Men Student Nurses: The Nursing Education Experience

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PURPOSE. This study explored the phenomenon of being a male in a predominately female-concentrated undergraduate baccalaureate nursing program.

BACKGROUND. Men remain a minority within the nursing profession. Nursing scholars have recommended that the profile of nursing needs to change to meet the diversity of the changing population, and the shortfall of the worldwide nursing shortage. However, efforts by nursing schools and other stakeholders have been conservative toward recruitment of men.

METHODS. Using Giorgi’s method, 27 students from a collaborative nursing program took part in this qualitative, phenomenological study. Focus groups were undertaken to gather data and to develop descriptions of the experience.

FINDINGS. Five themes highlighted men students’ experience of being in a university nursing program: choosing nursing, becoming a nurse, caring within the nursing role, gender-based stereotypes, and visible/invisible.

IMPLICATIONS. The experiences of the students revealed issues related to gender bias in nursing education, practice areas, and societal perceptions that nursing is not a suitable career choice for men. Implications for nurse educators and strategies for the recruitment and retention of men nursing students are discussed.

Introduction

Nursing is predominantly a female-concentrated occupation. Mackintosh (1997) states that despite men being “pioneers” within the profession, they are considered an “anomaly” for choosing a career outside the boundaries for men in non-traditional occupations. The notion of caring as being a uniquely feminine trait supports patriarchal attitudes that continue to marginalize men within nursing. Currently, men remain a minority in the nursing profession. In Canada, approximately 5.8% of the registered nurse workforce comprised of men (Canadian Nurses Association, 2009). Interestingly, women have been moving into previously male-dominated professions such as dentistry, pharmacy, and medicine (Burton, 2004; Meadus, 2000) but the movement of men into nursing is slow. Several nurse scholars have stated that greater efforts are needed to increase the proportion of men in the nursing workforce (Bartfay, Bartfay, Clow, & Wu, 2010; Meadus & Twomey, 2007; Sherrod, Sherrod, & Rasch, 2006). Such endeavors may provide a solution to the worldwide nursing shortage and lack of diversity among the nursing population. Despite the worldwide nursing shortage and the call for greater diversity within the profession, the number of men entering nursing has not changed over several decades. It is suggested the attrition rates of men nursing students exceed those of women students (McLaughlin, Muldoon, & Moutray, 2009; Stott, 2007). There is evidence that nursing education programs largely are based on a female worldview.
(Anthony, 2004; Kermode, 2006; O’Lynn, 2004). Such gender bias and discrimination impede recruitment and retention of men into the profession (Bartfay et al., 2010; O’Lynn, 2004). Efforts by some nursing schools and other stakeholders to tap into men as potential nurse applicants to increase the population of nurses have been conservative. The challenge for nursing is to continue to encourage more men to be part of the profession. To identify strategies it is important to have an understanding of why men enter into nursing and knowledge of their experiences of completing a nursing education program.

Research confirms there are barriers for men seeking to enter nursing, and as well as for men nurses currently working in the healthcare system. One of the major barriers identified are sexual stereotypes (Hart, 2005; Meadus & Twomey, 2007). It is assumed that men who chose nursing are gay. Despite lack of evidence for this belief, men nurses are questioned about their masculinity and often feel the necessity to justify their career choice. Such assumptions are based on patriarchal beliefs around the construction of nursing as a role suitable for women only. In spite of these obstacles, men who become nurses are satisfied with their career choices and have no difficulty recommending nursing to other men as a career option (Twomey & Meadus, 2008).

There is also evidence to suggest men students experience barriers in their nursing education programs. These gender biases are unrecognized and inherent aspects of nursing education that impact recruitment and retention of men nursing students. Gender bias is not only limited to nursing texts, but found in the language and image of the nurse perpetuated within the classroom and clinical practice areas (Anthony, 2004, 2006; Dyck, Oliffe, Phinney, & Garrett, 2009; Keogh & O’Lynn, 2007; Kermode, 2006; O’Lynn, 2004; Stott, 2004). The purpose of this study was to describe the experiences of men student nurses completing a collaborative baccalaureate degree program in Canada. In this article, literature related to men nursing students will be reviewed, followed by a description of the methodology and the findings, concluding with a discussion of the results and implications for nursing education.

**Literature Review**

Most of the literature on men in nursing is concerned with the lack of recruitment efforts and the barriers experienced by men who choose nursing as a career. However, there is a paucity of research related to the experiences of men students who undertake a nursing program. The majority of research is dated and has not fully described the “lived experience” of men nursing students completing a nursing university program.

Using a quantitative methodology, several authors reported barriers men face upon entering a nursing program have changed little overtime. In the United States, O’Lynn (2004) used a survey tool called the Inventory of Male Friendliness in Nursing Programs to assess the perceived gender-based barriers among men (n = 111) nurses. These nurses described several barriers such as the lack of a mentorship program for men students, no male faculty and limited opportunity to work with men nurses in the clinical setting, no information on the history of men in nursing, and no guidance on the use of touch. Keogh and O’Lynn (2007) replicated the study using the Inventory of Male Friendliness in Nursing Programs instrument to examine the gender-based barriers for men (n = 100) who completed a nursing program in Ireland. These findings corroborated those from O’Lynn’s initial study. Similarly, Kermode (2006) used a web-based survey to explore the perceived prevalence of sexism in several Australian, university programs. Of the students who participated (n = 221), in comparison with the women nursing students and the other non-nursing university students, men nursing students reported being more affected by both sexism and discrimination within their program of study. Using a descriptive design, Crigger, Luckman, and Galusha (2007) in the United States were the first researchers to explore discriminatory attitudes and behaviors toward men as perceived by both men and women nursing (n = 265) students. These students were completing a diploma, baccalaureate, or an associate degree program. In comparison with female students, male students described their educational experience as sexist and discriminatory.

A number of nurse scholars used a qualitative methodology to explore the experience of men students in nursing programs. However, to date, no Canadian study was located describing men nursing students’ experience of completing a nursing program. Interestingly, studies were not found describing the experience of women nursing students. Consequently, it is difficult to compare the experience of men and women students completing a baccalaureate nursing program. Using focus groups, Kelly, Shoemaker, and Steele (1996) noted that men (n = 32) who had completed a variety of nursing programs (associate degree,
students within nursing academia who struggle against the feminine culture and the hegemonic form of masculinity to construct their role of becoming a nurse.

There is also a substantial body of literature available on men students and completion of their maternal-newborn clinical rotation (Callister, Hobbins-Garbett, & Coverston, 2000; Cude, 2004; Cude & Winfrey, 2007; Morin, Patterson, Kurtz, & Brzowski, 1999; Patterson & Morin, 2002; Sherrod, 1991). This clinical experience has been described as an area of concern for most men nursing students because of possible misinterpretation of men’s caring actions due to the “sexualization of men’s touch” and perceived ability to express caring (Evans, 2002; Grady, Stewardson, & Hall, 2008; Harding, North, & Perkins, 2008; Paterson et al., 1996). Such societal stereotypes reinforced by patients and staff working in this area foster the belief that this clinical setting for men students’ is inappropriate (Callister et al., 2000; Cude, 2004; Patterson & Morin, 2002). In a cross-sectional survey, McRae (2003) explored the perceptions among three groups of individuals (women nurses, men nurses, and pregnant women) of men’s role in obstetrical nursing. In comparison with others within the groups, nurses who were clinical nurse specialists or nurse educators in academia held more negative perceptions of men in this area of clinical specialty.

To date, there is limited research examining men’s experience of nursing education programs and little awareness of the challenges and factors that enhance or impede men’s process of becoming a nurse. To identify strategies it is important to have knowledge of reasons men choose nursing as a career and to have an understanding of their experiences within a nursing education program. Such insight may benefit nurse educators in working with men students and recruitment officers to change educational and cultural stereotypes leading to an increased percentage of men in the nursing profession.

Methods

The research question that guided the study was: “Tell me what is your experience of being a male student in a baccalaureate nursing program?” The tradition of inquiry used for this study was Giorgi’s descriptive phenomenological method (Giorgi, 1985). Phenomenology focuses on the human experience as “one’s experience of things” (Hammond, Howarth, & Keat, 1991, p. 1) thereby seeking descriptions of the experience from the perspective of men students.
Participants and Setting

This study used a purposive sampling approach to recruit students from the three collaborative nursing program sites within one of the provinces in Atlantic Canada. Recruitment occurred via emails sent to the men students and posters displayed in a variety of locations throughout the program sites. The final sample consisted of 27 participants who were in different years of a 4-year program and several students were completing the 2-year fast-track program option. Students ranged in age from 20 to 38 years, five were direct entry from high school, 11 students had a previous university degree, and the remaining 11 had completed post-secondary education. Twelve of the participants reported having a family member that was a nurse.

Ethical Considerations

Prior to initiating the study, approval was obtained from the Memorial University Human Investigation Committee. The directors of the three collaborative nursing program sites provided written support and respective regional health authorities also granted approval. To offset bias, both investigators who were faculty members at one site disclosed that they would be attending the focus groups to inform students in case they perceived a conflict of interest. Prior to participation, men students reviewed and signed a consent form. Data were stored in a locked filing cabinet in a co-researcher's private office and computer files were password protected.

Data Collection

Data were collected from participants through five focus groups (also named group interviews) and the completion of a short demographic form. The technique of using group interviews is recommended as the “sole basis” for data collection when undertaking a phenomenological study (Fontana & Frey, 2000). It is believed that group interviews aid multivocality of the group situation and provide an opportunity for men students to validate their experience with other students of similar socioeconomic, gender, and racial/ethnic backgrounds. In such an atmosphere, the nursing students may feel more comfortable about sharing their thoughts and feelings without fear of disapproval (Fontana & Frey, 2000; Madriz, 2000).

Data collection took place from October 2007 to October 2008. During the completion of two focus groups, one researcher acted as a moderator and the other acted as observer/recorder. However, for the other three focus groups, one researcher acted as moderator, observer, and recorder. All group interviews were audiotaped and took place in a private room within the educational facility at a convenient time for the researchers and men students. Some of the questions used to elicit students' personal experiences were:

- Tell me your experience of being a student nurse.
- Tell me what motivated you to enter nursing.
- Tell me how your family/friends/peers feel about your career choice.
- Describe the challenges within the nursing program.
- Have you thought about leaving? If so, what factors influenced your decision to stay/leave?
- What would make it better? (probe: supports/recommendations for change)

Data Analysis

All interviews were transcribed verbatim and the students’ identities were protected using code numbers. Giorgi’s (1985) phenomenological method was used to analyze the men student nurses’ experience of completing a baccalaureate nursing program. His approach involved a series of four steps, which are (a) reading the entire disclosure of the phenomenon as described by the participant to obtain a sense of the whole; (b) reading the transcripts again, breaking down the whole through analysis into common elements or “constituents”; (c) transforming the language of the participants into a conceptual perspective of the experience, relative to the phenomenon of interest; and (d) combining and synthesizing these meaning units or themes into a final general description that reflects the lived experience of the participants. Following these steps, transcribed data were read to grasp a sense of the whole and re-read in order to obtain an understanding of the students’ experience followed by a sentence by sentence analysis where common elements were extracted and restated in more general terms. Meaning units were grouped as common themes that described the educational experience. The co-researcher performed an independent analysis of all transcribed data confirming theme interpretations on the phenomenon being studied. The researchers
met to discuss the meaning units or themes to ascertain the need for further themes, and elimination of unsupported themes.

Rigor

The criteria of credibility, fittingness, auditability, and confirmability as suggested by Sandelowski (1986) to establish truthfulness of the data in qualitative research were used for this study. The men nursing students who had lived the experience were considered to be the “experts” enhancing credibility of the data. All interviews were taped-recorded and transcribed verbatim and checked for accuracy by both researchers following data transcription. Likewise, findings are illustrated by direct quotes from the men students’ and completion of an independent data analyses by each of the nurse researchers confirmed study themes. Additionally, participants provided an external check of the findings through peer member checks.

Findings

The men nursing students’ lived experience was illustrated by the following five themes: “choosing nursing,” “becoming a nurse,” “caring within the nursing role,” “gender-based stereotypes,” and “visible/invisible.” Each theme will be presented and supporting narratives from the students are included.

Choosing Nursing

For all men students, this theme involved reasons for choosing nursing as a career choice and the steps taken to seek information that aided their decision to apply to a nursing university program. As the narratives affirm, the most common motives for choosing nursing were job security, demand for nurses, career mobility and opportunities, nurse role models, and the wish to help others.

I was working for seven years in the electronics field and I saw my life going nowhere. I definitely wanted to pursue a university career at this point in my life. And so, I always wanted to do something that would have something at the end. Because everyone that goes into the university seems to come out with I don’t know, an English degree or something and what are you going to do besides that, so I wanted something career-oriented and I’ve always loved hands-on healthcare situations. So I figured that would be the best route to go, would be nursing.

Job security . . . I wanted something that would secure me a job after I’m done. I was in biochemistry before, I did two years of that and I didn’t think that I was going to get a job right after, and the possibility to get a job stuck in the lab behind closed doors, setting up those chemicals and tubes and I didn’t want that, so that’s why I joined the nursing program. It’s so versatile, you can do anything in nursing and I like that aspect. If I get tired of one aspect, I’ll just go on to the next and try something else. Also, I like helping people. I’ve always loved helping people. I just don’t want to get stuck working in a hospital but I want to extend my skills to helping others in need, especially those who are less fortunate than us.

I kind of looked up to them [men nurses] and I really wanted to get to their level. So I guess, that’s another reason. I know that when we have a medical emergency with the fire department he [nurse] is always the first one on the scene, this individual. He always knows what he is doing. I kind of idolized him and I said, “I really want to be able to do that.”

In talking about their decision to enter the profession of nursing several of the men participants’ also identified the methods used to obtain information about nursing while considering their career choice. Some nurse students cited family members as their resource whereas others gathered information at career fairs.

I attended a MedQuest [summer program for students interested in the health professions] in high school and so I got to see everything. I was interested in healthcare, but I didn’t know what field and through that I decided to try out the nursing. And anyway, during Grade 12, I think it was, I did a co-op program so I did my time in the lab and also some time with a nurse practitioner who happened to be male. And you know that just, the stuff he did really struck a cord with me and that’s why I choose to do nursing.

In my first year university at [location] people from recruitment did an information session on nursing
and they did not focus on the individual . . . on the girls, like they focused on the whole group. And just the information, that they gave us and the stuff that they said, you could be doing and the places where you could work. I found that was what really attracted me to it [nursing].

One of the students recalled his experience as not positive when he visited the guidance counselor in school seeking information on nursing. The counselor told him, “You can’t be a nurse, you are male. You can be a doctor.” Later he did get one of his female classmates to get the information about nursing for him from the counselor.

**Becoming a Nurse**

The second theme, “becoming a nurse,” involved the students showing greater interest and confidence in their ability to complete the program regardless of the educational stressors. In spite of being a minority within the classroom and their chosen field, factors such as satisfaction with the program and career choice, support from family, friends, classmates, and faculty kept the men students going on their career path.

My family is fully supportive. They think I will make an excellent nurse, whatever I tend to specialize in, in the future. And just the friends’ aspect I think we . . . just the initial reaction with everyone is, “Oh, you’re a nurse,” but then you just advocate for yourself and say, “Yeah, well that’s what I am, that’s what I’m going to do. So I might see you some day, you might need my services.”

What keeps me going a lot of the times is the feedback that I get from my clinical instructors, which is generally good. However, there are always a few “room for improvements.” Good comments from patients, we had the same patient and we got a thank-you card which meant a lot to the two of us, you know, and I’ve gotten patient’s hugs and telling me, “You’re fantastic” and this and that and you know, it makes me feel a lot better.

**Caring Within the Nursing Role**

The third theme, “caring within the nursing role,” reflected the men’s expressions of caring and how it made them feel. The students talked about how men’s caring behaviors are associated with fear, inappropriateness, and sexuality impacting how they may be perceived by patients, staff, and society in their role as a nurse.

I don’t know it makes you more aware of other people’s viewpoints and stuff too . . . before, I don’t know, maybe I was so self-absorbed in my own little domain before I started nursing. Then all of a sudden I started opening up and saying, “Oh, you know, other people have views too, right.” But, I find a good sense of achievement from nursing, big time, especially in that first clinical experience. Just even helping someone cut their nails and they really appreciate it. You know, it’s a good feeling, it’s rewarding.

We should be able to help any client that we’re assigned. If at the end of the day your job is to help all clients and keep them as comfortable as possible then sometimes gender congruent care would be better for the client if it makes them more comfortable.

In talking about their experiences several students identified the maternal-newborn clinical area as the most challenging with respect to providing care. One student described himself as a “fish out of water” while completing that clinical experience. Another participant related that “being on gynecology is sort of stepping on glass, what you can do and what you cannot do . . .”. Several other men described similar feelings while completing that rotation.

In our maternity clinical one group went to the OR, the other went to Diagnostic Imaging and the other students went to Women’s Health. So the professor decided from past experience that they had negative feedback from guy’s going to Women’s Health because the women didn’t feel comfortable having a male in the room, so the professor assigned all the guys to the OR.

Mostly the biggest challenge so far for me was postpartum. I think and it’s just maybe a time in a woman’s life where she’s not really interested in a male nurse being around her where a female nurse can relate more to what’s happening especially, if she has already had children herself. It’s just something that we’ll never be able to have personal experience with . . .
Gender-Based Stereotyping

This theme was evident throughout the student narratives. Men reported that even today society views nursing as a feminine profession. These beliefs influence patient and nurses’ perceptions of men students within the clinical area. Several of the men highlighted how they were perceived in the clinical area by nursing staff and patients.

...I feel like an intruder in the profession of sorts. Like some people make you feel it’s their territory and it’s not that many people, but every now and again a female nurse will be I guess, a bit more territorial over the job and isn’t quite as welcoming as most people would be.

Several of the men students described in their narratives how they were seen as “doctors” based upon their gender only and feeling the need to continue to identify themselves as a student nurse.

Any time that I work with an elderly female, they kind of don’t believe that I’m studying to be a nurse and every time I leave the room or at the end of the day, they’ll always say, “Are you going to medical school some day?” Or “Have you ever thought about being a doctor?”

Back to men assuming to be doctors and women assuming to be nurses even with children these days. All of my pediatric patients when I did pediatrics I was at [location] and most of my patients were around age five to seven and all of them without cues from the parents, they would refer to me as “doctor.”

Several of the study participants described how they felt discriminated against by nursing staff solely because of their gender as “muscle” to lift or move patients and at times to offset or control potential violent situations. One student related a story of being called because of being “male” and was told to come to a unit on a Code White (potential violent patient) and had to stay with the patient. Another student recalled a similar experience.

In my preceptorship last semester, there was a man who was getting kind of “rowdy” in one of the rooms and I was pushed in. I really didn’t want to take a push more than anyone else. I didn’t know what to do... but there again at what point do I draw the line between what I can do and what I should do? So I was kind of thrown into a situation I was unprepared for because I was a guy.

Visible/Invisible

This theme reflects the students’ perception of being recognized specifically because of their gender. One student commented “they (faculty) pick you out in class a little more often and that’s just because we are more visible” (standing out in class and clinical). These students’ felt that “standing out” hindered their recognition as a nursing student by patients, other health professionals, and society. Some men felt this was a good thing whereas some students felt otherwise.

I was just going to say that, another benefit of being a male I guess, you become, like the guys come together more because you are a minority. And I found it much more helpful to have another guy in my clinical group... I was the only guy on the floor period, aside from when the doctor came in. So, I found it much better when there was another male student.

I found that for me personally, would be not getting the respect a nurse would get initially from some patients. It’s not all the clients we’re assigned but every now and then we run into a client and they just don’t accept you a being a nurse. I think because of the gender more than being a student.

It’s like kind of stressful, like in class when the teachers are asking questions in general and no one answers. They will call the guy’s names because they remember them. “Oh god I’d better know what the answer is.” It forces you to pay attention and make sure you know what they’re talking about.

Limitations

Although this phenomenological study provides some insights into the limited research about men nursing students educational experiences the population is restricted to students in one nursing program in Newfoundland and Labrador, Canada, and may not be universal to students in other provinces or countries.
In addition, researchers who were faculty members at one of the collaborative program sites completed the focus groups and knew several of the participants. Even though participation was voluntary, this familiarity may have inhibited students’ responses to not fully describe their experience of being in a nursing program.

### Discussion

The themes choosing nursing, becoming a nurse, caring within the nursing role, gender-based stereotyping, and visible/invisible illuminate the experience of men students’ undertaking a university baccalaureate nursing program in Newfoundland and Labrador, Canada. The findings from this study corroborate findings of other researchers who have explored the experiences of men nursing students and men registered nurses. The theme Choosing Nursing highlighted factors that attracted students to the profession. In the narratives, common reasons reported for choosing nursing were job security, salary, career opportunities, and the desire to help others. These findings are consistent with previous researchers that examined why men choose nursing as a career (Boughn, 2001; Hart, 2005; Meadus & Twomey, 2007).

In discussing their experience of wanting to become a nurse, many of the participants’ used several approaches to obtain information about the profession. Family members and other relatives who were nurses were helpful in providing information. Several of the men reported attending educational sessions on nursing offered through university career fairs, whereas others sought information from nurses, the Internet, and high school counselors. School counselors’ role in advising students about career choice has been addressed in the literature. Often, information provided by counselors may be biased and inaccurate (Boughn, 1994; Kelly et al., 1996; Meadus, 2000).

Despite being a minority within a female-dominated program, all the males embraced the opportunity to become a registered nurse. Participants attributed the differences in their educational program to gender and the antiquated social construction of the nursing profession. These notions continue to reinforce the public’s understanding of nursing as a “feminine” domain. These antiquated beliefs support the need for greater education of the public on the promotion and marketing of nursing as a profession that is appropriate for men and women. The most challenging experience for all men was the maternal-newborn clinical rotation.

The three themes, caring within the nursing role, gender-based stereotyping, and visible/invisible, support the notion that the public perception of nursing remains strongly feminized. The narratives indicate that societal views about appropriate clinical areas for men and women nurses have changed little with time. These findings from students’ experience of the maternal-newborn setting are consistent with previously reported research in the area of perceptions of clinical experience of men nursing students by other nurse scholars (Ellis et al., 2006; McRae, 2003; Patterson et al., 1996; Patterson & Morin, 2002; Streubert, 1994).

Several of the men reported feeling used because of their gender, for example, nurses in the clinical setting would ask them for assistance with tasks requiring physical strength. Researchers have described this finding using the term “he-man,” referring to men’s masculinity with an emphasis on their “superior” strength (Heikes, 1991; Williams, 1989). Other nurse authors who examined the educational experiences of men nursing students have also reported similar findings for clinical care situations with patients (Ellis et al., 2006; Keogh & O’Lynn, 2007; O’Lynn, 2004).

The theme visible/invisible also supports the gender issues that men report in their narratives with regard to their nursing experience within the program. This finding is supported by Heikes (1991) who used the term “visibility” in describing the experience of men registered nurses employed in a variety of hospital settings. He contended that men nurses are more visible because of their gender and this may induce these nurses to overachieve, causing performance pressures within their nursing role.

Study findings highlight the assumption that nursing education has made little effort in making the clinical encounter more accepting toward men students. It is evident from the narratives that barriers encountered by these students impact the students’ ability to provide care in their role as a nurse. Students recommend that nurse educators be more vigilant in choosing clinical areas for them that employ men registered nurses. The student narratives support the assumption that the clinical environment rather than the classroom for men students’ may be more discriminatory.

### Implications for Nursing Education

These findings related to the experience of men nursing students completing a university baccalaureate nursing program will benefit nurse educators to
identify and to develop strategies to work with students to provide a positive educational experience. It is imperative that faculty reevaluate their own behavior and be aware and sensitive to sexism and bias in the classroom and clinical environment. Nurse educators need education around the learning styles of men and women students and make changes to course curricula and course evaluation components to meet the needs of all students. Despite the limited number of men in academia and the registered nursing workforce, educators need to be aware that men students would benefit from clinical placements with men registered nurses. These experiences for students would provide role modeling opportunities and supportive connections. If possible, in assignment of students to clinical groups it is important that educators not place a “lone male” with several female students. Study participants preferred to have at least another male within a clinical group to decrease feelings of isolation and provide support. It is imperative for nursing instructors to receive ongoing education on communication styles of men and women. This information will increase faculty’s understanding and awareness of working with men and women students in the classroom and clinical settings.

One problem evident in the findings was the assignment of patients, women as well as men. Much more education must be provided to all students on the use of touch and provision of intimate care within the nursing program. The nurse educator must advocate for the men students in all learning opportunities. Education of staff and patients in clinical areas by nursing faculty on the education of men students is important. All nursing students both men and women should have the same learning opportunities regardless of the clinical area.

Despite the small numbers of men in nursing, it should not be forgotten that men in nursing do have a history. In class, the history of nursing provided to nursing students should also focus on the role of men and their place in the development of the profession.

Schools of nursing need to assess the curricula with respect to a feminine lens and the impact this may have on the learning needs for men students.

University schools of nursing should work with other nursing bodies to improve the belief that nursing is a gender-neutral profession. All recruitment materials should depict men as well as women in nursing. This initiative is important as well in the production of nursing textbooks, examination materials, and other nursing materials for use in the classroom. During high school and public recruitment initiatives, men and women nursing students should be used to promote nursing as an appropriate career choice for both genders. Also schools of nursing faculty need to collaborate with high school guidance and career counselors to provide potential students interested in a nursing career the most accurate information about the profession and requirements required for program entrance. Faculty need to clarify with counselors that nursing is a career appropriate for both men and women.

Conclusion

The findings suggest that nursing education could be more proactive in promoting an appropriate learning environment for men students. Nurse educators need to re-evaluate their teaching strategies and develop greater awareness of possible biases toward men in nursing to provide a gender-neutral environment for all students. University schools of nursing, professional nursing organizations, and unions have an important role to play in promoting a positive image of men in nursing to the public. To date, endeavors to promote nursing as a career choice for men have been conservative and nursing programs need to take a more active role in attracting and retaining men in nursing. With the current nursing shortage, it is timely that nursing eradicate the stereotype that nursing is a role only for women. The enrollment and retention of more men in nursing will enhance the importance of nontraditional career choices for all students and benefit the nursing profession and the population it serves.

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