Identifying Strategies for Addressing Perceived Barriers to Education for Pre-Licensure Male Nursing Students

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Learning Objectives

1. Identify common barriers for men in pre-licensure nursing programs.

2. Examine potential strategies for overcoming barriers to education for men in nursing programs.

3. Recommend potential interventions for implementation by faculty in the learning environment to facilitate learning for male nursing students.

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Background

• In the US, male nursing students comprise approximately 11.7% of pre-licensure nursing students

• 49% of male nurses stated that their nursing program DID NOT prepare them to work in settings that had mostly female co-workers

• Male students have challenges to their education including:
  – inability to relate to common teaching strategies
  – exclusion from clinical experiences
  – gender bias by faculty/instructors
  – expectations for a specialty selection other than bedside nursing
  – a general lack of acceptance by female peers and faculty
Purpose

The purpose of this study was to identify potential strategies to minimize barriers and challenges experienced by male nursing students with the goal of enhancing the education experience.

Aims:

1. Gain an understanding of specific issues, barriers, and challenges that male nursing student’s experience while enrolled in a pre-licensure education program.
2. Identify potential strategies to minimize barriers and challenges experienced by male nursing students with the goal of enhancing the education experience.
### Methods: Sample

**AIM**
- Identify the group that could best describe the experience:
  - Male gender
  - Have completed a pre-licensure nursing program
  - Willing to share their experiences

**TECHNIQUE**
- Purposive sampling
- Direct recruitment via email to all potential participants who met criteria for interest

**Resulting Sample (N= 8)**
- Small cohort of men graduating from ABSN program
- All participants willing and interested in sharing their experiences
Methods: Focus Group

- Provided participants with list of barriers found in literature
- Allowed to create additional barriers

Placed into 7 categories (20 mins)

- Discussed the barriers and categories until reaching agreement

Identified Top 3 categories (20 mins)

- Discussed potential strategies to overcome barriers in those categories

Guided discussion (60 mins)

- Consented obtained
- Male PI, not involved in the education of any participants, led discussion
- Supplemental field notes collected
- Focus group audio recorded

Achieved consistency in group (10 mins)

- Potential strategies reviewed with participants
- Final opportunity to add or clarify
Methods: Data Analysis

Statements of interest (N=41)

Statement collapsed into similar topics (N=16)

Categories into Sub-theme (N=12)

Emerging Themes (N=5)

- Audio recordings were transcribed in a 17 page word document
- Transcriptions were reviewed by PIs for accuracy
- All PIs independently reviewed the transcription to identify statements of interest
- PIs worked together until agreement made at each stage of collapsing data
Results: Barriers

7 Categories
24 different barriers

- Lack of role models/isolationism (N=6)
- Feminine nursing education (N=5)
- Negative view of men in nursing (N=5)
Results: Emerging Themes

Potential Strategies for Overcoming Barriers (In order of frequency)

• Increasing male faculty presence* (N=17)

• Opportunities for male-to-male support (N=15)

• Faculty behavior and communication that demonstrate gender inclusivity (N=12)

• Recognition of gender-driven incivility by students* (N=12)

• Development of a gender-balanced curriculum (N=8)
Increasing Male Faculty Presence

• 17 separate points in focus group where this topic was discussed

Strategies suggested:
• Focused recruitment of male faculty

• Increasing the use of male nurses as guest lecturers or content experts

• Intentional utilization of male Clinical Instructors and preceptors

“It is really interesting that a byproduct of not having a male role models is that we’re kind of advising each other, in a way…”
Recognized Limitations to Strategy Implementation

- Men comprise 6% (5%) full-time, 8% (6%) part-time nursing faculty

- Men make up approximately 7-10% of the nursing workforce; with slightly higher numbers in advanced practice

- Very little cross-over in teaching from APRN programs to BSN programs

“So, I think having equal faculty, male/female, is not realistic, yet there definitely has to be, in my opinion, a larger male presence in a school of nursing…”

National League for Nursing, 2015
Recognition of Gender Driven Incivility by Students

• On twelve separate occasions, participants referenced the need for faculty to recognize hostile behaviors towards male students by female students and intervene.

“We have kind of been called the Penis Group...”

“Anytime the men’s nursing club had something that we brought forward, we would, honestly, get kind of a lukewarm response from our (fellow) cohort students...”

“When we would talk about sports or something, and all of a sudden that (becomes) something to comment on.”
Suggested Interventions

• Have faculty intervene at the time of hostility

• Training for faculty and students around this issue

“Being called…the Penis Group…a double standard exists. If we would make a derogatory comment about female genitalia, we would probably be standing in front of Dr ___....”

“Everyone would say that it is not appropriate, but obviously you still have let it be known that it is not appropriate… and I do not think that is something that has been happening…”

“I always thought that if DUSON had a little improv-sketch comedy group… these exact topics would be so fun to role play…not just men, but all problems in nursing…plant seeds with some fun and humor about this… to get rid of these ideas...”
Selected References


