitudes with regard to male nursing students tended towards being somewhat negative despite the overall positive experiences that they had described. One area of disagreement that came to light was the issue of male student confidence. All the CIs in this sample agreed that male students tended to have greater self-confidence than female students, but whilst some saw this as an asset that helped the student to face the challenges of the clinical setting, others saw it as arrogant and egotistical behavior that did not serve the student well. This difference of opinion might be explained by individual variation in student behavior. However, it is also entirely possible that the view of males as arrogant is a pervasive opinion that has been generalized to male students in the eyes of the particular CIs who perceived the observed self-confidence as negative. The CIs did agree that teaching male students is more of a challenge than traditional female students, saying that males needed more of the CIs’ time, that males were generally disorganized, and that they needed to be prompted to attend to their work. These issues of potential over-confidence and different teaching needs were seen as making male students more difficult for the CI to handle. The presence of these attitudes amongst CIs is supported by findings in the literature that some nurse educators are perceived as being resentful of male students, and tolerate, if not outright perpetuate, microaggressions against them (Morgan et al., 2019; Powers et al., 2018; Sedgwick & Kellett, 2015).
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There were also undertones of questioning the motives and ambitions of male nurses and nursing students. Several CIs described the desire of males to move up the career ladder more quickly than their female peers, and to seek positions in leadership and administration, also previously noted in the literature (Jamieson et al., 2019). The CIs tied this idea to their experiences of male students wanting to move away from bedside nursing and to focus on more critical and technology-focused areas of practice such as emergency room, intensive care unit, or perioperative unit. The implication that some males were not pursuing nursing for the right reasons was seen as being justified by these dual observations. Rather than being motivated by an altruistic desire to care for people, males were seen by some CIs as being motivated only by financial gain and job security. This finding is noted in previous literature asking female nurses about male nurses (Jamieson et al., 2019), but is in opposition to what male nurses say about themselves, and their own motivations for pursuing a career in nursing (Colby, 2012; O’Connor, 2015; Schmidt, 2016; Zahourek, 2015; Zhang & Liu, 2016). Whilst job stability and a good salary are motivators for males in nursing, the essence of caring for others is still an equally strong influence.

When reflecting on male nursing students’ interactions with patients, the CIs conveyed an attitude of seeming concern and hesitancy with regard to certain nursing skills and tasks, areas of practice and their appropriateness for male students, and male nurses in general. There is extensive literature discussing the barriers faced by males as they undertake tasks involving intimate touch, and the misgivings of nurse educators supervising them (Biletchi, 2013; Colby, 2012; Morgan et al., 2019; O’Lynn et al., 2016; O’Lynn & Krautscheid, 2014; O’Lynn, 2016; Powers et al., 2018; Whiteside & Butcher,
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2015). The CIs in this study, none of whom work in obstetrics, were vocal in their view that males should not generally be part of obstetrics practice, a view commonly found in the literature (Golden, 2018; Jamieson et al., 2019). This posture was not due to experience suggesting that males are incapable of learning how to care for an obstetrics patient, but rather was often tied to a perception that this is not something that an obstetrics patient, or their partner, would feel comfortable with. This demonstrates that male nursing students are still subject to limitations as to what type of nursing is seen as being appropriate for them to do, even by those who are charged with preparing them for practice. A few CIs expressed similar attitudes of concern in other practice areas such as pediatrics, also confirmed by previous literature (Golden, 2018; Jamieson et al., 2019), and palliative care which was a new finding.

Many CIs expressed that female patients do not want a male to be providing nursing care requiring intimate touch such as bathing or inserting a urinary catheter; however, they could not agree as to what age group of female patients would be uncomfortable with this situation. Some said that elderly female patients would have a problem, whilst others thought it would be younger patients who objected. The CIs did agree that male students were generally accepting of these attitudes from female patients and took it in stride as part of respecting the patient’s wishes, rather than as a personal affront. They were also in agreement that it was important for the CI to discuss the issue with the male student, and to affirm that the problem with the female patient had not arisen because of anything that the student had done wrong. This finding demonstrates a desire for the CIs to help their male students in navigating the complex gender dynamics
at play within the female dominant world of nursing, confirming the importance of the CI role discussed in the literature (Brown et al., 2012; Dahlke et al., 2012).

Some CIs expressed an overall attitude that males are not as caring as females and that male students would rather focus on technical skills and tasks. They held the attitude that males found it harder to appreciate the need for caring and compassion, and that whilst they might technically excel at the list of tasks that a nurse needs to attend to for a patient, they generally did not pay attention to the extra expectations of the nursing role that are not ordered by a provider such as caring for the family, or conveying empathy in a difficult situation. This was contrasted by some CIs who defended their male nursing students’ abilities to be caring, and related specific examples of caring behaviors. Again, it is possible that these differences are due to individual variation in student behavior, but also speaks to presumptions and biases on the part of some CIs that males are not as skilled at caring as females, and an underlying attitude that they should not really be in nursing. The presence of doubt with regard to males as caregivers, and their ability to be caring, also confirms previous findings in the literature (Colby, 2012; Jamieson et al., 2019; Jordal & Heggen, 2015; Kiekkas et al., 2016; Stanley et al., 2016; Wu et al., 2015; Zahourek, 2015; Zhang & Liu, 2016).

These findings of undertones of hesitancy and ambivalence towards male nursing students and their abilities to carry out foundational nursing tasks and skills are an unfortunate confirmation of how male nursing students themselves perceive some nursing faculty and clinical instructors (Morgan et al., 2019). Whilst it may be the case that some male students need more guidance and mentoring in the development of traditionally female emotions such as caring, this does not negate their desire to develop this skill for
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the benefit of their patients. It is also unfortunate that needing help in this one particular area has led some CIs to perceive males as being more work, and less likely to succeed than female students. It would be more appropriate for CIs to recognize the equity of required CI effort regarding male and female students, rather than inequality in terms of strengths and weaknesses when comparing the two. Whilst the teaching needs of students may tend to fall into different categories based on gender, no one gender demands more of the CI than the other. It may simply be that the CI must be willing to rise up to the new challenge of working with non-traditional students with different experiences and learning needs. This does not amount to more work for the CI, but rather a different type of work requiring a new focus. Those who are not willing to make the necessary adjustments, may find that they are no longer suited to the highly demanding and critically important role of CI in face of the changing demographics of prelicensure nursing education.

The perceptions of female adjunct CIs regarding the impact of the increasing number of males in the nursing profession

When asked to consider how an increasing number of males fit into the group identity of the female dominant nursing profession, the CIs generally agreed that males were not as integrated as one might hope, confirming what is discussed in the literature (Schmidt & MacWilliams, 2015). They reported that male nurses and nursing students tended to be off to the side, out of the mainstream social dynamic of the clinical group or nursing unit. It was perceived that working in a predominantly female profession posed a challenge for male nurses; a challenge that some were able to conquer, whilst others were left somewhat adrift and isolated. The CIs generally recognized that this was not fair to
males in nursing, and that it left them removed and detached from the clinical group or unit, and at higher risk for leaving the profession altogether.

The CIs also recognized many benefits to the nursing profession as a whole that resulted from having more male nurses. The greater presence of males was seen as a strong contributor to increasing salaries for all nurses and was of direct advantage to the CIs. The increasing presence of males was also seen as a factor in nursing gaining a greater sense of credibility, mutual respect, and an improved professional reputation amongst other healthcare disciplines. This changing perception of nursing from those outside of the profession also contributed to increasing salaries, and greater opportunities and expanded roles for nurses to contribute to the healthcare industry in different forums.

The CIs concluded that having more males in nursing was, for the most part, a good addition, despite some reservations. Only one CI had anything overtly negative to say about the increasing number of males, expressing a view that more men in nursing resulted in nursing losing its sense of where the profession originated from, potentially diminishing nursing’s group identity. Several CIs expressed a desire to know more about how best to teach and work with males, and that nursing education should seek the opinions of male students to know how best to help them be successful. This demonstrates a desire to assist male students while in their clinical group in becoming a central part of the nursing profession, and to work towards their overall success. Given that many males reported a perception that nursing faculty were not responsive to the needs of male students (Morgan et al., 2019; Powers et al., 2018; Sedgwick & Kellett, 2015), this is an encouraging finding. Adjunct CIs may hold some hesitancies and a sense of ambivalence towards male nursing students at times, but also recognize the
positives of having males in the profession, with many wanting to know how to better meet the learning needs of male students.

**Roy’s Adaptation Model**

The Roy Adaptation Model (RAM) (2009) was used as the conceptual framework for this study. The group identity mode was the focus, framing the examination of the increased presence of male nursing students as a stimulus to the group identified as female adjunct CIs, and their adaptation to this change in the pre-licensure clinical group demographics. The study findings support the determination that female adjunct CIs as a subset of the wider group of nursing as a profession are currently functioning in a compensatory state of adaptation in the group identity mode.

Whilst all the participants reported that they welcomed men into nursing, and related having positive experiences with male students, some also mentioned that they knew of other CIs who did not like teaching male students. Schools of nursing were described as catering to this preference, in effect compensating for the CI’s lack of adaptation. This is consistent with other research that suggests that a subset of female nurses, particularly those with a lower level of education, dislike males in nursing (Gedzyk-Nieman & Svodoba, 2018). Whilst this simple act of purposefully assigning male students to other CIs who willingly work with male students might be seen as an easy solution from the perspective of the school of nursing, it does not address the core problem of bias against male students. This “easy fix” also fails to move the nursing profession forward towards greater and more effective adaptation and acceptance of qualified and competent nurses from diverse backgrounds, or acceptance of nurses that represent greater gender diversity. The CI who doesn't want to teach males is not given
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the opportunity to grow in their professional skills or attitudes, or to come to appreciate
the positive traits that male students have to offer. The CIs who hold these views may
even be influencing their female students, further perpetuating the problem. By not
addressing this issue, schools of nursing miss an important opportunity to better prepare
these CIs to work within the changing gender dynamics of the profession.

Whilst this compensatory level of adaptation may function somewhat effectively
in the short term, given the crucial and multi-faceted role of the CI as an essential gate-
keeper into the nursing profession (Brown et al., 2012) there are serious consequences
that are illustrated in the literature by the decreased rates of retention and success of
males as both students in prelicensure nursing education, and as nurses in the workforce
(Kiekkas et al., 2016). It is essential that efforts are made to expand the CI view of
nursing’s group identity to accommodate all qualified and capable students, regardless of
demographic factors such as gender. Addressing the need to open up the group identity to
those who fall outside of the traditional nursing figure, will facilitate the ability of the CI
group to adapt to the stimulus of changing gender dynamics amongst nursing students
and the profession as a whole, moving the CI group and the entire nursing profession
forward towards integrated adaptation.

Study Limitations

Several unavoidable limitations must be acknowledged. This study deliberately
focused on a small group of participants which was necessary to allow for prolonged
engagement with each participant, and detailed discussions of the participants’
experiences. Although a sample of 16 participants is acceptable in a qualitative study of
this nature, it is still small when compared with a large-scale quantitative study, and so cannot be considered representative of the population of female adjunct CIs as a whole.

Furthermore, all the participants were drawn from Massachusetts, which is known for having an exceptionally high density of high-quality schools of nursing, and practice opportunities for nurses. This environment is in contrast to much of the United States. Therefore, this pool of participants may not reflect the views of CIs in other areas of the United States or the world. This limits the transferability of the findings to other settings, although it should not be taken to mean that the results are not of relevance and interest to nursing education outside of this geographic area.

Qualitative research relies on self-report, and so there is a possibility that participants were not entirely honest in their answers. Some of the participants were previously known to the principal researcher, potentially coloring their responses to the questions.

This study utilized the concept of gender from the binary perspective of male-female, rather than the view of gender being fluid and occurring on a spectrum. This expanded view of gender was beyond the scope of this study but provides a rich opportunity for further consideration of nursing gender dynamics in future studies. Finally, the possibility of researcher bias must be considered. The principal researcher brought to this study her own concerns that male nurses in the United States might be regarded with ambivalence by some female CIs. This point of view was based on the differences she had witnessed between Australia where she first practiced and the United States, and anecdotal evidence from her own male clinical students. She
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purposefully designed the interviews to elicit such sentiments if they were indeed present as suspected.

Despite these limitations, the skeptical reader should be inclined to trust the participants’ testimony. Nearly all of them made it clear that they ultimately welcomed males into the nursing profession, despite having misgivings in some regards; set against this largely positive perspective, the doubts that they also acknowledged seem that much more credible.

Recommendations for Nursing Practice

The results and implications of this study suggest a need for further continuing education of female adjunct CIs on the changing characteristics of today’s nursing students, and their specific education and learning needs. Awareness of, and reflection upon, personal biases towards or against one demographic student group or another helps to overcome prejudice, empowering the CI to be more accepting and welcoming of differences amongst their students. By building upon CI desire to develop a greater appreciation and understanding of individual differences, strengths, weaknesses and learning preferences in male students, schools of nursing can assist CIs in developing the skills and attitudes necessary to better teach, encourage, and mentor male students to success.

These strategies are in line with the recommendations from the QSEN Institute, focused on Quality and Safety Education for Nurses (qsen.org, 2020). The relevant QSEN graduate nurse competencies under the category of attitudes for teamwork and collaboration are “Respect the unique attributes that members bring to a team” and “Acknowledge own contributions to effective or ineffective team functioning” (qsen.org,
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2020). Cultivating these attitudes in clinical instructors, providing them with knowledge regarding the learning needs of male nursing students, and prioritizing clinical experiences in aspects of nursing practice that males gravitate towards or find more interesting, will assist CIs in targeting their teaching efforts more distinctly towards each student in their clinical group. Personalizing teaching, just as the nurse personalizes patient care, will result in improved learning outcomes, and success in nursing school for all nursing students, including males.

Master of Nursing programs, particularly those focused on nursing education, should include teaching on these factors and influences as part of their curriculum with a view to producing nurse educators and role models who are better prepared to successfully teach or mentor a diverse nursing student population. Schools of nursing should also be encouraged to actively make every effort to recruit more males into CI and faculty roles. Changing the demographics of faculty that male students interact with will provide male students with role models for nursing practice that reflect themselves, rather than only having female faculty as mentors.

Every effort should be made within schools of nursing to degenderize language in teaching approaches, written educational materials such as textbooks, case studies and exams, and any other resources. Changing the image of nurses seen by students and faculty alike, will assist in breaking down assumptions and stereotypes regarding male nursing students. Setting these assumptions and stereotypes aside will encourage CIs to see each student as an individual with their own particular learning strengths and needs, facilitating more individualized education and greater student success.
Lastly, it is important to also educate the public regarding the normalcy of finding males in the nursing profession. Just as society as a whole had to adjust to women moving from outside the home into the workforce to take on non-traditional roles, so too we need to change the public’s view of males in nursing. Educating patients and families about the presence of males as part of the nursing workforce is essential to fostering greater acceptance and retention of male nurses. CIs should make every effort to introduce students to patients without drawing attention to gender, taking away the impression that it is of consequence, thus decreasing rates of treatment refusal experienced by male students. Rather than focusing on whether a patient wants a male to take care of them, language should be revised to ask if patients have a preference or requirement for a caregiver of a certain gender (O’Lynn and Krautscheid, 2014). Asking this question of all patients, regardless of the gender of patient or nurse, respects a patient’s right to have preferences in their care, but also steps away from encouraging and reinforcing assumptions and stereotypes of gender norms in nursing.

**Recommendations for Further Research**

The findings of this study suggest several avenues for further research to expand knowledge and understanding of this group of understudied nurses. The study should be replicated with CI groups teaching in other specialty areas such as maternity or pediatrics that were specifically identified as being potentially problematic and unwelcoming environments for male nursing students. This would assist in determining if the presumed ambivalence and hesitancy towards male students in these practice areas is actually reported, as the Fundamentals CIs thought it would be. Further studies should be done investigating patient and family perceptions of having a male nursing student in different
areas of nursing practice, potentially revealing if the CI concerns about patient and family responses to male nursing students are warranted.

Future research should also focus on the best way to empower CIs to most effectively teach a widening spectrum of non-traditional nursing students, including males. Knowing what CIs themselves perceive as being most helpful and effective in improving their teaching would assist nursing education administrators in determining where to best focus their efforts and investment in CI education and training. These types of studies will help to illuminate the degree to which male nursing students, and male nurses in general, are accepted into the greater scope of the nursing role, and how to facilitate greater success for males in nursing through education of CIs.

The qualitative nature of this study limits its transferability to other settings, and so expanding upon this research using quantitative methods would also be of value.

**Conclusion**

The overall shortage in numbers and lack of diversity in the aging nursing workforce is an urgent problem that needs to be addressed in an active and purposeful way. The profession needs to take urgent steps to ensure that not only will we have enough nurses to care for our aging population, but that those nurses will better reflect the patient population they care for. The current attitudes and perceptions of female adjunct CIs suggest that they can potentially function as a barrier to the success of male nursing students, although the profession is in the process of working towards a posture of greater acceptance for all types of non-traditional students, including males. Implementing purposeful education to improve CI awareness of their role and responsibility to encourage and mentor all nursing students towards success, regardless of demographic
variables, is an important step forward in diversifying the nursing profession, and ultimately facilitating improved patient outcomes.
Appendices

Appendix A

Invitation to participate in a research study

Dear Nurses,

My name is Amanda Shilo, and I am a Ph.D. in Nursing student at the Van Loan School of Graduate and Professional Studies at Endicott College in Beverly, Massachusetts. I am conducting a study to understand and appreciate the experiences, attitudes and perceptions of female adjunct clinical instructors teaching male pre-licensure nursing students in the clinical setting during the nursing Fundamentals course.

In this study I will conduct one on one interviews with female nurses who have worked as adjunct clinical instructors with male students for at least two semesters. The interviews will take place in a private, mutually agreeable location and will take approximately 60-90 minutes. There are minimal risks associated with the study, and there is no compensation for participating.

This study will be conducted by myself with oversight from the Endicott College Ph.D. in Nursing Director, Dr. Janet Monagle, Ph.D. RN, and Ph.D. committee members, Dr. Robin Leger, Ph.D. RN, Dr. Sharon Milne, Ph.D. RN, and Dr. Richard Ochberg, Ph.D.. Only my Ph.D. committee members, a medical transcriptionist, and myself will have access to the data collected to ensure your confidentiality. Participation is completely voluntary and will in no way have any effect on your employment. If you have questions or comments related to this study at any time, or would like more information, you may contact me directly or the Ph.D. in Nursing Director, Dr. Janet Monagle at jmonagle@endicott.edu.
Please contact me at ashil626@mail.endicott.edu or via phone at 781 771 3335 if you would be willing to participate.

Thank you very much for your time and consideration. I greatly appreciate your willingness to make this study possible.

Sincerely,

Amanda E J Shilo
Appendix B

Demographic Data Sheet

1. Age in years __________
2. Years working as a Registered Nurse __________
3. Highest level of nursing education __________
4. Are you a Certified Nurse Educator? Yes ______ No ________
5. Area of nursing specialty ____________________________
6. Number of years working as a clinical instructor __________
7. Have you previously worked with male RNs? Yes _____ No _____
8. Have you previously supervised male RNs? Yes _____ No _____
Appendix C

Interview Guide

The following is an informal, semi-structured interview guide that will be utilized by the principal researcher to direct each individual interview with the participants. Open-ended questions will be asked, allowing participants to share and reflect on their experiences as female, adjunct clinical instructors teaching male prelicensure nursing students. Some basic ice-breaker type, introductory questions will be asked, followed by an open-ended question addressing the topic of the study. Additional follow-up questions will be asked as necessary to gather an appropriate amount of data or clarify understanding. The participants will be given an opportunity to read the disclosure statement (Appendix D) and ask any questions about the study. The completed demographic data sheet (Appendix B) will be collected prior to the start of the interview. Participants will have been pre-screened to ensure they satisfy all necessary inclusion/exclusion criteria for the study.

Introductory ice-breaker questions

Thank you for participating in my research study. I appreciate your time. Can you start by telling me about where you work as an RN, and what kind of nursing you do? When did you start working as a clinical instructor?

Open-ended study question

I worked as a clinical instructor for a local university for six years and taught many different types of students over the course of that time. One thing I’ve noticed is that there is an increasing number of males entering the nursing profession. What goes through your mind when you see you have a male student in your clinical group?
Possible follow up questions

- I’ve heard some people say they always wonder why he wants to be a nurse.
- Some CIs say that male students are a lot more work than females.
- I’ve heard other CIs comment that they are always worried that male students are more likely to fail.
- Have you ever had a time when a male student’s gender was an issue in the clinical setting? Walk me through what happened, and how you handled the situation.
- How have you seen male student nurses demonstrate caring for patients?
- What have you observed in the clinical setting regarding how male nursing students fit into the culture of the nursing profession?
- Do you perceive any barriers for male nursing students?

Closing question

Is there anything else you would like me to know about regarding your experiences teaching male nursing students?
Appendix D

IRB Approval Letter

Endicott College Institutional Review Board
IRB Registration – IRB#: IRB00010231
Federal Wide Assurance – FWA#: FWA00023250

Notification of Study Approval

Doctoral Student Researcher(s): Amanda Shilo
Faculty Advisor(s): Dr. Sharon Milne, Dr. Richard Ochberg, Dr. Robin Leger (Salem State)

Research Study Title: The Attitudes and Perceptions of Female Adjunct Clinical Instructor Teaching Male Pre-licensure Nursing Students
Submission #: 200321

Review Date: October 28, 2019
IRB Review Type: Expedited
IRB Review Action: Approved

The Institutional Review Board (IRB) at Endicott College approved the above named study based upon the final protocol with any revisions requested by the IRB. As principal investigator and researcher, you are bound by the assurances outlined in the IRB application and agreed upon at application submission. Please notify the IRB in writing of any changes to the approved protocol or of any adverse or unexpected events. Continuing review is not required for exempt or expedited studies unless stipulated by the IRB at the time of approval or for proposals reviewed by the Full Board in which research participant interventions or interactions are complete, and the only remaining activities relate to data analysis.

The College appreciates your efforts to conduct research in compliance with the federal regulations effective January 21, 2019, institutional policy effective September 1, 2019, which have been established to ensure the protection of human subjects in research.

This research project has been reviewed by the Institutional Review Board at Endicott College in accordance with US Department of Health and Human Services Office of Human Research Protections 45 CFR part 46 and does not constitute approval by the host institution.

If you have any questions, please do not hesitate to contact me at irb@endicott.edu.

Nathalie Saltikoff
IRB Chair
Endicott College
Endicott College Institutional Review Board (IRB)

TITLE: Attitudes and perceptions of female adjunct clinical instructors teaching male pre-licensure nursing students.

INTRODUCTION: This research will ask you questions about your experiences as a female, adjunct clinical instructor teaching male pre-licensure nursing students. There are also several demographic questions that are asked using a demographic data sheet. The purpose of this research project is to learn more about the attitudes and perceptions of female adjunct clinical instructors when involved in teaching male nursing students in a pre-licensure nursing program.

PARTICIPATION: Taking part in this survey is completely voluntary. You may stop your participation at any time by exiting the interview. There is no penalty for ending participation. You are free to decline to answer any question you do not wish to answer. There are no right or wrong answers. All answers will remain completely anonymous.

RISKS: There is a minor possibility of feeling discomfort when answering the questions. However, confidentiality and anonymity are assured. If feelings of discomfort or emotional distress arise, you can stop the survey at any time. In addition, in order to mitigate this risk, the principal researcher will advise anyone experiencing persistent distress to contact their primary care health provider for assistance.
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**BENEFITS:** Benefits to participation in this study include contributing to the understanding of the experiences of female adjunct clinical instructors when teaching male pre-licensure nursing students, which may assist in improving nursing education practice.

**ANONYMITY:** No identifying information (such as your name, email address, phone number) will be collected with this survey. Information collected by the researcher is anonymous and will only be shared in the aggregate. Information provided to the researcher will be kept anonymous with the exception of information which must be reported under Massachusetts and Federal law such as cases of child or elder abuse. This research project has been approved by the Institutional Review Board at Endicott College.

An analysis of the results and explanation of the study will be available from Amanda Shilo at ashilo@endicott.edu by the end of April, 2020.

**CONTACT:** For questions or concerns about the research, please contact Dr. Janet Monagle, Ph.D. in Nursing Director, at jmonagle@endicott.edu, or Faculty sponsor Dr. Sharon Milne, at smilne@endicott.edu.

Thank you for your help.

For concerns about your treatment as a research participant, please contact:

Institutional Review Board (IRB)

Endicott College

376 Hale Street
This research project has been reviewed by the Institutional Review Board at Endicott College in accordance with US Department of Health and Human Services Office of Human Research Protections 45 CFR part 46 and does not constitute approval by the host institution.

Endicott College Institutional Review Board (IRB)

Disclosure Statement

(Attitudes and perceptions of female adjunct clinical instructors teaching male pre-licensure nursing students).
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