Millennial Male Associate Degree Of Nursing Students: Perceived Motivators, Benefits And Barriers

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MILLENNIAL MALE ASSOCIATE DEGREE OF NURSING STUDENTS:
PERCEIVED MOTIVATORS, BENEFITS AND BARRIERS

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A DISSERTATION

Presented to the Affiliated Faculty of
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by

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There is a severe nursing shortage in the United States which affects the delivery of healthcare. The reasons for the nursing shortage are many and complex including the national movement toward healthcare reform, an aging population making greater demands on an already stressed healthcare system, and stereotypical attitudes about the work of nursing in general. While men comprise approximately half of the population, men represent only 9.6% of the nursing profession. As millennials are the current emerging workforce, this problem of a nursing shortage could be addressed by increasing the diversity of the nursing workforce to include more men from the millennial generation. Limited research exists on whether nursing education at the community college level, which is often the most affordable gateway to one’s education in nursing as well as the fastest way to get nurses into practice, could be improved to better serve the millennial male nursing student. The purpose of this qualitative study was to discover how nursing education at the community college level could be improved to better serve the millennial male nursing student. Participants included current millennial male nursing students or recent graduates from an associate of science degree nursing program at one community college located in the Midwestern United States. Analysis of the data revealed a variety themes regarding the motivators, benefits and barriers as experienced by these participants. It was discovered that extrinsic motivators such as the ability to make a difference, the variability
within the nursing profession and the nursing shortage itself were preferred above intrinsic motivators such as going into nursing for personal fulfillment, job or financial security and as a second career. A perceived benefit by these participants was that male nurses were distinct because they stood out. They also revealed that male nurses preferred to simply be called nurses as the male designation creates a stigma. Finally, nursing schools should hire male faculty to address the need millennial males have for role models and mentorship.

Keywords: nursing education, male nurses, associate degree, nursing shortage
University of New England

Doctor of Education
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I dedicate this dissertation to my husband and two sons whose unfailing love and support over these many years of study have helped me to stay the course.

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I dedicate the findings of this dissertation to my nursing students whom I have been honored to teach and especially to those who are male. As long as I live I commit to being part of the solution toward improving the nursing educational journey you take.

Finally, I dedicate this work to my Lord and Savior, Jesus Christ. You fulfill the deepest cry of my heart to make my life count for something beyond myself. You led me to serve others by becoming first and foremost a nurse, and then a teacher. Without You, I can do nothing.
# TABLE OF CONTENTS

**CHAPTER ONE: INTRODUCTION**

- Statement of the Problem ........................................................................................................... 2
- Purpose of the Study ..................................................................................................................... 5
- Research Questions .................................................................................................................... 6
- The Conceptual Frameworks ........................................................................................................ 7
- Assumptions, Limitations and Scope .......................................................................................... 9
- Significance and Rationale ......................................................................................................... 10
- Definition of Terms ................................................................................................................... 13
- Conclusion ................................................................................................................................. 13

**CHAPTER TWO: LITERATURE REVIEW** .................................................................................. 15

- The Nursing Shortage ................................................................................................................ 15
- Expediency of the Associate Degree in Nursing ....................................................................... 18
- Recruitment, Retention and Attrition Issues ............................................................................ 19
- Characteristics of the Millennial Student .................................................................................. 21
- Perceived Barriers for Millennial Males to Pursue Nursing ....................................................... 25
- Teaching and Learning Strategies to Meet Millennial Male’s Needs ......................................... 27
- The Male Nursing Student and Stereotypes ............................................................................ 31
- Gender Role Orientation .......................................................................................................... 33
- Perceived Motivators and Benefits for Millennial Males to Pursue Nursing ......................... 36
- Perceived Differences in Treatment by Nurse Educators ......................................................... 38
- Issues of Touch or Fear of Being Misperceived ...................................................................... 39
- Removing Perceived Barriers to Improve Success in Nursing School .................................... 41
- Lack of Male Role Models or Opportunities for Mentorship ................................................... 42
- The Theoretical Frameworks ..................................................................................................... 43
- Conclusion ................................................................................................................................. 49
LIST OF TABLES

TABLE 1 MILLENNIAL CHARACTERISTICS ................................................................. 22
TABLE 2 PARTICIPANT DEMOGRAPHIC MATRIX ....................................................... 68
TABLE 3 DATA SUMMARY: MOTIVATORS ............................................................... 84
TABLE 4 DATA SUMMARY: BENEFITS ................................................................. 87
TABLE 5 DATA SUMMARY: BARRIERS ................................................................. 91
LIST OF FIGURES

FIGURE 1 Archetype of the Millennial Male Student Nurse........................................83
CHAPTER 1
INTRODUCTION

The United States is experiencing a serious nursing shortage. A 2015 survey reported that the hospital vacancy rate for registered nurses was 8.5 percent (NSI Nursing Solutions, 2016). This problem will only grow as aging nurses retire and there is attrition from the profession. The millennial generation is the current emerging workforce and the generation that can alleviate the nursing shortage. An increase of millennial men who become nurses could help with the nursing shortage and make the profession more gender neutral.

The Institute of Medicine of the National Academies’ Initiative on the Future of Nursing discovered that while many professions within health care are becoming more gender-balanced, the nursing population continues to remain predominantly female (Institute of Medicine of the National Academies, 2011). Although men have a long history of providing nursing care, currently men represent only 9.6% of the nursing profession in the United States (U.S. Census Bureau, 2013). Yet men comprise approximately half of the American population. This study sought to address the gaps in the research as to how nursing education at the community college level, which is often the most affordable gateway to one’s education in nursing as well as the fastest way to get nurses into practice, could be improved to better serve the millennial male nursing student. This study also revealed how generational culture, gender role orientation and nursing stereotypes collided to affect the millennial male nursing student. Additionally, nursing is an intimate profession where issues of touch may surface. This may contribute to role strain among male nurses and the fear of being misperceived. This study investigated how issues of role strain and cultural misunderstandings may deter millennial males from joining the profession.
For the male student who has an interest in studying nursing, there are further considerations. Nursing has traditionally been considered a female-dominated profession and the migration of males into the nursing profession has been slow (Meadus and Twomey, 2011; Rajapaksa and Rothstein, 2009; Sayman, 2015; Whiteside and Butcher, 2015). Choosing a career path that is outside the typical male boundaries presents unique challenges as male nursing students may have to overcome traditional stereotypes and possibly discriminatory practices on the part of nursing instructors, other students and industry stakeholders such as employers, physicians and patients (Bell-Scriber, 2008; Ierardi, Fitzgerald and Holland, 2010).

As the millennial generation makes up the current emerging workforce, the focus of this study was on the millennial male nursing student. If the national nursing shortage is to be addressed, nursing programs must prepare more nurses by facilitating student success from admission to program completion to licensure (Rogers, 2010). The community college is an ideal setting to accomplish this goal as the program length is shorter than the traditional four-year baccalaureate program. Community colleges can offer a rigorous nursing program which prepares the nursing student for licensure within just a few years. This study addressed how nursing education at this level can be improved to better serve the millennial male nursing student.

**Statement of the Problem**

The United States continues to face a severe nursing shortage which negatively affects healthcare delivery (Rajacich, Kane, Williston & Cameron, 2013; Sayman, 2015). The American health care system relies heavily upon the services of registered nurses. According to the “United States Registered Nurse Workforce Report Card and Shortage Forecast” published in the January 2012 issue of the American Journal of Medical Quality, a shortage of registered nurses is
projected to spread across the country between 2009 and 2030 (AACN, 2017). The reasons for this shortage are many and complex including the national movement toward healthcare reform, an aging population making greater demands on an already stressed healthcare system, and stereotypical attitudes about the work of nursing in general. The impact of this shortage within the nursing workforce is already being felt. In 2009, the Bureau of Labor Statistics forecast up to 582,000 new RN vacancies appearing by 2018 (NursingLicense.org, 2017). Such vacancies in the RN workforce can be deleterious to patient care by lowering the quality of care and by causing a potential disruption in hospital services and processes. A 2015 survey reported that the hospital vacancy rate for registered nurses was 8.5 percent up from 7.2% a year previously (NSI Nursing Solutions, 2016). This rising rate indicates that the RN shortage is increasing. In addition to the lack of new RNs, attrition from the profession will increase as older, more experienced nurses retire. One response to mitigating the shortage is recruiting more males into the profession.

To illustrate this gender imbalance, a recent class of nursing students in a community college setting in southwest Missouri reflected an even lower representation at 7% (V. Underhill, personal communication, August 9, 2016). In a class of 28 nursing students, only four were men. In the city of Springfield, MO, two hospitals, CoxHealth and Mercy, project a combined nursing shortage of approximately 600 nurses (H. Higdon, personal communication, September 22, 2016; Martin, 2017).

The least expensive way to become a nurse is to attend a community college that offers the Associate of Science degree in Nursing (ADN). One can become a licensed LPN within one calendar year after prerequisites and a licensed RN within an additional 36 weeks. The promotion of vocational education appears to be gaining ground among top education
administration officials. “Education Secretary Betsy DeVos and Republicans on Capitol Hill are advocating a fundamental rethinking of higher education, pushing for more vocational programs and shorter pathways to credentials” (Korn and Tam, 2018, p. A3). While increased academic progression in any field is desirable, the benefits of attaining the ADN first in nursing may lead to a reduction of the national nursing shortage and can help to address healthcare delivery outcomes in a positive manner.

The millennial generation is comprised of those born between 1980-2000 or those roughly between the ages of 17-37 (Twenge, 2014). This generation of emerging adults has grown up very competent in using multiple technologies. Multi-taskers, entitled and narcissistic are some of the words used to describe millennials. Johanson (2012) related that millennials are used to electronic modes of communication and may have more difficulty with traditional modalities such as writing or speaking face to face, which are communication skills that are essential in nursing work. Whereas previous generations may view technology as a tool to make life easier, the millennial may view it as a foundation to nearly everything that they do as technology is integrated throughout their whole lives. Giambatista, Hoover and Tribble (2017) describe millennial patterns of behaviors as complexity avoidance where “Millennials are more likely than those of previous generations to avoid complexity in gathering and processing information in shaping their perception, judgment, and learning” (p. 178). Their preference for simplicity in information can make learning a challenge. As 21st century students, millennials as a generation represent a unique cohort and present an interesting study, because they seem to approach learning differently than non-traditional students of previous generations. They crave connection and community (Prensky, 2001; Twenge, 2014). What is not known is whether millennial men could represent an untapped resource to the nursing shortage in America. The
problem of a nursing shortage could be addressed by increasing the gender diversity of the nursing workforce to include more men from the millennial generation.

The addition of millennial male nurses within the local healthcare organization has the potential to transform the nursing profession as well as the healthcare industry. Attracting men from the millennial generation specifically to a career in nursing would not only help to lessen the nursing shortage, but also ensure that males are widely represented within the profession. A more diverse workforce could aid the transition from student nurse to experienced nurse which is often difficult and fraught with challenges and insecurity for all new nurses (Andrews, 2013; Benner, Sutphen, Leonard & Day, 2010). Experienced male nurses could serve as role models for less-experienced male nurses while also adding their voice and their perspective to improve healthcare policy at the local, state and national levels, possibly transforming the profession in general.

When one considers these factors influencing the national nursing shortage, affordability and shortened program length of a community college education, why are there not more millennial men pursuing careers in nursing at a community college such as OTC? In response to the demands made by the nursing shortage and to maintain high enrollment levels within the nursing programs and the community college, the specific problem of practice investigated by this study was: How could nursing education at the community college level be improved to better serve the millennial male nursing student?

**Purpose of the Study**

The purpose of this study was to discover how nursing education at the community college level could be improved to better serve the millennial male nursing student. When one considers the gender inequity within nursing, the current nursing shortage and the expediency of
the Associate Degree in Nursing (ADN) offered at the community college level which may help to lessen the nursing shortage, the need for a study of this kind became clear. An ADN education offered at the community college level trains the generalist nurse as a strong bedside nurse who is confident in their physical assessment skills and can manage the demands of direct patient care. Kumm (2014) and her colleagues found that in a statewide mixed methods study of 30 nurse educators from 17 nationally accredited ADN programs in Kansas, 42 of 109 baccalaureate outcomes were reportedly met in their programs. Met outcomes clustered into three main categories: information management and application of patient care technology, professionalism and professional values, and generalist nursing practice (Kumm, Godfrey, Martin, Tucci, Muenks, & Spaeth, 2014). One nurse educator from the study related: “ADN students aptly demonstrate and promote professional standards, ethical behavior and decision making” (Kumm, et al., 2014, p. 218). The affordability of an ADN program and its strong emphasis on going out into the working world to “hit the ground running” make it an ideal first step on the rung of the professional nursing career ladder (Kumm, et al., 2014, p. 218). The shorter program length also enables the graduate nurse to make a dent in the nursing shortage.

Understanding the perceived motivators and barriers for millennial men who attend a nursing program located within a community college setting can add to the research regarding this important topic. The focus upon millennial males as a particular cohort of study is significant because of the stereotypes and perceived role strain they must overcome in order to succeed.

**Research Questions**

This study sought to understand the experience of being a millennial male student in a prelicensure nursing program at one community college in southwest Missouri. The research questions that guided this study were:
1. What experiences are perceived as benefits and motivators to millennial male nursing students?

2. What experiences are perceived as barriers to millennial male nursing students?

3. What are the preferred teaching and learning strategies of millennial male nursing students?

This research sought to examine how nursing education at the community college level could be improved to better serve the millennial male nursing student. To date, nursing education in general has been remiss in providing an environment that is optimally favorable to attracting and retaining men as nursing students and preparing them for the profession of nursing as noted by the dearth of male nurses in the United States (Bell-Scriber, 2008; DeVito, 2016; Sayman, 2015). The teaching methods utilized in nursing school should be culturally relevant, equitable and meaningful to emerging adult or millennial males. Such an approach supports an educational environment that minimizes gender stereotypes and supports the learning needs of the millennial male student.

**The Conceptual Frameworks**

The millennial generation has a culture of its own. Nurse educators, as caregivers and teachers, should consider the impact of generational culture on the transmission of nursing knowledge to millennial male nursing students. The Culture Care Theory as posited by Leininger (2002) asserts that nurses can provide culturally congruent care only when the culture care expressions, patterns and practices of people are known. *Culture care* is the broader philosophical construct, while *culturally congruent care* refers to the actions and decisions (interventions) one provides that are culture specific for the person(s) being served (Mixer, 2011). This conceptual framework can be applied on two fronts: the increasing gender diversity
seen in the nursing student population in the United States, and the generational diversity seen in millennial nursing students in general and with males in particular. It is the latter dimension that is most relevant to this study.

It is feasible that a lack of cultural care in addressing the particular needs that millennial males bring to their nursing education could contribute to their experiences of role strain. The other theoretical framework that informed this study is Role Strain Theory posited by renowned American psychologist Robert Merton. It holds that persons of one sex are unlikely to enter occupations dominated by persons of the other sex because of the role strains they experience in their interactions (Floge & Merrill, 1986). Role strain is a subjective experience produced by role ambiguity, role incongruity, role overload and role conflict (McEwen & Wills, 2011). Role behavior, in any context, will depend upon one’s perceived status as they interact with other individuals.

Role strain may be defined as a conflict between two or more expectations associated with the same status. While Merton (1968) did not use the terms role strain outright, he alluded to the differing expectations or positions among those in the same role set as to what is appropriate conduct for a status-occupant. Role strain may be experienced by a millennial male nurse whom society expects to be masculine and strong yet also caring and tender in his performance of nursing care. The social pressure perceived by millennial male nursing students can be negative (Bell-Scriber, 2008; Ellis, Meeker & Hyde, 2006; Ierardi, et al., 2010; Meadus & Twomey, 2011). In interpersonal relationships at work, male nurses may feel excluded or marginalized (Williams, 1995). Role strains “stand as potentially powerful antecedents of stress and its emotional and physical manifestations” (Pearlin, 1983, p. 8). Although Merton primarily analyzed motivating sentiments, self-fulfilling prophecies and role strain among deviants
connected to the justice system such as gang members in group settings, his theory may have application for millennial male nurses as a sociological group who labor within a role of rigidity and gender stereotypes such as nursing.

In considering both conceptual frameworks which informed this study, one may surmise that minimizing role strain in nursing school is an essential way to display culturally congruent care of millennial male nursing students. A nursing program situated within a community college that does this well may enjoy high recruitment and retention rates and low attrition rates of millennial men and graduate well-prepared, professional RNs. The positive outcome in nursing education, if role strain is reduced and culture care is applied, may be that the number of males within the nursing profession grows and the nursing shortage is lessened.

**Assumptions, Limitations and Scope**

Based on this researcher’s experience and background as a nurse educator, three primary assumptions were made which limited the scope of this study. First, male nursing students wanted to be recognized as “nurses” and not merely as “male nurses.” This assumption was based on the premise that gender identity should not be a consideration in determining one’s ability to demonstrate caring behavior. Second, the millennial generation possesses cultural factors which make it unique. This assumption was based upon the premise that nursing education must reevaluate whether current teaching and learning strategies meet the needs of the millennial nursing student. Third, it is common for male nurses to encounter discriminatory treatment based upon gender stereotypes. This assumption was based on the premise that the attrition rate for male nurses is high and recruitment of males to the nursing profession is slow.

Delimitations of this design narrowed the scope of this study to include eight participants from one Associate Degree of Nursing program located within a community college in the
central United States. The setting of the study was a single geographic location, and there was a lack of comparison with other schools of nursing. The fact that the only interviewer was a woman and a faculty member of the college in question cannot be ignored. It is possible that participants were cautious in their responses because of concerns that negative comments might be traced back to the individual even though the researcher was not a current instructor. Questions from a male interviewer might have elicited different responses from the study participants. Different concerns and opinions might have been obtained from similar participants in other geographic locations around the country. A larger sample with more demographic diversity might have created more generalizability. Limitations of this design were the interpretations of each participant’s narratives through the filter of self-identity and personal perceptions or what the participant believed to be true.

**Significance and Rationale**

The specific aims of this study were to understand how nursing education at the community college level could be improved to better serve the millennial male nursing student. To date, nursing remains a female-dominated profession in the United States. This study sought to address the gaps in the research as to how prelicensure nursing education at the community college level, which is often the most affordable gateway to one’s education in nursing as well as the most expedient route to get nurses into practice, could be improved to better serve the millennial male nursing student. This study explored factors which addressed the nursing shortage as well as how gender role orientation and nursing stereotypes collided for the millennial male nursing student.

Factors which may converge to create a perfect storm in American healthcare include the growing nursing shortage, an increasingly aging patient population beyond eighty years and the
millennial generation as the emerging workforce. Nursing faculty should seek to understand millennial tendencies and work together with students “to implement learning strategies that correct generational inclinations that will be impediments to professional practice” (Johanson, 2012, p. 173). While there has been some research on the subject of male nurses at the BSN or baccalaureate level, there has been very little research regarding the specific sample of men from the millennial generation within a community college setting. This study could benefit institutions of nursing education such as community colleges which seek to increase the presence of millennial males within their nursing student population. There could be implications for nurse educators who are expected to be role models and transformative leaders who enable their students to act by fostering collaboration and building trust (Kouzes & Posner, 2011). Insomuch as nurse educators as educational leaders serve as the guiding coalition in the preparation of new nurses through their position power, expertise, credibility and leadership abilities, this study could potentially impact the way nursing education is transmitted (Kotter, 2012).

This study could also benefit healthcare delivery systems by increasing their leaders’ understanding of what is necessary to attract, recruit and retain millennial males as nurses. The experiences of the millennial male students that participated in this study examined regarding challenges related to equity and gender bias in both the educational setting and in industry. Nursing is one of the most intimate of the service professions, and issues related to touch and the fear of being misperceived may deter millennial males from becoming nurses (Anthony, 2006, Roth & Coleman, 2008; Zahourek, 2015). There are implications from this study’s findings for nurse educators, college administrators and industry leaders.

The implications of this study for nursing education highlight the importance of finding innovative ways to teach nursing through collaborative activities and multiple teaching
modalities to meet millennial male learners where they are in a digitally oriented world. New and innovative strategies should be utilized such as engaging and integrating kinesthetic learning opportunities or flipping the classroom to connect students to their learning.

Another consideration is the importance of providing culturally sensitive care in a country that is becoming increasingly diverse. Nursing schools as institutions of education must take into consideration the impact of generational culture and gender on the transmission of nursing knowledge. Millennials have a culture of their own and seem to learn differently than previous generations of students (Pardue & Morgan, 2008; Twenge, 2014). These differences will require a sensitivity and the integration of cultural competence into the nursing curriculum to address cultural beliefs related to generational and gender diversity. Leininger (2002) explained that cultural beliefs include those related to age, class, gender and race or ethnicity. These factors can promote bias in nursing and health care access and delivery that may contribute to health disparities (Leininger, 2002). There is a need to recognize the importance of the cultural and social stereotypes facing male nursing students and for these to be addressed in undergraduate education (Ierardi, et al., 2010; Meadus & Twomey, 2011; Whiteside & Butcher, 2015). Understanding the cultural implications of a generation of future male nurses can be transformational within nursing education which is responsible for preparing a workforce adept at delivering culturally congruent care. This is not only a concern for community college nursing programs, it has wider implications for any prelicensure nursing program. Nursing schools and industry stakeholders could use the findings from this study to take action upon the belief that nursing must become a more gender-neutral profession.
Definition of Terms

For the purpose of this research exploration, key terms were defined as follows:

*Workforce Diversity* – as it relates to the workplace, is the equal treatment and acceptance of both males and females within an organization (Robert Wood Johnson Foundation, 2011)

*Millennials* - the generation born between 1980-2000 characterized by technological savviness, narcissism, and tolerance (Twenge, 2014)

*Nursing Science* - an applied or practice science that refers to the system or relationships of human responses in health and illness addressing biologic, behavioral, social and cultural domains (Gortner & Schultz, 1988)

*Role Strain* - the hardships, challenges, and conflicts or other problems that people come to experience as they engage over time in normal social roles (Pearlin, 1983, p. 8)

*Stereotype* - a cognitive framework whereby characteristics are attributed to an entire group of people, enhanced by embedded social, political, and economic systems (Kleinman, 2004)

Conclusion

Community college nursing programs are desirable places to obtain the training and skill set for nursing due to its short program length and its affordability. Attracting and retaining millennial males to the profession of nursing may address the critical nursing shortage and the lack of diversity within the nursing population. This study could impact and transform the realm of nursing education regarding the perceived motivators, benefits and barriers of millennial men, possibly revealing what teaching strategies are preferred by them and how course curricula and evaluation could be changed to meet their needs.
This study began with an introduction to the topic and problem of practice related to the lack of male nurses in the United States and the education of millennial male nursing students. The need and purpose of the study were discussed, as well as the research questions and goals of this study. The guiding conceptual frameworks of Culture Care Theory and Role Strain Theory were introduced and discussed. Chapter 2 will present a review of the related literature dealing with the challenges in the prelicensure education of males within the nursing profession. Chapter 3 delineates the research design and methodology of this study. This will entail the instrument used to gather the data, the procedures that were followed, and how the determination was made for the selection of the sample studied. Chapter 4 will discuss the results from the data and a summary of the findings. Chapter 5 will interpret the data and align the findings with the literature. Implications and recommendations for action and further study will be discussed. The remainder of the study will contain a bibliography and appendixes.
CHAPTER 2
LITERATURE REVIEW

This literature review explores what characteristics and influences have shaped the millennial generation, their perceived strengths and limitations, and how this reality intersects with the nursing education of millennial males in an associate degree of nursing program. This study examined the perceived motivators, benefits and barriers for the millennial male nursing student. Millennial males could be the answer for the nursing shortage in the United States. Thematic synthesis reveals three general themes: (1) the deeply ingrained stereotypes perceived by the public of nursing as women’s work must be challenged; (2) attracting and retaining millennial males to the nursing profession could help to fill existing gaps; (3) teaching and learning strategies are expected to remove barriers to improve success and take into account the millennial male’s digital literacy and desire for immediacy. This review of the literature offers an initial qualitative evidence synthesis that guided the direction of the research.

The Nursing Shortage

There is a severe nursing shortage in the United States. The reasons for the shortage are many. During the mid-to-late 1990s, the number of students accepted into nursing schools dropped for five straight years, creating the conditions for a severe nursing workforce shortage (Benner, Sutphen, Leonard & Day, 2010). This shortage is predicted to grow in the coming years as aging nurses, who make up the most populous demographic of the nursing workforce, retire: 45 percent are age fifty or older (Buerhaus, Donelan, Ulrich, Norman & Dittus, 2006, p. 9). As a significant portion of the nursing workforce nears retirement age, their retirement impacts healthcare delivery by reducing the number of experienced nurses available to care for patients.
and creating new stressors on health care teams and facilities. The American Organization of Nurse Executives reports in “The Cost of Failure” a publication of the American Federation of State, County and Municipal Employees (2018) that the cost to hospitals of RN vacancies and turnover vary widely with a conservative estimate of $10,000 in direct recruitment costs each time an RN position is turned over.

Insufficient staffing ratios are raising the stress level of nurses which can impact job satisfaction and drive many nurses to leave the profession. For example, Dr. Peter Buerhaus (2005) and colleagues found that more than 75% of RNs believe the nursing shortage presents a major problem for the quality of their work life, the quality of patient care provided, and the amount of time that nurses can spend with patients (AACN, 2017, p. 3). Concerns over the long-term impact of the RN shortage have caused Johnson & Johnson Corporation in February 2002 to launch a $30 million, multi-year “Campaign for Nursing’s Future” initiative whose objectives are to “raise public awareness of nursing as a career, attract more people into the nursing profession, retain current nurses in clinical practice, and increase the capacity of nursing education programs” (Buerhaus, 2005, p. 59).

Then there is the bottleneck within nursing education. According to the AACN (2017), nursing school enrollment is not growing fast enough to meet projected demands for both RN and nurse practitioner services. There is also a shortage of nursing school faculty restricting nursing student enrollment. “US nursing schools turned away 64,067 qualified applicants from baccalaureate and graduate nursing programs in 2016 due to insufficient number of faculty, clinical sites, classroom space, and clinical preceptors, as well as budget constraints” (AACN, 2017, p. 2).
This imbalance exists on a global scale. According to the World Health Organization, nurses comprise 40-50% of the global healthcare workforce (Stanley, 2010). Currie and Hill (2012) related that the Organization for Economic Co-operation and Development (OECD) countries such as Canada, the United Kingdom, the United States, and Australia are all experiencing turbulent nursing labor markets characterized by extreme staff shortages and elevated levels of turnover (Chung & Fitzsimons, 2013). Aiken (2017) and her colleagues found in a study of acute care hospitals in Belgium, England, Finland, Ireland, Spain, and Switzerland that a greater proportion of professional nurses at the bedside is associated with better outcomes for patients and nurses. The December 2016 issue of *BMJ Quality & Safety*, the international journal of healthcare improvement, reported that reducing skill mix by adding assistive personnel without professional nurse qualifications may contribute to preventable deaths, erode care quality and contribute to the global nursing shortage (AACN, 2017; Aiken, Sloane, Griffiths, Rafferty, Bruyneel, McHugh, Maier, Moreno-Casbas, Ball, Ausserhofer, & Sermeus, 2017).

In terms of job outlook, employment of registered nurses is projected to grow 16 percent from 2014 to 2024, much faster than the average of seven percent for all other occupations (Bureau of Labor Statistics, 2016). Growth will occur for several reasons, including an increased emphasis on preventive care; growing rates of chronic conditions, such as diabetes, heart disease and obesity; and demand for healthcare services from the Baby Boomer population, as they live longer and lead more active lives. In a recent interview, Buerhaus (2016) predicted that opportunities for nurses will grow as they play a greater role in preventive care, patient education and working within the social determinants of health care (Larson, 2016). “More nursing work will be done electronically and payment changes based on cost and quality will also affect them” (Larson, 2016, p. 36).
Expediency of the Associate Degree in Nursing

There are multiple paths to a career in nursing. Registered nurses usually take one of three education paths: a bachelor’s degree in nursing over four years, an Associate degree in nursing over two years, or a diploma from an approved nursing program within a hospital system which takes approximately two or three years depending upon the program. Registered nurses also must be licensed (Bureau of Labor Statistics, 2016). All registered nurse candidates nationwide sit for the same licensure exam, the NCLEX-RN. The least expensive way to become a nurse in terms of cost and time commitment is to attend a community college that offers both a Licensed Practical Nurse (LPN) and a Registered Nurse (RN) program. One can attain LPN licensure at a certificate level within one calendar year of study (after prerequisites are completed) and then persist to become a licensed RN within two calendar years (Ozarks Technical Community College, n.d.-d). Considering the current nursing shortage, the quickest way to address the gap and increase the nursing workforce is to increase the population of registered nurse candidates attending community colleges and to widen the net to include more males from the emerging workforce, the millennial generation.

An opposing viewpoint has suggested that better patient outcomes are achieved in hospitals staffed by a greater proportion of nurses with a baccalaureate degree and a smaller proportion of those with an associate degree (Estabrooks, Midodzi, Cummings, Ricker, & Giovannetti, 2005). This argument holds that the higher the nurse degree attainment, the better outcomes experienced by patients. While most other professions begin at a baccalaureate level, the issue with nursing becomes one of training. The associate degree curriculum is intensive in
its clinical component, with many educational hours spent at the bedside performing real-time nursing care of patients. The baccalaureate curriculum on the other hand, is more expansive and requires many core courses that prepares the “nurse of the future to function as an equal partner, collaborator and manager of the complex patient care journey” (Benner, Sutphen, Leonard & Day, 2010, p. 4). While it behooves every nurse to become a life-long learner and eventually attain their Bachelor of Science in nursing degree, one can begin their nursing career and join the workforce while making a dent in the nursing shortage upon graduation from a community college with an Associate of Science in Nursing degree.

**Recruitment, Retention and Attrition Issues**

Despite having limited resources, many nursing programs have experienced increased enrollment to help assuage the national nursing shortage. Increasing the number of students admitted into nursing programs will not help to overcome challenges alone. As a requirement for increasing the workforce, students must be able to complete the nursing coursework and successfully pass the licensure examination, the NCLEX-RN. Accrediting agencies recognize this and hold nursing schools accountable for their retention rates as well as their NCLEX-RN pass rates. However, this puts the nursing program in a tight situation. As programs attempt to increase the number of students, attrition rates also increase in a direct relationship and achieving retention goals becomes more difficult (Carr, 2008; Symes, Tart & Travis, 2005). Attempts to improve retention yields an inverse relationship where NCLEX-RN scores may decline while programs that focus on improving NCLEX-RN scores risk higher attrition rates (Rogers, 2010). The ultimate challenge is in identifying ways to increase retention rates in nursing programs and increase board pass rates while decreasing attrition rates.
Attrition from the profession is another complex problem. Research by Bowles and Candela (2005) suggested that 30-60% of new nursing graduates may leave the profession within the first two years of professional practice. One explanation given by McNeese-Smith and Crook (2003) in the literature for this attrition was that younger millennial graduates were raised with different expectations and childhood experiences which leads to a certain incongruence between the environment in which they were raised and educated and the professional setting into which they are indoctrinated. Addressing this loss and job dissatisfaction of new graduates from the profession will be essential going forward. Research also indicates that men are leaving the nursing profession at significantly higher rates than women often citing better salaries as the main reason for leaving the profession rather than a dissatisfaction with their roles as nurses (Rajapaksa & Rothstein, 2009).

The attrition rates of male nursing students far exceed that of female students (Bell-Scriber, 2008; DeVito, 2016; Ellis, Meeker and Hyde, 2006). Nursing school is a complex learning environment that places the focus of education upon the learner. It would seem unreasonable for a man to persist through the rigors of nursing school, prepare for and pass a nationally standardized board exam, seek and obtain gainful employment as a professional nurse and then leave the profession.

A generational concern noted with millennials that may impact this trend is their collective desire for a better quality of life. They may not be prepared to work the long hours their parents worked in their quest for work/life balance. They may not be loyal to their workplace if not adequately supported (Hutchinson, et al., 2012). Employers in the healthcare industry may need to step up their compensation of professional nurses through organizational
career ladders or tuition assistance programs that foster individual professional growth and supportive partnerships.

One barrier to recruitment of millennial male nurses is the lack of male nursing role models portrayed in the media. Advertisements that saturate current recruiting campaigns demonstrate nurses as the angel of mercy and the self-sacrificing caregiver which serve to embed the social constructs of a feminized occupation even deeper (Sayman, 2015). Another challenge is the public’s lack of knowledge of what nurses must know and be able to do. The knowledge, clinical judgment and relational care that the nursing profession demands are not readily visible (Benner, et al., 2010). Policies are needed that work toward ensuring greater gender equality in the field of nursing.

**Characteristics of the Millennial Student**

Today's college student from the millennial generation will challenge traditional assumptions and usual approaches to nursing education. These students grew up with access to multiple modalities of technology such as a computer games, email, cell phones, iPad and instant messaging to name a few. Millennials see the computer in the same way that the Baby Boomers see a pencil (Wieck, 2008). The millennial generation involves those born from 1980-2000 or those roughly between the ages of 17-37 (Chung & Fitzsimons, 2013; Twenge, 2014). There are approximately 81 million individuals in the millennial cohort in the United States, making it the second largest generation after the Baby Boomers (Chung & Fitzsimons, 2013; Wieck, 2008).

Educators seem perplexed by millennials, who have been described in contradictory terms such as multi-taskers, compassionate, mobile, entitled, authentic and narcissistic (Bell-Scriber, 2008; Earle & Myrick, 2008; Revell & McCurry, 2010; Roa, 2013; Twenge, 2014). Computer-savvy since childhood, members of the millennial generation are the most digitally
literate students to ever enter college (Prensky, 2001; Wieck, 2008). Members of this generation were raised by parents who nurtured them, gave them almost endless choices and structured their lives (Chambers, 2010; Ellin, 2014). Encouraged to express their opinions, millennials consequently learned to view themselves as equals among authority figures such as their parents and teachers. Dweck (2006) called them the “praised generation” because they comprise a cohort of emerging adults who need constant reassurance and have difficulty taking criticism.

Millennials as a cohort presents an interesting study, because they seem to approach learning differently than non-traditional students of previous generations. Chung and Fitzsimons (2013) list the characteristic strengths and limitations of millennials in Table 1.

**Table 1. Millennial characteristics**

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Limitations</th>
</tr>
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<tbody>
<tr>
<td>• High degree of altruism</td>
<td>• Want recognitions and reward for achievements</td>
</tr>
<tr>
<td>• Enjoy volunteering</td>
<td>• Impatient</td>
</tr>
<tr>
<td>• Diverse</td>
<td>• Demand flexibility</td>
</tr>
<tr>
<td>• Technologically ‘savvy’</td>
<td>• Want work/life balance</td>
</tr>
<tr>
<td>• Resilient, fast-learning, multitaskers</td>
<td>• Lack communication/social skills</td>
</tr>
<tr>
<td>• High self-esteem</td>
<td>• Distrust institutions</td>
</tr>
<tr>
<td>• Vocal about their opinions</td>
<td>• Dislike traditional hierarchy</td>
</tr>
<tr>
<td>• Believe they can make a difference</td>
<td>• Want minimal rules and bureaucracy</td>
</tr>
<tr>
<td>• Want fast-track leadership programs</td>
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Source: (Cogin, 2012; Jamieson, 2009; Lavoie-Tremblay et al., 2010, Manion, 2009)

Millennials bring a new dynamic to the work environment as they expect challenging work, opportunities for advancement, a social work environment, work-life balance, and an
employer who acknowledges corporate social responsibilities (Andrews, 2013). Chambers (2010) warned that members of the millennial generation were raised with almost endless choices, were encouraged to express their opinions and want immediate feedback (p. 38). They need to be stimulated, respected and noticed as they have been pandered to their entire life (Hutchinson, Brown & Longworth, 2012).

The current reality in the healthcare industry is that there are three or four generations of employees working together, and often employees of different generations do not share the same work ethic or expectations (Earle and Myrick, 2008; Stanley, 2010). Each generation is formed by its life experience, the environment they grew up in and their reactions to the generation that preceded it. As Twenge (2014) remarked, “Young people do not raise themselves—they absorb the culture around them” (p. 4). Generational differences between millennials and their work colleagues are striking. For example, Ellin (2014) notes that the character trait of respect has a different feel across generations; millennials believe that respect should be earned while their older work colleagues become frustrated by the millennial’s lack of civility.

Millennials are accustomed to electronic modes of communication and may have more difficulty with traditional modalities such as writing and speaking face to face (Johanson, 2012). Prensky (2001) coined the terms “digital native” and “digital immigrant” to describe generational differences (Stevens & Nies, 2017). Digital natives referred to those who have grown up using the tools of technology. Digital immigrants were those who have learned to adapt to the digital environment, however they will always “retain to some degree, their ‘accent,’ that is, their foot in the past” (Prensky, 2001, p. 2). He maintained that today’s students “think and process information fundamentally differently from their predecessors” (Prensky, 2001, p. 1). These
profound differences have caused a generational gap that is felt in both educational and work environments.

Baby Boomers, or those born between 1946 and 1964, have different ideas than millennials on the notion of career. “Boomers and their forbears expected to stay in one job from college graduation until they received their retirement watch. Millennials, on the other hand, have no company loyalty” (Ellin, 2014, p. 60). The ensuing friction has resulted in considerable time being spent by leadership on handling intergenerational conflict. In a 2006 study of executives and human resource managers at more than 400 companies, most said that today’s college graduates had only "adequate" professionalism, innovation, creativity, critical thinking and problem-solving skills (Ellin, 2014, p. 58).

The millennial generation is known for their skills at multitasking and their short attention span which does not assist them in the reflective, systematic thinking that is crucial for practicing professional nurses (Elam, Stratton & Gibson, 2007; Johanson, 2012). “They may also have difficulty with problem solving, conflict resolution, prioritizing and focusing on singular tasks, all of which are needed for clinical reasoning” (Johanson, 2012, p. 173). In the world of nursing the catchphrase “nurses eat their young” has been borne out in actual practice. Seasoned nurses may become put off by the questioning attitude of their young, millennial mentees. “In clinical rotations, nursing students become accustomed to managing two patients. Imagine how overwhelmed they feel on their first job, when they’re expected to care for four times as many patients, multitask and triage priorities successfully” (Chambers, 2010, p. 38). A disturbing study by Chambers (2010) revealed that an international review of the literature demonstrates that the turnover rate among millennial nurses is 30% the first year of practice and 57% by the second
year. The rigid, protocol-rich health care climate is not seen as a welcoming environment to the youngest nurses in the workforce (Chambers, 2010; Wieck, 2008).

**Perceived Barriers for Millennial Males to Pursue Nursing**

The literature related many barriers which keep men from the profession of nursing; women continue to dominate the nursing profession. The notion of caring as being a uniquely feminine trait supports patriarchal attitudes that continue to marginalize men and keep them from joining the profession (Harding, 2009; McLaughlin, Muldoon & Moutray, 2009). Attrition rates are recognized as being far greater among male nursing students than female (Ellis, et al., 2006). A constructive, qualitative case study of nursing students and nurse educators conducted at a four-year Midwestern public university described a diminishing population of male nursing students as they progressed through the program (Bell-Scriber, 2008). Research suggests that nursing education programs reflect a female worldview, which when compounded by isolation in a female-dominant environment may lead a male to experience role strain (Bartfay, Bartfay, Clow & Wu, 2010; U.S. Department of Health and Human Services – Health Resources and Services Administration, 2010).

Multiple studies discussed the societal stereotype which associate the gendered nature of nursing work with the characteristics of care, compassion, empathy and nurturance as being exclusively female (Ashkenazi, Livshiz-Riven, Romem, & Grinstein-Cohen, 2017; Ierardi, et al., 2010; Meadus & Twomey, 2008; Nightingale, 1969; Price, 2011; Weaver, Ferguson, Wilbourn, & Salamonson, 2014). Another common stereotype of male nurses is that they are homosexuals (Ashkenazi et al., 2017; Harding, 2007; Hart, 2005; Meadus & Twomey, 2008). Evans (2002) reported that stereotypes abound leading to the belief that male nurses were either gay or sexual deviants. Weaver and her colleagues (2014) studied the images of men in nursing on five
American medical television shows and found that several major stereotypes portrayed male nurses as “wannabe doctor/med school applicant, gay/effeminate, misfit and womanizer” (p. 835). Yet another subtle perception uncovered by the literature was that men who were unsuccessful in medical school were forced to choose nursing as a career by default (Hart, 2005; Zysberg & Berry, 2005). These stereotypes tend to reinforce the incongruity of men in nursing and become barriers to recruitment.

The use of physical touch is often required in nursing care. While the feminine nursing touch may be normalized as a demonstration of caring behavior, the intimate care touch by a male nurse may be problematic and viewed as sexually motivated and unprofessional, thereby discouraging its use (Anthony, 2006; Ashkenazi et al., 2017; Harding, North & Perkins, 2008; Roth & Coleman, 2008; Whiteside & Butcher, 2015). One study by Chur-Hansen (2002) denoted that women, and particularly younger women, preferred same-sex health care providers in intimate care settings such as Labor and Delivery units. When it came to non-intimate care tasks such as starting an intravenous infusion, there was no preference (Chur-Hansen, 2002). Paradoxically, intimate professional care by male physicians was viewed as socially acceptable, but this was not universally accepted when such services were provided by a male nurse (Ashkenazi, et al., 2017; Harding, North & Perkins, 2008).

Another barrier relates to the transition from student nurse to experienced nurse which is perceived as difficult and fraught with insecurity (Andrews, 2013; Benner et al., 2010; Welding, 2011). The education to practice gap within nursing grows wider with each passing year as nursing schools struggle to incorporate and prepare for all the possible relevant scenarios that future nurses may face in current nursing practice (Benner, et al., 2010; Chung & Fitzsimons, 2013; Rajapaksa & Rothstein, 2009). This is the ultimate paradox for men in nursing. On the one
hand there is the privilege of breaking traditions, which makes nursing an exciting profession for men to pursue full of promise and pathways to leadership. On the other hand, the stigma and stereotypes of men in nursing may be perceived as a barrier and may discourage the millennial male from seriously considering this career path.

**Teaching and Learning Strategies and Millennial Male’s Needs**

Each generation of students brings a new set of characteristics, expectations, and preferences to the classroom. Many contextual factors shape how students approach learning: who they are, where they are, how they see themselves, what they pay attention to and what people ask of and expect of them (McCarthy, 1990). One study examined the elements that engage and disengage adult learners in multiple classroom settings through a generational perspective, and found that millennials connected to hands-on experiences more readily than students from other generations (Holyoke & Larson, 2009).

Another study found that they also prefer teamwork as millennials grew up in an academic, sports and social culture which emphasized teamwork, the importance of relationships, and mutual reliance to achieve goals (Andrews, 2013). Millennials grew up with the experience that team efforts were rewarded, as all members of the team were equally respected and acknowledged for their contributions. A study using Critical Incident Technique sought to understand what teaching methods helped millennial nursing students feel engaged in the learning process and found that millennials preferred real world examples, need to know and hands on learning (Robb, 2013). However, another study found that learning styles’ preferences of millennial students were not significant in determining academic success (Roa, 2013).

Men enrolled in nursing programs as a second or third career choice are likely to exhibit characteristics which are different from women, such as advanced age, previous work
experience, or parenting status (Anthony, 2006; Roth & Coleman, 2008). While having previous life experiences could benefit the older, non-traditional males in nursing school, younger males may lack the maturity from life experience to cope with the demands of nursing school (Bell-Scriber, 2008). Nurse educators may find that millennial males may need more support. Marrs and Sigler (2012) found that men tend to be less academically engaged than women while in college, suggesting that males learn differently than females and may benefit from gender-specific teaching strategies.

Nurse educators are encouraged to become more aware of the “micro-inequities” or negative micro-messages such as looks, gestures, tones, nuances, inflection and inference that are often driven by race and gender and can devalue, discourage and ultimately impair performance by male nursing students (Bell-Scriber, 2008, p. 148). It is possible that male nursing students are reluctant to participate in discussion because of their visibility as being a minority in nursing classrooms as previously discussed, which may subject them to greater scrutiny by the nurse educator.

There are multiple activities of learning that have been shown to be successful with millennial students. Their preferences for digital literacy, experiential learning, interactivity and immediacy challenge faculty to incorporate them into the instructional process (Skiba & Barton, 2006). The use of Socratic questions as a tool for learning may appeal to millennial males who are drawn to an approach which utilizes logic and reasoning. Engaging in activities such as high-fidelity simulation and clinical education are additional ways that knowledge can be constructed through experience (Yuan, Williams & Fang, 2012). Other instructional methods such as case studies, work groups, the flipped classroom, audience response and virtual learning construct knowledge through collaboration and interactivity (Hunter Revell & McCurry, 2010; Missildine,
Fountain, Summers, & Gosselin, 2013; Montenery, Walker, Sorensen, Thompson, Kirklin, White & Ross, 2013). Online learning also has a range of benefits that millennial students find appealing. Montenery et al. (2013) found that millennial students positively rated the audience response, virtual learning and simulation instructional technologies on their class participation, learning, attention and satisfaction (p. 405). As compared with traditional nursing curriculum and training which focuses on the slow, step-by-step logical integration of knowledge applied to nursing practice, these activities of learning reflect the rapid, attention-capturing methodology and content that millennial learners prefer (Montenery et al., 2013, p. 406). Prensky (2001) warned that educators need to “invent Digital Native methodologies for all subjects, at all levels, using our students to guide us” (p. 6). One of the most interesting challenges and opportunities in teaching millennial nurses faced by nurse educators is how to include reflection and critical thinking in the learning process.

Hutchinson et al. (2012) suggested that nursing curricula of the future needs to be developed in a way that is sensitive to the learning needs of the millennial generation. They describe the millennial’s comfort in the use of technology and report on a fast-track model currently being studied in Australia where the Bachelor of Science in Nursing degree may be completed in two years instead of four by utilizing the semester breaks to condense studies. Such coursework meets the expectations of the millennial generation for immediacy and softens their impatience.

A need for strong mentoring relationships was also described as being a pivotal influence upon the individual learner (Hutchinson et al., 2012). Parker & Wassef (2010) extol the virtues of offering blended nursing courses that combine the benefits of face to face class time with online learning. They studied the implications of offering graduate nursing students the option,
within a single course, of completing course activities either fully online or blended. They found that some students wanted to change half-way through the course from a fully online version to the blended version as they struggled with the demands that active independent learning required (p. 246). Results underscore the importance of ongoing creativity and flexibility on the part of the course instructor to meet emerging student needs (Parker & Wassef, 2010).

Hunter et al. (2010) studied the effectiveness of personal response system (PRS) technology with millennial nursing students and found that this technology promotes active learning, increases student participation, and provides students and faculty with immediate feedback. They maintain the recurring theme that millennial students are comfortable with technology and prefer interactive classrooms with individual feedback and peer collaboration.

Missildine et al. (2013) studied the effects of a flipped classroom on academic success and the satisfaction of millennial nursing students. This method involves the reversal of time allotted for lecture and homework. The flipped classroom is a hybrid approach to learning, using technology to move the classroom lecture to “homework” status and using face to face classroom time for interactive learning (Missildine, et al., 2013). Results demonstrate that the student’s examination scores were higher with the flipped classroom method, but their satisfaction scores were less. The authors note that student satisfaction may not be a good indicator of learning (Missildine, et al., 2013).

Mixer (2011) studied nursing faculty care practices that support teaching students to provide culturally congruent care, which is care that is satisfying, beneficial, and acceptable to its recipient(s). The study contributed to the practice of nursing through understanding the complex nature of teaching culture care and added to the body of transcultural nursing education knowledge (Mixer, 2011). Nurse educators and leaders must understand these characteristics and
take them into consideration when planning instruction, evaluation or giving feedback to millennial nursing students.

**The Male Nursing Student and Stereotypes**

For the male student who has an interest in studying nursing, there are many considerations that affect gender role orientation and learning to care like a man. The perception that men care differently than women was first credited to Florence Nightingale who was attributed by Rischer (2013) in his blog post as saying: “Every woman is a nurse...men have no place in nursing except where physical strength is needed” (Nightingale, 1969, first published in 1860). Historically, caregiving was primarily a female responsibility because it was the woman who was tasked with caring for and nurturing the children while the man was responsible for hunting and gathering. Nightingale’s (1969) repetitive use of the pronouns “her” and “she” demonstrate her perception that caring came naturally to women and reflected her impetus to firmly establish nursing as a woman’s profession. According to traditional societal stereotypes, men have been viewed as less caring individuals (Ierardi, Fitzgerald & Holland, 2010).

The historical roots of male nursing date back to the early Christian era where monks known as the Parabolani were organized to provide care for the ill suffering from the Plague (Anthony, 2006). The symbol of the red cross which represented the fifteenth century monastic order of male caregivers known as the Camellians, remains the universal symbol of healthcare today (O’Lynn & Tranbarger, 2007; Rischer, 2013). Men in monasteries were responsible for the care of the sick, wounded and dying as early as the fourth century up until the sixteenth century when monastery orders were dissolved (Anthony, 2004; Evans, 2004; Rischer, 2013). Mericle (1983) noted that men were also nurses in times of war and in other contexts where they cared for society’s outcasts, such as lepers and the insane. In ancient Rome, healthcare was provided to
soldiers by other soldiers (DeVito, 2016). It is interesting to note that these historical associations of men in nursing persist today by the continued association of male nurses and their attraction to the mental health nursing specialty (Evans, 2004; O’Lynn & Tranbarger, 2007; Williams, 1995).

Despite the historical contributions of men, nursing has traditionally been considered a female-dominated profession. Yet Fottler (1976) found that gender was generally viewed as an irrelevant consideration in terms of the nursing role. He questioned 126 female nurses concerning their attitudes towards male nurses and discovered that there was no female resistance to male entry into nursing (Fottler, 1976). Choosing a career path that is outside the typical male boundaries presents unique challenges as it is difficult to overcome the public perception of nursing as women’s work.

Another traditional stereotype is the view that nurses are physician’s helpers who hand out medication and give bed baths. The reality is that nursing in the 21st century provides a vast variety of job opportunities and work choices. In order to join the profession of nursing, men must overcome traditional stereotypes and quite possibly discriminatory practices on the part of nursing instructors, other students and industry stakeholders (Anthony, 2006; Bell-Scriber, 2008; Meadus & Twomey, 2011; Robb, 2013; Sayman, 2015).

Recent evidence has suggested that such stereotypes of men in nursing appear to be shifting. Although their status as a gender minority in a profession can be daunting, for men in nursing there is evidence of the “glass escalator” effect (Rischer, 2013). Kleinman (2004) relates that applying the model of tokenism to men in nursing has shown that men possess professional advantages based on their minority status as compared to women in traditionally male-dominated fields such as medicine or engineering. Several studies suggest male nurses display an increased desire for the attainment of leadership roles and power as compared to their female counterparts.
Men also tend to appear more competent and attain instant credibility with physicians because of their gender and perceived leadership skills (Kleinman, 2004; Rischer, 2013).

**Gender Role Orientation**

While society has embraced a cultural shift that has allowed women to move into what was once traditionally regarded as masculine working roles, men still find it difficult to engage in work that is perceived as traditionally feminine (Roth & Coleman, 2008). The media continues to portray nurses as subordinate to doctors, and physicians as the only reliable primary source of healthcare (Roth & Coleman, 2008; Weaver et al., 2014). In their study of the portrayal of male nurses on television shows, Weaver et al. (2014) related that male nurses on television are closer to ideas of femininity than masculinity. Furthermore, nurses portrayed by males on television shows reinforced the narrow stereotypes of powerlessness, homosexual, or effeminate (Weaver, et al., 2014). Another study that explored the experiences of men in the nursing profession related the participant’s reluctance to being labeled as a “male nurse” as though they were a category set apart from the larger category of nurses (Rajacich, et al., 2013). In his doctoral dissertation on male millennial baccalaureate nursing students, Lloyd (2013) suggested that not only were millennial men aware of the stereotypical and public images of nurses as women, but they would attempt to conceal their identities as nursing students to protect themselves from possible ridicule.

One issue that relates to role strain for male nurses involves the struggle between autonomy versus powerlessness. The public’s perception of associating nursing with femininity and powerlessness is pervasive and discourages men from joining the profession (Roth &
Coleman, 2008; Zahourek, 2015). A study by Muldoon and Reilly (2003) explored nursing students’ perceptions about the appropriateness of nursing specialty by gender and found that the specialties perceived as more suitable for women included midwifery, pediatrics, school nursing and home health; while the specialties that were most appropriate for men included mental health, accident and emergency care. A later study by Whiteside and Butcher (2015) further confirmed that “High-tech, low-touch” specialties such as the emergency room or flight nursing attract disproportionately larger numbers of male nursing staff (p. 335). These studies revealed that males are drawn to careers in nursing where action, quick thinking and autonomy in decision making suggest leadership abilities which garner the perception of greater respect. Some men who work in high power nursing contexts are often mistaken for physicians and feel the need to clarify their position when others make assumptions. It is a struggle between being perceived as “just a nurse” in relation to one’s status and prestige.

Such messages of powerlessness discourage young males from considering nursing as a potential career which in turn may prolong the nursing shortage and further influences health disparities, evidence-based practice and funding for nursing research. Sayman (2015) echoed that “It is in nursing school where these men first struggle to situate their masculinity and learn how to navigate the gendered aspects of the profession” (p. 15). Rajacich et al. (2013) suggest that attention must be paid to normalizing nursing as a viable career option for men and to ensure that men are treated first of all as nurses, rather than as male nurses.

Another related issue is that of being a “visible minority…. where everyone remembers your name, they remember what you say, they remember what you do, they have certain expectations of you based entirely on how you are and how you look” (Rajacich et al., 2013, p. 76). This theme reflects the students’ perception in one study of being recognized specifically
because of their male gender, where “standing out” hindered their recognition as a nursing student by patients, other health professionals, and society (Meadus & Twomey, 2011). Some male nurses may feel relegated to a marginalized masculinity and may perceive that they are working against prescribed hegemonic concepts of masculinity (Sayman, 2015). These conflicting messages may accompany experiences that lead to role strain as they are unique to men in nursing programs, where male students may be rejected by patients who expect a female caregiver, or experience situations where they receive different treatment from peers and instructors (Anthony, 2006; Smith, 2006).

On the other hand, male nurses experience many advantages. One study found that male nursing students felt that physicians treated male nurses more equally than female nurses, that opportunities would be plentiful for them because males are more stable employees and that there would be opportunities to move up the ladder easily (Ellis, Meeker & Hyde, 2006). Another study explored the narratives of male nurses who spoke to the internalized notion of masculinity, centering themselves as the hero, who needed to convey strength, competence and assurance in a profession that often marginalizes them (Sayman, 2015). A study by Rajacich et al. (2013) described male participants who reported that their greater physical strength meant that they were asked to perform more strenuous tasks such as lifting heavy patients or subduing aggressive patients. Being viewed as the “he-man” because of their superior strength also caused some male nursing students to feel discriminated against by the nursing staff when called upon to offset or control potential violent situations (Meadus & Twomey, 2011, p. 276). This researcher has often noticed that the male nursing students often group themselves together and collaborate to solve problems although they represent the minority in the cohort.
One plausible reason for this is that male students are linked by their shared gendered meanings. “Constructivism assumes that gender is defined by the interactions people have with one another, in that these interactions have shared meanings as to what is appropriate and/or expected in terms of biological sex” (O’Lynn & Tranbarger, 2007, p. 170). It is quite possible that gendered meanings negotiated with other men in nursing school are perhaps intentionally or even unconsciously supported and reinforced by female nurse educators. These are examples of some of the ways that male nurses combat common misconceptions about men in clinical practice.

**Perceived Motivators and Benefits for Millennial Males to Pursue Nursing**

Price and her colleagues (2013) found that many who pursued nursing found it to be a virtuous, noble and altruistic profession. Boughn (2001) found that both men and women enrolled in nursing programs demonstrated a strong commitment to caring. One study that was specific to the Associate Degree in Nursing program demonstrated that wanting to care for others was a motivation for men to pursue nursing as a career (Ierardi, et al., 2010). Ellis and colleagues (2006) found that opportunities in the field of nursing and job security were positive recruitment factors. Some had family members who are nurses, others had been exposed to hospitals personally, through their parents or spouse, as a patient, or as a work setting (Ellis, et al., 2006). In a later study of male nursing students, Meadus and Twomey (2011) found that the theme ‘Choosing Nursing’ highlighted factors such as job security, salary, career opportunities, and the desire to help others as motivators that attracted male students to the profession (p. 273). The perception that nursing is one of the most trusted profession abounds. It is a career that is both personally rewarding and meaningful. Men and women have the same motivators for becoming a nurse such as wanting to care for others, having family members who are nurses, job security and
opportunities for advancement through leadership positions and achievement (Ellis et al., 2006, Hutchinson, et al., 2012; Ierardi, et al., 2010; Price, et al., 2013).

The culture of nursing is beginning to change to attract more males to the profession. One study by Ierardi and colleagues (2010), who interviewed seven male students in an Associate Degree of Nursing program, found that all had left careers in another field to enter the nursing profession. The study participants cited the opportunity for advancement, as well as the desire to achieve a long-term goal as attractors to the field of nursing. Other benefits for males include redefining the nursing role (Rajacich, et al., 2013). Male nurses have embraced opportunities for personal growth and become nurse anesthetists, educators, business owners and politicians (DeVito, 2016; Kleinman, 2004). Williams (1995) pioneered a study which identified specific areas where there were “hidden” advantages for men in nursing which included hiring and promotion, relationships with physicians and other colleagues, and relationship with patients. Williams (1995) related that male nurses tend to benefit from their token status even if they were tracked into specialties deemed “more appropriate” for men such as psychiatric or emergency department units.

Male nurses tend to ride the glass escalator to leadership opportunities earlier than their female counterparts, they experience hiring and promotions more readily, receive better treatment from physicians and patients than women, and are assumed to possess better leadership abilities than women (Williams, 1995). Males have the potential to help lessen the impact of the nursing shortage and also ensure that the perspective of the male nurse is represented. Beyond the need to increase the number of nurses in the workforce, male nurses can provide a different voice within the profession that can speak to the issues that impact nursing and demonstrate the potential of male nurses in the field.
There are additional ways in which culture of nursing is beginning to change in an effort to attract more men. Industry leaders have recognized the need to market nursing more aggressively to the male population. Salaries and benefits have improved over the years and the autonomy of advanced nursing practice has become powerful motivators for males to join the profession (Donley & Flaherty, 2008; Kleinman, 2004). Nurses are being lured back to school to advance their degrees through stipends, grants and tuition reimbursement programs (Health Resources & Services Administration, n.d.; NursingLink, 2018). Nursing is now a profession with a world of possibilities where the body of knowledge is constantly evolving and nursing research through evidence-based practice is continually moving the science of nursing forward (Benner et al., 2010; IOM, 2011).

**Perceived Differences in Treatment by Nurse Educators**

Between 2002 and 2009, the number of full-time RNs between the ages of 23 and 26 rose by 62% (Auerbach, Buerhaus & Staiger, 2011). Yet this nursing workforce does not mirror the population served as men continue to represent a small percentage of the profession. According to Sayman (2015), 95.8% of all full-time nursing school faculty are women and only 4.2% are male. Villeneuve (1994) stated, “Significant barriers to men exist in nursing education and practice, and the language and history of nursing have sexualized nursing practice itself by labeling it as women’s work” (p. 217). If the nursing workforce is going to reflect the characteristics of the general population, nursing programs must do a better job of promoting nursing as a gender-neutral profession in order to recruit and retain students of both sexes. Some studies revealed that male nursing students reported a lack of enjoyment in nursing schools, frustration in communication differences, lack of male instructors, and a lack of positive
feedback from female instructors as the major factors in dropping out of nursing school (Ellis, et al., 2006; Sayman, 2015).

A case study approach by Bell-Scriber (2008) studied the classroom perceptions of four men and four women nursing students and seven nursing faculty and found that the men learners in comparison with the women completing the same program reported a “cooler” educational climate which they attributed to the covert gender-biased characteristics and unsupportive behaviors of the women nurse educators. A later study by Meadus & Twomey (2011) revealed that the visible/invisible theme was an concern for male nursing students where they felt they always had to have a ready answer in case they were singled out by their instructors in class. A study by Marrs and Sigler (2012), which explored the possible role of study strategies among male college students, asked whether there are trends related to gender socialization or cultural (or subcultural) values that were negatively influencing college men in the area of academic engagement. Anthony (2006) cautioned that bias is not always a conscious response and unrecognized prejudices and biases among nursing faculty may be communicated through actions and responses creating a negative learning environment for male students. These findings suggest that nursing education has been particularly prone to discrimination and stereotyping and educators could become more proactive in providing an appropriate learning environment for male nursing students.

Issues of Touch or Fear of Being Misperceived

Traditionally, nursing has been deemed as a female profession, while the field of medicine has been male-dominated. The tide is beginning to change as approximately 30% of full time physicians are women and about 50% of medical school students are female (Brodsky, 2011). While male doctors prefer emergency medicine, anesthesia and radiology, statistics relate
that the fields where women dominate as physicians are pediatrics and obstetrics/gynecology (Vassar, 2015). Just as women face discrimination in medicine, it is important to note that male gender bias is also present in the field of nursing. One area that contributes to barriers in gender-power relations involves the nursing art of touch. Some practice areas such as Labor and Delivery may discourage males from taking positions therein due to the delicate nature of the work and the perception that it is not a suitable practice location for men (Bell-Scriber, 2008; Meadus & Twomey, 2011; Smith, 2006). Male students reported feeling awkward and foreign during this required rotation as the care of laboring and newly delivered mothers requires an elevated level of intimacy (Anthony, 2006). The fear of being perceived as coming from a sexual rather than a professional perspective gives male nursing students pause in their nursing ministrations as though they were “stepping on glass” (Meadus & Twomey, 2011, p. 274).

While male physicians are expected to perform tasks to patients in physically vulnerable positions, male nurses by contrast, reportedly have a harder time performing procedures requiring a patient to be exposed (Roth & Coleman, 2008). While both male physicians and male nurses use touch to promote healing, the feminization of nursing stereotypes seems to complicate the issue of touch for male nurses. One grounded theory investigation by Zahourek (2015) evaluated the perception of intentionality as expressed by male nurses which was found to reflect the whole person’s values, goals and experiences through reflective spiritual practices, developing self-awareness, being aware of the stress experienced by males in a female profession, and the role of action in manifesting intentionality in healing. He relates that intentional care nurses participate fully in healing for self and with others by fostering healing environments that assist in coping with illness (Zahourek, 2015). MacWilliams et al. (2013) summarizes the subject in this way:
The research related to sexual diversity in nursing reveals a culture that fosters role strain and isolation, preserves sexual stereotypes, and questions male touch as well as the capacity of men to care. The men who have entered the field despite these challenges have often responded by working in high-tech, low-touch specialty areas and administration, though they may have initially been drawn to more clinical settings (p. 43)

Intimate touch during the caregiving role can have a significant impact regarding male nurses’ decision-making within clinical practice (Meadus & Twomey, 2011; Whiteside & Butcher, 2015). Male nurses should strive for self-awareness and confidence in one’s capacity to relate with patients. “Such intelligent care could foresee potential problems and pitfalls” (Zahourek, 2015, p. 320). All nurses, regardless of gender, have both a professional and legal duty to not cause harm to their patients. Yet an entire range of factors regarding touch impact the way that male nurses use touch in providing care for patients which does not similarly apply to female nurses. This imbalance in the use of touch is yet another consideration in educating millennial males within the nursing profession. While the use of touch may be more barrier than benefit for male nurses, the profession of nursing demands its use and males must be taught to cope with the challenges created by it.

**Removing Perceived Barriers to Improve Success in Nursing School**

The culture of nursing is beginning to shift in response to the nursing shortage. There has been a great deal of research of male nurses prepared at the baccalaureate level (Andrews, 2013; Bell-Scriber, 2008; Ellis et al., 2006; Lloyd, 2013; Price et al., 2013; Robb, 2013). In 2017, the state of New York passed the “BS in 10” law, which would require nurses who don’t already have bachelor’s degrees to earn them within their first ten years of practice (Edmiston, 2018).
Advocates tout it as a means to raise the skill level of the current nursing workforce. Yet this path to a nursing license does not solve the critical needs of the current nursing shortage.

There is a lack of research regarding male nurses prepared at the ADN level which this study addressed. While times are beginning to change, Bell-Scriber (2008) related that it is notable that there is still a lack of progress in creating a more diverse representation of nurses in textbooks. Anthony (2006) noted that nursing texts often refer to the nurse using feminine pronouns and may omit historical data about men’s role in nursing. Nurse educators must be encouraged to select resources based not only on content, but also on an equal representation of all learners to include men in particular. Textbook publishers are beginning to remove the pronoun “she” for the generic term “the nurse” in textbooks, revise their images of nurses as females and include men’s contributions to the profession (Sayman, 2015).

**Lack of Male Role Models or Opportunities for Mentorship**

Researchers reported that feelings of frustration, isolation and lack of connection have been cited as reasons that men leave nursing school (Hutchinson et al., 2012; Sayman, 2015). There is a critical need for same-sex role models to share men’s experiences in nursing, as a lack of male faculty members may encourage a sense of isolation in male nursing students (DeVito, 2016). Roth & Coleman (2008) suggested that increasing the number of males in nursing academia, on all levels from faculty to Deans, has the potential to increase the visibility and contribution of males to nursing on a large scale. The addition of more male nurses within the local healthcare organization has the potential to transform the nursing profession as well as the healthcare industry. Attracting men from the millennial generation specifically to a career in nursing would not only help to alleviate the forecasted nursing shortage by replacing the retiring nursing workforce with younger men, but would also promote nursing as a gender-neutral
profession. The nursing profession should reflect the racial, ethnic and gender characteristics of the population it serves (Brady & Sherrod, 2003).

Not only will the paradox of stigma versus privilege be circumvented, but the addition of male nurses ensure that the perspective of the male nurse is represented. They will have a voice within the profession that can speak to the challenges that impact society and industry directly. The need for male nurse role models is increasing as the education to practice gap grows wider with each passing year as nursing schools struggle to incorporate and prepare for all the possible relevant scenarios that future nurses may face in current nursing practice. Experienced male nurses becoming role models for less-experienced nurses will be of great benefit while also adding their voice and their perspective to improve healthcare policy and the profession in general.

Recruiting efforts could focus on educating males and the earlier the better. Younger males in junior high and high school could be brought to the college for a Discover Nursing career day. High school guidance counselors have the potential to influence young males towards nursing. School of nursing could invite guidance counselors to tour campuses and nursing labs, encouraging them to promote the profession regardless of the gender of the interested student. Mentorship programs that target male high school students could allow them to shadow a male nurse throughout his day. Watching a male nurse at work and achieving in his field can inspire younger men to consider joining the profession.

The Theoretical Frameworks

The purpose of this study was to discover how nursing education at the community college level can be improved to better serve the millennial male nursing student. Nursing is a profession that is replete with caring practices. For example, being present at a patient’s bedside,
bearing witness to their suffering and serving as a patient advocate are practices of care. Benner et al. (2010) related that “focal practices in nursing contain a cluster of caring practices that nurses consider central to their understanding of nursing and their identity as nurses” (p. 192). Cultural traditions, including generational culture, have their own focal practices which embody the meaning of what it means to care and be responsible for others in a socially just manner. A growing interest in nursing is that of cultural diversity and the integration of cultural competence into nursing curriculum (Hawala-Druy & Hill, 2012; Leininger, 2002). Nursing faculty are responsible for preparing a workforce of nurses able to deliver culturally congruent care that is both beneficial and acceptable to its recipient. The millennial generation has a culture of its own. An ancient Arab proverb which could aptly be applied to the millennial generation states, “Men resemble the times more than they resemble their fathers” (Twenge, 2014, p. 5).

The Culture Care Theory as posited by Leininger (2002) asserts that nurses can provide culturally congruent care only when the culture care expressions, patterns and practices of people are known (Mixer, 2011, p. 4). Culture care is the broader philosophical construct, while culturally congruent care refers to the actions and decisions (interventions) one provides that are culture specific for the person(s) being served (Mixer, 2011). Leininger (2002) related that nursing research has shown that cultural beliefs including those related to age, class, sex, and race/ethnicity promote biases in nursing and health care access and delivery that are most likely factors contributing to health disparities. Nurses have the power to eliminate those health disparities and apply interventions which include patient education, literacy and adherence to prescribed treatment plans (Bell-Scriber, 2008; Roth & Coleman, 2008; Sayman, 2015; Zahourek, 2015). Experts in the field have suggested that educational engagement has been difficult for millennials and millennial males specifically, due to an incongruity between their
learning preferences and the actual teaching methods used by nursing faculty (Pardue & Morgan, 2008; Robb, 2013; Skiba & Barton, 2006). Nurse educators, maintaining dual roles as both caregivers and teachers, should consider the impact of generational culture on the transmission of nursing knowledge.

Culture care does not necessarily have to occur within a healthcare setting alone. This study uses Leininger’s ideas and reapplies them from a unique perspective. It could be argued that schools of nursing could supply culture care just as hospitals do. Nursing school curricula could reflect a facet of culture care. Applying culturally congruent care and practices to a nursing school setting where millennial male students are given multiple activities of learning and innovation that energize and empower them is one way of relating culturally congruent care of a generation within nursing education. In applying Culture Care Theory to the nursing education of millennial males, nurse educators have the power to eliminate learning disparities and apply educational interventions which may include various teaching modalities that accommodate and support the millennial male student. Incorporating Culture Care Theory at all points within a nursing education curriculum is ideal because this theory may improve the educational outcomes of millennial male nursing students.

This conceptual framework can be applied on two fronts: the increasing diversity seen in the nursing student population in the United States, as well as the generational diversity seen in millennial nursing students in general and with males in particular. While this specific application of Culture Care Theory has not been applied in the field of nursing in this way, this researcher proposed its application to the cultural care of millennial male nursing students. Culture Care Theory’s utility for understanding the cultural implications of a generation of future nurses is high, especially as it relates to the education of millennial male students.
Another theoretical framework which may inform this study is Role Strain Theory by renowned American psychologist Robert Merton (1968). Every status in society has a set of expected behaviors which could be described as a role. Merton was credited with developing the idea that many role relationships are actually “role sets” whereby the individual engages, by virtue of one of his positions, in several role relationships where different role obligations may vie for his attention (Goode, 1960, p. 485). The notion that institutions are made up of roles is a reasonable assumption. Role strain is defined as the “difficulty in meeting role demands…the individual’s total role obligations are over-demanding” (Goode, 1960, p. 485). A conflict between two or more expectations associated with the same status relates to role strain. Pearlin (1983) identified a variety of experiences which may cause role strain:

1. Those generated by role tasks that cannot be satisfied or that are noxious
2. Conflicts with other sharing the same role sets
3. Conflicts between demands imposed by the multiple roles played by the same person
4. Being captive of an unwanted role
5. The scheduled and unscheduled losses and gains of roles
6. The restructuring and exchange of roles within and between role sets (as cited in Kaplan, 1983, p. 29)

Clow and Ricciardelli (2011) discuss role strain as a potential obstacle for men who desire to enter nursing. The situation may not necessarily be that a nursing student’s maleness is a problematic construct, but rather if the role of a nurse is perceived to be an appropriate one for millennial males. Merton (1968) discussed two elements of social and cultural structures which relate to this study. The first “consists of culturally defined goals, purposes and interests” (Merton, 1968, p. 186). A study of the literature regarding the millennial generation yields
patterns of thought, action and behavior which make them culturally unique in reaching for their goals. “A second element of the cultural structure defines, regulates, and controls the acceptable modes of reaching for these goals” (Merton, 1968, p. 187). Merton (1968) insisted that every social group “invariably couples its cultural objectives with regulations, rooted in the mores or institutions, of allowable procedures for moving towards these objectives” (p. 187). Gender-related stereotypes and barriers may also impede a millennial male’s progress within nursing school which exists to socialize the student into the nursing role.

Therefore, Role Strain paradigm suggests that persons of one sex are unlikely to enter occupations dominated by persons of the other sex because of the role strains they experience in their interactions (Floage & Merrill, 1986). “Role strain theory states that men who enter female-dominated occupations experience role strain because their perceptions and expectations of their gender roles conflict with their occupational roles” (Rajapaksa & Rothstein, 2009, p. 197). For example, society may have an expectation of men that conflicts with the general expectation society has of nurses. Role strain is a subjective experience that is perceived by the individual which is produced by role ambiguity, role incongruity, role overload and role conflict (McEwen & Wills, 2011). The perception of a millennial male’s role status as they interact with others in the nursing education environment may affect role behavior.

Although Merton analyzed motivating sentiments, self-fulfilling prophecies and role strain among deviant individuals connected to the justice system such as gang members in group settings, his theory may have application for millennial male nurses as a sociological group who labor within a role of rigidity and stereotypes such as nursing. Nichols (2016) suggested that Merton was a self-proclaimed social psychologist who analyzed the group within the individual, rather than the individual within the group. Nichols (2016) relates the following:
Indeed, Merton concluded that a logical social world was simply not possible, no matter how strongly some groups (e.g., advocates of social planning in the 1930s) might wish, for there would always be unintended consequences and self-fulfilling prophecies as well as other ironies and paradoxes. (p. 377)

Merton’s work in studying normative order in science as sustained through honor and recognition accorded by peers continues to infuse the literature today as sociology studies scientific research communities as status groups (Barnes, 2007).

Fottler (1976) has suggested that female nurses may exhibit role strain in the profession since they have been socialized to be dependent upon the male physician and may have difficulty relating to a male who performs the same function as themselves at the same level within a hospital or healthcare organization. Role strain may arise within a millennial male nurse whom society expects to be masculine and strong yet also be caring and compassionate in his ministrations of nursing care. Such social expectations create role strain as the behaviors or expectations are related to the same social status. Role strain may lead to role conflict which is when conflict is created between two or more expectations associated with two different statuses or relational contexts (Kaplan, 1983). Men who enter female-dominated professions experience role strain because their perceptions and expectations of their gender roles conflict with their occupational roles (Egeland & Brown, 1989; Evans & Steptoe, 2002; Lane & Piercy, 2003). The role a millennial male nursing student has will profoundly affect his attitude, behavior and self-perceptions.

Gender and generational-based barriers as a deterrent to male achievement in nursing education is a consideration which cannot be overlooked. Both theoretical frameworks may help
to illuminate the relationships among the many variables which may explain why few millennial males seek to be trained as nurses.

**Conclusion**

In conclusion, the aim of this literature review was to provide more clarity regarding the various perspectives that inform the topic of educating millennial males in nursing. To date, men remain a minority in terms of numbers within nursing education and in clinical practice within the United States. The problem of practice compelled the researcher to ask how nursing education at the community college level can be improved for millennial men to be attracted to and successful in an ADN program. There has been a paucity of research on this subject, especially regarding the specific sample of millennial male nursing students within a community college setting. This study sought to examine what motivators and benefits enhance a millennial male’s process of becoming a nurse as well as what challenges and barriers impede a millennial male’s process of becoming a nurse during matriculation in nursing school.

The primary objective of this review was to highlight information found in the literature regarding perceived motivators, benefits and barriers which affect the movement of males into a career in nursing. Several themes emerged from this initial synthesis of the literature. First, attracting and retaining millennial males to the field of nursing is paramount as a response to the nursing shortage which will impact healthcare delivery in the United States. At this point in time, males in general and millennial males in particular are vastly underrepresented in the nursing workforce. Second, the deeply ingrained stereotypes perceived by the public of nursing as women’s work must be challenged if males are to be drawn to this profession. Finally, teaching and learning strategies in accommodating millennials in nursing school must be adapted to take into account their uniqueness as a generational cohort.
To date, nursing education has been remiss in providing an environment that is optimally favorable to attracting and retaining men in general and millennial men in particular as nursing students and preparing them for the profession of nursing. The teaching methods utilized in nursing school should be culturally relevant, equitable and meaningful to emerging adults and the millennial male. The long over-due adoption of such an approach supports an educational environment that embraces the diverse learning styles of millennial male students. The findings from study will benefit institutions of nursing education such as community colleges which seek to increase the presence of millennial males within their nursing student population.

A recent call for radical transformation in nursing education challenges educators to design learning experiences that will result in graduates prepared to practice in a changing health care environment (Benner, et al., 2010). This review of the literature offers an initial qualitative evidence synthesis of the literature that guided the direction of this research.
CHAPTER 3

METHODOLOGY

The purpose of this study was to discover how nursing education at the community college level could be improved to better serve the millennial male nursing student. A qualitative, descriptive, phenomenological design using semi-structured and open-ended interview questions was used in a private and confidential setting to explore the experiences of millennial male nursing students within an associate degree of nursing program at a community college located in the central United States. A phenomenological approach was an appropriate method for this study because from it comes a focus on the experience itself, and how the experience of attending an ADN program as a millennial male was transformed into consciousness.

Research Approach Rationale

This research approach, for eight millennial males, revealed the meaning of their lived experiences of the phenomenon: nursing education in an ADN program. As the German philosopher (and father of phenomenology) Husserl (1970) described, phenomenology is interested in the study of the lifeworld, or the world as it is lived, rather than how it is measured or broken down (Vagle, 2016). Dahlberg and her colleagues (2008) described the lifeworld as being a world “vibrating of meanings” (p. 172). Phenomenology type of research is based on the assumption that “there is an essence or essences to shared experience” (Patton, 2002, p. 106). The assumption of the essence of things was an important construct in phenomenology.

Phenomenology focuses on the human experience as “one’s experience of things” (Hammond, Howarth & Keat, 1991, p. 1). Phenomena was defined by Vagle (2016) as “the ways
in which we find ourselves being in relation to the world through our day-to-day living” (p. 20). The unit of analysis was not the individual, but the phenomenon (Vagle, 2016). When a phenomenon was studied, one found a way of studying its vibrations which are not static, clean or stationary (Vagle, 2016). The phenomenon of nursing school at the Associate Degree level as experienced by millennial males revealed such vibrations by describing the values and experiences of the participants that were previously not known or not understood (Polit & Beck, 2012).

Moustakas (1994) stated that evidence from phenomenological research is derived from first-person reports of lived experiences. Rather than constructing a phenomenological experience as they experience the world, Vagle (2016) related that humans “find themselves in” the experience (p. 21). This phenomenological, descriptive design aligned with the study’s purpose and research questions and generated data which reduced the participant’s individual experiences within an Associate degree of nursing program at a community college to a composite description of the essence of the experience for other millennial males who might attend a similar nursing program. The researcher was expected to bracket, or put aside, her prior beliefs about the phenomenon of interest in order to remain neutral and not interfere with the descriptions by the study participants of the elements of the phenomenon. “When belief is temporarily suspended, consciousness itself becomes heightened and can be examined in the same way that an object of consciousness can be examined” (Merriam, 2009, p. 25).

For example, instances arose within the data from the descriptive approach this methodology entailed which suggested that men from the millennial generation experienced a lack of cultural care which contributed to role strain as they became socialized into the nursing role during their education.
**Research Design**

A modified Husserlian approach to analysis called Giorgi’s method was employed in this study. By employing a phenomenological approach, the data spoke for itself which according to Giorgi (1985):

We discover that whatever appears suggests in its very appearance something more which does not appear, which is concealed…the given that is in the appearance of phenomena is ‘directionality,’ a direction is offered or a significance is held out which we pick up and follow, or turn away from. (p. 151)

This research design allowed the data to speak for itself in the descriptions of the nursing school experience from the perspective of the millennial male nursing student matriculated within an Associate Degree of Nursing program (ADN) located within a community college setting. The phenomenological approach was not an approach to get inside the mind of the millennial male nursing student. Rather, it was an attempt to contemplate and theorize the various ways things manifest and appear in and through their participation and being in the world of an Associate Degree of Nursing program. This research design uncovered the value of the millennial male’s perceptions in their lifeworld of nursing school.

After receiving IRB approval and participant written informed consent, demographic data was collected, and all interviews were audiotaped individually in a private and confidential setting. Participants were asked not to disclose their participation during the data collection process. Purposeful sampling yielded the data necessary to understand the phenomena under study. In promoting alignment between the purpose of the study, the research questions and data collection methods, this methodology yielded an understanding of how millennial male student
nurses “interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences” (Merriam, 2009, p. 26).

**Research Questions**

The research questions that guided this study were as follows:

1. What experiences were perceived as benefits and motivators to millennial male nursing students?
2. What experiences were perceived as barriers to millennial male nursing students?
3. What were the preferred teaching and learning strategies of millennial male nursing students?

**Setting**

Ozarks Technical Community College (OTC) is an open-admission, two-year community college serving the greater southwest Missouri region. The college serves a diverse community of students by providing a wide range of dynamic and high quality educational and technical programs. Students can earn a one-year certificate, two-year associate of applied science degree (A.A.S.) or an associate of arts degree (A.A.). Over the last 25 years, the college has grown to five campuses. In three campuses, the college offers an 11-month practical nursing certificate program. The college also offers a seated RN completion program on two campuses that lasts 36 weeks. In 2015, the college received a grant to begin a hybrid RN completion program which offers the same curriculum and structure as the seated program but mostly in an online format. The RN completion program has since grown to four cohorts: two seated and two hybrid cohorts running concurrently within any given year.

The college has experienced much growth and change over the last 25 years. It has enjoyed an annual enrollment growth rate of 11.4 percent between 1991 and 2014 (Ozarks
Many faculty and staff have enjoyed long tenures. The college mission and vision uphold a core set of values that include quality, opportunity, accessibility, learning, diversity, innovation, community, respect, integrity, and personal growth (Ozarks Technical Community College, n.d.-a, para 2). “The college mission is to provide accessible, high quality and affordable learning opportunities that transform lives and strengthen the communities we serve” (Ozarks Technical Community College, n.d.-a, para 1).

The college staff strives daily to meet these goals through innovation and student-centered services. OTC has impacted the community in many positive ways. The economic impact study from fiscal year 2015-2016 found that OTC contributed $234 million in income to its service region’s economy (Ozarks Technical Community College, n.d.-b, para 3). The education this community college provides benefits the wider community. The two local hospital systems in the region relate how OTC’s nursing program graduates help to fill the ranks of medical personnel needed in the region (French, 2016). The hospitals also point to the quality of the OTC graduate in terms of work preparedness.

The greatest setbacks experienced by the college have been with dwindling amounts of state and federal funding. The college has had difficulty getting financial aid to cover developmental coursework because it is no longer considered to be college level work (Ozarks Technical Community College, 2017, para 2). Yet many students arrive at the college unprepared to do college level work. Other financial aid restrictions threaten student enrollment and retention. Poverty levels in the region also thwart student’s ability to begin and complete college (KY3, 2017). College retention rates may be affected by unrealistic student expectations which may lead to discouragement causing some to quit.
This study was conducted with participants from the Ozarks Technical Community College, a public institution in the central United States. The Associate Degree of Nursing program (ADN) was an entry-level prelicensure RN program, where licensed LPNs study for an additional 36 weeks to earn the ADN and become eligible to sit for the national RN licensure exam, the NCLEX-RN. The community college’s nursing student population was predominantly White, and women currently enrolled in the ADN program outnumber men five to one. The ADN program admitted approximately 84 new students annually. The retention rate was approximately 80% and the NCLEX-RN first time pass rate was approximately 95% (T. Wheeler, personal communication, January 30, 2018). Gaining access to the participants was not difficult as the principal investigator was a nurse educator within the nursing program. IRB approval was obtained from both the host institution for which this dissertation was written and the institution that was studied. The study also received the approval of the Dean of Allied Health, as well as the Program Director of the ADN program.

**Participants**

This study used a purposeful sampling approach to recruit millennial male nursing students from one community college in the central United States. In purposeful sampling, select individuals and sites were intentionally selected by researchers to learn or understand the central phenomenon (Creswell, 2015). Inclusion in the sample included the following criteria:

1. Literacy in English

2. Currently matriculated or recently graduated males since 2017 in the ADN program at Ozarks Technical Community College in Springfield, MO

After IRB approval, recruitment for this study occurred via invitation email sent to all eligible nursing students who were in various semesters of the nursing program or recently graduated (Appendix A). The email provided a brief explanation of the study and invited potential participants to contact the principal investigator. A minimum of 7 participants were sought with a maximum number of 12 participants. After responses were received, interview sessions were scheduled by email to occur within a private room with a locking door located within the Library Center, Springfield, MO which was secured by the researcher beforehand or by Zoom, a web-based audio and video conferencing platform. Interviews took anywhere from 15 to 45 minutes.

Data

Data that described the lived experiences of millennial males about their perceived motivators, benefits and barriers that presented challenges to being in an ADN program provided answers to the research questions. This data was gathered through a semi-structured, open-ended interview process. “Perceptual information relies, to a great extent, on interviews to uncover participant’s descriptions of their experiences” (Bloomberg & Volpe, 2012, p. 106). Benefits of this research design included rich, meaningful data which explained students’ firsthand lived experiences in answer to the research questions. Asking open-ended research questions allowed participants to create their own responses without any expectations placed upon them by the principal investigator.

The following interview protocols were observed: When a participant voluntarily contacted the principal investigator about the study, the study was explained in detail through email with the information provided in Appendix A. The participant was given every opportunity to ask questions. A date and time to meet was scheduled which was most convenient for the
participant. The meeting always occurred away from campus in a private room secured by the principal investigator beforehand at the Library Center, Springfield, MO or by Zoom. When face to face, the principal investigator explained the study once again and informed consent was obtained by written consent form for an audiotaped, face to face interview (Appendix B). The participant was informed that they had the right to withdraw from the study at any time (Appendix B). Demographic data was collected by way of a short questionnaire prior to the interview which was analyzed for demographic information only (Appendix C). No student identification was attached to the questionnaire nor the recorded interview. Participants were asked not to disclose their participation in the study to their fellow students.

To fully describe how the participants viewed the phenomena of study, the researcher bracketed out, as much as possible, her own experiences about the phenomena. Bracketing involves the reduction of “his or her past understandings and knowledge in order to be able to analyze the raw data from a fresh perspective” (Vagle, 2016, p. 54). The technique of bracketing stems from Husserl’s philosophical notion of the phenomenological practice of reduction which according to Giorgi (1997) demands that the researcher “bracket past knowledge about the phenomenon encountered, in order to be fully present to it as it is in the concrete situation in which one is encountering it” (p. 240). For Giorgi, the task of bracketing does not mean “removing all past knowledge, rather it involves putting aside or rendering non-influential this knowledge” (Vagle, 2016, p. 67). Having never experienced nursing school as a millenial male, this researcher was confident that she would be able to recognize her own biases as an instructor and allow the students to say why something was the way that they felt it was.

All interviews were transcribed verbatim using Rev.com with transcribed data being kept in a password-protected computer by the researcher. Code numbers were assigned to protect the
participants’ identities. Analysis employed Giorgi’s (1985) phenomenological method which will be described in detail in the next section. The data further contributed to the practice of nursing education by describing what cultural influences shaped how millennial males think, what strategies of teaching and learning they felt were necessary to reach this particular cohort, and what skills could be developed within them to ensure successful outcomes in their nursing education.

This research design answered the research questions by revealing the meanings attached to the activities and events of nursing school at a community college as experienced by millennial male nursing students. The value of exploring these meanings and perceptions was the provision of firsthand experience about why it is difficult to recruit and retain millennial males in nursing. Findings also illuminated ways to make nursing school in an ADN program more attractive to millennial males.

**Analysis**

Giorgi’s (1985) phenomenological method was used to analyze the millennial male nursing student’s experiences within an associate degree of nursing program at a community college in the central United States. His scientific step-by-step method was based upon Husserl’s (1931) philosophical phenomenological method. Giorgi’s approach emphasized three steps which were essential in conducting human science research: (1) Getting the descriptions of others, (2) The researcher assuming the attitude of the phenomenological reduction (bracketing) and (3) The search for an invariant psychological meaning that belong to a structure or as Giorgi (1985) calls them “meaning units” (p. 10). The phenomena of study was the lived experiences of millennial males within an associate degree of nursing program. The procedures involved the whole-parts-whole process following steps as summarized by Giorgi (1979):
(1) The researcher collected data from several millennial men who had experienced the phenomena and then read the disclosure straight through several times to obtain an understanding of the overall experience.

(2) The researcher then engaged in horizontalization by reading the same disclosure more slowly and delineating each time that a transition in meaning was perceived (Giorgi, 1979, p. 83). By horizontalizing, “every statement initially was treated as having equal value” (Moustakas, 1994, p. 97). From this procedure, the data was further analyzed by reducing the information to “constituents” or common elements such as significant statements or quotes which were combined into themes or clusters of meaning (Moustakas, 1994, p. 14).

(3) The researcher then developed a textural description of the experiences through a sentence by sentence analysis delineating what the participants experienced, extracting common elements and restating them in more general terms. “Each unit was systematically interrogated for what it reveals” (Giorgi, 1979, p. 83).

(4) The researcher then developed a structural description of their experiences or how they experienced the phenomena in terms of the conditions, situations or context.

(5) Finally, the researcher developed a combination of the textural and structural descriptions to synthesize the common themes which conveyed the overall essence or general description of the experience (Creswell, 2013, p. 60; Meadus & Twomey, 2011, p. 272).

**Participant Rights**

Ethical consideration for this study were addressed by IRB approval from University of New England, the host institution for this doctoral research. IRB approval was also sought from the Ozarks Technical Community College Institutional Research Board. Site level permission
documentation to conduct this study was also included from the Dean of Allied Health at Ozarks Technical Community College. Prior to participation, millennial male nursing students reviewed and signed, and were provided with a copy of the consent form delineating their rights to participate in the study and that they could terminate their participation in the study at any time. The principal investigator was the only person collecting this data to ensure the anonymity of the settings and participants, as well as to ensure uniform collection procedures. The principal investigator was a member of the faculty at the college but was not currently an instructor for those participants; and their involvement in the study or choice not to participate had no bearing on current or future course-level evaluations or other program-wide assessments. Participant confidentiality and anonymity was protected at all times through a code numbering system that was known only by the principal investigator such as Participant A-3.

Interviews occurred in a private room off campus by the principal investigator. The data was kept on only one personal home computer, password-protected and accessed only by the principal investigator, with a back-up hard-drive system. Individual responses were reported without the participant’s name and school by using a pseudonym and identifiable data was omitted from the dissertation report’s text. Results were summarized based on the sample’s responses. Identifying information was removed from the investigator’s computer after the study’s completion and was not accessible for future study uses. A copy of the participant’s signed consent form was maintained by the researcher for at least 3 years after the project was completed before it was destroyed.

To gauge saturation, recruitment, data collection and analysis to a degree occurred simultaneously. Saturation was determined when the principal investigator reached a point where there were no new themes or no new coding which arose from the data to add to the
understanding of the lived experiences of millennial male nursing students. Fusch and Ness (2015) related that data saturation was reached when there was enough information to replicate the study. The principal investigator felt saturation was reached with eight research participants. Each participant was emailed their own interview transcription for member checking. The participants were currently matriculated in the Associate Degree of Nursing program or were those who have graduated from the program since 2017. None of the participants were current students of the principal investigator.

**Potential Limitations**

Delimitations of this design narrowed the scope of this study to include millennial males nursing students in one Associate Degree of Nursing program located within a community college in the central United States. Limitations of this design were the interpretations of each participant’s narratives through the filter of self-identity and personal perceptions or what the participant believed to be true. Limitations involving participants arose from the lack of qualified male applicants from the millennial generation to the nursing program during the period of research. Another limitation was that the findings of this research focused on the environment of nursing education. Biases against males as nurses also arose from the conservative, underserved region of the United States where this research was conducted. Biases against nursing curricula and textbooks arose as a factor contributing to role strain in millennial males due to their gendered preferences for women. Bias could also have resulted from the fact that all the nursing instructors at this community college were women. The principal investigator denied any conflict of interest in performing this study.
Researcher Bias

The researcher made every effort to remove preconceived notions, explicit bias and implicit bias to allow each participant to share their own experiences. Participation was voluntary and had no impact on the participant’s current nor future standing with Ozarks Technical Community College, the nursing program nor the researcher as a member of the faculty. Although the setting of this study was Ozarks Technical Community College and the researcher was a member of the faculty, this study was the sole academic work of the researcher and was not in any way sponsored nor funded by the college. Participants who chose to take part in this study were not current students of the researcher. Some participants were recent graduates of the nursing program and others were students in other courses not currently taught by the researcher within the ADN program. To offset bias against a potential former student, the researcher employed the phenomenological reduction of bracketing prior assumptions and past knowledge while striving to create an anti-biased, relaxing environment for each participant where individual perspectives and experiences emerged. Bracketing involved the conscious practice of keeping an open mind and rendering any past knowledge of the phenomena in question as non-influential. Bracketing enabled the researcher to preserve what was presented in its natural state and to consider why one comes to say that something “is” or exists (Vagle, 2016, p. 67). The researcher did not assume which issues were important to the participants.

Interviews occurred off campus. Interview questions were worded in language that reduced bias. An interview guide was used to keep the researcher focused and ensured consistency when posing questions to participants. The recorder was placed within easy reach of each participant when face to face, and they were told before the interview began that they could choose to pause the recording of the interview at any time. Should the participant wish to reflect
before a response or reconsider their response, they were given the freedom to pause or stop the recording. Participants were also given the opportunity to listen to the interview at the end of the session and change their statements to more accurately express their views (Roberts, 2010). Each participant received an emailed copy of their own transcript of their interview for member checking. Participants’ involvement in the study or choice not to participate did not impact their current or future course-level evaluations or other program-wide assessments at Ozarks Technical Community College.

**Conclusion**

In conclusion, the millennial male student nurse is a complex being with multiple variables and characteristics. These presented strategic challenges for the nurse educator and school of nursing in managing student nurse attrition and improving retention, increasing the nursing workforce and in making strides towards nursing becoming a more gender-neutral profession. This research sought to examine what factors enhanced a millennial male’s process of becoming a nurse as well as what challenges impeded them. This study utilized a phenomenological approach to understand why nursing education has been remiss in providing an environment that was optimally favorable to attracting and retaining millennial men to the profession of nursing.
CHAPTER FOUR

RESULTS

As a faculty member at a community college that teaches nursing, it is impossible to ignore the gender and generational differences that exists among nursing students. Approximately ten percent of the nursing workforce in the United States is male and few of them belong to the millennial generation (Auerbach, Buerhaus, Staiger and Skinner, 2017). The literature is rich with studies highlighting the issues, but they mostly reflect studies at the bachelor’s degree level of nursing education (Ashkenazi et al, 2017; Bell-Scriber, 2008; DeVito, 2016; Meadus & Twomey, 2011) This study sought to answer the question of why there are such low numbers of millennial men pursuing careers in nursing in light of the demands made by the nursing shortage. It also sought to understand how nursing programs offered specifically at the community college could raise millennial male enrollment levels. The specific problem of practice that was investigated by this study was: How can nursing education at the community college level be improved to better serve the millennial male nursing student?

Purpose Statement and Research Questions

The purpose of this study was to discover how nursing education at the community college level can be improved to better serve the millennial male nursing student. The research questions that guided this study were:

1. What experiences were perceived as benefits and motivators to millennial male nursing students?
2. What experiences were perceived as barriers to millennial male nursing students?
3. What were the preferred teaching and learning strategies of millennial male nursing students?

**Review of the Methodology**

A qualitative, descriptive, phenomenological design using semi-structured and open-ended interview questions was used in a private and confidential setting to explore the experiences of millennial male nursing students enrolled within an associate degree of nursing program at a community college located in the central United States. A phenomenological approach was an appropriate method for this study because it provided a sharp focus on the experience itself, and how the experience of attending an associate degree of nursing program as a millennial male was transformed into consciousness.

This chapter is organized into two sections. Section I includes the method of data collection, and descriptive profiles of each participant. Section II explores themes and variations on a theme, as experienced by the participants. As there is no priority to the participant’s experiences, they will be introduced numerically, given a pseudonym with the letter A followed by a number. Each participant section is written mostly in the words of the participants, in order to give the historical information about how they came to choose nursing as a career, and also their perceived motivators, benefits and barriers. These excerpts provide a brief glimpse into the information gathered by the researcher. This is the information which eventually formed the themes, codes, categories and essence of the phenomenon.

**Interview Preparation and Data Collection**

As stated in Chapter 3, and after IRB approval, participants were recruited through an email invitation sent to all male nursing students who were in various semesters of the OTC
nursing program or recently graduated since 2017 (Appendix A). The email provided a brief explanation of the study and invited potential participants to contact the researcher.

The inclusion criteria included:

(1) Literacy in English

(2) Currently matriculated or recently graduated males in the ADN program at Ozarks Technical Community College in Springfield, MO

(3) Males born between 1980 and 2000 from the millennial generation (Twenge, 2014).

Fifteen millennial men who were either current students or recent graduates from OTC were invited by email. Ten men responded to the study invitation. One was deemed too old for the inclusion parameters of this study as his date of birth fell six months before the cut-off date of 1980. Another was referred by a recent graduate, but during his interview it was revealed that he had graduated from the program a few years outside of the study’s inclusion parameters. Both men were excluded from the study.

One on one interviews were conducted with the eight participants chosen for this study that met all of the inclusion criteria. The time and place of the interview was arranged via email, Facebook or text message between the participant and the researcher. The place of meeting was either a private room located within the Library Center in Springfield, Missouri or via the online web-conferencing tool known as Zoom. The researcher and participant chatted for a few minutes before each interview commenced in an effort to provide a relaxed atmosphere conducive to the sharing of information. The pre-interview topics ranged from those of an academic nature (what semester of nursing school they were in or had they scheduled their NCLEX exam yet) to work-related interests such as where they planned to work in nursing or where they currently found
themselves working as nurses. While the pre-interview topics are not very noteworthy, they all helped to establish (or in some cases, re-establish) a dialogue and increase the comfort level between participant and researcher.

Because the aim of a phenomenological study is to understand and reveal lived experience and the essence of a phenomenon, both descriptive and narrative data were allowed and used within this study (Moustakas, 1994; Vagle, 2016). Prior to each interview the participants were emailed a copy of the consent documents and demographic survey which included the topics of anonymity, risks and benefits of the study, protection of transcripts and files and the purpose of the study. The consent documents were again explained by the researcher allowing for questions to be asked and answered, and the participants signed the consent forms prior to each interview.

The Participants

The eight millennial men who took part in this study are identified by a letter/numerical pseudonym and their descriptive statistics are represented in the graphic below:

Table 2: Participant Demographic Matrix

<table>
<thead>
<tr>
<th>Participants</th>
<th>DOB</th>
<th>AGE</th>
<th>Employment Status</th>
<th>Semester of ADN program</th>
<th>Pass boards?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-1</td>
<td>2/25/97</td>
<td>21</td>
<td>Full Time</td>
<td>Recently Graduated</td>
<td>Have not taken it yet</td>
</tr>
<tr>
<td>A-2</td>
<td>1/13/82</td>
<td>36</td>
<td>Full Time</td>
<td>Recently Graduated</td>
<td>Have not taken it yet</td>
</tr>
<tr>
<td>A-3</td>
<td>4/27/97</td>
<td>21</td>
<td>Full Time</td>
<td>Recently Graduated</td>
<td>Have not taken it yet</td>
</tr>
<tr>
<td>A-4</td>
<td>9/28/82</td>
<td>36</td>
<td>Full Time</td>
<td>Recently Graduated</td>
<td>Yes</td>
</tr>
<tr>
<td>A-5</td>
<td>10/24/92</td>
<td>26</td>
<td>Full Time</td>
<td>Recently Graduated</td>
<td>Have not taken it yet</td>
</tr>
<tr>
<td>A-6</td>
<td>7/6/83</td>
<td>35</td>
<td>Full Time</td>
<td>3rd semester</td>
<td>Have not taken it yet</td>
</tr>
</tbody>
</table>
**Since their interviews, participants A-1, A-2, A-3 and A-5 have passed the NCLEX-RN national licensing boards and are licensed RNs.**

**Participant A-1**

Participant A-1 was one of the first respondents to the study. He is a 21-year-old millennial male who graduated from the associate degree of nursing program just a few weeks before his interview. The interview was conducted on June 6, 2018 in the evening after his scheduled preceptorship in the Emergency Department at a local hospital where he is employed full time. At the time of the interview which lasted 26 minutes, he was awaiting his authorization to test from the Missouri State Board of Nursing. He shared that during the time he was seeking employment as a Graduate Nurse, he had interviewed for and received job offers at three different hospital units. He chose the Emergency Department because “you get quite the adrenaline rush every time you come into work. That’s honestly pretty cool.” During his interview, he seemed to alternate between periods of nervousness and hopefulness. He has since taken the exam, passed it, and received licensure as a Registered Nurse. In describing what barriers he thought kept men his age from becoming nurses he revealed:

I think a big part of it, at least when I've talked to other people or other guys about nursing, is it's still viewed as a woman's career. In my rural town that I'm from whenever, especially when I was younger, I ... I am gay, so whenever I was younger in high school, whenever I told people, "Yeah, I want to be a nurse,” I would always get bullied a little
bit more. So it'd just be another reason why people would want to call you gay or whatever. I don't know. It's stupid.

His motivation to attend the nursing program at the community college came by way of knowing someone in the medical field:

I think that what really stemmed back for me, I had a lot of family that is not necessarily nurses that are in the medical field. From a young age I'd always wanted to be kind of like them. They were always someone I role modeled, I guess. And I remember distinctly when I was in eighth grade I was on my trampoline and we had just ... It just been a pretty rough week at school, thinking about all the counselors telling us, "Alright, time for you to start thinking about a future career." I remember jumping on my trampoline trying to think of who I knew that had a job, financially stable, had a good life and I thought was a good person, and I remember this one lady and she was a nurse, and that is why I decided to be a nurse. Random, but yeah.

This participant was also very proud to be graduating without any college debt despite his young age, due to the A+ Scholarship Program available to qualified high school students in Missouri. This scholarship guarantees a community college degree (tuition-free) to a student who attends community college full-time; provided that in high school the student maintained a GPA of 2.5 or higher, volunteered 50 hours to tutor another student and maintained an attendance record of 95% overall for grades 9-12 (Missouri Department of Higher Education, 2018).

When asked to describe the benefits of becoming a nurse, he mentioned a desire to make a difference in the lives of others:

You meet a ton of different people, so you're ... I really liked it because I'm kind of a social person, and I always get to meet someone new and talk to somebody, and be around people,
and help people. And at the end of the day you really, really do feel, like when you're laying in bed at night ... I think that's kind of what I would tell people. Some of my friends when they do ask like, "Why are you a nurse? That's awful." They always ... But what I say is whenever you're laying in bed at night you feel like you're actually making a difference.

**Participant A-2**

This 36-year-old millennial male was one of the oldest participants in the study. He was married and had three children and had spent many years working as a restaurant manager before choosing nursing as a second career. He had also recently graduated from the program and was awaiting his authorization to test. He too was precepting full-time in the Emergency Department as a Graduate Nurse which became his choice after interviewing for and being offered two different jobs. Throughout the interview, he was direct and to the point in his responses and incredibly detailed in his dialogue. His interview took place on June 11, 2018 and lasted approximately 41 minutes, one of the longest interviews in this study. He has since taken the exam, passed it, and received licensure as a Registered Nurse. His greatest motivator was seeing the transformation in his wife after she became a nurse:

... My wife's been a nurse for a long time. You know that. And just seeing the change in her demeanor and her personality, watch her grow as a human being because of the field that she chose to go into, it's infectious. You see it; you want some of that. You know what I mean?

He also talked at length about other intrinsic factors which became motivators for him to explore nursing. As a family man, job and financial security were key as well as choosing a more exciting profession for a second career. He also mentioned the current nursing shortage as a motivator to get into nursing:
... I mean, there's a nursing shortage, and it doesn't matter if it's male or female. There's a nursing shortage as a whole, and it's only projected to get the gap bigger between the patient care needed and the amount of nurses available to provide that type of care.

This participant also mentioned, on more than one occasion, the many work opportunities within nursing as an extrinsic factor of motivation:

When you get into a restaurant, you're in a restaurant. A server is a server. There's no different type of servers. You're still going to be a server. A bartender is a bartender. A restaurant manager is a restaurant manager. There's nothing. But as a nurse, there's a million fields you could work in… Yeah, you're still providing medical care, but just in a hospital alone, there's multiple options. There's OR nurses. That's a completely different job set than what I do in the ED. There's nurses that work on a CCU or an ICU. That's a different job set than what I do in the ED. There's clinic nurses. My wife and I laughed: when I first went back to college, my goal was to … Or when I first wanted to get out of the restaurant business, I really was interested in coaching because I'm a huge sports fan. We talked about it and I went down a nursing path. I always made the joke that you look at teams, college teams, professional teams, even some wealthier high school teams that have team doctors, they all have team nurses working with them.

This participant also discussed the concept of situated masculinity which refers to a masculine ideal of the emotionally adept man in nursing who can care for others while retaining his masculinity or maleness all at the same time:

So just the differences between males and females alone personality-wise, definitely, I could see playing as a barrier. I definitely know that the image projected by media, by society, by publications, things along that line, if you're not comfortable in your own skin
as a man, if you're not, I guess, open to ... You know, you have to be comfortable with your masculinity. They don't portray you as masculine, so when you're seeing nurses on television, when you read about nurses in print, there's not a very masculine male portrayed into society or in the media.

Participant A-3

This 21-year-old millennial male is also a recent graduate of the ASN program who had the experience of being the only male nursing student in his class. He commented that:

As I can see, I think male nurses have a better opportunity of getting a job than a female nurse...... Just because there's fewer males. I don't want to come off wrong, but it's almost like they're more valuable just because there's fewer of them.

At the time of the interview this participant had yet to take his boards. He has since passed the national licensing exam and is working as an RN in a step-down ICU unit at a local hospital. Nearing graduation from nursing school, he applied for three positions in the hospital, interviewed at all three, but was hired on the spot at his first interview. His interview took place in the evening of June 14, 2018 and was one of the shortest interviews of this study lasting only 18 minutes. His mood appeared somewhat detached during the interview and his answers were short. It was a bit challenging for the researcher to draw him out and get him to elaborate on his views.

When asked about what he felt was a barrier that kept men his age from going into nursing he replied:

It's a very caring job, and that can really steer men away from nursing because they think it makes them look feminine...When really, you're taking care of a person, there's
nothing feminine about that. Many of things I do throughout the day, I'm just a healthcare provider helping a patient.

When asked by the researcher if his masculinity was in any way is threatened by being a nurse he replied:

Not me, myself, but I know that's a huge barrier of men going into nursing, and at first, maybe that would have hurt me, but after being in nursing, I really don't let that get in the way. But I think that the caring part and feminine characteristics of the job steer men away from nursing, and I feel if you don't come from a family that has nurses in your family, and if you're a male nurse, your family's going to try to steer you away from nursing because they think its feminine.

Participant A-4

This participant is a 36-year-old male. He was raised as a missionary and shared that three of his older sisters are nurses and another older sister is a physician. As one of the older participants in this study, he’s been working for over a year as a medical/surgical nurse in a nephrology unit. His was one of the more difficult interviews to schedule due to his lack of availability and seemed more reserved in the beginning of the interview, but as time progressed he began to loosen up and share more candidly. There were moments of sarcasm in his comments especially when discussing ways that males from his own generation could be recruited into nursing:

I grew up a little different than most millennials, and I see a lot of millennials that don't want to work 12-hour shifts. They don't want to be tied down in a hospital. They don't want the responsibility of not being able to leave when they want or just pick up and leave from the job or something. I think that that has a lot of play with the millennials. I
really don't know how else ... I mean, because there's ... I feel like when you go out and you recruit and you intentionally try to recruit, let's say, males or something, it's really difficult to not pander to a group like that… but I see young nurses, both male and female, and they ... New grads, they come in, they work for a month or something, and they decide it's not for them.

This participant suggested that nurse recruiters should emphasize the technological merits of the profession as a strategy to reach young men because “Nobody sits there and goes into a group of high school guys or something and says, ‘Who wants to be a hospice nurse?’” He was interviewed on July 6, 2018 and his interview lasted approximately 25 minutes.

Participant A-5

This 26-year-old millennial male is another recent graduate of the ASN program who had not yet taken the board exam at the time of his interview. He had recently taken a position in the Emergency Department as a Graduate Nurse. Nursing was a second career for him as he had previously worked in construction. When asked about what motivated him to become a nurse he replied:

It's one of those things where it's an honor to take care of people. At the end of the day, knowing you took care of somebody, even with their basic needs, is just fulfilling.

In discussing what he thought were obstacles along his journey to become a nurse, this participant related:

Well, I still think that there's a stigma for male nurses to go in. I mean, you've probably heard it. You've probably heard it on TV from a lot of shows that you watch. The word ‘nurse.’ Being gay working as a nurse, because it is a more feminine field in society's perception, it's one of those things where people are going to think that you're gay, or
they don't want you to take care of them because you're a male. They have the right to say no to a male nurse and they'd rather have a female. Totally understandable… We're in the Bible Belt. I feel like a lot of people here are Conservatives. With that, (pause) there's a perception of gay people. The LGBTQ ... I forget the acronym. They're just not very accepted here in this community. Not as accepted as compared to, like, say if you look at the coasts or bigger cities, where it is more accepted. I just think that we still haven't reached that point of people just not caring whether or not you're straight or gay.

The “murse” designation came up in a couple of other interviews as well. In discussing his experience with nursing school, this participant in particular referenced the lack of mentors and male faculty as a factor which would have been a preferred teaching strategy for him had it been available in his college. This researcher has since learned that this participant has indeed passed his national licensing exam and is now working as a Registered Nurse. He was interviewed on June 18, 2018 and his interview lasted approximately twenty minutes.

Participant A-6

This participant is a 35-year-old male who was currently in his third semester of nursing school at the college. He left a career in law enforcement to pursue nursing as a second career. He was one of the most educated of all the participants holding three bachelor’s degrees in Criminology, American History and Psychology, as well as a master’s degree in Criminal Justice. For him, a benefit in pursuing nursing as a millennial male included the following:

So it's one of those careers that you can always move up, and you can always move sideways, but either way you're always moving. So there's always something new to do and something new to learn. And you never get stuck doing the same thing all the time, and honestly, that's my biggest fear in life is just doing the same thing in and out every
day… I have to have that job where I have no idea what patient's coming in five minutes from now. That's my big thing.

Regarding the interview process, this participant shared:

I feel a lot of times just like me being a male, it's almost like reverse ... what's the word I'm looking for? I almost feel like it helps me stand out more. If I go to an interview for a job, and they interview 29 women and 1 guy that automatically makes me stick out in their mind. At least they remember my face. Because you know, when you're interviewing 30 people at once, you kind of forget who's who. But if you're interviewing 29 women and 1 guy, you're going to remember the guy just by default.

Despite his extensive history with higher education, this participant cited getting into nursing school as his greatest barrier since in his first attempt, he did not make the cut and then in his second attempt he was accepted as an alternate, who finally received a seat after nursing school had commenced. Interestingly, he had no recommendations for how to improve nursing school at the community college level. This participant received two job offers while still in school and accepted a position as a Graduate Nurse in the Emergency Department of a local hospital even though at the time of his interview he still had 32 days left of nursing school. His interview took place on June 25, 2018 and lasted 28 minutes.

**Participant A-7**

This participant is a 36-year-old millennial male who was attending the third semester of nursing school at the same time as his wife. They have three young children. He was the only participant in this study to be working part-time in a step-down ICU throughout nursing school. Prior to pursuing a career in nursing, he was in Law Enforcement, but had a personal experience where he felt helpless as a police officer which inspired him to seek a different path:
It wasn't until I was like, I felt helpless, which was an odd feeling for me as a police officer because as a young police officer, you feel ... I don't want to say invincible, but you feel like nothing is beyond your capability to handle that way until you run across a young child who's in need of medical attention and you realize you don't know anything. That's the way I was. I realized I didn't know anything. My gun, and my badge, and all the training I had up to that point was not going to help this child right now and that's needed.

He felt that nursing was a career where one could still be at the “top of their game” at age 50.

Regarding the subject of his generation’s tendencies toward boredom:

My father's generation, the generation before me, worked at a place for 30 years and they got a watch at the end of it, and that was an accomplishment to them, but the millennial generation, hardly no one does that any longer. The millennial generation typically has two to three different careers within their lifetime. The trouble with that is it's not that we're striving for two or three different careers. Frankly, I'm not exactly sure why that is. I just know that that does happen. That's the truth, but one of the benefits is that if you're in a nursing, I think a lot of it is because we get bored, or we get ... I don't know, bored or whatever, but we feel stagnant in a certain area. Once you master a certain area, you're ready to move on.

This participant mentioned that it gave him great pleasure to know that his father was incredibly proud of him. Even though this interview was the third longest at approximately 36 minutes, at times this participant seemed to contradict his own statements. When asked what sorts of things could be done to encourage more men into nursing he said:
Well, there's still a bit of bravado of men my age that have a misconception of what male nursing is. I think that there's still a wide swap to males, I think that that's females' job. There's that, and then there's the other aspect of it where I feel like a big portion of nursing also is fit better for females particular. Let me caveat that. What I mean is that I think that the field of nursing fits well for an individual who is incredibly smart, incredibly skilled, and incredibly compassion. I think that females generally hold those skills and values at a higher degree than what males do.

But then a few minutes later he said, “I would say that the percentages of compassionate men are higher of my age than my father's age.” This researcher was left wondering if this participant was just relating what he thought she wanted to hear. However, the interplay of compassion and the science/technological aspects of nursing were key issues in his view. His interview took place on July 10, 2018.

Participant A-8

This 38-year-old participant was a millennial male who was the oldest participant in the sample. He graduated from the program in 2017 and passed his board exam on the first try. He currently works fulltime as an Oncology nurse but made it a point to note that he was the only male nurse working in that department, which was an accomplishment in his view as it was a very difficult unit in which to get hired. His work history included working as an ER tech in the hospital since 2010 before finally deciding to pursue a career in nursing. Throughout the interview, his manner was easy-going and reflective. At one point, he tearfully shared that his own father had passed away just a couple of months before the interview and he was emotionally wrecked. He was thinking of leaving Oncology for some other department but was unsure if he
was ready to tell his nurse manager yet. In discussing his ideal workplace, he surprisingly mentioned Labor and Delivery, a unit that typically does not hire male nurses:

I really loved my rotation there, and I would love to be in labor and delivery. I think it would be incredible; but it is the one place that when I was there, I literally felt like I was ostracized, and no one interacted with me... I think it's just the way things have always been. It's one of those areas that really hasn't opened up the idea of change because in most people's eyes, women are more nurturing. I totally believe that. All my friends are girls. I don't get along with guys.

At several points throughout his 42-minute interview, he mentioned the recent loss of his father which seemed to have impacted him greatly. In discussing how more men his age could be attracted to a career in nursing, this participant read a poem he found on the internet that resonated with the desire to make a difference. The poem is listed on the dedication page of this dissertation.

Once I read it, I kind of kept that for anybody who's having a hard day; because we have a lot of new grads come up. I have them read that, and of course they cry. It kind of puts it in perspective. We look at the same stuff every day. It's like, Mr. Johnson pooped again. Like well, you know what? At least he's pooping. I mean, it could be a lot worse.

This participant was interviewed on July 10, 2018.

Themes

Analysis Method

In a qualitative study, the method of data analysis can take many forms. The method of analysis for this study employed Giorgi’s phenomenological method to analyze the lived experiences of millennial males within an associate degree of nursing program at a community college in the central United States. This approach emphasizes three steps which include:
(1) Getting the descriptions of others, (2) The researcher assuming the attitude of the phenomenological reduction (bracketing) and (3) The search for an invariant psychological meaning that belong to a structure or as Giorgi (1985) calls them “meaning units” (p. 10). For the purposes of this study, the research experience focused on a deeper understanding of the participant’s lived experiences as related in their own words. These steps allowed the researcher to minimize personal opinion and allow the experience of participants in the study to rise and be understood.

**Coding**

Coding is the process of assigning “an alphanumeric system to segments of transcripts” (Bloomberg & Volpe, 2012, p. 135). The code is used to describe or capture the essence of a portion of data. The coding for this study was done by hand with the use of color-coded markers to separate materials and quotes. An excel spreadsheet was created which contained all the interview transcripts. Through the use of horizontalization, where the researcher read each disclosure more slowly and delineated each time that a transition in meaning was perceived, the data was further reduced to “constituents” or common elements which the researcher labeled First Cycle Codes (Moustakas, 1994, p. 14). The data revealed 34 first cycle codes. Each was given a detailed description, inclusion and exclusion criteria, and typical and atypical exemplars (Appendix I). Some examples of first cycle codes that arose in this study included constituents such as Personal Fulfillment, Job Security, and Midwest Modesty (Appendix I). A combination of both textural and structural descriptions as delineated by Giorgi’s method led to a synthesis of common themes which convey the overall essence or general description of the experience or phenomenon of study.

The research questions that guided this study were:
1. What experiences are perceived as benefits and motivators to millennial male nursing students?

2. What experiences are perceived as barriers to millennial male nursing students?

3. What are the preferred teaching and learning strategies of millennial male nursing students?

**Emergent Themes**

The themes that developed with this research were not surprising as some were evident throughout the literature review. The information given by the participants demonstrated a reflective, almost purposeful depth of reason and determination, as each related in some way how important this research would be for future male nurses and how very glad they were to be given an opportunity to take part in this study. A diagram of the various sub-themes and emergent themes that arose from the data with percentages demonstrating each item’s particular strength described a typical example or an archetype of the millennial male student nurse as depicted in Figure 1:
Figure 1: Archetype of the Millennial Male Student Nurse
Emergent Theme #1: Motivators

Motivators for enrolling into an associate degree of nursing program stemmed from both intrinsic and extrinsic factors depending upon each participant. Table 3 depicts the emergence of the overarching theme of “Motivators” organized into subthemes of Extrinsic and Intrinsic Factors and further organized into their respective thematic sub-branches. Extrinsic factors described the sub-branch of themes which included “Making a Difference,” “Nursing Shortage,” “Family Member as a Nurse,” and “Variability in Nursing.” Intrinsic factors included sub-branches of themes which relate a sense of “Personal Fulfillment,” “Job/Financial Security,” and “Second Career.”

Table 3: Data Summary Table: Motivators

<table>
<thead>
<tr>
<th>Participants</th>
<th>Make a Difference</th>
<th>Nursing Shortage</th>
<th>Family Member as Nurse</th>
<th>Variability in Nursing</th>
<th>Personal Fulfillment</th>
<th>Job/Financial Security</th>
<th>Second Career</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-1</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>A-2</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>A-3</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>A-4</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>A-5</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>A-6</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>A-7</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>A-8</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Total: 8</strong></td>
<td><strong>8 (100%)</strong></td>
<td><strong>4 (50%)</strong></td>
<td><strong>4 (50%)</strong></td>
<td><strong>8 (100%)</strong></td>
<td><strong>3 (38%)</strong></td>
<td><strong>6 (75%)</strong></td>
<td><strong>5 (63%)</strong></td>
</tr>
</tbody>
</table>

Intrinsic factors related to those influences that occur within an individual which motivated them to do something. The thematic sub-branch finding of “Personal Fulfillment” described those feelings of accomplishment or satisfaction with oneself which enabled a person
to feel as though they lead a good life as opposed to “Making a Difference” which reflected an extrinsic factor of affecting positive change in the life of another. Participant A-5 described feeling a sense of personal fulfillment as: “I'd say, it's more of an internal thing of I wouldn't say satisfaction, but it helps complete your life knowing that you take care of another human being.” Participant A-3 describes “Making a Difference” as: “I really enjoy taking care of people. I don't know, I guess that's kind of why I chose nursing, but being a male, at the time it didn't really seem like a factor that affected me.” This researcher felt it was important to distinguish between the extrinsic and intrinsic factors because in actuality they were not the same thing.

Another intrinsic factor was labeled “Job/Financial Security” to describe those feelings by 6 out of 8 participants (75%) that nursing provided gainful employment and financial security. Participant A-2 related: “There's the monetary motivation of it. Nursing is a field that there's a shortage in. So for job security, as long as I perform and stay up to date on my education and perform my job adequately, I'll always have a career.” Participant A-4 referenced this theme by stating: “A sense of satisfaction in your job. Always job security.”

The intrinsic factor known as “Second Career” was a pleasant surprise for this researcher as 5 out of 8 participants (63%) referenced this thematic sub-branch. This was surprising when one considered that millennials as a generation aren’t really that old and the age range of the participants in this study spanned from 21 to 38 years. This theme referred to those participants who chose nursing as a second or subsequent career choice. Participants A-6 and A-7 both came out of law enforcement; Participant A-2 was a restaurant manager. Participant A-5 worked for a pharmaceutical company that tested different medications on people before enrolling in nursing school and Participant A-8 sold auto parts for Ford Corporation.
Extrinsic factors for motivation to become a nurse related to those factors which were understood by the researcher to exist outside of the individual yet influenced them toward a path in nursing. As stated previously, the thematic sub-branch of “Making a Difference” was expressed by all participants and referred to affecting positive change in the life of another individual. The reality of the “Nursing Shortage” was referenced by 4 out of 8 participants (50%) and describes the current nursing workforce shortage which resonates with the literature review of this study. The idea of “Family Member as Nurse” was another surprise in that 50% (4 of 8) participants mentioned being influenced by a family member who was a nurse. “Variability in Nursing” described the wide array of work settings and opportunities that nursing affords. The fact that all participants mentioned this theme at some point in their interview was not surprising in the least. Encapsulated within this theme were a couple of references to travel opportunities as mentioned by Participant A-2: “There's travel nursing. There's flight nursing. There's a million different avenues you can get into, so you always have ... There's different job sets you can do.”

This idea that nursing afforded multiple opportunities for work environments was also well documented in the literature.

**Emergent Theme #2: Benefits**

It seemed important to this researcher to designate the differences between perceived motivators and benefits as described by the participants because they did not seem to overlap as previously anticipated by the researcher. Fifty percent (4 out of 8) of participants referenced the short amount of time it took to earn the ADN degree. Participant A-5 summed up the general feeling by stating: “Well, the schooling isn't very long. It's difficult, but it's not very long, and you can get through it if you persevere.” Nuances to this category involved the application of the A+ Scholarship in Missouri as a way to pay for nursing school tuition at the community college.
level. Four out of 8 participants referenced the thematic sub-branch of “Scholarship/Award Incentives” as a great benefit to pursue the field of nursing.

The purpose of the following table was to demonstrate all of the emergent sub-themes that developed as a response to multiple participant experiences regarding the overarching theme entitled “Benefits.” These themes offered a depth of discussion as well as a breadth of content which was explored. This was in keeping with the purpose of the study, which was to better understand the lived experience of each of these participants, and to discover how nursing education at the community college level could be improved to better serve the millennial male nursing student. Table 4 highlights the theme known as “Benefits” of pursuing an associate degree of nursing at a community college:

Table 4: Data Summary Table: Benefits

<table>
<thead>
<tr>
<th>Participants</th>
<th>Expediency of the ADN</th>
<th>High Tech/Low Touch</th>
<th>Scholarship/Award Incentives</th>
<th>Excitement</th>
<th>Male Advantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-1</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>A-2</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>A-3</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>A-4</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>A-5</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A-6</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>A-7</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>A-8</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL: 8</td>
<td>4 (50%)</td>
<td>5 (63%)</td>
<td>4 (50%)</td>
<td>4 (50%)</td>
<td>5 (63%)</td>
</tr>
</tbody>
</table>
The idea of “High Tech/Low Touch” referred to the predilection of male nurses in general to go for those nursing jobs which involved excitement and the use of tubes and wires more readily such as in the Emergency Department or Intensive Care Unit. This was not a reflection of a man’s inability to care, as Participant A-8 was quick to point out:

Then, when I got in the ER, we had male nurses, and male techs. Now that I'm on oncology, I'm the only male again. I'm literally the only male nurse. At first, they liked it. They were like, 'Oh, we got somebody who's got muscles,' but then no one has said anything about my muscles now. It's all about my care. I think if men could let go of ... if they could let go of that, 'Oh, it's not masculine. Oh, I'm not putting my life on the line.' Well, no, but you're saving lives.

This theme resonated with Participant A-4 as well:

I don't know if it's the male ego thing or just the nature, the evolution of the male or something, wanting to be fast-paced, looking for challenges or physically challenging things, which is what draws us possibly to an ER environment or an ICU environment or something like that.

Nuances to this category include a related idea of “Excitement” as a benefit to pursue nursing. This, to the mind of the millennial males who participated in this study, was the antidote to boredom on the job. Participant A-6 used the word “machismo” to describe the excitement that nursing had to offer: “There's a lot of excitement. There really is a lot of machismo in nursing that doesn't get advertised.” Participant A-7, a former cop, had this to say:

It is a job that is constantly changing and you're always, always, always learning. I think that's what's going to appeal to millennials and that's what appeals to me is that it's not a job where I feel like I could get bored at as if I do, I would either move into a new area
because you can't know all the areas of nursing. It's impossible. You can't be an expert in every area. That's one of the things that appeals to me, for sure.

A final thematic sub-branch called “Male Advantages” was revealed by the data within the major theme of “Benefits.” This referred to male nurses having or being given advantages over women who are also nurses. Participant A-3 related:

I know males can have maybe a little bit of advantage going towards manager positions. And I didn't realize when I was male nurse going into female profession that it looked good, because they want males in nursing. And they want to get more diversity. I felt like I had a better chance and getting a job and getting into programs being a male.

Participant A-4 discussed a conversation he had about this topic with his sisters who were all in the medical field:

Like I said, I've got four older sisters. Three are RNs, and one is a doctor, and all of them say the same thing to me, is, "You have it so easy. You, as a male nurse, are going to go so much further. You're going to be hired before females," everything like that.

**Emergent Theme #3: Barriers**

The theme of “Barriers” was found to be quite comprehensive in this study and contained two emerging sub-themes which were called “Societal/Cultural” and “Academic.” The data revealed four sub-branches which relate to the sub-theme of “Societal/Cultural.” The first was called “Stigma/Women’s Work” which described the participant’s experiences with how nursing was viewed as women’s work within society. Six out of eight participants (75%) referred to this theme. Participant A-4 described his experience this way:

Over time, I think that the stigma will go away, just like the stigma for anything else, piercings, tattoos, whatever you may have a stigma of. But eventually, it'll go away, and when
it does, it's going to even out the workforce a little bit, I think. But until that goes away, I think you're still going to have an inordinate number of female nurses compared to male nurses. There's still going to be people out there saying ... Like my patients. I go into a room, and they'll say, "Oh, when are you going to go back to school and be a doctor?"

Being confused as the physician or the expectation that male nurses were on the path of becoming physicians was shared by a few other participants as well. Participant A-1 echoed similar sentiments:

I think that's going to stem back to that barriers that I've had, at least in nursing. There is a really huge movement right now more toward equality of the sexes, or whatever, women's empowerment, which is very much needed and long overdue. But at the same time, especially in nursing, I think that there is a huge misunderstanding that a huge ... like nursing being women's work. I think that there needs to be ... I think it's a little bit bigger than just trying to attract millennial men just for nursing as a career. I think it's a little bit more than that. I think it's more like a societal thing, like a stigma at best.

Table 5 highlights the theme called “Barriers” of pursuing an associate degree of nursing at a community college as described by the sample:
**Table 5: Data Summary Table: Barriers**

<table>
<thead>
<tr>
<th>Participants</th>
<th>Societal/Cultural</th>
<th>Academic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Stigma/Women's Work</td>
<td>Midwest Modesty</td>
</tr>
<tr>
<td>A-1</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>A-2</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>A-3</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>A-4</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>A-5</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>A-6</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>A-7</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>A-8</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>TOTAL: 8</td>
<td>6 (75%)</td>
<td>5 (63%)</td>
</tr>
</tbody>
</table>

The setting of this study was one community college in one Midwestern town in the central United States. The sub-branch of “Midwest Modesty” was shared by 5 of the 8 participants (63%) due to the conservative values that seem to be pervasive within this region. This theme and that of “Intimate Touch” seemed to be related, as male nursing students found it difficult to complete rotations in sensitive units such as Labor and Delivery, which was a required rotation in accredited nursing curriculum anywhere. Participant A-1 shared:

I really wanted to be a labor delivery nurse, and every single nurse that I would talk to that, specifically only ... and it only happened toward nurses that worked in obstetric care, labor and delivery, NICU, anything like that, whenever I tell them, "Yeah, I'm really interested in labor and delivery," they would immediately shut it down. That's kind of a major barrier I found. As long as I'm living in Missouri or the mid-west I think I'm probably never going to be able to work in labor and delivery.
Participant A-8 shared a personal experience where he was able to win over a female patient to allow him to perform her physical assessment:

Yeah, everybody here is very Christian, very religious. It's one of those things that just I have only had, out of the time that I've been on the floor as a nurse, I have only had one female patient not want me to inspect them and do a head to toe assessment. I got her to let me do it anyway, and then after that, we became best friends and she hated all the girls.

Another related thematic sub-branch which referenced Societal/Cultural influences was the category called “Gay/Feminine.” This may relate in part to the conservative region of the United States in which this study was conducted but it also related to the stigma or perception noted by five out of eight participants (63%) that male nurses must somehow be gay or possessing feminine qualities as opposed to masculine traits in order to work in nursing. Participant A-2 shared:

There's not a whole lot hidden anymore, but there's still parts of the country, parts of this state in Missouri, parts of the world, that are very stuck in their mindset, and so you can't be... And I hope this isn't terminology not supposed to be used, but you can't be homophobic, because there are certain people that are going to look at you as being a homosexual or something along those lines. So if you're not, again, comfortable with your masculinity and understanding that you're going to have people who think of you like that, then you're going to get... It's going to steer you away from it because that is the portrayal.

Only one participant in this study claimed to actually be a homosexual. Yet this perception was shared by four other participants as well. Participant A-3 revealed: “There's a stereotype that all men in nursing are gay, which really, statistics show that most men in nursing are actually heterosexual.” Participant A-5 had learned to shrug off this kind of accusation from his patients:
Precepting at the ER, even. There was this guy we were triaging. The nurse, she was asking him, she's like, "Hey, I'm going to ask you some questions, just so we can get you into the system and do initial assessment," blah, blah, blah. He's like, "Yeah, I'm fine with asking me 20 questions to figure out whether or not this guy is gay." I'm the only other male in the room. I was just like, whatever. I'm not offended by it. It takes more than that to offend me. I was just like, eh, whatever. I'll take care of somebody regardless of if they're going to call me gay or not.

The sub-theme of “Academic” encompassed three sub-branches: “Nursing School,” “Lack of Role Models/Mentors/Male Faculty” and “Recruitment Issues.” Five out of eight participants (63%) declared “Nursing School” to be a barrier for them. Participant A-6 was a college graduate many times over, with a master’s degree in another discipline, yet still found it difficult to gain entrance into nursing school:

Well, just getting in the program initially was the hardest part, to be honest…Because it was a career change for me. I have three bachelor’s and a master's degree already…But the hardest part was a lot of the pre-reqs for nursing school… I never took those with my other degrees. Participant A-8 echoed similar sentiments:

Because I'll tell you what, there is anybody who has been through nursing school can tell you there's a lot of calculation. There is a lot of brain work. There's a lot of... Yeah, you do lifting, but a lot of it is your gut. If you've got a good gut and you've got a good heart, and you can take care of somebody at home... if you're a caregiver for your great-grandmother or your grandmother, that's a trait not everybody has.

It was surprising for this researcher to note that when participants were asked about how their nursing school experience could be improved, they really didn’t provide any
recommendations beyond hiring more male faculty. This analysis of the data led to an understanding that “Lack of Role Models/Mentors/Male Faculty” was an issue for these participants. According to Participant A-5: “This is a tough one, and I don't have a really good answer for it. I don't know, maybe more male faculty. I'm not 100% sure on this one.” Participant A-2 made a salient observation that relates to this theme:

So where are your role models at? Where are those people who really made an impact as a male in the field of nursing? You hear about Florence Nightingale as being the mother of modern nursing. You hear about different nurses who made an impact when it comes to the community nursing aspect of it, when it comes to all sorts of different stuff.

Four out of eight participants (50%) felt that there were serious “Recruitment Issues” when it came to encouraging more millennial men to consider a career in nursing. According to Participant A-2:

Recruiting is a big thing. I don't really ... And it could be the fact that I spent so much time in a completely opposite field for a career, but where are nurse recruiters at out there? Does that make sense? They're not really putting themselves out there. They're not really noticed ... You know, now you have recruiters coming to the schools, going straight to nursing departments recruiting nurses to come and work at their departments. You have recruiters for certain clinics coming out, trying to recruit nurses under their clinics. But where are the recruiters for the nursing profession in general? You don't see a whole lot of that out there.

Participant A-5 felt it would take actual male nurses doing the recruitment work to draw millennial males to the profession:

Honestly, I think it would take more than just advertising males…I think a lot will have to do with ... It's kind of hard as far as advertising goes. I wouldn't recommend, maybe not
here in Missouri, the whole are you man enough to be a nurse and using men in brochures and advertising. I don't think that will necessarily work. I think with our society's perception of males right now as nurses, it's still there, so I don't think that would be as effective, if not ineffective, here overall. I think it'll take a lot of males actually in the field right now to go out and talk to other males that are considering something in the medical field, to actually talk to them about it. It's one thing to see pictures of male nurses. It's another to actually have veteran male nurses to actually be like, "Hey, your perception is probably skewed, based off of the movies or TV shows that you've seen of male nurses." I think a lot will have to do with the males already in that are actually interested in nursing to actually go and change the perspective of people taking going in.

For a further look at the raw data used to create the emergent themes, please see the Appendices at the end of this dissertation.

**Summary**

The purpose of this study was to explore how nursing education at one community college in the central United States could be improved to better serve the millennial male student. Findings in this study were organized according to the research questions. Separating themes into motivators, benefits and barriers was a logical method to develop an understanding of the lived experience of being a millennial male in an associate degree of nursing program. Sub-themes and then sub-branches of themes seemed to evolve from the data as the researcher attempted to gain a deeper understanding of those experiences which the participants related as personal motivators, benefits and barriers to attending nursing school within a community college setting. Most of the findings from this study seemed to resonate with the literature review, although most of those studies reported on nursing programs at the bachelor’s degree level.
One unexpected finding was how few of the participants had any actual comments that addressed research question three: What are the preferred strategies of teaching and learning for millennial male nursing students? Many had opinions on how to recruit more millennial males into the profession, but few offered actual suggestions to improve strategies of teaching and learning beyond suggesting that nursing schools retain more male faculty. The lack of specific suggestions as to how to improve the nursing program may have had something to do with the fact that each participant was either currently matriculated or a recent graduate of the nursing program since 2017. Perhaps the researcher’s position as current faculty was a consideration in their response.

This chapter presented the stories of the lived experiences of actual millennial male nursing students or recent graduates. The data were raw, as were the emotions and experiences as shared by these millennial men. This process of posing open-ended interview questions which allowed each participant to drive the conversation enabled this researcher to gain a deeper understanding of the unseen burdens and struggles millennial male nursing students and graduates face and work to overcome during their time in nursing school and in clinical practice.

The following chapter will discuss the data that was presented here and how the analysis and synthesis of the many emergent themes that arose from the data relate to the theoretical frameworks of Role Strain Theory and Culture Care Theory. The researcher will discuss the significant patterns among the findings, utilize the actual descriptions by participants to interpret and provide a final synthesis or integration of the findings. The implications, recommendations for action, and recommendations for further study will also be discussed in the next chapter.
CHAPTER FIVE
CONCLUSION, IMPLICATIONS, AND FINDINGS

The purpose of this study was to discover how nursing education at the community college level could be improved to better serve the millennial male nursing student. As a faculty member at a community college that teaches nursing, it is impossible to ignore the gender and generational differences that exist among nursing students and professional nurses. Approximately ten percent of the nursing workforce in the United States is male and few belong to the millennial generation (Auerbach, Buerhaus, Staiger and Skinner, 2017). The literature is rich with studies highlighting the factors that limit integration of males, but they mostly reflect studies at the bachelor’s degree level of nursing education (Ashkenazi et al, 2017; Bell-Scriber, 2008; DeVito, 2016; Meadus & Twomey, 2011). Factors such as the national nursing shortage, millennial attitudes toward higher education and the affordability and shortened program length of an accelerated nursing program offered at the community college level impact why millennial men are pursuing careers in nursing at a community college. This study sought answers to these questions in light of the workforce demands made by the nursing shortage and a desire to maintain high enrollment levels within nursing programs offered specifically at the community college level, which is the most expedient and cost-effective way to get nurses into professional practice. The specific problem of practice that was investigated by this study was: How can nursing education at the community college level be improved to better serve the millennial male nursing student?
Review of the Methodology

A qualitative, descriptive, phenomenological design using semi-structured and open-ended interview questions was used in a private and confidential setting to explore the experiences of millennial male nursing students within an associate degree of nursing program at a community college located in the central United States. A phenomenological approach was an appropriate method for this study because it provided a sharp focus on the experience itself, and how the lived experience of attending an ADN program as a millennial male was transformed into consciousness.

Research Questions

The research questions that guided this study were:

1. What experiences were perceived as benefits and motivators to millennial male nursing students?
2. What experiences were perceived as barriers to millennial male nursing students?
3. What were the preferred teaching and learning strategies of millennial male nursing students?

These research questions sought to examine how nursing education at the community college level could be improved to better serve the millennial male nursing student. Participant responses to each research question yielded data that was coded into themes and sub-themes.

Interpretation of Findings for Research Question 1

Research question 1 asked: What experiences were perceived as benefits and motivators to millennial male nursing students? The researcher was trying to discover what sorts of
experiences were motivational and beneficial for the millennial male nursing student to pursue nursing as a profession through an associate degree education offered at a community college.

**Extrinsic motivators were preferred over intrinsic motivators.**

This study revealed that motivation for these men were a crucial part of their lived experience and unique to each individual. Extrinsic and intrinsic motivations to pursue nursing were not mutually exclusive among these participants, as most cited they often experienced both in their desire to attend nursing school. However, the participants in this study cited extrinsic factors of motivation more frequently such as making a difference in the lives of others or the variability in nursing opportunities rather than intrinsic factors such as personal job security or choosing nursing as a second career. The desire to care for others and to make a difference was cited by each participant in this study. Previous literature has suggested that men care differently than women or their caring actions were somehow connected to expressions of deviant sexual behavior (Ashkenazi, et al., 2017; Ierardi, et al., 2010; Meadus & Twomey, 2008; Nightingale, 1969; Price, 2011; Weaver, Ferguson, Wilbourn, & Salamonson, 2014). The idea that men can and do care was supported by each millennial male participant. One participant noted that a benefit he would describe to encourage a friend to consider becoming a nurse was “Being able to help people.” Another reflected on a man’s ability to care as a nurse by saying:

I personally think that it shouldn't be seen as something that's negative, to go into nursing, because you get to do so much different things compared to that of a doctor. You actually get to do things instead of actually sit behind a computer and put in orders.

Several participants asserted that they were able to demonstrate caring behaviors while still maintaining their masculinity.
The idea that nursing afforded varied work opportunities was another extrinsic factor cited by all study participants. One participant shared, “In nursing, it allows you to laterally move, and keep all the knowledge that you have in your previous position and place it into another position. It's like changing careers, but better.” Another participant related, “I didn't really know how flexible nursing was. How many opportunities there are that you can go into.”

Intrinsic motivators such as leaving another vocation to pursue nursing, job and/or financial security and personal fulfillment, while another reflection of one’s lived experience, were not cited as frequently by these study participants.

**Male nurses have the advantage of being distinct because they stand out.**

Some of the participants in this study revealed that being a male nurse had some specific advantages. They felt that being a male in nursing gave them advantages over their female counterparts. This idea has been validated in the literature, and the opportunities for advancement into positions of leadership based on one’s gender or perceived leadership abilities reflected the proverbial “glass escalator” effect in the literature (Kleinman, 2004; Rischer, 2013). The idea is that male nurses ride a glass escalator up into leadership or management positions simply because they are males or because they are perceived as having desirable leadership traits. In an instance where several nurses are applying for the same position, the participants in this study tended to think that the males “stood out” more. One participant described this perception during an interview process:

I feel a lot of times just like me being a male, it's almost like reverse ... what's the word I'm looking for? I almost feel like it helps me stand out more. If I go to an interview for a job, and they interview 29 women and 1 guy, that automatically makes me stick out in their mind. At least they remember my face.
A similar perception was shared by another participant:

...but they all say that in their environments, they would rather have one male nurse ... Or the hiring people would rather hire a male nurse than a female nurse of the same caliber, and I don't know why that is.

This same participant later mentioned another instance where he alluded to male tokenism:

I walk into a room with a female, and the patient will ... I mean, preconceived notions and everything else, but they will turn to me and ask me the more difficult questions. They'll expect me to know more. I mean, there could be that, that it could be that ... And I always tell my coworkers, even the ones that have been there longer than me... The patients, the doctors, everybody, they'll turn to me and expect me to have the answers for them before my female counterparts. I guess that could be taken into a factor in hiring, but I don't see why it would because I don't really know more than them.

Male nurses also tend to get mistaken for physicians more readily than females by patients as well as by other physicians. One participant revealed:

I've walked into a room and talked to them and introduced myself as their nurse, wrote my name on the board, everything else, answered questions for them, talked to them a bit, and then leave. And then the aide comes and says, "Oh, hey, the patient in there says that the doctor talked to them and told them all this information." I'll walk back in there, and they'll be like, "Yeah, you were just in here." And I'll say, "No, I'm your nurse. I'm not the doctor."

For this researcher, it really came as no surprise that many of the participants were interested in pursuing more autonomous nursing roles such as advanced practice nurses like a nurse anesthetist or nurse practitioner. High tech/low touch work settings were mentioned by
several of the participants. Whether this can be attributed to gender versus generational characteristics is beyond the scope of this study. The literature is replete with millennial tendencies to take part in decision-making, and they also enjoy meaningful work which affords them the opportunity to become a part of something greater than themselves (Andrews 2013, Chambers, 2010).

**Interpretation of Findings for Research Question 2**

Research question 2 asked: What experiences were perceived as barriers to millennial male nursing students?

**Male nurses are still nurses.**

Numerous barriers were cited by these participants; from societal and cultural barriers such as the stigma of nursing being perceived as feminine and gay or being viewed as women’s work to academic barriers such as nursing school and recruitment issues. Historically, the socially acceptable view of what it means to be a nurse has typically meant a hard-working and caring woman. The study participants reported that this view is still commonly held in society. Millennial male nursing students and recent graduates who participated in this study acknowledged the challenge of what it meant to them personally about being a “real” nurse and discussed issues which related to their sexuality and their masculinity. One participant shared:

They see it demasculizing. ... To me, that seems to be the one big thing because if you tell anybody that's a male that is a construction worker, or a cop, or anything like that. They're like, 'Oh, you're a nurse.' You can hear that tone. You're like, 'Yeah. I mean, I don't carry a gun and I don't tackle people, and I don't build buildings, but when your grandma comes in sick, that's who she's going to see.'
It will take time, perhaps an entire generation, to increase the visibility of men in nursing and for the public to become comfortable with men in the nursing role. Another participant related his masculinity with the historical trait of man as a protector:

Men are very masculine feeling. They want to have that "I'm a man; I'm a powerful type of thing," but men also ... In this, where nursing is viewed as a women's profession along the lines of history, men are viewed as protectors along the line of history. We're the ones that go out. We protect. We do this and that. That can be sold to a man in nursing. In the emergency department, I can save your life. With the right training. I'm doing my job the right way, I can save your life. You can come in dying, and what I do as a male nurse, as a nurse specifically, I guess, but as a man, I can save your life.

These participants wanted most of all to be recognized as “nurses” and not “murses” nor “male nurses.” In explaining the stigma surrounding this term, one participant related:

Well, I still think that there's a stigma for male nurses to go in. I mean, you've probably heard it. You've probably heard it on TV from a lot of shows that you watch. The word murse. Being gay working as a nurse, because it is a more feminine field in society's perception, it's one of those things where people are going to think that you're gay, or they don't want you to take care of them because you're a male. They have the right to say no to a male nurse and they'd rather have a female. Totally understandable.

This theme supports the idea that the public perception of nursing continues to remain greatly feminized. The study participants insisted that males could demonstrate caring behaviors which are expected of nurses and still maintain their masculinity as nurses who just so happened to be males.
The Culture Care Theory as posited by Leininger (2002) asserts that nurses can provide culturally congruent care only when the culture care expressions, patterns and practices of people are known. Culturally congruent care refers to the actions and decisions (interventions) one provides that are culture specific for the person(s) being served (Mixer, 2011). The generational and gender diversity seen in millennial male nursing students was a focus of this study. Their desire to be treated as nurses and not just as male nurses reflects a type of cultural care that nurse educators and all stakeholders could provide. A lack or deficiency of cultural care in addressing the particular needs that millennial males bring to their nursing education could contribute to the perception of role strain, which was the other theoretical framework used. Role strain may be defined as a conflict between two or more expectations associated with the same status. The rigid, demasculinizing stigma that male nurses experience conflict with the role of nurse as a caregiver. Male nurses must juggle the role expectations of caregiver and the societal impression of nursing as a feminine profession with their own situated masculinity.

**Interpretation of Findings for Research Question 3**

Research question 3 asked: What were the preferred teaching and learning strategies of millennial male nursing students?

**Nursing schools should hire more male faculty.**

The participants in this study were all current students or recent graduates of one associate degree of nursing program whose faculty were all females. A concern expressed by these participants which reflected a similar concern in the literature was the need for nursing schools to hire male faculty. One individual related this theme to a lack of mentorship within nursing school:
Also, there's no real mentoring for men in the field. Once you get in, you can do clinicals, and I think an open-minded and a maybe progressive nursing program would understand to place men with men, and that's not saying that they have to. Women are just as capable in the field of nursing as men are, but just for the fact that a guy can see what a man can offer in the field and to get to see that firsthand and to have that mentor, to have that person that they can look up to as a male, there's none of that in the field, really, either. No mentorship.

Male faculty members who are nurses could enjoy a level of insider credibility with the men in the nursing program who could discuss and relate to issues that males face; such as the client refusing to be attended to by a male nursing student. Male faculty could share information with the other program faculty to help them better understand their male nursing students and examine their own feelings regarding men in nursing. Male faculty can become role models, mentors and advisors for the male students, an example of one who has “made it” through nursing school and has earned his place as a practitioner in industry.

Goffman (1977) makes the argument for “institutional reflexivity” where one might “ask what could be sought out from the environment or put into it so that such innate differences between the sexes as there are could count-in fact or in appearance-for something” (p. 313). The minimization of role strain in nursing school by hiring more male faculty and creating opportunities for mentorship of male nursing students are essential ways to display culturally congruent care of millennial male nursing students. Great nurse educators start where their students are and then build a bridge to take them where they need to go in their studies. While there is little that can be done with what is taught, as nursing curriculum is both accredited and
board of nursing approved, *how* something is taught needs to be relevant to our day and to those who need to learn it.

This researcher expected study participants to have many suggestions in answer to research question 3. The most consistent answer was that schools of nursing should increase the presence of male faculty. One expected comments specific to curriculum and instructional strategies such as the use of the flipped classroom or the online format. None of the participants commented on the use of high-fidelity simulation which happens to be a technological and curricular imperative for each course within the nursing program. Perhaps the participants felt uncomfortable sharing their true feelings regarding this research question because the researcher was a current faculty member or former instructor for some of them. Or perhaps they were simply being true to their millennials tendencies which lean toward complexity avoidance (Giambatista, Hoover & Tribble, 2017). A lack of male faculty could be interpreted by nursing students as an ambivalent attitude by their nursing programs or other faculty towards accepting men within the nursing profession. As evidenced by their statements about the need to increase male mentors and role models, these men reflected a desire to identify with and learn from experienced male nurses who had walked and successfully navigated the educational road toward a professional career in nursing.

This section described the relevant thematic statements in response to the research questions that were derived from the qualitative interviews conducted in this study. It is important to note that the phenomenological imperative reveals a uniqueness to each participant’s experience, even though there were several common denominators that arose from each participant’s re-telling of their personal, lived experiences.
Additional Findings

This study revealed how generational culture, gender role orientation and nursing stereotypes collided to affect the millennial male nursing student. The millennial generation has been a focus of this study as they represent the current emerging workforce. In terms of generational culture, this generation has been described as being awash in technology and having skills at multitasking, yet they also seem to possess short attention spans and a propensity toward complexity avoidance which does not assist them in the reflective, systematic thinking that is crucial for practicing, professional nurses (Elam, et al. 2007; Giambatista & Tribble, 2017; Johanson, 2012). These generational tendencies seemed to conflict with common stereotypes about the nursing profession and the gender role expectations of males who seek to become nurses.

This study also revealed that the millennial male nursing student wants to be taken seriously in that they prefer to simply be called a nurse, and not a male nurse nor a “murse.” Such disparaging nomenclature tends to feed gender and cultural misunderstanding leading to role strain. Gender role orientation and nursing stereotypes can act as deterrents to men who select nursing as a viable career option. Role strain occurs when there is a conflict between two or more expectations associated with the same status such as in the assumption that nurses are always females who provide compassionate patient care. Role strain may occur when men seek to be socialized into an occupation that has traditionally been female-dominated. Such gender role expectations tend to be more prevalent within those occupations that are viewed by society as nontraditional by gender. One’s professional identity becomes based upon a feminized understanding of what it means to care as a nurse (Brady & Sherrod, 2003). As Participant A-4 shared from his personal experience:
I mean, when you walk in the room, people will instantly assume that you're going to be gruff, or they put up their defenses real quick, whereas opposed to a female nurse that walks in and is chipper and everything, and then all of a sudden, the patient's super-happy and everything like that. But then you walk in, and they immediately put up their defenses.

Participant A-3 shared a similar experience of how he discovered traditional nursing stereotypes in nursing school: “Even in the books, everything, it was very female dominant. Nursing's a female dominant profession. A lot of things seemed to be referenced to females. Even the pictures in the books.” This finding related to numerous studies in the literature which discussed the societal stereotype which associated the gendered nature of nursing work as being exclusively female (Ashkenazi et al., 2107; Ierardi et al., 2010; Meadus & Twomey, 2008; Weaver et al., 2014). Such messages, whether intentionally or unintentionally sent, may contribute to role strain which could deter millennial males from following their passion to help others and make a difference by pursuing a career in nursing.

The trifecta of generational culture, gender role orientation and nursing stereotypes has affected the nursing educational milieu as well. Student nurses regardless of gender within an accredited nursing program endure the same rigorous curriculum which includes courses and clinical time spent in Obstetrics/Labor and Delivery, Postpartum and the Neonatal Intensive Care Unit. Study participants reiterated what the literature revealed about issues of touch and the fear of being misperceived as being problematic for the male student nurse. In Chapter 4 of this dissertation, Participant A-1 described being discouraged from ever seeking work in Labor and Delivery, a unit he found to be very interesting. Participant A-8 described his difficulty in having to convince a female patient to allow him to perform a head to toe assessment, a routine task all nurses are taught to perform which requires the use of touch. Participant A-2 discussed having to
be comfortable in one’s masculinity “and understanding that you're going to have people who
think of you like that” [referring to the stereotype that male nurses must be homosexual]. These
are just a few of the examples from the study’s participants which tie back to the literature found
about male nurses and the fear of being misperceived as a nurse with ill intentions as well as
their related difficulty in using touch as a ministration of nursing care (Bell-Scriber, 2008;
Meadus & Twomey, 2011; MacWilliam et al. 2013; Roth & Coleman, 2008; Smith, 2006).

In response to research question 3, participants mentioned a desire to see more males as
nurse educators who could become role models and mentors. As influencers and investors in the
future of nursing, nurse educators motivate and inspire the next generation of nurses. They are
the first encounter nursing students have with the culture of nursing. Nurse educators are tasked
with socializing students into the nursing role. Bell-Scriber (2008) warned about the negative
micro-messages that nurse educators can send which can devalue, discourage and ultimately
impair performance by male nursing students (p. 148). As more men enter the nursing
profession, the nursing learning environment should be a powerful space where new gender role
expectations surface. It should be a place where generations come together in an inclusive
atmosphere where thoughtfulness, mutual respect and academic excellence influence the
transmission of nursing knowledge. The nursing profession in general and its gatekeepers in
particular, the nurse educators, would do well to encourage such an inclusive culture of nursing
that accepts and welcomes all who choose to be nurses while minimizing bias against one’s
gender or generation as modern-day healers and caregivers.

**Implications for Action**

The implications to nurse educators, college administrators and industry leaders highlight
the importance of finding innovative ways to teach nursing through collaborative activities and
multiple teaching modalities to meet millennial male learners where they exist in a digitally oriented world. New and innovative strategies should be utilized such as engaging and integrating kinesthetic learning opportunities, gaming or flipping the classroom to connect students to their learning. A recent call for radical transformation in nursing education challenges educators to design learning experiences that will result in graduates prepared to practice in a changing health care environment (Benner, et al., 2010).

This research sought to examine what motivators and benefits enhance a millennial male’s process of becoming a nurse as well as what challenges and barriers impede a millennial male’s process of becoming a nurse during matriculation in nursing school at a community college. To date, nursing education has been remiss in providing an environment that is optimally favorable to attracting and retaining men in general and millennial men in particular as nursing students and preparing them for the profession of nursing. The teaching methods utilized in nursing school could become more culturally relevant, equitable and meaningful to emerging adults and the millennial male. The long over-due adoption of such an approach could support an educational environment that embraces the diverse learning styles of millennial male students.

**Recommendations for Action**

The findings of this study are consistent with recommendations in the current nursing literature. Schools of nursing would benefit from understanding the unique needs of millennial male nursing students. Study participants commented that recruitment efforts for men into nursing programs could be improved. Hiring male faculty could help to assuage the perception that nursing education is geared toward women. It could be that community college nursing programs would experience increased millennial male enrollment after increasing the percentage of male nursing faculty. Addressing issues of intimate touch, especially in clinical rotations like
Obstetrics and Labor and Delivery have no easy answers, as these rotations are part and parcel of any accredited curriculum. The greater utilization of simulation lab for sensitive clinical situations such as these for male students in particular could help to assuage their discomfort and allow for role play and the practice of skills. The creation of a nursing school just for men is a final recommendation.

**Recommendations for Further Research**

Additional research at the associate degree of nursing level for millennial males is warranted. It would benefit schools of nursing to understand the unique needs of millennial male learners by comparing associate degree of nursing programs across the country. Similar research could compare male and female student’s perceptions and gender differences within an associate degree of nursing program. A study regarding the female nursing student’s perspective about what their counterparts experience as millennial male nursing students could yield valuable information about gendered perceptions. Nursing school faculty could also be studied to understand their own perceptions of millennial male nursing students. The comparison of associate degree and baccalaureate degree nursing programs as they relate to millennial males is also warranted for further study.

**Concluding Remarks**

The purpose of this research was to discover how nursing education at the community college level could be improved to better serve the millennial male nursing student. There has been a paucity of research on this subject, especially in regard to the specific sample of millennial male nursing students within a community college setting. To date, men remain a minority within nursing education and in clinical practice within the United States. The perceived motivators, benefits and barriers of nursing education as the associate degree level
were explored. The research revealed more about the participant’s feelings about nursing in general, supporting the premise that men are caring individuals, who prefer to be called simply ‘nurses’ rather than ‘male nurses’ or ‘murses,’ and their most consistent recommendation was to hire more male faculty. It is hoped that these findings will lead to improvements in the portrayal of male nurses in a more positive light as well as to improvements in the education of millennial male nursing students in both the classroom and clinical settings. The nursing profession would be better served by welcoming millennial men through directed strategies which attract, recruit and retain millennial men. Millennial men could become the answer to the current nursing shortage. Nursing education and practice are responsible for ensuring that every patient receives a caregiver who looks like them.
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Appendix A

Study Invitation

March 2018

Dear Potential Study Participant:

I am a doctoral student completing my dissertation study through the University of New England. I am inviting you to participate in a private interview to share your current or past experiences in an Associate Degree of Nursing program.

As a current or recently graduated millennial male nursing student, you have significant experience and knowledge regarding your participation in the ADN program. This study focuses primarily on how you perceive your nursing education to be in relation to motivators, benefits and barriers.

**Study’s Purpose:** The purpose of this study is to discover the perceived motivators, benefits and barriers of the millennial male nursing student attending an ADN program. The specific aims of this study are to impact the local and national nursing shortage by understanding how to attract, recruit and retain millennial males as nurses, to increase the representation of millennial males within nursing, and to discover those generational characteristics that millennial men possess that assist them to be successful in nursing school.

**Procedures:** Your participation in this research study is completely voluntary. The study includes a confidential demographic survey semi-structured recorded interview in a private, off-campus mutually agreed upon location. The study will run from April until September of 2018 with findings/results published by November 2018. Upon your request, I can send you a copy of your individual completed survey and interview transcript neither of which will display any personal identification. I do not foresee this study presenting any risks or hardships on you, other than the time to invest in it. However, your time invested will contribute to the immense anticipated benefits of collecting this data to share within the ADN program at OTC and other similar LPN to RN programs located within community colleges. Together we can create a better educational program for millennial males in ADN nursing programs.
**Confidentiality:** Your identity will be protected throughout the study and thereafter. Only I, the researcher, will have access to your information. Follow-up verbal/signed and written reports and discussions will identify you only as a number (i.e. Participant #3). Your name will not be shared with anyone else. Your confidentiality will be protected in compliance with the University of New England’s research with human participant’s policies and procedures.

**Compensation:** You will receive $20 USD for your participation in this study.

**Questions:** If you have any questions or concerns regarding this study and your participation, you may contact me, the researcher, via email at brinkd@otec.edu or dbrink@une.edu or via my personal cell number at (727) 271-8218. You may also contact Dr. Michelle Collay at the University of New England at mcollay@une.edu or by phone at (207) 602-2010.

Once you agree to the consent form, we will make an appointment to meet in a private, off-campus location. When we meet, you will be given a short, written demographic questionnaire to fill out prior to our interview. This data will be collected and analyzed for demographic purposes only. Thank you for your valuable insights and willingness to participate in this research study. Your contribution not only supports my dissertation study, but also future millennial men who are enduring the rigors of an ADN nursing program.

Sincerely,

Daniela Brink, Doctoral Student
University of New England’s Educational Leadership Program
Appendix B
UNE Consent for Participation in Research
April 2018
Dear Participant:

**Introduction:** Please read this form, you may also request that the form is read to you. The purpose of this form is to provide you with information about this research study, and if you choose to participate, document your decision. You are encouraged to ask any questions that you may have about this study now, during or after the project is complete. You can take as much time as you need to decide whether or not you want to participate. Your participation is voluntary.

**Why is this study being done?** The purpose of this study is to discover the perceived motivators, benefits and barriers of the millennial male nursing student attending an ADN program.

**Who will be in this study?** Millennial male nursing students who are either currently matriculated or recent graduates from Ozarks Technical Community College.

**What will I be asked to do?** You will be asked to sign this consent form prior to your participation in this study. Then a short questionnaire will be given to you to fill out prior to your interview. A semi-structured, confidential recorded interview will follow in a private location. After completing the interview, you may be contacted to provide more information and/or complete a short follow-up interview and data collection process. You will receive $20 USD for your participation in this study.

**Possible risks of participation:** This study will not present any known risks throughout the process, other than inconveniencing you for your time to complete the questionnaire and interview (approximately 30-60 minutes).

**Possible benefits of participation:** There are no direct benefits to you for participating in this study. There may be a benefit to others such as nurse educators to see what the perceptions of millennial males are within an ADN program.

**What will it cost me?** There are no direct costs to you as a participant in this study.

**How will my privacy be protected?** Your personal identifying information will not be reported with the findings and your responses will remain anonymous. Only the researcher will know your identifying information. At any time during the study, you may request access to your own individual data, and in November 2018, you may request access to the study’s results reported in a manner that protects the confidentiality of all participants.

**How will my data be kept confidential?** Your identity will be protected throughout the study and thereafter. Only I, as the researcher, will have access to your information. Your data will be kept secure on the researcher’s private, password-protected computer. Follow-up verbal/signed and written reports and discussions will identify you only as a number (i.e. Participant #3). Your
name will not be shared with anyone else. Your confidentiality will be protected in compliance with the University of New England’s research with human participant’s policies and procedures. The data will be kept on only one personal home computer, password-protected and accessed only by the researcher, with a back-up hard-drive system. Individual responses will be reported without the participant’s name and school by using a pseudonym and identifiable data will be omitted from the dissertation report’s text. Results will be summarized based on the sample’s responses. Identifying information will be removed from the investigator’s computer after the study’s completion and will not be accessible for future study uses.

A copy of your signed consent form will be maintained by the researcher for at least 3 years after the project is complete before it is destroyed. The consent forms will be stored in a secure location that only the researcher will have access to and will not be affiliated with any data obtained during the project.

**Research participant rights:** Your participation is voluntary. Your decision to participate will have no impact on your current or future relations with Ozarks Technical Community College. You may skip or refuse to answer any question for any reason. If you choose not to participate there is no penalty to you and you will not lose any benefits that you are otherwise entitled to receive. You are free to withdraw from this research study at any time, for any reason. If you choose to withdraw from the research there will be no penalty to you and you will not lose any benefits that you are otherwise entitled to receive.

**What other options do I have?** You may choose not to participate in this study.

**Whom may I contact with questions?** The researcher conducting this study is Daniela Brink. For questions or more information concerning this research you may contact her at (727) 271-8218 and brinkd@otc.edu. You may also contact the faculty advisor, Dr. Dorothy Williams, at (719) 291-9828 or dwilliams23@une.edu.

If you choose to participate in this research study and believe you may have suffered a research related injury, please contact Dr. Dorothy Williams at dwilliams23@une.edu or (719) 291-9828

If you have any questions or concerns about your rights as a research subject, you may call Olgun Guvench, M.D. Ph.D., Chair of the UNE Institutional Review Board at (207) 221-4171 or irb@une.edu.

**Will I receive a copy of this consent form?** You will be given a copy of this consent form.

**Participant’s Statement:** I understand the above description of this research and the risks and benefits associated with my participation as a research subject. I agree to take part in the research and do so voluntarily.

Signature________________________________________Date________________________

Printed name____________________________________
Researcher’s Statement: The participant named above had sufficient time to consider the information, had an opportunity to ask questions, and voluntarily agreed to be in this study.

Signature______________________________________Date____________________________

Printed name_________________________________________
Appendix C

Demographic Form

Instructions: For each question, please select only one answer.

1. What is your date of birth? ________________________________

2. What ethnicity do you consider yourself? (Check one major category or specific region)
   _____ African-American (non-Hispanic)
   _____ Caucasian (non-Hispanic)
   _____ Hispanic
   _____ Asian or Pacific Islander
   _____ American Indian or Alaskan Native
   _____ Other

3. What is your current relationship status?
   _____ Not in a committed relationship
   _____ In a committed relationship
   _____ Other

4. What is your current employment status?
   _____ Not working
   _____ Working full-time
   _____ Working part-time

5. What semester are you in the ADN program at OTC?
   _____ First semester
   _____ Second semester
_____Third semester

_____Recently graduated

6. If you are a recent graduate of OTC’s ASN program, did you pass your NCLEX-RN exam on the first try?

_____Yes

_____No

_____Have not taken it yet
Appendix D
Interview Questions

The purpose of this interview is for you to describe your perceptions as a male millennial ADN nursing student. As you answer these questions, you are encouraged to describe and give examples of your experiences.

1. What motivated you to become a nurse?
2. What are some of the benefits that you would describe to encourage a friend to consider becoming a nurse?
3. What sorts of barriers did you have to overcome as a millennial male in an ADN program?
4. What do you think keep men your age from going into nursing?
5. How can we attract more men into the nursing profession?
6. What sorts of things can be done to encourage more men into nursing?
7. Is there anything else that you would like to contribute today?

| Obtain consent to participate in research and remind the participant about his prerogative to terminate the interview at any time. |
| Complete demographic survey. |
| Set up 2 audio recorders and microphones. |
| Begin interview by reminding the participant of the purpose of the study, then proceed to the questions on the interview schedule. |
| Conduct interview. Seek clarification/follow up as needed. |
| At the end of the interview, thank the participant for his participation, ask him if he has any other feedback related to the topic, and provide him with $20.00 cash compensation. Have him sign receipt of cash compensation. |
| Remind the participant that he might be contacted over the next few weeks if additional clarification is needed or to help verify the findings of the study once all the transcripts have been reviewed, analyzed, and coded into interpreted themes. |
Appendix E

IRB Approval from UNE

To: Daniela Brink
Cc: Dorothy Williams, Ph.D.
From: Lliam Harrison, M.A. J.D.
Date: May 15, 2018

Project # & Title: 20180430--029 Exploring Perceived Motivators, Benefits and Barriers for Millennial Male Nursing Students in an Associate Degree of Nursing Program

The Institutional Review Board (IRB) for the Protection of Human Subjects has reviewed the materials submitted in connection with the above captioned project, and associated clarifications and revisions, and has determined that the proposed work is exempt from IRB review and oversight as defined by 45 CFR 46.101(b)(2).

Additional IRB review and approval is not required for this protocol as submitted. If you wish to change your protocol at any time, you must first submit the changes for review.

Please contact Lliam Harrison at (207) 602--2244 or wharrison@une.edu with any questions.
Sincerely,

William R. Harrison, M.A., J.D.
Director of Research Integrity

IRB#: 20180430--029
PAF #1 Submission Date: 04/27/18
Status: Exempt, 45 CFR 46.101(b)(2)

Status Date: 05/15/18
Appendix F

IRB Approval from OTC

OZARKS TECHNICAL COMMUNITY COLLEGE

June 5, 2018

The Institutional Review Board for Ozarks Technical Community College has approved Daniela Brink's application for Exploring Perceived Motivators, Benefits and Barriers for Millennial Male Nursing Students in an Associate Degree of Nursing Program.

Matthew Simpson
Chief Research and Planning
Officer Ozarks Technical Community College
417-4473648
Appendix G

Dean’s Letter of Approval for the Study

OZARKS TECHNICAL COMMUNITY COLLEGE

University of New England
716 Stevens Ave.
Portland, ME 04103

April 2, 2018

To Whom It May Concern,

I am aware of Daniela Brink's intention to study the Perceived Motivators, Benefits and Barriers for Millennial Male Nursing Students in an Associate Degree of Nursing Program at this community college and give my express permission.

This letter constitutes site level permission documentation.

Kind regards,

Sherry Taylor, EdD, MSN, RN, CNE
Dean of Allied Health
Ozarks Technical Community College
1001 East Chestnut Expressway
Springfield, MO
65802
(417) 447-8802
taylorst@otc.edu
### Appendix H

Participant’s Demographic Matrix

<table>
<thead>
<tr>
<th>Participants</th>
<th>DOB</th>
<th>AGE</th>
<th>Employment Status</th>
<th>Semester of ADN program</th>
<th>Pass boards?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-1</td>
<td>2/25/97</td>
<td>21</td>
<td>Full Time</td>
<td>Recently Graduated</td>
<td>Have not taken it yet</td>
</tr>
<tr>
<td>A-2</td>
<td>1/13/82</td>
<td>36</td>
<td>Full Time</td>
<td>Recently Graduated</td>
<td>Have not taken it yet</td>
</tr>
<tr>
<td>A-3</td>
<td>4/27/97</td>
<td>21</td>
<td>Full Time</td>
<td>Recently Graduated</td>
<td>Have not taken it yet</td>
</tr>
<tr>
<td>A-4</td>
<td>9/28/82</td>
<td>36</td>
<td>Full Time</td>
<td>Recently Graduated</td>
<td>Yes</td>
</tr>
<tr>
<td>A-5</td>
<td>10/24/92</td>
<td>26</td>
<td>Full Time</td>
<td>Recently Graduated</td>
<td>Have not taken it yet</td>
</tr>
<tr>
<td>A-6</td>
<td>7/6/83</td>
<td>35</td>
<td>Full Time</td>
<td>3rd semester</td>
<td>Have not taken it yet</td>
</tr>
<tr>
<td>A-7</td>
<td>5/6/82</td>
<td>36</td>
<td>Part Time</td>
<td>3rd semester</td>
<td>Have not taken it yet</td>
</tr>
<tr>
<td>A-8</td>
<td>12/20/80</td>
<td>38</td>
<td>Full Time</td>
<td>Recently Graduated</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Since their respective interviews, participants A-1, A-2, A-3 and A-5 have passed the NCLEX-RN national licensing boards.**
<table>
<thead>
<tr>
<th>FIRST CYCLE CODES</th>
<th>SHORT DESCRIPTION</th>
<th>DETAILED DESCRIPTION</th>
<th>INCLUSION CRITERIA</th>
<th>EXCLUSION CRITERIA</th>
<th>TYPICAL EXEMPLARS</th>
<th>ATYPICAL EXEMPLARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>PERSONAL FULFILLMENT</td>
<td>Nursing as a profession enables a person to lead a good life and achieve a self-satisfaction</td>
<td>Someone who is a Nurse and seems to demonstrate this or the belief that nursing promotes this</td>
<td>The opposite of good; the example of someone who was/is unhappy as a nurse</td>
<td>I remember jumping on my trampoline trying to think of who I knew that had a job, financially stable, had a good life and I thought was a good person, and I remember this one lady and she was a nurse, and that is why I decided to be a nurse. (A-1)</td>
<td>Expression of regret for becoming a nurse.</td>
</tr>
<tr>
<td>2</td>
<td>FINANCIAL/JOB SECURITY</td>
<td>Nursing provides gainful employment and financial security. Opportunities exist within the field.</td>
<td>Use of the words *financial *finances *good money *job security *always have a job</td>
<td>Job hopping; not being able to retain or keep a job</td>
<td>The pay is a lot better than most places that people start working at. The starting wage is great. You would easily get benefits like insurance, 401(k) stuff started at a younger age. (A-5)</td>
<td>As I can see, I think male nurses have a better opportunity of getting a job than a female nurse. (A-3)</td>
</tr>
<tr>
<td>3</td>
<td>LIFE-LONG LEARNING</td>
<td>Nursing provides opportunities to be a life-long learner.</td>
<td>Use of the words *life-long learning *continuing education</td>
<td>None</td>
<td>School never stops. You're going to be constantly learning for the rest of your life, so if you like that sort of challenge I think that would be a really good thing. (A-1)</td>
<td>It is a job that is constantly changing and you're always, always, always learning. (A-7)</td>
</tr>
<tr>
<td>4</td>
<td>MAKE A DIFFERENCE</td>
<td>Affecting positive change in the life of another</td>
<td>Use of the words *make a difference *personal satisfaction</td>
<td>None</td>
<td>Another benefit, I'd say, it's more of an internal thing of I wouldn't say satisfaction, but it helps complete your life knowing that you take care of another human being. I'm a firm believer in taking care of people and bettering somebody else's life. (A-5)</td>
<td>Because if you didn't care about that patient, you wouldn't be covered in the blood, and the poop, and the pee every day. You have to have that element of caring somewhere, or else you'd just go, &quot;Oh, this sucks. I'm out of here.&quot;</td>
</tr>
<tr>
<td>5</td>
<td>MIDWEST MODESTY</td>
<td>Having to do with living in the Midwest and/or Bible-belt and facing male/female modesty issues</td>
<td>Use of the words *Midwest *Bible-belt *Coastal states *East coast *West coast *Bigger cities</td>
<td>None</td>
<td>There's not a whole lot hidden anymore, but there's still parts of the country, parts of this state in Missouri, parts of the world, that are very stuck in their mindset, and so you can't be ... And I hope this isn't terminology not supposed to be used, but you can't be homophobic, because there are certain people that are going to look at you as being a homosexual or something along those lines. (A-5)</td>
<td>There was a gentleman that was in my new grad class whenever I got hired on at Cox for my RN, and he was from Washington, I believe. He was saying that in Washington, they have males in labor and delivery. Not very many, but they're there. (A-8)</td>
</tr>
<tr>
<td>6</td>
<td>STIGMA/WOMEN'S WORK</td>
<td>The perception that nursing is women's work</td>
<td>*Women's work *Stigma *Female-dominant *Nursing as Men's work *Male nurses lack qualities of nursing and care that women possess such as compassion.</td>
<td>*Coastal states *East coast *West coast *Bigger cities</td>
<td>I found it ... in school ... even in the books, everything, it was very female dominant. Nursing's a female dominant profession. A lot of things seemed to be referenced to females. Even the pictures in the books. (A-3)</td>
<td>Maybe you still have that stuck in your mind that male nurses are going to be more gruff. They're not going to be as sensitive to your needs, and maybe you want a female in there. (A-4)</td>
</tr>
<tr>
<td>7</td>
<td>GAY/FEMININE</td>
<td>The perception that men who nurse are gay or feminine.</td>
<td>*Gay *LGBTQ *Feminine</td>
<td>None</td>
<td>Or just that men as nurses are gay, or more feminine, or anything like that. (A-1)</td>
<td>I just think that we still haven't reached that point of people just not caring whether or not you're straight or gay. (A-5)</td>
</tr>
<tr>
<td>8</td>
<td>EXCITING CAREER</td>
<td>Nursing as a career of excitement.</td>
<td>*Exciting career</td>
<td>*The idea that nursing is not an exciting or</td>
<td>It's a very exciting career. It's always changing. Every single day something is different about it. I think that's what's going to appeal to millennials and that's what appeals to me is that it's not a job where I feel like I could get</td>
<td></td>
</tr>
</tbody>
</table>

Appendix I

First Cycle Code List
| 9 | SOCIETAL SHIFT | Referring to perceptions in society that must shift in regards to males in nursing | *societal shift*  
*social paradigm*  
The idea that society and its perception of nursing are fine just the way it is. | Yeah. It's a good time to come in, because society's perceptions are changing. (A-5) | We've got a Republican governor, a Democratic senator. Missouri goes both ways. It's not as if we're in Utah that's just like super deep Republican. Maybe I'd have a more of a harder time there, because folks that are that proclivity have a harder time, I think, accepting males in traditional female roles. I just think that it's just a culture of the United States as going further and further to be able to accept that. I don't know. Maybe like the traditional male and female roles are getting less and less popular out there. (A-7) |
| 10 | VARIABILITY WITHIN NURSING | Nursing offers an array of work settings and situations | *Variable*  
*Do different things*  
*Flexible*  
*Many opportunities*  
Nursing work is the same all the time or boring in any way. | I didn't really know how flexible nursing was. How many opportunities there are that you can go into. (A-3) | So I decided I wanted a career where there was many different disciplines to go into, so if I got tired of doing one thing, I could always try something else without switching careers completely. (A-6) |
| 11 | 2ND CAREER CHOICE | Refers to participants who became nurses as a second or subsequent career choice. | *Second career*  
*Career change*  
Nursing as a first career. | I needed a career change, and I needed something where the possibility to move on or move into other things was there. (A-6) | Things happened, and I just got tired of working construction, so I went back to school. I also started working at a pharmaceutical company that tests different medications on people. I was doing most of the data gathering on that. That was kind of my foot in the door into the medical field. (A-5) |
| 12 | FAMILY MEMBER IS A NURSE | As a motivator, participant describes being influenced by a family member who is a nurse. | *family as nurse*  
*names a relative who is also a nurse*  
There is no family member who was a nurse. | My wife's been a nurse for a long time. You know that. And just seeing the change in her demeanor and her personality, watch her grow as a human being because of the field that she chose to go into, it's infectious. (A-2) | I have four older sisters. Three of them are nurses. (A-4) |
| 13 | JOB SATISFACTION/SECURITY | Nursing as a career choice brings job satisfaction and/or security. | *job satisfaction*  
*job security*  
A lack of job security or satisfaction in nursing. | A sense of satisfaction in your job. Always job security. Let's see. You get to work inside. (A-4) | The money's there. Everything that anyone would look for in any field or career, you can find in nursing when it comes to, like I said, job satisfaction, job security, money. (A-2) |
| 14 | TRAVEL OPPORTUNITIES | Nursing provides the opportunity for travel. | *travel*  
Nursing does not afford opportunities to travel. | There's travel nursing. (A-2) | Everyone needs to make a living. We're wanting to pay off school loans or we're wanting to buy a nice home or we're wanting to have nice things. We're wanting to travel. (A-2) |
| 15 | SITUATED MASCULINITY | The masculine ideal of the emotionally adept man in nursing who can care for others and be a man all at the same time. | *masculine*  
*as a man*  
*in own skin*  
*protector*  
Nursing emasculates males. | ..if you're not comfortable in your own skin as a man, if you're not, I guess, open to .. You know, you have to be comfortable with your masculinity. (A-2) | I've been in the medical field for ten years, and when I started ten years ago, I was the only male on the floor. Then, I went through and we hired more males, and we had more males. Then, when I got in the ER, we had male nurses, and male techs. Now that I’m on oncology, I’m the only male again. |
| 16 | LACK OF ROLE MODELS/MENTORS | The idea that men in nursing lack role models or mentors. | *Role model*  
*Mentor*  
*Preceptor* | The idea that male nurses don’t need mentors or role models. | Who is there for us as a male nursing student or as a male nurse for us to approach? (A-2) | I think having college meets, where ... like the days where you go and you look at the careers. Have male nurses, have 50/50. Have 50% female, 50% male. Even though the females are probably going to get talked to more, having a group of two, or three, or four males sitting up there talking as nurses, it's going to look very ... not necessarily masculine, but it's going to make it look much cooler to have a group of four guys that have stethoscopes that are proud of what they do compared to just a group of women up there (A-8) |
| 17 | INTIMATE TOUCH | In a nursing context, this refers to the nursing skills or actions which may cause a patient to feel embarrassment. | *Intimate touch* | Its ok for male nurses to work in intimate areas such as gynecology and labor & delivery | Women’s health, you're going to get told no if that's the field you want to go into, because you're a man. (A-2) | The one place that I found kind of gave me flack was labor and delivery. (A-9) |
| 18 | RECRUITMENT ISSUES | Having to do with the recruitment of nurses into professional practice. | *Recruit*  
*Recruitment* | The idea that it is easy to recruit men into the field of nursing; or that recruitment efforts directed at men are not necessary. | I think it'll take a lot of males actually in the field right now to go out and talk to other males that are considering something in the medical field, to actually talk to them about it. (A-5) | Because if you see an OTC brochure and you look at the cover, it's a girl with a stethoscope. And that is exactly what the stereotype of nursing is. It's a woman with a stethoscope. I think if they, like I said, advertised with a lot of those other things (A-6) |
| 19 | SCHOLARSHIP INCENTIVES | Having to do with financial incentives that lure students into the nursing profession. | *Scholarships*  
*A plus*  
*Grants*  
*Breaking Traditions* | Having to pay for nursing school or not being able to afford school. | So why not, if it's something that is really needed to be recruited, offer a scholarship? (A-2) | I got an [inaudible 00:18:38] paid for through the A+ scholarship through Missouri. (A-1) |
| 20 | NSG ATTRITION DUE 2 DISSATISFACTION | Nurses leaving the profession due to feeling dissatisfied. | *Attrition*  
*Unhappy*  
*Dissatisfied*  
*Job satisfaction* | Other reasons for attrition such as:  
*flunking out of nursing school*  
*age*  
*retirement* | Nursing, there’s a huge turnover in it. Even though there's a ton of people coming into the field, both men and women, there's also both men and women leaving the field in record numbers not just because of the baby boomer generation, but job satisfaction alone. (A-2) | I don't want to say, for a millennial male, there's going to be a job waiting for you once you get out of nursing school, but in the day and age that it is right now where all the baby boomers are starting to retire and a lot of nurses are in the older generation(A-1) |
| 21 | HIGH TECH/LOW TOUCH | The types of jobs in nursing that are more technical in nature, such as with critical patients. | *High tech*  
*Low touch*  
*ICU*  
*ED*  
*Hospice nursing*  
*Less technical specialties* | Then as far as you're talking, as far as the difficult patients go, I have noticed that I will get an inordinate number of, like, the fresh trachs or the things like ... stuff like that, and I don't know why that is. (A-4) | The stuff that more guys would be attracted to, like the ER type of excitement, or flight nursing, or psych nurse. The more involved physical kind of nursing. (A-6) |
| 22 | MALE ADVANTAGES | Having to do with advantages for men who are nurses. | *Advantages*  
*Females* | Or the hiring people would rather hire a male nurse than a female nurse of the same caliber, and I don't know why that is. (A-4) | But I got an award simply because I went through the program as a guy. (A-6) |
| 23 | MALES PERCEIVED AS LEADERS | Attributing leadership skills to male nurses. | *Leadership*  
*Preference*  
*Defer to male nurse* | Females make better nurse leaders than males. | I mean, I've cared for a lot of young trauma patients and stuff like that, and I get young male trauma patients that need attention, and they would rather have me than a female nurse. (A-4) | What I mean is that I think that the field of nursing fits well for an individual who is incredibly smart, incredibly skilled, and incredibly compassionate. I think that females generally hold those skills and...
<table>
<thead>
<tr>
<th></th>
<th>MUSCLE</th>
<th>COMPLEXITY AVOIDANCE</th>
<th>PATHWAY TO MD/MISTAKEN FOR MD</th>
<th>GLASS ESCALATOR</th>
<th>&quot;MURSE&quot;</th>
<th>NURSING SHORTAGE</th>
<th>MALE FACULTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>The expectation that male nurses help with the difficult patients because they are perceived as stronger than females.</td>
<td>The idea that women are not used for containing difficult patients or lifting heavy patients.</td>
<td>The misconception that male nurses become doctors as a stepping stone to becoming a doctor; or that the male nurse is mistaken for the physician.</td>
<td>The perception that male nurses seem to work harder and are promoted more quickly than their female counterparts.</td>
<td>The term &quot;Murse&quot; in the literature that describes male nurses as either 'male nurses,' or 'murses.'</td>
<td>The idea that there is not a nursing shortage in the USA.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Muscle</em></td>
<td><em>Women</em></td>
<td><em>Doctor</em></td>
<td><em>Management</em></td>
<td><em>Murse</em></td>
<td><em>Nursing shortage</em></td>
<td><em>Male faculty</em></td>
</tr>
<tr>
<td></td>
<td><em>Macho</em></td>
<td><em>Machismo</em></td>
<td><em>MD</em></td>
<td><em>Leadership</em></td>
<td><em>Macho</em></td>
<td><em>Lack of staff</em></td>
<td><em>Male faculty</em></td>
</tr>
<tr>
<td></td>
<td><em>Muscle</em></td>
<td><em>Machismo</em></td>
<td><em>Physician</em></td>
<td><em>Nurses</em></td>
<td><em>Male nurse</em></td>
<td><em>Nursing shortage</em></td>
<td><em>Male faculty</em></td>
</tr>
<tr>
<td>25</td>
<td>The idea that Millennials embrace difficult things.</td>
<td>Opportunity to avoid complexity.</td>
<td>The idea that Millennials don't want to work 12-hour shifts. They don't want to be tied down in a hospital. They don't want the responsibility of not being able to leave when they want or just pick up and leave from the job or something.</td>
<td>The idea that Millennials rise up to leadership positions more quickly than their female counterparts.</td>
<td>The idea that male nurses are not recognized by the patient as being a nurse and not a doctor.</td>
<td>The idea that there is not a nursing shortage in the USA.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>NURSE</em></td>
<td><em>MD</em></td>
<td><em>MD</em></td>
<td><em>Male nurse</em></td>
<td><em>nurse</em></td>
<td><em>Nursing shortage</em></td>
<td><em>Male faculty</em></td>
</tr>
<tr>
<td></td>
<td><em>Do not make good leaders.</em></td>
<td><em>Nurses</em></td>
<td><em>MD</em></td>
<td><em>Male nurse</em></td>
<td><em>do not make</em></td>
<td><em>Nursing shortage</em></td>
<td><em>Male faculty</em></td>
</tr>
<tr>
<td></td>
<td><em>Male nurses</em></td>
<td><em>Male nurse</em></td>
<td><em>Physician</em></td>
<td><em>Male nurse</em></td>
<td><em>good leaders.</em></td>
<td><em>Nursing shortage</em></td>
<td><em>Male faculty</em></td>
</tr>
<tr>
<td>26</td>
<td>I see a lot of millennials that don't want to work 12-hour shifts. They don't want to be tied down in a hospital. They don't want the responsibility of not being able to leave when they want or just pick up and leave from the job or something.</td>
<td>I was like, &quot;I cannot do this anymore. I cannot do this. I can't do this.&quot; She pulled me to the side, and she talked to me. She's the only reason I stayed in the ASN program until the end is because she sat and talked.</td>
<td>I've walked into a room and talked to them and introduced myself as their nurse. I wrote my name on the board, everything else, answered questions for them, talked to them a bit, and then leave. And then the aide comes and says, &quot;Oh, hey, the patient in there says that the doctor talked to them and told them all this information.&quot; I'll walk back in there, and they'll be like, &quot;Yeah, you were just in here.&quot; And I'll say, &quot;No, I'm your nurse. I'm not the doctor.&quot;</td>
<td>The expectation that male nurses are considered good leaders. Like I said, I've got four older sisters. Three are RNs, and one is a doctor, and all of them say the same thing to me, is, &quot;You have it so easy. You, as a male nurse, are going to go so much further. You're going to be hired before females,&quot; everything like that.</td>
<td>At first, my floor saw me as, 'Oh good, we have a male. If anybody gets in a fight, he's here,' because in the ER, that's what I did. I fought sides. When people would get aggressive, I was the one who would help take them down and restrain them.</td>
<td>The idea that there is not a nursing shortage in the USA.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Male faculty</em></td>
<td><em>Lack of staff</em></td>
<td><em>Physician</em></td>
<td><em>Male nurse</em></td>
<td><em>work ethic</em></td>
<td><em>Nursing shortage</em></td>
<td><em>Male faculty</em></td>
</tr>
<tr>
<td></td>
<td><em>Macho</em></td>
<td><em>Machismo</em></td>
<td><em>MD</em></td>
<td><em>Male nurse</em></td>
<td><em>Macho</em></td>
<td><em>Nursing shortage</em></td>
<td><em>Male faculty</em></td>
</tr>
<tr>
<td>27</td>
<td>The idea that male nurses embrace difficult things.</td>
<td>Opportunity to avoid complexity.</td>
<td>The idea that male nurses are not recognized by the patient as being a nurse and not a doctor.</td>
<td>The idea that male nurses embrace difficult things.</td>
<td>The idea that male nurses are not recognized by the patient as being a nurse and not a doctor.</td>
<td>The idea that there is not a nursing shortage in the USA.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>NURSE</em></td>
<td><em>MD</em></td>
<td><em>Nurses</em></td>
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<td><em>Nurses</em></td>
<td><em>Nursing shortage</em></td>
<td><em>Male faculty</em></td>
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<td><em>Do not make good leaders.</em></td>
<td><em>Nurses</em></td>
<td><em>Male nurse</em></td>
<td><em>do not make</em></td>
<td><em>good leaders.</em></td>
<td><em>Nursing shortage</em></td>
<td><em>Male faculty</em></td>
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<tr>
<td></td>
<td><em>Male nurses</em></td>
<td><em>Male nurse</em></td>
<td><em>Physician</em></td>
<td><em>Male nurse</em></td>
<td><em>good leaders.</em></td>
<td><em>Nursing shortage</em></td>
<td><em>Male faculty</em></td>
</tr>
<tr>
<td>28</td>
<td>I was like, &quot;I cannot do this anymore. I cannot do this. I can't do this.&quot; She pulled me to the side, and she talked to me. She's the only reason I stayed in the ASN program until the end is because she sat and talked.</td>
<td>I've walked into a room and talked to them and introduced myself as their nurse. I wrote my name on the board, everything else, answered questions for them, talked to them a bit, and then leave. And then the aide comes and says, &quot;Oh, hey, the patient in there says that the doctor talked to them and told them all this information.&quot; I'll walk back in there, and they'll be like, &quot;Yeah, you were just in here.&quot; And I'll say, &quot;No, I'm your nurse. I'm not the doctor.&quot;</td>
<td>The expectation that male nurses are considered good leaders. Like I said, I've got four older sisters. Three are RNs, and one is a doctor, and all of them say the same thing to me, is, &quot;You have it so easy. You, as a male nurse, are going to go so much further. You're going to be hired before females,&quot; everything like that.</td>
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<td><em>Physician</em></td>
<td><em>Male nurse</em></td>
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<td><em>MD</em></td>
<td><em>Male nurse</em></td>
<td><em>Macho</em></td>
<td><em>Nursing shortage</em></td>
<td><em>Male faculty</em></td>
</tr>
<tr>
<td>29</td>
<td>The idea that there is not a national nursing shortage in America.</td>
<td>Depending on where you work, there's a 36-hour work week, give or take, and if you want more, there's incentives, since there is a nursing shortage, especially around here in Springfield.</td>
<td>The idea that there is not a national nursing shortage in America.</td>
<td>The idea that there is not a national nursing shortage in America.</td>
<td>The idea that there is not a national nursing shortage in America.</td>
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<td></td>
<td><em>Nursing shortage</em></td>
<td><em>Lack of staff</em></td>
<td><em>Nursing shortage</em></td>
<td><em>Lack of staff</em></td>
<td><em>Nursing shortage</em></td>
<td><em>Lack of staff</em></td>
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<td><em>Nursing shortage</em></td>
<td><em>Lack of staff</em></td>
<td><em>Nursing shortage</em></td>
<td><em>Lack of staff</em></td>
<td><em>Nursing shortage</em></td>
<td><em>Lack of staff</em></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>The belief that more male faculty are needed as nurse educators.</td>
<td>To encourage more men? This is a tough one, and I don't have a really good answer for it. I don't know, maybe more male faculty.</td>
<td>The belief that more male faculty are needed as nurse educators.</td>
<td>The belief that more male faculty are needed as nurse educators.</td>
<td>The belief that more male faculty are needed as nurse educators.</td>
<td>The belief that more male faculty are needed as nurse educators.</td>
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<td><em>Male faculty</em></td>
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<td><em>Male faculty</em></td>
<td><em>Male faculty</em></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>NURSING SCHOOL AS BARRIER</td>
<td>Instances where nursing school is described as a barrier to the profession.</td>
<td>The idea that nursing school is not difficult or a barrier for millennial male students.</td>
<td>Well, just getting in the program initially was the hardest part, to be honest. (A-6)</td>
<td>Nursing school makes you feel like you can't do it. That is it from the get-go. You walk in, it's like not everybody's going to make it. Not everybody's going to make A. Not everybody's going to be there at the end of the year. You're like, 'Well, crap. Okay.' It's very intimidating, and I think to the people that are emotional, because I don't know how many times when I was going through the program, that like, I'm done. (A-8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>NURSING PORTRAYED IN MEDIA</td>
<td>The way that male nurses are portrayed in the media.</td>
<td>The words TV, Movies, or Media are not used to describe how society views nursing.</td>
<td>With our movies, American movies and American TV, I think we've been raised to perceive, like I said, men are doctors, woman are nurses. (A-6)</td>
<td>It's one thing to see pictures of male nurses. It's another to actually have veteran male nurses to actually be like, &quot;Hey, your perception is probably skewed, based off of the movies or TV shows that you've seen of male nurses.&quot; (A-5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>MILLENNIALS AS A TOLERANT GENERATION</td>
<td>The perception about Millennials that they believe that everyone’s beliefs, lifestyles and perceptions are equal. Everything is relative.</td>
<td>The idea that as a generation, Millennials are not tolerant.</td>
<td>And I kind of feel like the millennial generation is kind of the middle generation. The generation before me it's, &quot;Oh, no. Guys are doctors. Women are nurses.&quot; And the generation after me, I feel like, are so used to having male nurses, it's just not even an issue anymore. They don't even think about it. And I feel like I'm almost right in that middle. (A-6)</td>
<td>Same way with like when I was in the law enforcement. My dad's generation would have not have seen a female police officer. I worked with several of them when I was in law enforcement, and it didn't bother any of us. I just think that more and more people are starting to accept it. Our area definitely probably slower to get around to it, for sure, than say, somewhere more progressive like Southern California, or Chicago or something along those lines. (A-7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>MALES AS CAREGIVERS/CARING</td>
<td>The perception that males can or can't provide care.</td>
<td>That caring as a quality of nursing skill is lacking in male nurses.</td>
<td>Flight nursing is seen as a macho thing. That flight nurse up there is no less caring than that woman who's working in the NICU. (A-6)</td>
<td>you find the men that are comfortable with being emotional, the men that are... willing to put that to the side, willing to put their pride to the side so they can save... I've seen, just working here, and I haven't worked in any other big hospitals. (A-8)</td>
<td></td>
<td></td>
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</table>
## Appendix J

**Data Summary Table: Motivators**

<table>
<thead>
<tr>
<th>Participants</th>
<th>Extrinsic Factors</th>
<th>Intrinsic Factors</th>
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<td>Make a Difference</td>
<td>Nursing Shortage</td>
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<td>X</td>
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<tr>
<td>A-2</td>
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<td>X</td>
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<tr>
<td>A-3</td>
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<tr>
<td>A-4</td>
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<td>X</td>
</tr>
<tr>
<td>A-5</td>
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<td>X</td>
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<tr>
<td>A-6</td>
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</tr>
<tr>
<td>A-7</td>
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<tr>
<td>A-8</td>
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<tr>
<td>Total: 8</td>
<td>8 (100%)</td>
<td>4 (50%)</td>
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### Appendix K

**Data Summary Table: Benefits**

<table>
<thead>
<tr>
<th>Participants</th>
<th>Expediency of the ADN</th>
<th>High Tech/Low Touch</th>
<th>Scholarship/Award Incentives</th>
<th>Excitement</th>
<th>Male Advantages</th>
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</thead>
<tbody>
<tr>
<td>A-1</td>
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<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>A-2</td>
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<td>X</td>
<td>X</td>
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<tr>
<td>A-3</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
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<tr>
<td>A-4</td>
<td></td>
<td>X</td>
<td></td>
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<td>X</td>
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<tr>
<td>A-5</td>
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<td>A-7</td>
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<tr>
<td>A-8</td>
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<tr>
<td><strong>TOTAL: 8</strong></td>
<td><strong>4 (50%)</strong></td>
<td><strong>5 (63%)</strong></td>
<td><strong>4 (50%)</strong></td>
<td><strong>4 (50%)</strong></td>
<td><strong>5 (63%)</strong></td>
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Appendix L

Data Summary Table: Barriers

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<th>Participants</th>
<th>Societal/Cultural</th>
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<tr>
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<td>Stigma/Women’s Work</td>
<td>Midwest Modesty</td>
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<td>A-3</td>
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<td>A-6</td>
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<td>X</td>
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<td>A-7</td>
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<td>5 (63%)</td>
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