

MALE NURSING STUDENTS' EXPERIENCES DURING FAMILY HEALTH CONCEPTS:

A PHENOMENOLOGICAL STUDY

by

Allyson Louise Brown

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy: Nursing Education

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## ABSTRACT

The purpose of this phenomenological study was to describe male students' perceptions of navigating learning experiences during family health concepts. The theory guiding this study is Vygotsky's (1978) socio-cultural learning theory. The following results from the data collection included 10 one-on-one interviews, 10 written reflection exercises, and one focus group. Following van Manen's (1990), an interpretive holistic circular approach to data analysis was applied to understand the essence of male students learning and navigating the social environment of family health concepts in nursing clinical rotations. The theme development included moving back and forth between pre-understanding, existing literature, and contextual data to construct new understandings of the essence of the phenomenon, following the *Hermeneutic Circle* of data analysis. The results included three themes developed through the data analysis including (1) obstacles male students face, (2) social interactions' impact on learning, and (3) impact on decisions for future practice.

*Keywords:* associate degree, clinical, family health, nursing, males, Vygotsky.

### **Dedication**

I dedicate this dissertation to my loving husband, Michael Brown. Words cannot express how much it has meant to me to have your unconditional love and support as I have journeyed to my terminal degree.

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I want to thank my Lord and Savior, Jesus Christ, for helping me persevere to the end of this goal. Next, I want to thank my dissertation committee, Dr. Turner (chair), Dr. Boggs (methodologist), and Dr. Whorley (reader). Without your intellectual and emotional support, along with times of laughter, I could not have achieved this monumental goal.

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## Table of Contents

ABSTRACT.....	3
Dedication.....	4
Acknowledgments.....	5
List of Tables .....	11
List of Figures.....	12
List of Abbreviations .....	13
<b>CHAPTER ONE: INTRODUCTION.....</b>	<b>14</b>
Overview.....	14
Background.....	14
Historical Context.....	15
Social Context.....	17
Theoretical Context.....	18
Problem Statement.....	19
Purpose Statement.....	20
Significance of the Study.....	21
Research Questions.....	22
Central Question .....	23
Definitions.....	25
Summary.....	26
<b>CHAPTER TWO: LITERATURE REVIEW.....</b>	<b>28</b>
Overview.....	28

Theoretical Framework.....	28
Background and Cultural Context .....	29
Social Constructivism .....	30
Zone of Proximal Development.....	30
Informed Nursing Education.....	32
Research Relates to Theory .....	34
Related Literature.....	36
Societal Influence on Males.....	36
Males as Caring Professionals .....	41
Impact of Being Male in Nursing Education .....	44
Family Health Concepts and Males .....	48
Characteristics of Nursing Pre-licensure Academic Settings .....	50
Student Retention.....	58
Christian Worldview on Dissertation.....	60
Summary .....	61
<b>CHAPTER THREE: METHODS.....</b>	<b>62</b>
Overview.....	62
Design .....	63
Research Questions.....	65
Central Question (CQ) .....	65
Sub-questions (SQ).....	65
Setting.....	65

School System.....	66
Participants.....	67
Researcher Positionality.....	68
Interpretive Framework .....	69
Philosophical Assumptions.....	70
Researcher's Role .....	72
Procedures.....	74
Permissions .....	74
Recruitment Plan.....	75
Data Collection .....	76
Semi-Structured Interviews .....	77
Reflection Exercise .....	79
Focus Groups .....	80
Data Analysis .....	82
Trustworthiness.....	84
Credibility .....	85
Dependability and Confirmability .....	85
Transferability.....	86
Ethical Considerations .....	86
Summary.....	87
CHAPTER FOUR: FINDINGS.....	88
Overview.....	88



Participants.....	89
Results.....	91
Theme Development.....	92
Obstacles Male Students Face .....	94
Social Interactions Impact on Learning .....	99
Decisions for Future Practice.....	104
Outlier Data and Findings.....	110
Research Questions Responses .....	110
Central Research Questions .....	111
Sub-question One.....	111
Sub-question Two .....	114
Sub-question Three .....	115
Summary .....	117
CHAPTER FIVE: CONCLUSION.....	119
Overview.....	119
Discussion.....	119
Interpretation of Finding.....	120
Implications for Policy and Practice .....	123
Theoretical and Empirical Implications.....	124
Limitations and Delimitations.....	126
Recommendations for Future Research .....	127
Conclusion .....	128

References.....	130
Appendix A IRB Approval.....	143
Appendix B Inquiry Email.....	144
Appendix C Demographics Survey.....	145
Appendix D Informed Consent.....	146
Appendix E Recruitment Flyer .....	151
Appendix F Follow-up Email .....	152

## List of Tables

Table 1: Core Courses in Associate Degree in Nursing Curriculum.....	67
Table 2: Stages of Data Analysis.....	84
Table 3: Male Nursing Student Participants.....	92
Table 4: Theme Development.....	99

**List of Figures**

Figure 1: Hermeneutic Circle.....	83
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### **List of Abbreviations**

American Association of Colleges of Nursing (AACN)

American Nursing Association (ANA)

Association of Women's Health, Obstetrics, and Neonatal Nurses (AWHONN)

Associate Degree in Nursing (ADN)

Bachelor of Science in Nursing (BSN)

Central Question (CQ)

Clinical Learning Experiences (CLE)

Gender Role Conflict (GRC)

Gender Role Strain (GRS)

Institutional Review Board (IRB)

Master's Entry Pre-licensure Nursing Program (MEPN)

Neonatal Intensive Care (NICU)

Nurse Educator (NE)

National Council Licensure Examination [for] Registered Nurses (NCLEX-RN)

Southeastern (SE)

Sub-question (SQ)

United States (US)

Zone of Proximal Development (ZPD)

## **CHAPTER ONE: INTRODUCTION**

### **Overview**

Men continue to be an underrepresented minority group in nursing, making up less than 13% of the workforce despite a looming global nursing shortage and efforts to increase the number of nurses worldwide (Blackley et al., 2019; Drennan et al., 2019; Kane et al., 2021). The literature suggests that men face various barriers to pursuing and remaining in nursing. However, increasing the number of men in nursing is a solution to fill the gap in the nursing shortage (Bly et al., 2021; Harrison, 2021). Academic nurse educators (NE) must pursue innovative teaching and learning strategies to recruit, retain, and graduate students from all backgrounds, genders, and ethnicities (American Association of Colleges of Nursing [AACN], 2023). The problem is a gap in educational nursing research exploring attitudes and beliefs to support gender diversification in all areas of nursing (Bly et al., 2020; Raghavan et al., 2023). Research describing male students' experiences navigating their learning in the clinical environment, specifically during placement in highly female-dominated clinical rotations, is significantly lacking. However, this qualitative research study fills a gap in educational research by illuminating the understanding of the meanings male nursing students provide about being male and pursuing nursing when caring for patients in family health populations. Chapter One of the dissertation study presents the background of men in nursing, the educational theoretical framework that guides the research, and an overview of the study's problem, purpose, research questions, and significance to nursing education.

### **Background**

The Background section summarizes pertinent historical events of men in nursing, which led to today's low number of male representations in nursing (Harrison, 2021). The historical context provides the reader with an evolution of the problem of men's role in nursing from ancient history to the present day. Furthermore, the social context introduces the importance of increasing the number of men in nursing to improve the health of society and discusses barriers men face in the profession today. The theoretical underpinnings introduce the reader to how the research supports educational teaching-learning scholarship and adds relevant information to nursing education.

### **Historical Context**

Throughout ancient history, men cared for the sick as caretakers through male tribal members, religious organizations, and monasteries (Smallheer et al., 2020). The nursing profession was seen as a religious calling, dating back to the time of Constantine, who formalized hospital care and promoted male nurses as caretakers for the needs of people experiencing poverty, leprosy, war victims, and hospitalized patients (Harrison, 2021; Mulkey, 2023). Mulkey added that a religious organization called the *Parabolani* promoted nursing as a religious calling banded together by men to care for lepers and bury deceased patients. However, during the Protestant Reformation in the 16<sup>th</sup> century, many hospitals lost priests and monks who were nurses because they went into hiding during the revolt against the Roman Catholic Church. As a result, the hospitals became unsanitary, and society began to view nursing as a low-level societal occupation. During the Protestant Reformation, male nurses left hospitals to work primarily in mental health institutions and the military.

In the 1850s, Florence Nightingale transformed modern nursing by advocating for high health standards and hospital sanitary conditions during the Crimean War (Harrison, 2021; Mulkey, 2023). Nightingale advocated for women as exclusive caregivers, believing females exhibited natural mothering instincts and compassionate, caring attributes. In contrast, Nightingale felt men did not have the attributes to work in caring environments such as nursing. During the Nightingale era, nursing educational programs rejected and deterred males from the profession, and some considered their interest in nursing unnatural or only because they did not meet the standards for medical school (Smallheer et al., 2020). The Nightingale era began steering males to work in the hospitals as orderlies doing masculine jobs like transporting or lifting patients. Mulkey and Harrison concurred that the historical trends of Nightingale's modern nursing are considered by some today to be the reason nursing continues to see stigmatism related to males as caregivers, resulting in low numbers of men in the profession.

In the early 1900s, the Nurse Army Corp was enacted in the United States (U.S.) and only allowed females to join (Mulkey, 2023). During this time, women were not allowed to work on the frontlines during wartime. As a result, men served on the frontlines, influencing the historical role of men in military nursing. The Nightingale era influenced a shift in the military from predominately male to female nursing positions during World War I and II. In the 1950s, a commissioned male nurse anesthetist was the first male to serve in the Nurse Army Corp. However, in the 1950s, males continued to face barriers in career opportunities and stigmas and perceptions centering around their gender and chosen careers in nursing. According to Harrison (2021), the gender stereotypes led to males avoiding areas of nursing that require intimate touch and preferring emergency care. Harrison pointed out that even though high-risk maternal-child



nursing involves emergent situations, men historically stayed clear of going into this area of nursing.

### **Social Context**

The World Health Organization predicted a global healthcare workforce shortage of over 10 million worldwide by 2030; nurses account for 59% of the global workforce and 56% of the U.S. workforce (Drennan & Ross, 2019). The nursing shortage continues to be negatively affected by the lack of a diverse nursing workforce to meet today's complex healthcare demands (AACN, 2023; Mulkey, 2023). The statistics indicated that 52.8% of men account for the workforce in America (AACN, 2023). However, only 11.4% are registered nurses (RN), up by 0.03% since 2017, with males representing 13.8% of nursing students. Males tend to enter nursing pursuing specific career pathways, supported by statistical evidence reporting that 41% of male RNs are certified registered nurse anesthetists compared to 1% as nurse midwives (Bly et al., 2020). With the prediction of a significant nursing shortage and the lack of a male nursing perspective, nursing schools must recruit and retain male students who will graduate and work in all nursing areas to promote society's health (AACN, 2023).

Blackley et al. (2019), Kane et al. (2020), O'Lynn et al. (2020), and Younas et al. (2021) indicated that feminism idealism linked nursing as a caring profession for women, which negatively impacted men's decision to become a nurse. Younas et al. completed a meta-synthesis of the literature that presented common barriers for men in nursing, such as gender stereotyping, societal views of nursing as a female profession, and being singled out to perform masculine tasks. Furthermore, male nursing students reported limited clinical experiences, gender bias, and a lack of professional male role models. Kane et al. suggested that future nurse educators'

research should explore interventions in education for male students, especially when caring for female patients. Blackley et al. discussed that current research must expand upon males' specific stressors in their educational experiences to determine interventions. Shim and Da Park (2023) suggested that academic educators must assess male students' feelings about gender barriers to aim for future interventions to mitigate gender inequality. The current study's benefit to nursing education is the findings can extend the literature to identify the specific clinical challenges male nursing students experience in their family health clinical rotations before implementing interventions to address these experiences.

### **Theoretical Context**

Lev Vygotsky's (1978) sociocultural learning theory grounds this phenomenological study within the clinical educational environment. Within this theory, three themes emerge in sociocultural learning: human learning begins in social, historical, and cultural contexts within a person's growth; using psychological tools enhances a person's development to higher mental functions; and learning occurs within the zone of proximal development (ZPD) (Stanescu-Yaday & Lillekroken, 2023). The theory conceptualizes learning as a social experience where students progress in knowledge by working with more experienced leaders in their field of study. NEs must understand and implement educational conceptual frameworks into their evidence-based teaching practices.

Vygotsky's (1978) theory aligns with role modeling, a concept essential to nursing education. Role modeling is utilized throughout the curriculum so nursing students learn from instructors' and clinicians' professional standards in nursing. The integration of role modeling enhances the progression and preparation of students, ensuring that they are prepared to practice

as nurses. Vygotsky's sociocultural learning theory provides NEs with a conceptual framework to develop innovative curricula that involve students in their learning process while collaborating with more experienced nurses and faculty. The researcher explored male nursing students' perceptions of increasing their learning in family health concepts clinical rotations. Therefore, students' perceptions of principles and behaviors of learning observed and measured in the ZPD guided the findings to discover whether male students effectively expand their knowledge to meet course outcomes.

### **Problem Statement**

The United States alone needs 203,700 new graduate nurses annually to fill the nursing workforce gap; over one million new nurses are needed by 2026 (Akintade et al., 2021). Nurses encompass over half of the world's healthcare professionals and are critical to addressing equitable, complex healthcare needs worldwide (Drennan & Ross, 2019). However, the global nursing workforce continues to experience a steady decline in numbers compared to the demand for nursing positions. Adding to the nursing workforce shortage problem is a global shortage of men in nursing, which is considered a minority group in the nursing profession. There is a call to increase minority groups within nursing to meet population health demands, including an increased number of men in nursing worldwide (AACN, 2021). Also, NEs must combat the nursing workforce shortage by recruiting and retaining diverse populations of students. Current nursing curricula require students to complete all required didactic and clinical courses with minimum clinical contact hours for all students. However, current research shows that in contrast to female students, male nursing students are treated differently in clinical experiences by clinical faculty, hospital staff, and patients (Gedzyk-Nieman & Svoboda, 2019; Kane et al.,

2022; Salomonson et al., 2023). Metzger et al. (2020) added that minority nursing students lack a sense of belonging in clinical environments, affecting their self-efficacy and ability to meet course learning outcomes.

The literature indicates that male nursing students face barriers limiting inclusion in their academic journey, including gender discrimination in clinical courses, especially when caring for female clients (Cho & Jang, 2021; Younas et al., 2019). However, there is an identified gap in the literature: the underlying challenges for male nursing students are not entirely understood. As noted previously, a common theme in nursing is diversifying the nursing workforce, including recruiting and retaining men. NEs must understand male students' experiences before investigating future evidence-based teaching strategies to support them (Metzger et al., 2020). The problem is a gap in the current literature describing more completely male nursing students' experiences caring for patients during family health concepts, especially birthing parents and pediatric patients (Bly et al., 2020; Deuz, 2023). Therefore, to improve current evidence-based teaching strategies concerning male nursing students' clinical experiences, this research sought to discover the meaning(s) and understanding(s) that male nursing students give to being male and pursuing nursing when caring for birthing parents, newborns, and pediatric populations during clinical rotations.

### **Purpose Statement**

The purpose of this phenomenological study is to describe and explore the perceptions of the impact and beliefs of male nursing students' navigating social interactions related to learning during the family health concepts clinical rotations for 10 male nursing students from several southeastern (SE) community colleges' pre-licensure nursing programs. For this research, the

central phenomenon is defined generally as social interactions affecting male nursing students' clinical experiential learning experiences during family health concepts course-related clinical rotations. The theory guiding this study is Vygotsky's sociocultural learning theory, as it explains the relationship between what male nursing students can learn by themselves and what they can expand upon with more expert clinicians and faculty who guide them to a higher level of learning.

### **Significance of the Study**

Vygotsky (1978) provides the study with a theoretical framework to explore male nursing students' learning within the ZPD during clinical experiences related to a family health concepts course. A significant challenge for NEs is facilitating learners to link theory to the clinical environment (Kanter et al., 2020). Vygotsky's theory assumes that students effectively learn in the ZPD as they stretch beyond cognitive knowledge in the clinical environment under the guidance of more experienced clinicians. The NE's goal in teaching in the ZPD is to ensure new nurse graduates can enter the profession with an autonomous practice. This qualitative research study sought to fill a gap in literature exploring male nursing students' perceptions of learning during clinical, particularly those related to family health concepts. The aim is to add pertinent information to the scholarship of teaching-learning in nursing education by better understanding male students' learning experiences during the required clinical rotation.

The literature shows that men continue to be underrepresented in nursing worldwide despite recruiting more nurses to meet current and future healthcare population needs (Blackley et al., 2019; Kane et al., 2020; Kellett et al., 2023; Smith, 2020). Research shows men face various gender stereotypes that deter them from choosing nursing as a career. Various studies make note

of barriers related to societal views on masculinity; however, there is scant research seeking to address gender issues. Another barrier stereotype is societal views that men are incapable of empathetic caring like females. However, current research findings support positive patient outcomes when cared for by male nurses. In 2018, approximately 13.2% of nursing students identified as male, and nursing schools reported higher attrition rates among males than females. Furthermore, the literature supports that male face gender stereotypes in the clinical environment. However, limited studies have explored the role of socialization in experiential clinical learning with male students, particularly in how male students navigate learning and meet course and program outcomes in family health clinical environments.

Therefore, this study fills a gap in the literature by exploring male students' perceptions of learning within the ZPD during family health concepts clinical rotations. The study explored social influences that hinder or support male students' learning in the environment. The new knowledge gained will fill a gap by expanding on the dynamic of what it means to be male and learning the ZPD in family health concepts clinical environments (Liu et al., 2022). The significance is adding new knowledge to nursing education, which NEs can consider when facilitating learning with male students in clinical interactions with peers, instructors, and more experienced RNs (Kellett et al., 2023), thereby supporting gender equity in nursing education for both male and female students in the clinical environment, ultimately supporting future patient care improvements. Overall, NEs must address the lack of males in nursing and find ways to promote gender equity so the global future predictions for the lack of nurses in healthcare do not come to fruition (Drennan et al., 2019).

### **Research Questions**

The research questions address the problem and purpose statements and are open-ended, unambiguous, non-directional, significant, and ethical (Creswell & Poth, 2018). In qualitative studies, research questions are often philosophical and do not suggest a cause and effect but rather the meaning and perceptions of participants. In qualitative research, the central question is an overarching broad question, capturing the specific language of the chosen methodology. The sub-questions allow the researcher to guide their data collection with more specific open-ended questions. The questions guide the data analysis and narrative findings in Chapters Four and Five. In the following section, the central and sub-questions describe how the research explores the phenomena supported by the literature.

### **Central Question**

1. What are the meaning(s) and understanding(s) that male nursing students give to being male and pursuing nursing when caring for populations related to family health concepts clinical rotations?

Nursing academic educators contribute to the scholarship of discovery by completing highly reliable research to address a gap in current literature (Creswell & Poth, 2023; Hendricks, 2020). This study explored the perceptions and experiences of male students with phenomenological methodology. In phenomenology, the researcher acknowledges the philosophical underpinnings of describing the meaning and understanding of the participants' perceptions. The study explored how a specific clinical rotation affects male students during family health concepts courses. Therefore, a broad central question expresses the language of phenomenology, guiding the research data collection plan (Creswell & Poth, 2018).

### ***Sub-questions***

1. How do male nursing students perceive navigating social interactions during family health concepts and clinical experiences impacted their learning?

Current literature reveals that male nursing students lack role models during their nursing educational experiences (Hendricks, 2020). Vygotsky (1978) stated that for students to extend their learning, they must expand their knowledge during social interactions with more experienced individuals (e.g., faculty or clinicians). Therefore, the first research sub-question sought to understand male students' perceptions of learning through role-modeling by navigating professional social interactions during family health concepts clinical experiences.

2. What obstacles to learning do male nursing students say they encounter when providing care in a family health concepts clinical environment?

A gender-neutral approach to the public image of nursing is essential to improve gender imbalance within the profession (Hendricks, 2020). However, the literature supports that male students face social gender stereotypes, sexist language, and obscure notions regarding males as less caring. Often, males perceive these challenges as not belonging to the profession (Metzger et al., 2020). However, scant current literature explores males' perceived obstacles to learning during family health concepts. Therefore, the second sub-question sought to understand any current barriers male students are currently experiencing in the specific clinical rotation.

3. How do male nursing students' perceptions of their learning experiences in family health concepts clinical rotations motivate their decisions for further practice or to remain in the profession?

Many minority group students, including males, report feelings of social isolation, lack of confidence, and self-doubt in pursuing a nursing career (Hendricks, 2020; Metzger et al., 2020).



Furthermore, males have higher attrition rates than females across all nursing programs. However, there is a lack of current literature to support at what point during male students' educational experiences they begin to lack a sense of belonging and doubt their career choice (Christensen et al., 2021). Therefore, the third sub-question explored males' perceptions of learning and decisions to remain in nursing after they have completed family health concepts and clinical experiences.

### **Definitions**

1. *Andragogy*- the teaching of adult learners as opposed to the teaching of children (Candela, 2020).
2. *Gender Bias*- when a person is treated differently by others based on gender (O'Lynn et al., 2020).
3. *Gender Norms*- the underlying societal roles that guide what behaviors are appropriate for males and females in society (O'Neal, 2014).
4. *Gender Role Conflict*- adverse outcomes related to males choosing to go against societal norms in their professional pursuits in life (O'Neal, 2014).
5. *Males*- assigned to the male gender at birth based on visualizing the male genitals (Lindqvist et al., 2020).
6. *Family health concepts clinical*- required clinical rotation in the acute care setting and community with patient experiences relating to birthing parents, newborns, neonatal, and pediatric care (Finkleman,2021).
7. *Registered Nurses (RNs)*- a branch of healthcare workers dedicated to patient-centered care who possess the knowledge, skills, and attributes of the profession (AACN, 2021).

8. *Pre-licensure*-nursing program consisting of students earning their first degree in nursing who will sit for the national licensure exam upon graduation (AACN, 2021).

9. *Sociocultural Learning Theory*- emphasizes gaining new knowledge through active social interactions within environments, demonstrating outcome attainment, and self-awareness of one's knowledge attainment through reflective practice (Candela, 2020).

10. *Zone of Proximal Development*- when students are modeling and working alongside more experts to advance their learning (Vygotsky, 1978).

### **Summary**

The problem is the nursing workforce is facing a significant deficit in the number of nurses presently and in the future to meet societal healthcare demands (Drennan et al., 2019). Despite the efforts to recruit more diverse populations into nursing, the literature shows men remain underrepresented in the profession. Furthermore, current literature describes various barriers to male nursing students' learning in the academic environment, especially during clinical rotations (Bly et al., 2020; Kane et al., 2021; O'Lynn et al., 2020). However, NEs know all nursing students must learn to apply theory to practice and professional attributes in the clinical environment during nursing school (AACN, 2021). Also, students must progress during clinical by learning with more experienced clinicians (Hendricks, 2020). The goal is to graduate well-rounded students who can provide holistic patient care (AACN, 2021). Therefore, this research study sought to fill a gap in the literature to inquire about pre-licensure male nursing students' experiences in clinical, particularly family health concepts clinical rotations. The research adds to the scholarship of teaching-learning supporting male students. The hope is to

understand how to support male students and gain information to facilitate the recruitment and retention of males into the nursing profession.

## **CHAPTER TWO: LITERATURE REVIEW**

### **Overview**

Chapter Two presents a theoretical framework and a literature review related to current scholarly research on men in nursing. The literature overview aims to uncover new information about males' experiences in the nursing profession. The following three bodies of current literature within the past five years facilitate understanding of recent scholarly knowledge on this topic: societal influences on men, males as caring professionals, and the impact of being male on nursing education. The previous research suggests that males continue to face barriers in their pursuit of nursing (Bly et al., 2020; Kane et al., 2021; O'Lynn et al., 2020). Specifically, male students face obstacles to learning in the clinical environment during nursing education, especially during maternal-child and pediatric rotations. However, current literature is sparse on adding to the scholarship of teaching-learning regarding how to support better male students' learning experiences within these clinical learning environments (CLE) in nursing education. Therefore, to address the gap in the literature, this study used a qualitative approach to offer male students the opportunity to share multiple perspectives of their learning during family health concepts; specifically, to investigate male students' experiences reaching their full learning potential during an Associate Degree in Nursing (ADN) in family health concepts-related clinical. Since the focus is on learning, an educational theory provides a framework to interconnect male students' social interaction with nurses and instructors and learning in the clinical environment. The theoretical framework will guide the research questions, analysis, and interpretation of results in this study.

### **Theoretical Framework**

Part of a scholarly pursuit is researching to advance nursing science by using theoretical frameworks to structure research (Meleis, 2018). The discipline of nursing's theoretical roots began with educational, sociological, and psychological theories to inform current nursing theories. A theory-driven scholarship is essential to advancing the science of nursing education, understanding generalizations and assumptions, and describing the study's findings. Therefore, choosing a theoretical framework to guide a research investigation is essential in a doctoral dissertation. The scholarship of discovery uses theory to determine research questions, data collection, analysis, and interpretation of the results related to the phenomenon. For this reason, an educational theory guides the study's inquiry, methods, and analyses to explain the phenomenon.

### **Background and Cultural Context**

The orientation for this study stems from a constructivist approach to teaching-learning, which connects experience and learning. The history and philosophies of how adults learn stems back to ancient Athens with traditional philosophers such as Socrates, Plato, and Aristotle (Smith, 2020). Educational worldviews influenced learning by refining learning into five basic educational philosophies: behaviorists, humanists, cognitivists, social cognitivists, and constructivists. During the progressive movement of the twenty-first century, several constructivist educational philosophers, including John Dewey, Jean Piaget, and Lev Vygotsky, steered from a teacher-centered approach to teaching-learning to a student-centered approach, accepting a connection between students' experiences and their learning. The progressive educational thinkers promoted innovative teaching strategies to inspire students from all backgrounds to actively engage in their learning instead of passively receiving the instruction to

succeed. In addition, constructivists ascertain learning constructs as people make sense of their experiences. Vygotsky (1978) added a social approach to teaching-learning congruent with constructivist theorists. He emphasized human learning development as socially mediated by culture, interactions, communications, and environments in which learning occurs.

### **Social Constructivism**

Lev Vygotsky's (1896-1934) socio-constructivist theory centered around three main sociocultural learning themes, which he believed worked together to promote the learning and development of humans (Kanter et al., 2020; Lillekroken, 2019; Oakley, 2004; Vygotsky, 1978). These interrelated concepts include historical and cultural influences, psychosocial tools such as language for communication, and the zone of proximal development (ZPD) as a way for educators to understand how people adapt and learn new information. Vygotsky defined culture as the social and historical environment in which a person grows up, influencing their knowledge development. For instance, if a person grows up in a society where men have been historically identified as more powerful, their viewpoints and knowledge of what it means to be masculine are affected by that society (O'Neal, 2014). Therefore, the time in history and culture in which a person lives influences their construction of knowledge. Vygotsky placed a higher importance on language than Piaget by defining language as social, egocentric, and inner speech oriented. Vygotsky believed language can influence others, guide oneself, and direct a person's innermost thoughts. Therefore, language is necessary to reach higher mental functions such as memorization, thinking, and concentrating on peers or mentors for knowledge acquisition.

### ***Zone of Proximal Development***

Vygotsky (1978) developed his socio-constructivist theory emphasizing how social environments influence children's learning and development from kindergarten through 12<sup>th</sup> grade. However, the theory has evolved and proven relevant in higher education and andrological pedagogy practices today (Coffman et al., 2023; Kanter et al., 2020; Lillekroken, 2019). According to Vygotsky, in the ZPD, students assimilate new knowledge while they engage in learning activities with skilled teachers across a continuum. The educators support student progress with formative and summative feedback as they engage in learning in the ZPD. The terms scaffolding and leveling, often associated with curriculum development, are associated with Vygotsky's sociocultural theory. Scaffolding is building new learning with peers and mentors based on regular feedback. Leveling is when course build upon each other to meet program overall outcomes. The ZPD emphasizes a learning zone where humans are challenged to go beyond what they know and can demonstrate their knowledge independently. Learners explore new knowledge with experts in their field of study, such as teachers and mentors, who guide students until they reach beyond their current learning to reach mastery. As they progress through the ZPD, students reach beyond their current knowledge until they demonstrate the ability to perform autonomously.

The ZPD assists educators in designing a curriculum that actively engages students in their learning experiences while educators empower them to apply and demonstrate their learning (Coffman et al., 2023; Kanter et al., 2020). The ZPD provides students with a collaborative learning environment with expert educators providing feedback and remediation until students demonstrate competencies and reach a higher level of learning. Therefore, enabling students to progress from foundational to higher-level courses ensures they are competent to

graduate. By focusing on Vygotsky's theory, the learner, regardless of learning style, builds on their knowledge through active engagement with skilled professionals until they exhibit increasing independence and competency. Thus, educators use leveling and scaffolding to align courses with their curriculum's end-program outcomes and competencies. Scaffolding and leveling across a program enable learners to reach target learning goals with feedback and support from their educators until they can apply their knowledge independently.

### **Informed Nursing Education**

Nursing education is experiencing a transformational paradigm shift from a heavily content-driven curriculum to a constructivist learning approach (Kanter et al., 2020). The new direction shifts nursing education to an outcomes-driven learning approach where students actively participate in learning to enhance clinical judgment (Lewis et al., 2022). Vygotsky's (1978) sociocultural constructivist approach to learning informs nursing faculty with a pedagogical model to support individual learning experiences by incorporating the ZDP model, scaffolding learning, and measurements of competencies across the nursing curriculum (Coffman et al., 2023; Stanescu-Yaday & Lillekroken, 2023).

In nursing, students collaborate with facilitators of learning by actively participating in didactic class activities, simulations, and patient-care CLE. The NE guides students and provides expert feedback to advance learners from a level of cognitive knowledge to a higher level where students demonstrate the professional nurse's knowledge, skills, and attributes (Kanter et al., 2020). An outcomes-based curriculum integrating Vygotsky's (1978) sociocultural theory emphasizes individuals developing new knowledge as they interact socially with advanced clinicians and NEs. Therefore, students have various opportunities to demonstrate mastery



attainment over time with the assistance of their peers, facilitators of learning, and clinicians in the clinical environment. Thus, the primary intent of applying Vygotsky's theory is to ensure male pre-licensure students gain competencies throughout their education and graduate prepared to enter the nursing workforce. For NEs to accomplish this, assessments must align with end-of-program competencies and scaffold across the curriculum to allow students to demonstrate their progression. According to Vygotsky, as students apply their learning with the help of preceptors, clinical instructors, and NEs, they actively engage in their learning, which is learning in the ZPD. The role of the NE is to provide feedback and encouragement to students as they continue to expand in the ZPD.

Vygotsky's (1978) theory adds to nursing education by offering another perspective to NEs to ensure students advance in the ZPD throughout their nursing profession. Benner's novice to expert theory aligns with a constructivist approach to teaching and learning and experiential learning theory. Dr. Benner contributed to nursing by providing a guide for skills acquisition for nurses from novice to expert (Graf et al., 2020). Benner demonstrated a framework to understand better how learners advance in their profession by applying knowledge and personal experiences to their nursing care. Benner's theory showed how a nursing student could adapt and learn by acquiring and applying new knowledge to the clinical setting.

Novice students begin by applying previously learned materials to simulations, laboratory, and clinical experiences (Graf et al., 2020). In the beginning, they learn how to take vital signs, assess patients, and learn skills related to nursing practice, along with the attributes of the professional nurse. Next, the advanced beginner attends clinical with their instructors' oversight to apply skills in practice. As they progress to the competent stage, students have more

critical patients in simulation scenarios. Also, they advance their leadership skills by having a team leader assignment in clinical. The goal for NEs is for the student to enter the proficient level for a nursing student before graduation. Students demonstrate proficiency by completing a transition to practice, passing licensure, and transitioning to the nursing workforce. Using Vygotsky's theory as a framework for this study adds to the scholarship of nursing education through an educational theoretical lens.

### **Research Relates to Theory**

Increasingly, nursing education experts' perspectives include a progressive approach to teaching-learning, which centers on Vygotsky's role of educators as the facilitators of learning (Valiga, 2020; Vygotsky, 1978). A progressive nursing curriculum is grounded in experiential learning experiences that engage learners and empower them to reach their full potential. Critical concepts of the discipline of nursing include the metaparadigm of nursing, which includes humans, society and environment, health, and nursing. Like Vygotsky (1978), nursing education focuses on humans as individuals capable of learning with the support of others to reach their full potential. Furthermore, nursing aligns with Vygotsky's ideology of society and the environment's role in providing various experiences where humans can maximize their learning. Nursing also agrees on the social aspects of the importance of experts establishing relationships with their students to strengthen their belief in a holistic healthcare approach to health, well-being, and nursing as a caring discipline.

Therefore, clinical placements are built into the nursing education curriculum to enhance students' clinical reasoning skills and prepare them for practice. Newly graduated nurses enter a fast-paced healthcare environment expected to integrate theoretical knowledge, nursing skills,

and attributes with diverse patient populations and their families (Dickison et al., 2019). An essential aspect of Vygotsky's (1978) sociocultural theory is that students learn with more experienced peers, mentors, and educators (Stanescu-Yaday & Lillekroken, 2023). Students engage with other health professionals directed by their NEs in the clinical environment. Their learning is scaffolded across the curriculum, beginning with fundamental caring skills and attributes resulting in gaining confidence and a sense of belonging in the nursing profession.

As students' progress through the curriculum, the clinical assignments continue to challenge students with new opportunities to expand within the ZPD. Therefore, Vygotsky's (1978) theory provides a framework to explore the impact of current cultural trends, communication, and expansion of knowledge in the ZPD during students' clinical rotations. In this study, impartially, the researcher's goal is to use Vygotsky's theory to discover the impact of male students' social situations in maternal-child and pediatric clinical environments. The findings concerning Vygotsky's theory can focus on male students' ability to communicate and understand the patient-care-related needs of the population. Also, the theory provides NEs with a guide to better understand how students learning environment contributes to their ability to demonstrate competencies within the ZPD.

This qualitative phenomenological study sought to interpret male nursing students' perceptions of their social interactions and learning during family health concepts clinical rotations. Vygotsky's (1978) theory supports the study's assumption that interactions students have with nurses impact their ability to reach higher levels of learning in the ZPD. The NE identifies each student's level and creates learning experiences with more knowledgeable nurses in the ZPD (Kanter et al., 2020). As students continue to learn under nurses' expertise in the

ZPD, the NE role becomes a facilitator of knowledge, ensuring learning opportunities expand students' clinical judgment to meet course outcomes (Coffman et al., 2023).

Social environments allow students to learn the language of healthcare providers, demonstrate professional charting and use of medical equipment, and apply patient-specific reasoning (Kanter et al., 2020). Vygotsky's (1978) theory provided the researcher with a theoretical framework to discuss the findings and strengthen the scholarship of nursing education concerning male students' learning within the ZPD during family health concepts related to clinical. The research findings can enable current and future NEs to better understand what it means to be male in a highly female-dominated clinical environment such as maternal-child clinical. Thus, the theory contributes to disseminating research findings concerning how social interactions in the maternal-child and pediatric clinical rotations promote or inhibit male students' learning within the ZPD.

### **Related Literature**

The related literature section provides a comprehensive synthesis of the scholarly body of knowledge in social science on the topic of men in nursing. The section reports current topics covered in the literature, including the impact of being male on societal influences, caring professionals, nursing education, and family health concepts. Furthermore, the related literature reviews the characteristics of nursing pre-licensure academic settings. The section shows how current literature relates to the study. The related literature demonstrates current and developing topics on men in nursing and how the study can fill the gap and add to the existing body of knowledge.

### **Societal Influence on Males**

Harrison (2021) suggested that adding more men to the nursing workforce would increase the number of nurses and combat the global workforce shortage. However, despite efforts to recruit more males, statistics substantiate men as a minority group. Nursing is not a traditional career path for men. There is a significant amount of literature on men in nursing with common themes relating to psychological variables affecting men's decisions to become and remain a nurse (Blackley et al., 2019; Cho & Jang, 2021; Guy et al., 2022; Kellett et al., 2023; O'Lynn et al., 2020). These authors framed their studies based on James O'Neal's (2014) call to action to expand the humanity of men from typical societal male-gendered stereotypes, which include the nature of men in caring, empathy, and compassion. Socrates stated, "Know thyself! The unexamined life is not worth living" (Smith, 2020, p. 2). Socrates believed people must seek out what is right/wrong or good/bad for their lives. But O'Neal assumed that society's influence on what it means to be masculine is a barrier to men seeking the best or worthwhile endeavors for their lives.

O'Neal's (2014) underlying assumptions included that men adhering to strict societal roles often suffer from gender role strain (GRS). Since a common problem in nursing is the low number of men, various researchers seek to understand the phenomenon from psychological and social lenses. Therefore, they chose O'Neal's middle-range male gender role conflict (GRC) theory as a framework for their research, not to say men experience oppression through sexism, but to closely examine the role of gender with the low numbers of males in nursing. Furthermore, they wished to examine concepts related to GRS relevant to being male in nursing, including feelings of restrictions, devaluations, or violations.

Despite the demand for more nurses, current literature reports that male biases continue to exist internationally within the nursing profession, affecting male students' and nurses' attrition and satisfaction rates (Cho & Jang, 2021; Christensen et al., 2021). Cho and Jang (2021) completed a study using GRC as a theoretical framework, using the *Gender Role Inventory* tool to assess gender stereotypes and the *Major Satisfaction Inventory* instrument to study the influence of a Confucian society on Korean male nursing students. The societal influences in Korea are considered some of the most patriarchal in the world, with apparent differences between the roles of men and women. The sample size of their quantitative study included 195 nursing students (154 women and 41 men) from three South Korean universities. The researchers investigated the correlation between gender role stereotypes, patriarchal family environment, and significant satisfaction as nursing students. Their findings showed a strong correlation between male students at younger ages, higher intellect, individual motivations for becoming a nurse, and decreased beliefs in patriarchal ideations led to higher satisfaction with nursing as a major. The findings indicated that students believed both male and female genders are essential to the nursing profession and concluded that merging their roles in nursing leads to the retention of men in nursing.

Current literature supports that barriers continue to exist, such as GRS, stereotypes surrounding nursing as a female profession, and hesitancy about males providing intimate care to females (Gavine et al., 2020; Palazzo & Erickson, 2022; Smith et al., 2020). Several barriers for males entering the nursing profession begin in high school between the ages of 13 and 19 when they begin thinking about nursing careers. Gavine et al. (2020) defined the public view of nurses in media and films as harming men pursuing nursing. Palazzo and Erickson (2022) added that

high school guidance counselors, families, and friends often discourage males from entering nursing, ultimately deterring their decision to choose nursing as a career. Furthermore, the authors completed a quantitative descriptive research study using the *Nursing Attitudes and Perceptions Scale*. They found a direct correlation between self-identified gay male high school students and an increased interest in nursing. The results supported a common stigmatism that all male nurses are gay, which may deter heterosexual men from entering the field. Gavine et al.'s findings in a systematic review of Western countries' literature supported barriers beginning in high school. The researchers added that older males faced the same social gender stereotypes from friends, family, and peers when choosing nursing as a career field.

The societal influences portraying nursing as a female profession are deep-rooted in nursing's past as a discipline (Guy et al., 2022). The historical and social challenges remain today, demonstrated by the ongoing low numbers of men in nursing worldwide. Smith et al. (2020) sought to strengthen the body of knowledge about men in nursing by conducting a qualitative research study with 11 male nurses recruited through the American Association for Men in Nursing. The authors reported men felt isolated in their clinical workplace environments, influenced by being excluded from female-female social relationships. Some male participants reported that their experiences in the clinical environment made them feel like nurses would prefer nursing to remain a dominated female profession. Younas et al. (2019) noted that males in nursing must become normalized in society; however, Smith et al. added that men must become involved in supporting more men in nursing. In contrast, Palazzo and Erickson (2022) recommended changing nursing to a gender-neutral profession that requires everyone's involvement, from high school guidance counselors and families to the media.

With the current push to diversify nursing and the workforce shortage, Kellet et al. (2023) used a grounded theory approach to construct a model to understand men's decisions to become nurses. Their qualitative interpretive research study was guided by GRC of pre-licensure male nursing students from a diverse multicampus university in the United States. The researchers recruited 17 participants who had participated in a previous quantitative survey study. The findings presented a framework for men's decision-making to become nurses. The first phase included men considering the decision, which the researcher divided into two themes: facilitating versus impeding the decision. Some influences were an integral desire to help others, even feeling called to nursing, along with male role models who developed caring characteristics within them. The same male students stated they had contemplated how their decision may negatively impact them based on society's negative views of men choosing nursing as a career, including not being smart enough to be a doctor. The second phase was deciding, and the final phase was considering the decision. The study supported past and current gender-related stereotypes in nursing and a model to understand those barriers in men's decisions to become nurses.

Smallheer et al. (2023) charged all nursing professionals to seek gender neutrality to advance the discipline of nursing. The authors stated that gender-related stereotypes dissuade men from practicing in hospice, community, geriatrics, and obstetric nursing, leading to healthcare lacking a male nursing perspective, which could negatively affect the health of society. Kane (2021) felt nursing is becoming more divided instead of more gender-neutral, noting that male nurses worked more often in intensive care units, emergency departments, and mental health. In contrast, Kane noted, women chose obstetric and gynecological fields. Shim



and Park's (2023) findings in Korea revealed that male nurses reported a positive correlation between job satisfaction and gender equity in the work environment. The authors concurred that the future of the nursing workforce depends on diffusing male stereotypes and recruiting more men to work in nursing.

### **Males as Caring Professionals**

Nursing is a human science that encompasses a scientific theoretical portion and the art of caring for others (Meleis, 2018). The tenet of caring is at the heart of the nursing profession, with theorists defining the essence of caring in the field as synonymous with being a nurse. Jean Watson's theory of human caring describes caring as the moral obligation of the nurse to have a humanistic approach to patient care, which promotes health and healing using the mind-body-soul connection (Alharbi & Baker, 2020). Furthermore, nurses must use a culturally congruent approach to caring to improve the health of different cultures within society (Fawcett, 2018). In the discipline of nursing, applying theory to practice is essential; however, to practice caring, nurses must be able to establish authentic caring relationships between themselves and patients. Therefore, the art of nursing is caring, so it is inherent to all nurses to understand caring and connect with their patients to act on nursing skills and ensure therapeutic communication. NEs must ensure their nursing students understand caring as a component of nursing practice. However, social and cultural norms often promote caring as a female trait, and males are associated with lesser caring attributes based on gender. Nursing theorists do not mention the assumptions of caring as a gendered attribute; however, females are typically attributed as being more caring in nursing, and past research has also focused on female nurses.

Mokdad and Christensen (2021) presented historical evidence showing that male nurses' caring attributes included "honesty, being present, and being realistic" (p. 292). Younas and Sundas (2020) investigated patients' experiences and thoughts on care provided by male nurses in a mixed methods study. The authors recruited 262 patients and surveyed them with the *Newcastle Satisfaction with Nursing Scale*, and 15 completed a qualitative arm from across three hospitals in Pakistan. The authors reported that patients felt their male nurses were respectful, considerate, attentive, non-judgmental, and supportive. The authors also presented evidence showing patients felt male nurses demonstrated caring characteristics, such as engaging and building authentic relationships, where they scored higher than their female counterparts. The researchers supported the assumption that not all men and women demonstrate the same caring behaviors. However, male nurses possess caring attributes and often choose nursing over other healthcare professions because they desire to care for patients. Younas and Sundas' study reported that patients cared for by male nurses felt they received equitable care with fewer biases. The results indicated that patients in their study perceived excellent nursing care from male nurses. The authors agreed that the diffusion of implicit biases about males as uncaring caregivers must happen. Especially as nursing is moving toward establishing its discipline as gender-neutral, caring perspectives must broaden.

Nursing graduates must develop a caring practice with a high degree of caring behaviors and empathy for their patients (Arreciado Marañón et al., 2019; Deng et al., 2023; Durgun Ozan et al., 2020). NEs must understand that empathy is critical for all healthcare providers to promote health and healing for patients and families. Deng et al. defined nurses as demonstrating empathy by responding to their patients' emotions effectively through verbal and non-verbal responses. In

addition, empathetic nursing care demands reflective practice promoting the student's emotional intelligence. All authors sought to understand if there is a significant difference between male and female nurses when demonstrating empathetic characteristics toward patients.

Korkmaz et al. (2022) completed a quantitative correlational study in Turkey with a sample size of 276 nursing students. The study's findings revealed that nursing students with low levels of empathy can still exhibit high levels of caring behaviors. A significant finding in the study was that there were no differences in caring behaviors based on gender. Deng et al. (2023) completed a quantitative study in China that surveyed 993 nursing students and found no gender differences between male and female problem-solving abilities and empathy. However, they did find a relationship between low levels of emotional intelligence and being male. Arrecjado Maranon et al. (2019) conducted a qualitative study of 12 males working in a pediatric hospital and reported patients and families based their relationships with healthcare workers on professional attributes of compassionate, trusting relationships, not gender.

Several nurse scientists explored attributes of caring, compassion, empathy, and helping others when male nurses cared for their patients (Englund et al., 2020; Mokdad & Christensen, 2021; Younas & Sundas, 2020). Historically, the literature has shown that male nurses face challenges working in gynecological, pediatrics, and maternal clinical environments; however, most of these studies were primarily conducted in non-western countries. Mokdad and Christensen (2021) suggested that the nursing profession is becoming more gender-neutral in western countries. However, the current literature suggests that gender stereotyping in western countries still exists. Overall, the authors agreed the attribute of caring in nursing must transition from traditional views of caring as a female trait and be open to caring actions demonstrated

differently based on gender, socioeconomic status, and marginalized backgrounds of the caregiver. Ultimately, the concept of caring is vast, and patient choice and satisfaction with their care are essential. However, the historical perceptions of nursing as a female caring profession may alter patients' decisions for care by male nurses. The authors concurred that a more inclusive operationalization of the concept of caring in nursing is needed in the future to deter assumptions that females offer more caring attributes than males.

### **Impact of Being Male in Nursing Education**

In today's current political climate, nursing accreditation agencies and higher education leaders focus on ensuring the nursing workforce mirrors the current trends in the nation's population so that healthcare can meet the needs of growing diverse populations in the United States (AACN, 2021; Green, 2020; Patterson et al., 2023). The literature defines diversity as differences in race, age, gender, religion, culture, language, and socioeconomic class of individual persons. In contrast, equity focuses on facilitating those from diverse backgrounds with equal access to higher education and opportunities in nursing. The future of nursing education supports a diverse nursing workforce to combat inequitable access to healthcare in all areas of the United States. All humans have implicit biases from life experiences and preferences developed by societal messages and cultures surrounding them (Ricks et al., 2021). Nursing programs must examine their programs to ensure they create a holistic environment for inclusive learning. However, as mentioned previously, minority groups, including men, remain low in numbers in nursing education, with only 13% of pre-licensure students identifying as male. Current research determined that underrepresented groups not only add to the nursing workforce but tend to graduate and work within underserved populations, which increases access to

healthcare for all. However, barriers continue to exist despite the efforts to find pathways for males to enter, retain, and graduate from nursing programs.

In the past several years, nursing scholars have sought to uncover male nursing students' experiences in their academic journey to understand how they impact the low numbers of men in nursing (Gao et al., 2019; Glenn et al., 2022). The authors suggested male nursing students experience barriers and gender-related challenges in their nursing education programs despite efforts to ensure equitable learning experiences and recruit more men in nursing. An overview of common findings from Gao et al. and Glenn et al. included students feeling isolated as a minority group in nursing, gender differences and stereotypes related to their masculinity, and the influence of their gender on equitable learning experiences. Gao et al. expounded challenges male students encountered led to a higher attrition rate for male nursing students than female students, which is unfortunate since the representation of males in nursing education is already low. Furthermore, male students perceived a lack of support from faculty during clinical rotations, a lack of opportunities to enhance skills, and a feeling of not being accepted by nursing staff, despite the efforts of faculty development training to facilitate educational leaders to incorporate inclusive learning environments. Additionally, male students reported a lack of male mentors, faculty, and peers as a source of strength during their nursing education.

Salmonson et al. (2023) added information to the two previous qualitative studies on barriers males face in nursing education with a mixed-methods study of 1,228 participants (641 men and 587 women) from across 16 schools in Australia. The male nursing students reported positive and negative experiences in nursing education. The students completed the *Clinical Learning Environment Inventory* tool in the quantitative arm. The study reported male students

had greater clinical satisfaction when they were satisfied with their placement sites. However, the qualitative findings showed female students felt males received preferential treatment in the clinical, including passing courses without demonstrating skill competencies and being treated better by female nurses only because they were male. The male students agreed they were treated differently in certain instances. Additionally, the male students felt nurses used them more for tasks associated with increased muscle mass to lift items or help turn patients than preferred skill attainment opportunities. Furthermore, male students reported different treatment than female students when faced with emotionally challenging patient situations by their faculty. They claimed they received less support from instructors than their female peers.

Current literature elaborated that NEs must include inclusive pedagogical principles in students' learning experiences. Younas et al. (2019) completed a mixed-methods review of the literature intending to explore and find strategies to combat negative male students' experiences. The authors reviewed one mixed-method, six quantitative, and 36 qualitative studies published from December 1990 to May 2018. The research revealed that males want to be recognized as nurses and not referred to as the *male* nurse. The prominent message found in their review was the need to add more men in nursing, especially in academic settings, to support male students. They challenged nurse scientists to continue researching nursing students' experiences to find ways to promote equality in the CLE. Metzger et al. (2020) completed a study at the University of Virginia that attempted to find evidence-based inclusive teaching strategies from students' experiences. They completed a longitudinal qualitative study with 81 fourth-year nursing students at their university site. The authors found a common theme that echoed amongst minority students: being accepted to nursing school is not synonymous with belonging. The

literature review and study reported that inclusive pedagogical strategies must be incorporated, especially in the CLE. The literature suggested inclusive pedagogy strategies, such as professors learning and approaching students by their names, which they reported made the students perceive the professor as more approachable. Also, the authors found that when students felt their NEs demonstrated caring attributes toward them, they had a greater sense of belonging in the nursing program and profession.

In a descriptive cross-sectional quantitative study with 165 Korean male nurses, Shim and Park (2023) noted a direct correlation between the impact of nursing education and future male nurses' job satisfaction. The sample consisted of male graduates with at least six months of work experience. The authors reported a positive correlation between higher job satisfaction and professional pride among male students who perceived their nursing education programs positively, achieving gender neutrality in their learning experiences. Kim and Kim (2022) also found that educational satisfaction directly correlates with nurses remaining in the profession. However, they found that male nurses tend to make a career change sooner than female nurses within four years after nursing school. Shim and Park (2023) emphasized that nursing educational environments must find ways to support and promote men in nursing and ensure that educational practices support their learning. They reported that male students who felt pride in their professional choice to attend nursing school increased male retention after graduation. The authors suggested that future researchers must develop interventions to support male nursing students during their nursing education experiences. However, Duez (2023) supported the idea that more research is needed to explore male students' experiences to understand their perceptions of learning challenges when working with family health concept populations.

## **Family Health Concepts and Males**

Despite efforts to diversify the nursing workforce, the profession remains over 80% white female-dominated, with males representing 13% or less of nurses worldwide (AACN, 2023). Current literature indicates that male nursing students face barriers limiting inclusion in their academic journey, including gender discrimination and disparities in the CLE, especially when caring for female clients (Blackley et al., 2019; Christensen et al., 2021; Gedzyk-Nieman et al., 2019; Raghavan et al., 2023). NEs must take action to facilitate learning for males by overcoming these challenges during maternal-child and pediatric clinical placements. Generally, females dominate obstetrics, neonatal intensive care units, and midwifery in nursing (Bly et al., 2020). For instance, globally, 1% of midwives are males.

Raghavan et al. (2023) reported that 10% of the nurses in the United Kingdom are male, and one out of every 10 midwives is male. The authors suggested that nursing is the most gender-segregated profession today. Christensen et al. (2021) noted that men suffer verbal, emotional, and sexual stereotypes that lead to feelings of isolation and limited specialty choices. Raghavan et al. completed a descriptive qualitative study of 22 Middle Eastern male nursing students to explore their learning challenges in the maternal-child CLE. They reported that male students faced significant challenges in nursing education during maternity nursing courses due to limited access to learning experiences. The limitations included cultural inhibitions, gender-biased role expectations, and limited use of alternative teaching strategies. However, no recent studies in the United States explored the specifics of barriers to male nursing students during maternal-child nursing. Moreover, no recent studies in the US provided a deeper understanding of male students' perceptions of learning in the maternal child, neonatal, or pediatric CLE.



Bly et al. (2020) completed a cross-sectional quantitative study with 864 nurse midwives in the US to gather more information about their reactions to males working in the specialty. The results indicated midwives supported all genders in the specialty and believed a male perspective would benefit patient care. However, the authors admitted there was limited recent research on males' perceptions of their maternal-child nursing experiences to better understand their perspectives of learning or working in the specialty. For instance, Bly et al. cited McRae (2003), who surveyed 130 pregnant women, 599 male RNs, and Association of Women's Health, Obstetrics, and Neonatal Nurses (AWHONN) members in Massachusetts. The results showed that 73% of the AWHONN members encouraged males in the field, only 6.8% of the men had ever worked in the specialty, and results were not statistically significant with the sample of 130 pregnant participants. Furthermore, NEs felt negatively about men belonging to the specialty when they reported. However, there were no recent repeats of the study.

In a published position statement, AWHONN (2023) stated that it was necessary to fill the gaps in the obstetrics and neonatal nursing workforce by increasing diversity in the profession regardless of gender. In the US, research showed continually high mortality rates for patients in obstetrics, especially in underserved populations. To combat the disparity, AWHONN acknowledged that nurses from all backgrounds, regardless of gender, can contribute to exploring strategies to prevent maternal death rates. However, current literature supports barriers for male students in CLE, including being mistaken for medical students or physicians. Therefore, NEs must investigate how to better support male students, especially in areas dominated by female patients, to ensure they meet learning outcomes and graduate capable of providing care to all patients.

Petges and Sabio (2020) discussed that male students in maternal-child and pediatric didactic classroom environments reported feeling welcomed and felt a sense of belonging, which improved from previous years. However, male nursing students continued to face barriers in family health-related clinical experiences. In contrast, male medical students and physicians have higher acceptance levels in these specialty areas. In the qualitative study with 13 male students from a midwestern university in the US, students reported unequal and non-supportive treatment in the CLE, with students stating they had the worst experiences during their maternal-child rotations. Further qualitative data suggested male nursing students felt the nursing curriculum was highly feminized, with instructors assuming they had a basic understanding of maternal-child nursing (Englund et al., 2020). However, both authors suggested that more research is needed in the specific clinical environment to investigate deeper into male students' experiences and improve their learning outcomes in family health concept courses.

### **Characteristics of Nursing Pre-licensure Academic Settings**

Nursing education offers various pathways to becoming a registered nurse (RN), which include a diploma, Associate Degree in Nursing (ADN), four-year Bachelor of Science in Nursing (BSN), accelerated BSN, and Master's Entry Pre-licensure Nursing Program (MEPN; National League for Nursing, 2022). The average age for earning an entry-level degree was 19 to 23 years (37%), with 24 to 28 years (25.5%) following, and only 1.1% of new graduates having a master's degree. Currently, over 2,600 colleges or universities in the US offer nursing pre-licensure degrees; of them, over 1,631 offer an ADN degree.

#### ***Diploma Programs***

The diploma program began during the Nightingale era and prepared nurses for direct patient-care practice throughout the 19th and early 20<sup>th</sup> centuries (Hendricks, 2020). Diploma programs are phasing out in today's academic environment, with only 33 ACEN-accredited programs available today. These programs are three years long, emphasizing general education courses and clinical experiences. However, the future of education is shifting towards closing diploma programs and integrating them into existing colleges and universities. Most new graduate diploma RNs work in acute care settings and physicians' offices.

### ***Associate Degree in Nursing***

In the US, nursing education began with hospital-based diploma programs dating back to Florence Nightingale (Lewis, 2019). However, in the 1950s, the desire was to make nursing a professional discipline based on science. At that time, there was a shift from the diploma program to a four-year degree in colleges and universities. After World War II, the nation faced a deficit of nurses due to the country's need to care for post-war veterans and families having more children in communities within the US. Several societal shifts led to the shortage, including post-war nurses not returning to work and medical advances, which led to grants to build more US hospitals. A doctoral student during dissertational studies, Mildred Montag, proposed a two-year nursing curriculum program. The proposal included U.S. community colleges integrating a two-year nursing program to meet the nation's nurse demand. The ADN program quickly gained momentum and authentication as a pathway for RNs in the US.

Historically, ADN programs offer a pathway to RNs for those from disadvantaged backgrounds, people of color, and men with limited access to a traditional four-year BSN program (Lewis, 2019). In 1965, the American Nursing Association (ANA) created a position

statement to promote the BSN as an entry-level RN (ANA, 2022). In 2010, the Institute of Medicine called for at least 80% of all entry-level nurses to complete the BSN level of education. However, in 2022, the ANA officially recognized that discouraging the ADN graduate may have led to today's lack of diversity in nursing. As mentioned previously, people from disadvantaged backgrounds attend community and junior colleges, which is why there is an association between low income, diversity, and community college education (Allen et al., 2023). Interestingly, 40% of all community college students in the US identify as male compared to 60% as female. Community colleges are unique from four-year colleges because they offer a flexible learning environment that resonates with low-income, working students or parents. In 2018, ADN entry-level graduates numbered 89% female and 11% male, with ADN nurses working 1,600,661, of the total nursing positions accounting for 49% of nurses in the US (Health Resources and Services Administration [HRSA], 2023).

### ***Bachelor of Science in Nursing***

The value of higher education and advancing the discipline of nursing led to the BSN degree, a four-year completion of studies that includes general liberal arts and nursing-focused educational courses (AACN, 2021). The modern nurse practitioner promotes the health and wellness of patients and communities worldwide as a part of an interdisciplinary approach to care. Therefore, the AACN encourages all RNs to complete a BSN degree either at entry level or through completion of RN-BSN degrees. The BSN prepares nurses for health promotion and wellness, chronic disease management, and acute to end-of-life care. The nursing curriculum is traditionally offered in universities and includes eight semesters: 120 credits, with 60 credits in general education, and 60 nursing-focused credits (Hendricks, 2020). Students meet

competencies based on the program and course outcomes. In 2018, 1,309,663 (40%) of all US licensed and working nurses were educated at the BSN level, with the median age at graduation of 26 and 10% male (HRSA, 2023). Currently, nursing education in the US focuses on increasing the diversity within nursing and finding a smooth transition for ADN nurses to complete a BSN.

### ***Second-Degree Pre-licensure Entry***

The second-degree nursing program offers those individuals with bachelor's degrees the opportunity to apply to an accelerated or MEPN pre-licensure RN program (Hendricks, 2020). The fast-paced programs are responding to a call to increase the number of nurses with more accessible pathways to the RN degree. Bachelor-level graduates wanting a second degree in nursing are eligible to apply to enter the profession promptly. The accelerated degrees target a slightly older than traditional student population who bring adult experiences and skills into their academic journey. Furthermore, nursing programs cater to those wanting to continue to doctoral degrees with smooth pathways for advancing their degrees. The accelerated programs aim to meet the growing demand for nurses to address the U.S. aging population's healthcare needs.

### ***Domains of Learning***

Faculty utilize Bloom's taxonomy of learning in the cognitive, psychomotor, and affective learning domains to identify student learning, leveling, and competencies (Gubrud-Howe, 2020; Hendricks, 2020). Bloom's taxonomy aligns with NEs' quest to instill a professional nurse's knowledge, skills, and attributes in students. Academic NEs must understand how to create innovative learning activities that demonstrate that students are meeting the learning outcomes of a course (Scheckel, 2020). To achieve this, they create learning experiences expanding on the three domains of learning: cognitive, psychomotor, and affective. The faculty

is responsible for designing a curriculum aligned with the college or university's end-of-program outcomes. In each course, measurable learning outcomes encompass the three domains. The NE aligns learning experiences and student progression based on the course expectations to meet course outcomes. Student learning is complex, and NEs must address each taxonomy of learning in nursing education to ensure that graduate students are ready for practice.

**Cognitive.** The cognitive knowledge domain of learning requires students to acquire knowledge about concepts in nursing (Sheckel, 2020). The student must begin understanding the learning materials and then apply and analyze the information when providing patient care. The NEs can evaluate students' learning through written works, experiential learning activities, and tests. Students must translate knowledge learned in the classroom to the clinical environment. The NE can provide students with real-life patient care cases to create compelling opportunities to increase clinical reasoning in the classroom. As mentioned previously, students must actively participate in their education by shifting their focus from basic memorization to deeper analytical thinking to strengthen their clinical judgment. In the clinical environment, clinical faculty facilitate their students' learning by Socratic questioning regarding patient care management, cultural perspectives, and best practices throughout the clinical day.

**Psychomotor.** The psychomotor learning domain in nursing education focuses on students' acquisition of clinical skills (Scheckel, 2020). In the simulation lab, students learn clinical skills related to their course outcomes and program progression level. The simulation lab is a safe environment for students to progress from learning about technical nursing skills to demonstrating those behaviors with direct guidance from faculty. The clinical environment offers students various opportunities to advance their nursing clinical skills with patients under the

supervision of more expert clinicians. Students must demonstrate coordinated and precise movements while performing nursing skills. The application of skills acquisition should not occur without showing organization, nursing compassion, and caring attributes. Therefore, under the supervision of NEs and more expert RNs in clinical, students refine their execution of vocational skills, comfort, and care for their patients, which facilitates them to gain confidence in their skills and abilities.

**Affective.** The affective domain demonstrates the art of nursing by students responding to the values of a professional nurse (Sheckel, 2020). The American Nurses Association's (2015) *Code of Ethics for Nurses* outlines nurses' ethical and professional values. The document guides NEs in identifying critical elements of professional beliefs, standards of care, and values that nursing students must master in the affective domain. These include mutual respect, autonomy, confidentiality, and the value of human life. The clinical environment offers many opportunities for NE to facilitate students' development of nursing characteristics. The students begin to role model more expert clinicians' professional attributes as they deliver patient care. In clinical, NEs must assess students' therapeutic communication and interprofessional interactions during direct patient care to ensure student competency within the affective domain. Therefore, NEs must ensure students increase their cultural competence and understanding of patients' uniqueness in the clinical setting.

### ***Didactic Learning Environment***

Historically, nursing education has been centered on content-saturated and teacher-centered approaches to student learning with more traditional educational pedagogies (Gubrud-Howe, 2020; Sheckel, 2020). In today's dynamic healthcare setting, students taught with

content-saturated methods feel overwhelmed at managing information and unable to recognize client cues that promote clinical reasoning skills. Therefore, current NEs must shift nursing education from a less traditional approach to a transformational approach to curriculum design that integrates innovation, technology, and student-centered teaching techniques. The current approach to nursing education requires NEs to incorporate active learning techniques into the classroom to facilitate learners' transfer of knowledge learned in the classroom to real-life clinical scenarios. In the classroom, tests and assignments measure the mental part of learning. However, the challenge for the NE is to facilitate students' transfer of knowledge learned in the classroom to clinical settings. Faculty must consider current professional standards to reflect clinical nursing practice within the didactic environment. Therefore, students are introduced to concepts to apply their learning in real-life clinical experiences.

### ***Clinical Learning Environment***

New nurse graduates face many challenges as they enter a tumultuous era in healthcare (Dickison et al., 2019). Today's healthcare environment deals with a post-pandemic nursing shortage and increasingly high acuity clients with advanced needs. RNs must make sound clinical decisions to provide safe and effective patient care. Therefore, NEs must focus on preparing the next generation of nurses to enter nursing as practitioners who can integrate clinical reasoning into patient care. The NEs must ensure that new nurse graduates can transfer knowledge learned in theory to the clinical setting. For this reason, NEs focus on providing students with direct and indirect patient care experiences supported by RNs to enhance their learning.



A fundamental part of nursing education is a role-modeling approach to student learning alongside more expert RNs (Kanter et al., 2020). Students engage in diverse patient-centered care relating to chronic disease management, wellness prevention, and end-of-life with experienced professional nurses and faculty (AACN, 2021). The students gain opportunities to enhance their knowledge and move from not demonstrating to demonstrating skills independently. The students receive formative and summative evaluations of their progression toward entry-level professional knowledge, skills, and attributes, which is essential to ensure they are ready to graduate and practice as professional nurses. Skills acquisition through laboratory and simulation experiences measures the psychomotor domain of education. However, clinical experiences link knowledge learned in the didactic course to real-life patient care, promoting professional understanding by demonstrating the competencies associated with course learning and program outcomes.

Strategic clinical learning experiences that meet course and program outcomes are integral to the role of an NE (Gonzalez et al., 2021; Schekel, 2020). The NE is responsible for collaborating with clinical agencies to ensure students receive experiences aligning with the affiliated course outcomes. Furthermore, the NE must ensure that students' clinical assignments align with their level in the program. Scaffolding assignments allows students to apply concepts learned in the classroom so NEs can evaluate students' competency levels. Students must learn to identify clinical assessment data to interpret the patient's disease pathophysiology and clinical presentation, interpret the data to determine current or anticipatory problems or changes in the patient's health status, prioritize nursing interventions, explore treatments, and evaluate client responses. Unfortunately, 50% of patient errors are directly related to a lack of RN's clinical

reasoning. Therefore, NEs must facilitate students' learning in the clinical environment by focusing on and helping students recognize safety issues and reflect on their clinical application of knowledge to refine their learning.

Educators directly observe students to guide and improve their clinical reasoning by direct observation (Gonzalez et al., 2021). The NE and expert RN participate in patient care and skills acquisition with students, pushing them to achieve higher levels in the program. Well thought-out learning patient care assignments, activities, and pre-post conferences must match the course learning outcomes to ensure students meet the expectations of the course. Clinical judgment takes time, guidance from expert clinicians, and effort on behalf of the student to ensure learning happens over time. Therefore, the NE supports students through active coaching techniques that facilitate the learner's development of clinical reasoning skills for the nursing profession.

Literature supports coaching, Socratic questioning, and reflective practices to foster students' growth and confidence (Ignatavicius, 2021). Therefore, coaching techniques facilitate each student in recognizing assessment clues in their clients in a real-life clinical setting. More expert RNs guide students in analyzing assessment clues, problem-solving, and taking necessary actions to promote client care. The experience allows students to reason clinical situations, progressing from novice student to advanced-beginner graduate nurse (Gonzalez et al., 2021). Students incorporate clinical reasoning skills as the NE coaches them through determining their clients' priority needs. The goal is for students to graduate with high-order reasoning skills to provide safe and effective nursing actions, skills, and holistic patient care.

### **Student Retention**

Student retention is necessary to increase the total number of nurses in the workforce. However, male nursing students have higher attrition rates and a lower sense of belonging than female classmates (Kane et al., 2021). Hafter et al. (2021) pointed out that community colleges are essential to the nursing workforce, as they provide access to higher education for non-traditional and traditional students who may have unique barriers. Many community college students face work, family, financial, and academic challenges. Hafer et al. expounded that basic psychological needs for autonomy, competence, and relatedness positively influence student retention. However, research shows male nursing students continue to face challenges relating to the clinical environment, developing personal skills, being tasked to do manly duties, and lacking professional male faculty (Kane et al., 2021; Shim & Da-In Park, 2023).

Student involvement with peers, faculty, and mentors increases students' success in the community college setting (Hafer et al., 2021). The authors noted that academic confidence increases as students engage their skills. Academic relatedness refers to the positive support students receive from faculty; positive interactions increase students' perseverance and success. However, male nursing students report negative feelings in the clinical environment, gender bias, and discrimination, leading to increased attrition rates (Salmonson et al., 2023). Another finding is that students with increased personal autonomy have higher grade point averages (Hafer et al., 2021). Youanas et al. (2021) found that male nursing students continue to face challenges with autonomy relating to nursing, which is considered a female profession, with males trying to navigate the stereotypical social image of nursing. Furthermore, the authors suggested that future research must focus on innovative learning techniques to increase the retention of male nursing students. The efforts to increase male students' feelings of relatedness, personal autonomy within

the profession, and academic confidence begin by understanding their perceptions of learning in specific clinical environments.

### **Christian Worldview on Dissertation**

The Bible accounts for the creation of both male and female human beings in God's image (King James Bible, 1769/2010). Historically, philosophers like Thomas Aquinas believed women were inferior to men but were equal regarding salvation through Jesus Christ (Smith, 2020). During the modern scientific era, masculinity and femininity defined gender roles as women domesticated and men working outside the home. The patriarchal society developed social norms for men and women, which early Western Christian churches endorsed. However, as time has evolved, so has the Christian worldview of women and male gender roles. Both men and women are part of Western society's workforce and contribute to the community, families, and churches.

God created males and females in His image to glorify God by following His perfect will in goal attainment and professional achievements (King James Bible, 1769/2010). This study sought to honor God and advance nursing by supporting and inspiring more males during their academic journey. The nursing profession must break through past and present barriers to diversify the nursing workforce (ANA, 2022). However, from a biblical worldview, Christians believe God has called each person to a specific vocational calling to serve Him wholeheartedly. Whether male or female, as human beings, God loves people and has a purpose in using humans to glorify Him. Therefore, God does not call people to fear but to seek His perfect will for their lives.

This dissertation sought to add new knowledge to nursing education to facilitate NEs supporting all nursing calls. However, more specifically, to reveal male students' perspectives on learning family health concepts during clinical experiences. The goal is to support male students' calling to serve others through the nursing profession. In return, the hope is to make an eternal impact by increasing the number of men in nursing to ensure enough nurses meet future healthcare demands. Thus, the study sought to glorify God with the findings to support His people in their vocational callings and by serving the Lord with the scholarship of discovery.

### **Summary**

The literature review within the past five years shows studies describing men in nursing perceptions of barriers in nursing academia, including gender stereotypes and microaggression toward males in clinical rotations (Glen et al., 2022; Raghavan et al., 2023; Younas et al., 2019). Nursing scholarship is rich with current data on the need to diversify the nursing workforce, but newer studies on perceived or actual barriers to males in nursing schools are scant (Christensen et al., 2021). The literature review presents common misconceptions, including males are not suited for caring professions, as the essence of caring in nursing is gender-neutral. However, males report societal gender stereotypes and sexist language in nursing academia, translating to their professional practice (Shim & Da-In Park, 2023).

Minimal research was found that focused on males' perceptions of their learning in nursing education and how it relates to their decisions for future practice (Younas et al., 2019). Specifically, no research explored male nursing students' perceptions of their clinical learning experiences in family health concepts regarding navigating learning in the ZPD. Furthermore, there is little current research in Western countries exploring male nursing students' barriers

during clinical placements in traditionally highly female-dominated areas like maternal-child and pediatric nursing (Mokdad & Christensen, 2021). Specifically, limited research seeks to amend male students' learning barriers in highly female-dominated clinical environments (Younas et al., 2019). While patient preference is essential, male students must meet learning outcomes in didactic and clinical rotations in family health concepts. The research indicates that males enter nursing because they feel called to care for others, which aligns with the reason females choose nursing (Kellet et al., 2023). In nursing education, NEs must ensure all students, regardless of gender, are competent when meeting course outcomes to graduate and care for all patient populations (Kane et al., 2021). Therefore, the current research study intends to fill the teaching-learning scholarship gap in understanding male students' perceptions of their learning in the specific clinical setting. Thus, this research supports excellence in nursing education and progress toward inclusive and gender-neutral clinical learning experiences.

## **CHAPTER THREE: METHODS**

### **Overview**

This phenomenological qualitative study centers on describing and exploring the meaning of male students' perceptions of their impact and beliefs about navigating social interactions related to learning during the family health concepts clinical rotations. Chapter Three clearly and concisely describes the study's procedures, research design, and data analysis. The research methods consistently align with the research questions and identify a specific study approach.

The sections include the researcher's positionality, interpretive framework, philosophical underpinnings, recruitment plan, and procedures.

### **Design**

A qualitative approach to studying the phenomenon allows the researcher to explore individuals' experiences and bring meaning to their feelings about a phenomenon (Creswell & Creswell, 2023). Qualitative research is rooted in Plato's and Socrates' ideas of idealism, which state that all truth comes from man's thoughts, visions, emotions, and relationships (Smith, 2020). Socrates encouraged people to know themselves and seek truth through intellectual inquiry. In contrast, in the philosophy of realism, Aristotle felt truths were discovered through scientific inquiry, objectivity, and analysis. Aristotle was a Greek philosopher who was a student of Plato who disagreed with Plato's theory of idealism. Aristotle believed knowledge was gained through sensory experiences, and humans related those experiences to new ideas to promote reasoning. In idealism, new ideas form by creating associations through the senses. From Aristotle until the mid-19<sup>th</sup> century, Plato's and Socrates' idealism and qualitative research were dormant (Dibley et al., 2022); however, it reemerged in academic studies in the humanities, anthropology, social, and health sciences.

A phenomenology study is qualitative research that focuses on the shared meanings individuals bring to a lived human experience or phenomenon (Beck, 2020; Creswell & Poth, 2018; Dibley et al., 2022). Since the current study sought to understand male students' experiences during a clinical rotation in nursing school, it aligns with a phenomenological approach. The philosophical underpinnings of phenomenology stem back to Edmund Husserl (2017) and have expanded over the years. van Manen (1990), a scholar from the Netherlands,

described phenomenology as finding commonalities and assumptions between participants to give meaning to a phenomenon. With hermeneutic meaning, van Manen expounded on phenomenology using reflective practice to interpret and analyze rich descriptive data to describe a phenomenon intelligently.

van Manen's (1990) hermeneutic phenomenological qualitative approach guided the study, allowing the researcher to understand and describe individual male students' shared experiences during family health concepts clinical rotations. Bracketing and reduction are vital to hermeneutics, allowing the researcher to keep an open mind and explore the connections of existing knowledge with the study's findings (Beck, 2020; Creswell & Poth, 2018). van Manen's (1990) approach to bracketing is to be open to questioning assumptions and pre-understanding and examining and reflecting on individual experiences. This type of research focuses on how the individuals lived rather than conceptualizing their experiences. Furthermore, van Manen believes saturation is unnecessary for hermeneutic methodology because researchers cannot wholly uncover a phenomenon's meaning. Therefore, there is no minimum limit on sample size. However, the researcher must use multiple methods of data collection, including "protocol writing, interviews, observation, experiential descriptions in literature, biographies, diaries, journals, and art as a source of lived experience" (Beck, 2020, p. 76).

The hermeneutic phenomenological framework is the best approach for the current study because it focused on male students' perceptions of learning in family health concepts to describe the essence of their collective learning experiences (van Manen, 1990). The study focused on understanding how the participants experienced the phenomenon of navigating learning in professional social environments during a specific time in their educational journey. The



phenomenological approach facilitated the researcher in gaining a deeper understanding of a male heterogeneous group of students' human experiences through subjective data. The descriptions led to a deeper scholarly understanding of the phenomenon. Furthermore, van Manen's approach aligns with the current study because it has solid pedagogical connections and sought to find the meaning of students' lived experiences by reflecting on emerging themes.

### **Research Questions**

#### **Central Question (CQ)**

What are the meaning(s) and understanding(s) that male nursing students give to being male and pursuing nursing when caring for populations related to family health concepts clinical rotations?

#### **Sub-questions (SQ)**

1. How do male nursing students perceive navigating social interactions during family health concepts and clinical experiences impacted their learning?
2. What obstacles to learning do male nursing students say they encounter when providing care in a family health concepts clinical environment?
3. How do male nursing students' perceptions of their learning experiences in family health concepts clinical rotations motivate their decisions for further practice or to remain in the profession?

### **Setting**

The data indicate an imbalance in nursing between males and females, including nursing program enrollment (Hendricks, 2020; Kane et al., 2022). Nursing continues to show low numbers of males entering nursing programs, with male enrollment at 13% of students across all

nursing programs. The average number of male nursing students has not increased since 2014. Furthermore, the literature reports high attrition rates within the 13% of male students. The literature review found no current studies on Associate Degree in Nursing (ADN) pre-licensure male nursing students' perceptions of their clinical learning experiences (CLE) during their family health concepts clinical rotations. Most of the literature on male students centers on traditional Bachelor of Science in Nursing (BSN) programs. Therefore, the setting for the study is a southeastern (SE) state community college system in the United States.

### **School System**

The SE state's community college system has 58 colleges with over 594,457 students enrolled (North Carolina Community Colleges [NCCC], 2023). Of the 58 community colleges, 55 offer the ADN degree, with over 3,500 students enrolled. All students must pass the National Council Licensure Examination [for] Registered Nurses (NCLEX-RN) above or at 95% of the annual national average. The state's Board of Nursing (BON) places programs that do not meet the yearly standard on probation. Nursing schools prepare entry-level nurses to care for diverse patient populations across lifespans. The curriculum's basis is holistic nursing practice and best practices in patient care.

The state's community college system commits to preparing new RN graduates to enter a smooth pathway to the BSN degree (NCCC, 2023). For instance, the system has a uniform articulation agreement with the state's public university system, including 13 universities, for a smooth transition for RN to BSN completion within six months after graduating with an ADN. The ADN programs require students to complete a minimum general education credit of 15 hours with a 2.0 or better with 49 major credits, 96 clinical hours per clinical, and 120 hours

(about five days) for transition to practice (see Table 1, *Associate Degree in Nursing Curriculum*). Students complete their ADN program with 64-65 semester hours.

**Table 1**  
*Core Courses in Associate Degree in Nursing Curriculum*

Course Number	Course Name	Credit Hours	Clinical Hours
Nursing 111	Intro to Health Concepts	Eight	96
Nursing 112	Health-Illness Concepts	Five	96
Nursing 113	Family Health Concepts (maternal-child and pediatric nursing)	Five	96
Nursing 114	Holistic Health Concepts	Five	96
Nursing 211	Health Care Concepts 1	Five	96
Nursing 212	Health Systems Complex	Five	96
Nursing 213	Complex Health Concepts	10	216

*Note.* The table was excerpted from information on the SE community college system curriculum (NCCC, 2023).

### Participants

According to Creswell and Poth (2018), it is essential to access a population of homogeneous male students who share the experience of the phenomenon. The sampling strategy included purposeful and snowballing strategies to identify male students who had completed their family health concepts clinical didactic and clinical course. Creswell and Poth emphasized that qualitative research must have a flexible approach to sampling in case changes arise during the study. However, a plan was necessary and in place for the researcher to begin recruiting from community college locations within the state, including rural and urban areas.

Qualitative research aims not to generalize to a larger population but to describe the phenomenon's essence. Therefore, the hermeneutic phenomenological methodology guided the sample size minimization to ensure the credibility of the findings.

The purposeful sample included recruiting 10 to 15 male students from within 55 SE community colleges that offer the ADN, ensuring adequate participants (Creswell & Poth, 2018). The snowball sampling included male students identifying other male students in the system or who recently graduated (within six months) and who could provide rich contextual data about the phenomenon. To align with a phenomenological approach, the researcher chose a narrow homogeneous group of male students who had learning experiences in family health concepts in a clinical environment. The male students' inclusion criteria included cis-gender male (i.e., identifies as male and aligns with birth gender) nursing students over 18 who enrolled or graduated within the past six months in the SE state's community college system and completed the family health concepts didactic and clinical course. The exclusion criteria were female students, male students who did not complete the family health concepts course, and those identifying as trans or non-binary male gender. Also excluded were male students who recently graduated but did not graduate within six months of the data collection.

### **Researcher Positionality**

The guiding principles behind the research and philosophical assumptions are included in the study (Creswell & Creswell, 2023; Moustakas, 1994). My worldview, experiences, and assumptions shape the research goals and criteria for methodology. As a white female educator, I do not know how it feels to be a male nursing student; however, I understand how working in high-risk areas in family health concepts feels. Before entering the nursing academia, I worked in

maternal-child nursing in neonatal intensive care (NICU), mom/baby, and newborn nursery. I am an International Board-Certified Lactation Consultant, educating birth patients on best practices in infant feeding. I am an ADN entry-level nurse who graduated in 2006, completed an RN to BSN program in 2016, and a master's degree in 2019.

As I progressed in my doctoral studies, I started to think about my career, and during all my hospital experiences, I only worked with one male in the NICU. Ironically, I worked with many male obstetrics/gynecologists. I became curious and wanted to dig deeper into what male nursing students experience during their educational journey. As an educator, I am passionate about supporting all students, including minority groups. A thorough literature search provoked my passion for increasing the number of men in nursing, and I began exploring research for answers to better support male students. However, a gap in the scholarship of teaching and learning continued to show itself in nursing educational literature. For this reason, I became passionate about exploring male nursing students' experiences, especially in the family health concept clinical. Therefore, I navigated toward exploring male students' perceptions of their learning experiences for my dissertation study.

### **Interpretive Framework**

The overarching goal of my research is to describe a phenomenon observed in the world today in nursing education with male students. The non-experimental approach facilitates NEs to increase their understanding of the phenomenon so further empirical research can follow and expand on the qualitative findings (Creswell & Creswell, 2023). A social science interpretive framework shaped an understanding and view of the problem and the findings. A social constructivist interpretive framework guided the study so the researcher was able to construct

meaning of the male students' perceptions of learning in the family health concepts. With a social constructivist approach, a socially constructed worldview provided a lens to explore the male students' social interactions with instructors and clinicians in the clinical environment.

Participants understand their meaning from the individual perspectives in which they exist, and the researcher attempts to understand the nature of the subjective experiences. As a researcher, I understand that exploring gender-specific learning in a female-dominated social environment in nursing can have multiple meanings for different people. Therefore, remaining open to new ideas when interpreting the meaning of the individuals' experiences was essential. In this phenomenological study, the researcher interpreted and presented common themes of the individuals to compile multiple perspectives (realities) of the shared experiences.

### **Philosophical Assumptions**

The overarching philosophical perspectives of phenomenology expect the researcher to keep an open mind while seeking to conduct research involving multiple individuals' perspectives of a lived experience (Creswell & Poth, 2018). Unlike quantitative research, where scientific inquiry is objective and presents one truth, qualitative research seeks to interpret subjective data of individuals' experiences for meaning. As a Christian scholar, I see the world through a biblical lens, acknowledging God's word as the absolute truth. However, phenomenological research intends to describe the phenomenon through the realities of those who lived the experiences. Therefore, a description of the research's philosophical approach covers the study's ontological, epistemological, axiological, and researcher roles.

### ***Ontological***

The ontological approach of qualitative research is intrinsically idealistic, which suggests individual subjective realities exist for the researcher to interpret and bring understanding and discovery about a phenomenon (Creswell & Creswell, 2023; Denicolo et al., 2021; Whitmann-Price et al., 2021). The research design follows a constructivist ontological philosophical underpinning, which aligns with idealism, believing individuals' multiple realities bring meaning to a phenomenon. Therefore, by seeking multiple male students' perspectives, the researcher could interpret how male students act and exist in the clinical social environment. The idea was not to compare variables to discover absolute truth, but to describe and interpret their perspectives. Therefore, the phenomenological approach supports the ontological assumptions because the researcher encourages individuals to reflect on and communicate their concrete experiences. The researcher constructs meanings from their ideas and experiences while reflecting on current literature and historical aspects of society. The study explored how social influences human experiences in learning, aligning with a social constructivist perspective. The goal was to seek understanding through a social constructivism paradigm by asking broad, open-ended questions so participants could freely describe their learning experiences.

### *Epistemological*

My epistemological approach to the nature of knowledge is that reality is co-created in interpretive, reflective practice, and the researcher acknowledges that historical and social perceptions shape individuals' experiences as they evolve (Beck, 2020; Creswell & Creswell, 2023; Denicolo et al., 2021). As a nurse educator, my teaching-learning philosophy centers on teaching-learning theories such as behaviorism and constructivism. Behaviorism is framed on the belief that the world around a person shapes their learning through positive reinforcement and

educational experiences (Whitmann-Price et al., 2021). The NE is responsible for shaping those learning experiences through involvement in developing curriculum, program learning outcomes, and course objectives. Therefore, my epistemological approach to knowledge attainment is external objective and internal subjective influences on students' subjective realities and learning. Therefore, a learning environment must be orderly and empirically sound, provide students with structure and feedback, and promote self-efficacy.

### ***Axiological***

The study's axiological dimensions value the individual participants' beliefs and will honor their perspectives of their learning environment (Dinicolo et al., 2021). For this reason, the researcher must create a trusting relationship between all stakeholders that remains intact during the study. The one-on-one interview facilitates the primary investigator's ability to build relationships with the participants and allows the researcher to gain insight into their cultures and beliefs. An ethical consideration is to ensure the privacy of participants and institutions by using pseudonyms to disseminate findings. To ensure the study was not biased, I bracketed my personal experiences with male students in the clinical environment to ensure the findings presented the participants' truth. I acknowledged to the participants that my entry-level degree in nursing was an ADN degree. Furthermore, I put aside my personal experiences during my academic journey to report on the current findings.

### **Researcher's Role**

In phenomenology, the vital role of the researcher is becoming the study's human instrument (Creswell & Creswell, 2023; Creswell & Poth, 2018; Dibley et al., 2022). The researcher is responsible for selecting and reviewing the literature to express why the research is



pertinent through succinctly written problems and purpose statements. The researcher must ensure the credibility of data collection by not selecting a convenience sample of participants within the school of nursing where the researcher works as the assistant program director. Therefore, the researcher must choose participants outside their organization and establish relationships with key stakeholders to ensure permission and entrance to complete the study. In addition, the researcher must implement multiple strategies to ensure the organization's and participants' privacy. Furthermore, to protect the rights of the participants, the researcher obtained Liberty University's Institutional Review Board (IRB) permission.

Phenomenological qualitative research focuses on an area of interest explored through participants' lived experiences (Creswell & Poth, 2018; Dilbey et al., 2022). During data collection, the researcher is the primary data-gathering tool. Therefore, to avoid validity risks and overgeneralizations, the researcher focused on how the participants felt during their lived experiences. The participants were encouraged to elaborate and provide examples of their experiences. The researcher then interpreted the transcribed data using a selective approach by identifying meanings and phrases related to understanding the phenomenon. The data analysis included the researcher reflecting on significant textual descriptions for key themes to describe the phenomenon. The researcher used bracketing and reduction techniques in the study to question the phenomenon from the participants' experiences, assumptions, backgrounds, attitudes, and beliefs. During hermeneutic phenomenology, the theory, pre-understandings, literature, and data collection are a part of the researcher's reflection on the phenomenon while writing up findings.

Deploying a reflexivity journal is a strategy the researcher used to lessen the effects of researcher bias (Creswell & Creswell, 2023). The researcher noted and described any personal experiences with the participants during the study. The researcher reflected on any personal observations of the participants during interviews, such as non-verbal behaviors and any questions not answered or skipped, which may influence the coding. Immediately after the interviews, the researcher must critically reflect on any negative biases or feelings they had during the interview. Eventually, the notes can provide rich contextual data on how the researcher's role may have influenced the interpretation of the research findings.

### **Procedures**

The Procedures section includes the steps in data collection and analysis and the plan to create textural descriptions of the essence of the phenomenon (Creswell & Poth, 2018). The section includes information about Institute Review Board (IRB) approval, participants, permissions, recruitment plan, data collection, and analysis plans. The section explains the qualitative research triangulation approach, including one-on-one interviews, reflection, and a focus group session. The Procedures section also includes interview questions and details for a future researcher to replicate the study.

### **Permissions**

The research process began once permission was granted from the IRB at Liberty University (see Appendix A). The participants signed an electronic informed consent form and completed a demographics survey before the interviews. The researcher contacted the community college system's associate director of health sciences to ensure interest in the study. The positive response included ensuring the director's support in working with the researcher to

purposefully access colleges with more male student attendance. Furthermore, the researcher emailed several nursing program directors in the system to ensure interest in the study before the formal approval process, and the responses were positive (see Appendix B and Appendix C).

### **Recruitment Plan**

Creswell and Poth (2018) recommended interviewing at least five participants for in-depth, sequenced interviews with a small group of participants in phenomenological research. The researcher aimed to interview 10 to 15 male students for one-on-one interviews and ask them to complete a reflection question within 48 hours. However, data saturation was met with six one-on-one interviews, five reflection responses, and a focus group with two participants. Out of the interviewed groups, three male students were recruited to attend a follow-up focus group. The recruitment target population was the purposeful sample of a homogeneous group of ADN male students who had completed family health concepts.

As stated previously, the recruitment plan included emailing the system's associate of health sciences director to ensure interest and permission for the study. The recruitment of participants began after IRB approval was granted. The researcher emailed the recruitment flyer to 58 community colleges, with six immediately returning because the recipients' email addresses were not found.

Once permissions were secured, the researcher delivered a flyer to present to each program directly and then posted it on the student bulletin board with the researcher's contact information. By doing it this way, the participation agreement would be directly between the researcher, LU IRB approval, and the participants themselves, with the community college system simply apprising the students of the opportunity to participate. The researcher hand-

carried flyers to local community colleges and emailed fliers to the community college locations, asking the program directors to forward them to their male students and make them available to students on the online learning management system and bulletin boards. The faculty at the community colleges were asked to make an announcement in class to their students about the study and offer flyers to interested students.

The flyer included the following: a description and purpose of the study, inclusion/exclusion criteria, time involved, a link to the researcher's email, and contact information (see Appendix F). Once the participant reached out to the researcher, a follow-up email was sent to the interested participant with an informed consent/demographics survey link included and an invitation to schedule a 60-minute one-on-one interview (see Appendix D and Appendix E). Some backup plans for recruitment included using social media sites such as Facebook and LinkedIn to post the flyer to sites asking faculty associated with the state's SE community college system to share the flyer with their male students. An additional plan was to pay for a list of newly graduated students from the BON within the state to recruit new graduates within the past six months.

### **Data Collection**

The study implemented a rigorous data collection plan, including semi-structured interviews, reflection exercises, and a focus group (Creswell & Poth, 2018). The data collection procedures aligned with qualitative phenomenological inquiry by including multiple ways of gathering data with the same group of male students (van Manen, 1990). A premise for hermeneutic phenomenology is collecting data to reveal individuals' feelings by reflecting on their lived experiences. Therefore, interviews provided rich contextual narrative information.

Then, the reflection exercises built upon the interviews by adding more layers to the meanings of the inquiry. This section describes the processes for each data collection plan for the study.

### **Semi-Structured Interviews**

In educational qualitative research, interviewing is standard practice for collecting rich qualitative data (Creswell & Poth, 2018). One-on-one interviews allow participants to report in the first person and converse with the researcher, focusing on how they interpret their experiences (Merriam & Grenier, 2019). An unstructured approach is common in qualitative research because the researcher's desired outcome is for participants to openly discuss their beliefs and experiences. The researcher develops rapport with the participants as they value their perspective of the phenomenon. It also enables the researcher to develop predetermined interview questions but supports flexibility during the sessions. Therefore, the questions may be asked out of order and follow the flow of the conversation.

#### **Standardized Open-Ended Interview Questions:**

1. Please provide a general overview of your experiences during your family health concepts nursing clinical course (CQ, SQ1).
2. Tell me about a positive experience during your family health concepts clinical course. What contributed to this being positive? (CQ, SQ1)
3. Tell me about a negative experience during your family health concepts course. What contributed to this being negative? (CQ, S1)
4. Can you provide examples of expanding your knowledge by demonstrating nursing care alongside more experienced role models during your family health concepts clinical experiences? If so, were any of the role models male? (CQ, SQ2)

5. Have you considered practicing maternal-child or pediatric nursing upon graduation?

Why or why not? (CQ, SQ3)

6. How do you believe professional social interactions affected your ability to expand your knowledge during family health concepts clinical rotations? (CQ, SQ2)

7. Do you want to share anything else about your perspective on providing care to patients during family health concepts clinical rotations? (CQ, SQ1)

The interviews were conducted via Zoom, scheduled when the participant and interviewer could minimize interruptions (Creswell & Poth, 2018). All the questions addressed the central research question with specific questions directly relating to the sub-questions to ensure the focus of conversations stayed on topic (Creswell & Creswell, 2023). Questions one through three are broad and open-ended questions designed to open the conversation by focusing on a general overview of the participant's interpretation of the experience (Creswell & Creswell, 2023). Questions four, six, and seven are content questions directly relating to how they perceive being male affected their learning experiences in the Zone of Proximal Development (ZPD; Creswell & Creswell, 2023; Vygotsky, 1978). Question five is a content question asking the participants to reflect on how their experiences directly impacted their academic journey and decisions for future practice. Lastly, question seven is a probing question encouraging the participants to add anything pertinent to the discussion relating to the research questions before closing (Creswell & Creswell, 2023).

In closing the interviews, the researcher thanked the participants for their time and for responding to the prompting questions (Creswell & Creswell, 2023). The researcher informed the participants that a follow-up email, including a reflection exercise, would be sent to them shortly

after the interview closed (see Appendix F). The researcher provided instructions on responding to the reflection question via email. The researcher informed the participants that after the transcripts had been transcribed and reviewed, they would receive a copy via email to review and validate for accuracy. The researcher would then address any questions or concerns. Lastly, the researcher would then send a Starbucks e-gift card to each participant via email.

### **Reflection Exercise**

As part of the triangulation process, participants were asked to complete a one-question reflective exercise after the one-on-one interview (Creswell & Poth, 2018). At the end of the one-on-one interviews, the researcher informed the participants that they would receive a follow-up email with a reflection question (see Appendix F ). They were asked to reflect on their experiences and answer the question in 250 words or less. The students sent their responses to the researcher via email. The following is the reflective question:

Reflect on your family health clinical experiences. Did you ever feel like your family health clinical experiences impacted your sense of belonging in the nursing profession? (CQ, SQ 3) Please elaborate in no more than 250 words.

Christensen et al. (2021) completed a quantitative survey with 22 first-year male students using *the Inventory of Male Friendliness in Nursing programs*. The results showed that first-year male students reported positive feelings about belonging to the nursing profession. The authors reported that the findings contradicted other research showing male students had a decreased sense of belongingness. The authors suggested that male students' experiences at another point in their academic journey influenced their sense of belongingness. Therefore, in the current study, the researcher sought to explore the perceptions of the participant's sense of belongingness in

nursing during and after their family health concepts rotation. The question asked the participants to reflect on their clinical learning experiences relating to their feelings of belonging to the nursing profession. The question sought to expand upon sub-research question three to uncover their perceptions of how their experiences in the learning environment influenced their sense of belonging to the nursing profession.

### **Focus Groups**

Creswell and Poth (2018) suggested describing the phenomenon's essence by completely integrating multiple data collection interviews with the participants, which can enrich the contextual data. Therefore, after the semi-structured interviews, the researcher invited the participants to join a follow-up focus group session via email. The goal was to recruit at minimum three to five male students to a focus group. During the focus groups, the interview questions included:

1. How was your learning supported when reflecting on your development of clinical reasoning during the family health concepts clinical environment? (CQ, SQ1)
2. When considering your learning in this clinical environment, can you share how you extended beyond your understanding of family health concepts by demonstrating your learning alongside more expert nurses? (CQ, SQ1)

According to Vygotsky's (1978) sociocultural learning theory, students expand their learning when working with more experienced clinicians. Therefore, focus group questions one and two will deepen the understanding of how male students learn and meet course outcomes in the learning environment of family health concepts. Students must transfer knowledge learning in didactic courses to direct patient care. Therefore, the rich contextual data from the focus group



questions relate directly to how male students perceive their learning during family health concepts. Their perceptions will bring new understandings to the scholarship of teaching-learning.

3. Can you discuss obstacles you encountered during the clinical rotation and describe how you overcame them? (CQ, SQ 2).

Shim and Da-In Park (2023) suggested increasing male nurses' retention and satisfaction with nursing. However, they stated that undergraduate nursing programs must promote gender-neutral nursing educational experiences to accomplish this goal. Therefore, they suggested that NEs must assess their male students for any gender barriers they encounter. The goal of asking focus group question three is to seek further understanding of any current obstacles males are facing. Then, NEs can aim to intervene in de-gender nursing education.

4. As male students, do you feel you experienced a culture of belonging during clinical family health concepts? Provide an example. (CQ, SQ3)

Metzger et al. (2020) discussed that for male students to have a sense of belonging to the nursing profession, they must have inclusive learning experiences. Students must engage in inclusive learning experiences in and out of the classroom. Therefore, focus group question four seeks to understand male students' thoughts on how the clinical rotation supported and engaged them in their perspectives, values, and beliefs. For students to have a sense of belonging, they must have inclusive, equitable, and diverse learning experiences.

5. Reflecting on your family health concepts clinical rotation, can you share how the rotation impacted your decisions for future practice in nursing? Please explain. (CQ, SQ3)

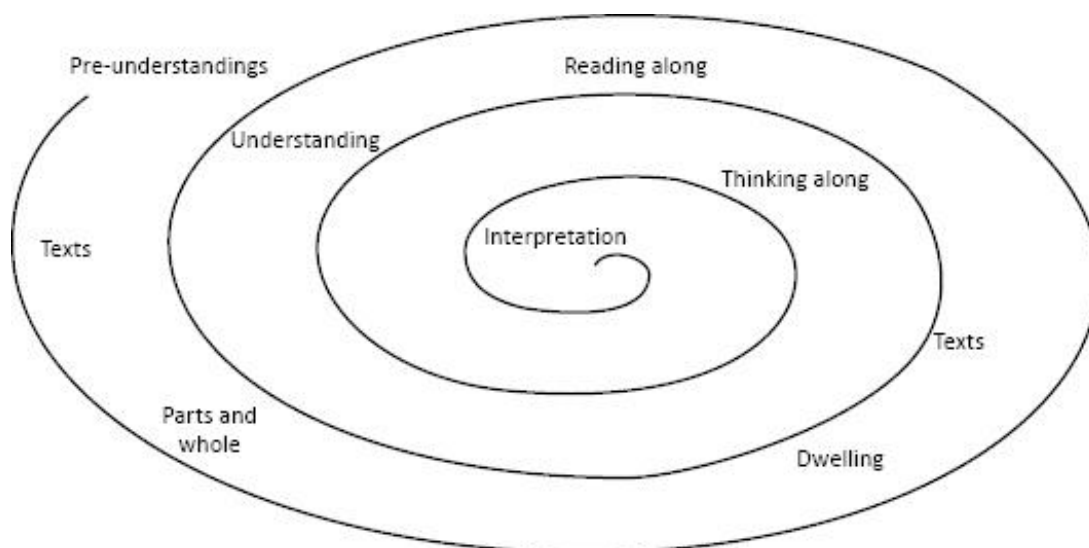
O'Lynn (2020) suggested that future research must center on the impact of socialization on male students' decisions to enter nursing practice. Focus group question five describes how the social environment during family health concepts clinical rotations impacted male students' decisions. The question explores the effects of clinical on male students' decision-making processes. The aim is to gain a deeper understanding of these decisions to learn how to recruit and retain men in nursing.

### **Data Analysis**

The collected data was analyzed using van Manen's (1990) approach, reflecting and interpreting hermeneutic phenomenological data for qualitative textual expression by coding to discover the essence of the phenomenon. According to van Manen, the phenomenon's essence “are more like knots in the webs of our experiences, around which certain lived experiences are spun and thus lived through as meaningful wholes” (1990, p. 90). The current research sought to understand the essence of male students learning in a specific social environment. van Manen (1990) suggested four fundamental aspects of thematic analysis: spatiality (space), corporeality (body), temporality (time), and relationality (relationships with others). Thus, phenomenology is ideal for study as it seeks to interpret individual learning journeys. Hermeneutics adds depth to the study by enacting an interpretive holistic circular approach to thinking (Dibley et al., 2022). Therefore, the researcher moves back and forth between pre-understanding, existing literature, and new contextual data to construct new understandings of the phenomenon (see Figure 1).

### **Figure 1**

*Hermeneutic Circle*



*Note.* Excerpted from *Data Analysis and Interpretation* (Dibley et al., 2022, figure 7.5).

The first step in coding is the holistic approach, where the researcher will immerse themselves in the text by reading its entirety to grasp the essence of the heterogeneous participants' lived experiences (Creswell & Poth, 2018; Dibley et al., 2022; van Manen, 1990). The data were analyzed using Microsoft Word and Excel for Qualitative coding and thematic analysis. The researcher sought to understand each unique participant's contribution to describing the phenomenon considering the research questions. Next, the researcher narrowed the analysis to determine critical phrases and comments and categorized them based on the participants' lived experiences to address the research questions. Lastly, a detailed approach reexamined every text and then returned them to the participants, asking them to member check the themes. The researcher ensured the themes were not repetitive or isolated random (see Table 2 *Stages of Analysis*).

**Table 2**  
*Stages of Data Analysis*

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1. Immersion

• Transcribe data

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- 
- |                                 |   |
|---------------------------------|---|
| 2. Understanding                | <ul style="list-style-type: none"><li>• Organize data files</li><li>• Read all texts in its entirety</li><li>• Read and re-read all texts</li><li>• Take notes</li><li>• Highlight key phrases</li><li>• Early coding using NVIVO</li></ul> |
| 3. Describe and classify        | <ul style="list-style-type: none"><li>• Categorize into themes</li><li>• Describe the essence of the phenomena</li></ul>  |
| 4. Synthesizing interpretations | <ul style="list-style-type: none"><li>• Group sub-themes into themes</li><li>• Hermeneutic circle (link pre-understanding, literature, and data)</li><li>• Member checks</li></ul>  |
| 5. Data representation          | <ul style="list-style-type: none"><li>• Write an interpretive summary of thematic analysis in texts</li><li>• Relate to research questions</li></ul>  |

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*Note.* Stages developed from scholarly literature (Creswell & Poth, 2018; Dibley et al., 2022; van Manen, 1990)

### **Trustworthiness**

The trustworthiness and rigor of the study followed a naturalistic approach set by Lincoln and Guba (1985). The Lincoln and Guba methods provide a format to ensure trustworthiness by addressing the current study's plan for credibility, dependability, confirmability, and

transferability. Trustworthiness is essential to qualitative research and demonstrates the quality of the study to the scientific community (Creswell & Poth, 2018). This section clearly shows the reality and techniques to achieve credibility. Furthermore, it includes an articulated plan to ensure the study's rigor and triangulation measures in data collection. Furthermore, to show consistency, this section addresses how others can replicate the study in similar studies and incur similar results. For this reason, this section expounds on the plan to ensure trustworthiness by including five aspects of the study: credibility, dependability and conformability, transferability, and ethical considerations.

### **Credibility**

The study's credibility is equivalent to internal validity in quantitative research and refers to whether the interpretations of the data presented provide a truly comprehensive understanding of the study's findings (Creswell & Poth, 2018; Lincoln & Guba, 1985). The purpose is to show the scientific community that the researcher accurately interpreted human context-dependent and socially constructed information. In qualitative research, the researcher seeks to understand the context of rich subjective data provided by individuals sharing the same lived experiences. Therefore, the current study's data collection plan includes an interpretation of the triangulation of data collection with a combination of interviews, an exhaustive literature review, and a reflexive journal. Upon review of the transcripts, the researcher sent the participants a copy of the transcript to ensure accuracy. Combining the researcher's reflexive journaling and the participants' feelings about their experiences ensured the credibility of the results.

### **Dependability and Confirmability**

Dependability includes adding rigor to the data collection process by creating extensive interview protocols and procedures (Creswell & Poth, 2018; Lincoln & Guba, 1985).

Confirmability includes triangulation of the data collected through interviews, focus groups, and reflection exercises. Furthermore, the research dissertation committee peer reviewed the theme mapping and coding process. The interviews were audio and video recorded via Zoom; however, the researcher used a tape recorder to back up the conversation to ensure no unexpected technical issues. The participants were aware of when the video recording began at the time of the interview. Zoom Cloud created a transcription of the conversations. Also, a qualitative software program facilitated the researcher's data storage, including video, audio, notes, and transcriptions, to ensure accuracy. The researcher backed up all digital data in a password-protected computer and the software programs.

### **Transferability**

Qualitative transferability is established so readers can take the information and conduct a similar study (Creswell & Poth, 2018; Lincoln & Guba, 1985). Transferability was supported by providing information such as age and race and interviewing only ADN nursing students selected from the southeastern United States. The information will allow readers to apply the information to studies involving similar male nursing students. The research included a robust description of the participants, setting, data collection, analysis, and procedures. The readers of the disseminated research will be able to repeat the study with similar population groups.

### **Ethical Considerations**

The IRB approval at LU was ensured before beginning the research process (Creswell & Poth, 2018). Furthermore, the researcher avoided conflicts of interest, coercion, or risk of

influence to ensure ethical research design standards. The researcher did not recruit students she taught or supervised. The participants were associate degree male students over 18 and were not deemed a vulnerable demographic; therefore, they did not require special measures while participating in the study. The participants signed an informed consent form, understood that the research was voluntary participation, and could withdraw at any point. During data collection, the researcher practiced bracketing and reduction of her personal biases to ensure a valid interpretation of the analysis of participants' experiences and findings. The student's and organizational information was de-identified when the findings were reported. The researcher securely stored all data from the interviews, coding, and themes in a computer locked in her office on campus. In three years, the researcher will destroy the study materials. Lastly, the researcher strictly followed the guidelines outlined in the IRB approval plan.

### **Summary**

Chapter Three addresses the qualitative research study design, which follows van Manen's (1990) hermeneutic approach. The researcher's positionality, constructivist interpretative framework, and three philosophical assumptions to guide the study are included. Chapter Three also presents the SE community college setting, male participants, and the recruitment plan for the study. Furthermore, it details how the researcher ensured the trustworthiness of the findings. The plan for triangulation of the study is achieved by a multi-layer approach to data collection, which includes one-on-one interviews, reflection exercises, and a focus group. The researcher describes the data analysis plan using van Manen's approach of reflecting and interpreting hermeneutic phenomenological data for qualitative textual expression by coding.

## **CHAPTER FOUR: FINDINGS**

### **Overview**

The purpose of this hermeneutic phenomenological study was to describe and explore the perceptions of the impact and beliefs of male nursing students navigating social interactions related to learning during the family health concepts clinical rotations for 10 male nursing students from several southeastern (SE) community college pre-licensure nursing programs. The central phenomenon is defined generally as social interactions affecting male nursing students' clinical experiential learning experiences during family health concepts course-related clinical rotations. The theory guiding this study is Vygotsky's sociocultural learning theory, as it explains the relationship between what male nursing students can learn by themselves and what they can expand upon with more expert clinicians and faculty who guide them to a higher level of learning. The central research question guiding this study is: What meaning(s) and understanding(s) do male nursing students give to being male and pursuing nursing when caring for populations related to family health concepts clinical rotations? A better understanding of the male nursing students' perceptions of the impact and beliefs about their lived experiences navigating social interactions related to learning during the family health concepts clinical rotations provides instrumental new knowledge to the scholarship of teaching-learning. The new information fills a gap in the literature by expanding on the dynamic of what it means to be male and learning the family health concepts in clinical environments. Chapter Four provides an overview of the participants and results. The results section is grouped into subsections according to major themes supported by sub-themes. Theme development supports using data



from data collection methods and includes participant quotes. All research questions are thoroughly addressed using the themes as the basis and are supported with participant quotes.

### **Participants**

Max van Manen (1990) stated that data saturation is unnecessary for hermeneutic methodology because researchers cannot wholly uncover an understanding of a phenomenon's meaning. Creswell and Poth (2018) stated that 10 participants in qualitative research leads to data saturation, although the number of participants can vary. The male student participants were recruited using purposeful sampling in an associate degree in nursing (ADN) program at a SE community college system. Recruitment of all participants included emailing an Institutional Review Board (IRB) approved email to 55 community colleges in late spring and early summer 2024, asking the nursing program directors to distribute an IRB-approved flyer on the researcher's behalf. The program directors were asked to make the recruitment flyer accessible to qualifying male students by handing it out to their male students, posting it on their learning management system, or adding it to a bulletin board. Interested participants scanned an embedded QR code on the flyer, linking them to a Qualtrics survey. In the Qualtrics survey, students signed informed consent, filled out their email addresses, and completed a demographic survey.

In this study, 12 male nursing students between the ages of 21 and 27 completed an informed consent form. Of the 12, 10 scheduled and participated in one-on-one interviews and a reflection exercise. Data saturation was reached with 10 participants, so recruitment of participants or scheduling of further interviews ceased. Seven of the 10 participants were in their final semester of an ADN program and projected to graduate in May 2024. The other three

participants had recently finished the family health concepts clinical course with a projected graduation date of May 2025. The recruited sample consisted of all cisgender males within one southeastern state in the United States who were enrolled or recently graduated (within the past six months) from a public or state southeastern community college nursing program and had completed the family health concepts clinical rotation. Eight participants identified as White, two as Hispanic, and eight as non-Hispanic. Pseudonyms were used for all participants to ensure the confidentiality of the subjects. Table 3 includes the collected demographic information of the male participants, including age, ethnicity, and race.

**Table 3**  
*Male Nursing Student Participants*

Name	Age	Ethnicity	Race
Guy (Participant 1)	27-above	White	Non-Hispanic
Joe (Participant 2)	21-23	Other	Hispanic
Tom (Participant 3)	21-23	Other	Hispanic
Ted (Participant 4)	27- above	White	Non-Hispanic
Ben (Participant 5)	27- above	White	Non-Hispanic
Max (Participant 6)	27-above	White	Non-Hispanic
Jax (Participant 7)	21-23	White	Non-Hispanic
Craig (Participant 8)	27-above	White	Non-Hispanic
Jim (Participant 9)	27-above	White	Non-Hispanic
Trey (Participant 10)	27-above	White	Non-Hispanic

*Note:* Information gathered from demographic pseudonyms used for participants' protection

As outlined in Chapter Three, first, participants scanned the IRB-approved QR code on the flyer, where they each completed an IRB-approved informed consent and demographic Qualtrics survey. Then, I emailed the participants an IRB-approved email requesting them to schedule their one-on-one interview via Calendly; all 10 participants scheduled their interviews within a week. After completing the one-on-one interview, each participant received an IRB-approved email with a reflection exercise prompt and an invitation to participate in a focus group. All 10 participants emailed me a written response to the reflection question. Participants were emailed a \$10.00 Starbucks e-gift card, detailed in the recruitment flyer, after completing both the one-on-one interview and reflection exercise.

A focus group was offered on two different dates and times, recruiting from the 10 male students who participated in the interviews. For the first focus group, four out of the 10 male students confirmed they could attend a scheduled date/time via Zoom. However, none of the participants attended as planned. Another focus group was scheduled, with at least four of the 10 participants confirming they could attend the specific date/time via Zoom. The second scheduled focus group had two participants of the 10 who attended the session, Guy and Ben.

## **Results**

This phenomenological study aimed to fill a gap in the literature understanding male nursing students' lived experiences during family health concepts in a clinical environment. The following results from the data collection included 10 one-on-one interviews, 10 written reflection exercises, and one focus group. Following van Manen's (1990) approach, an interpretive holistic circular approach to data analysis was applied to understand the essence of male students learning and navigating the social environment of family health concepts in

nursing clinical rotations. The theme development included moving back and forth between pre-understanding, existing literature, and contextual data to construct new understandings of the essence of the phenomenon, following the *Hermeneutic Circle* of data analysis. The results section includes theme development and responses to the research questions described in this chapter. The summary includes the relationship of the themes to the current literature described in Chapter Two and key phrases of participants' narratives.

### **Theme Development**

The one-on-one interviews were conducted and recorded via Zoom after a short introduction of myself was given to each participant before the recording started. The recording was stopped immediately after each interview. The exact process was repeated for the focus group session. All interviews and the focus group were conducted and transcribed via Zoom. I began editing the transcriptions immediately after each interview for clarity and readability. Following van Manen's (1990) approach to *epoche* through bracketing and reduction, I completed a reflexive journal following each individual one-on-one interview and the focus group session. This allowed me to question my assumptions and biases and ensure openness to unveil the phenomenon's essence and answer the research questions.

Data analysis began after the seventh interview and continued through the final interview. I used Windows and Excel to organize the findings for qualitative analysis. As outlined in Chapter Three, the following steps were taken in the data analysis to enrich interpretative contextual thematic analysis and answer the research question and sub-questions. First, I immersed myself in the transcribed data by reading all the texts and organizing the data files. Then, to understand the data's essence, I read and re-read all the text, taking notes in Word and

highlighting keywords. Codes emerged from the keywords and were identified from reading and re-reading the participants' transcribed narratives from the 10 individual one-on-one interviews, the 10 reflection exercises, and one focus group session. Next, I began to list the codes and group them in Excel, and themes emerged describing the phenomenon and answering the research question and sub-questions. At this point, participants were asked to validate and verify the data analysis via email through member checks. Lastly, rich qualitative interpretations of the thematic analysis and relationships to the research question and sub-questions were written. Table 4 visualizes how the codes were listed, and the themes and sub-themes developed.

**Table 4**  
*Theme Development*

Coding	Themes	Sub-themes
assumptions, awkward, biological differences, condensed information, denied care, denied treatment, discouraging, disparities, female more nurturing, female-dominated, gender bias, intimate care, men protectors, nervous reactions, stigmas, uncomfortable, unequal learning experiences, unwelcomed, worry	Obstacles male students face	<ul style="list-style-type: none"> <li>• Concerns about caring for females</li> <li>• Stigmas around males in nursing still exists</li> </ul>
application, clinical instructors (+), communication, growth, high student-instructor ratios, in-depth post-	Social interactions impacted on learning	<ul style="list-style-type: none"> <li>• Positive instructor support equaled a positive experience</li> <li>• Skills acquisitions increased in community clinics</li> </ul>

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conference, instructor time management, learning with instructor, observation, partner support, patient preference, supportive instructors

advocacy, age, belonging, emotionally draining, gender equality, identity, interest in area of practice, men belong in nursing, men impact nursing, overall inclusive profession, validation

Impact on decisions for future practice

- Males belong in certain departments
- Motivation to work in a different department

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*Note:* Themes developed from rich contextual data analysis

The three themes developed through the data analysis include (1) obstacles male students face, (2) social interactions' impact on learning, and (3) impact on decisions for future practice. The collected data from the focus group and interviews were first transcribed for accuracy and readability. All data were analyzed using van Manen's (1990) approach, reflecting and interpreting hermeneutic phenomenological data for qualitative textual expression by coding to discover the essence of the phenomenon. According to van Manen, the phenomena's essence “are more like knots in the webs of our experiences, around which certain lived experiences are spun and thus lived through as meaningful wholes” (p. 90).

### **Obstacles Male Students Face**

For the first theme, obstacles male students face, participants spoke about facing barriers and overcoming obstacles in family health concepts clinical rotations. First, they discussed how difficult it was to learn the highly condensed information in family health concepts over a short

time. Furthermore, participants shared that a barrier to learning was the fact that the highly female-dominated field of obstetrics and pediatrics made them feel awkward providing care to females and pediatric populations. They acknowledged that they had limited exposure to the female anatomy before entering the course, which led to feelings of inferiority in caring for patient population. Furthermore, they felt assumptions about females being nurturing and males being protectors affected how nurses and caregivers on the units involved them in patient care. Codes emerged from the narratives, including assumptions, awkwardness, biological differences, condensed information, denied care, denied treatment, discouraging, disparities, females more nurturing, female-dominated, gender bias, intimate care, men protectors, nervous reactions, stigmas, uncomfortable, unequal learning experiences, unwelcomed, and worry. Sub-themes that developed included assumptions that stigmas around males in nursing still exist, concerns about caring for females, and disparities between male and female learning.

### ***Concerns Caring for Female Patients***

A specific element of obstacles male students face developed as a subtheme: male students' concern about caring for female patients. In the individual interviews, all male students discussed having concerns about their limited exposure to reproductive health, sexuality, reproduction, family health communication, advocacy, and care before entering the family health concepts clinical environment. Before entering the course, all participants acknowledged limited female anatomy and physiology exposure.

In Tom's interview, he stated, "I had concerns going into family health concepts clinical. I had never had a female patient before this clinical rotation, and there are only females on labor and delivery and mother/baby units." He spoke about the first time he saw a pregnant woman in

triage in the labor and delivery unit being examined. He stated, “I told my clinical instructor I saw them use this like gun-shaped thing on a lady, and she was like, huh!” He explained, “Looking back now, I know it was a speculum, but I had never seen anything like that.” Tom went on to say that since he had only cared for “older” people up to this point, including only males, he had concerns about communicating with the younger obstetric females.

Guy addressed his concerns about his lack of knowledge of female care when going into family health concepts clinical rotations. He stated,

As a male, I was not taught essential health about females as females come into class knowing. It is not covered in introductory health courses or anatomy physiology courses. So that was a big hiccup for me, or a significant setback because I did not understand certain things, such as certain shots that females must get, vaccines, or even contraceptives or the side effects of the implementation of those. As a male, I never will experience pregnancy.

Furthermore, in Guy’s interview, he mentioned that he felt patients would deny his care. He stated, “When the patient felt more physically exposed or vulnerable, they did not seem to want a male around.” In Joe’s interview, he addressed concerns about family health concepts, stating, “It was different from a medical-surgical unit with which I was more familiar.” He added, “I was uncomfortable because I am a guy.” In Craig’s interview, he stated, “I did not have any knowledge of the area before I went into family health concepts. I'd never really had any exposure to the material.” Craig pointed out that reproductive health was taught at the end of his Anatomy and Physiology II course, which he took alongside family health concepts. In their interviews, Joe and Guy discussed apprehension because of how different family health clinical



rotations are from a typical medical-surgical unit, especially post-partum and newborn assessments. They stated that before this rotation, they had never cared for a newborn or provided emotional support to a client as in-depth as a post-partum mom.

In Ben's interview, he stated, "The healthier the patients are, the pickier they tend to be." He mentioned his concern when caring for female patients was being denied the opportunity to care for them physically in the family health concepts rotation. Although he understood the patient's right of refusal, he stated that it made him feel he was not supporting the nursing team on these units. However, he shared that in his experiences in the emergency rooms or intensive care units, female clients did not deny him care.

Ted stated that a barrier for him coming into family health concepts and providing care for female patients in this environment was his inherent perception, stating that he felt "Most women do not want males involved in their birthing care." Participants shared that the highly female-dominated fields of obstetrics made them feel awkward providing care to female populations. In their individual interviews, Guy and Tom discussed how their limited previous exposure led to feelings of inferiority in caring for the patient population. Guy mentioned feeling nervous about caring for pediatric patients, while Tom had never cared for a single female patient in nursing school until this course. Furthermore, Tom pointed out that most of the female birthing clients were younger, which made him uncomfortable, stating, "Because I, too, was young." Tom and Joe elaborated that they initially had trouble communicating with this female population to assess social and emotional needs related to limited exposure to evidence-based techniques.

### ***Stigmas around Males in Nursing Still Exist***

A second subtheme that emerged under obstacles male students face was that stigmas around males in nursing still exist. All participants discussed an obstacle to their learning centered on the existing stigmas surrounding male nurses. Male students felt they were treated differently in labor and delivery and mother/baby units simply because they were male. Guy said this about stigmas in nursing:

There is a lag for males regarding newborn care and certain parts of female care; I even saw that in schoolwork. Because I am one of the very few males in this program. So, it is a female-dominated program. Moreover, it is still a female-dominated industry. I hope that the stigma goes down and that there will be male nurses in pediatrics or newborns in the future.

Ted added in his interview, “You know, it is strange because you do not see a lot of male nurses doing this, but a lot of these ladies go to male gynecologists, and it is not an issue.” Participants felt that people assumed female nurses were more nurturing and males were protectors, which affected how nurses and caregivers on the units involved them in patient care. They shared that they were often left behind by the nurses they followed when the nurse went into patient rooms. In Guy’s interview, he explained, “I am usually the type of person that follows my nurse everywhere, but if I would get a drink for two minutes, the nurse would go into the patient's room. I never really had that happen on other floors.”

During Jim’s interview, he stated, “There were no male nurses on the floor, and one of the nurses told me she does not think that male nurses are allowed to work on mother/baby.” When asked if this was true, Jim said, “So, I do not know how much truth is in that, but that is

what she told me. And I was like, well, OK, cool. Because I do not ever want to work up here anyways.”

In his reflection response, Max noted male stigmas in these clinical experiences; he stated, “I did notice subtle disparities in the treatment of male versus female nursing students. Female students seemed more readily accepted by patients and staff in these settings.”

In Guy’s interview, his perspective of male stigmas included feeling like he was tasked to perform more “manly” duties rather than participating in intimate birthing experiences and post-partum care. In Ben’s interview, he also felt a stigma related to being male in this environment was evident when he was sought for physical strength instead of clinical skills. For instance, Ben stated, “I was sought after when someone was aggressive or obese; patients needed to be moved.” In Jax’s interview, he noted that his view of his lived experience included a “catalog of being asked by nurses to leave the room after mothers had given birth and not being able to perform mother-based assessments.” Jax specifically stated he perceived, “I was denied care on labor and delivery and mother/baby because he was a male.”

### **Social Interactions Impact on Learning**

The second theme, social interactions impact on learning, addressed how students learn with more expert clinicians or mentors in the nursing field. Two sub-themes emerged: positive instructor support equaled a positive experience, and skills acquisitions increased in clinics as opposed to hospital units. Participants reported that a positive relationship with their clinical instructors or nurses equaled more positive clinical learning experiences. Also, male students discussed more in-depth learning experiences in prenatal or community clinics and pediatric units than in labor and delivery and mom/baby units. Codes from the narratives included

application, clinical instructors (+), communication, growth, high student-instructor ratios, in-depth post-conference, instructor time management, learning with an instructor, observation, partner support, patient preference, and supportive instructors.

### ***Positive Instructor Support Equaled a Positive Experience***

Participants reported that forming open communication and supportive relationships with their clinical instructors led to more positive learning experiences. In Joe's interview, he discussed seeking support from his clinical instructor. He discussed how he went to his clinical instructor on the first day of clinical to share his concerns about being male and uncomfortable in the women's health learning environment. Joe said patients might feel "uncomfortable receiving care from a male student." Therefore, he spoke to his clinical instructor because he always wanted to have his clinical instructor's support and assistance with female patients. Joe reported having a great conversation with his clinical instructor about him being male in this context and her reassuring him that she had a male student at least every semester, so she is familiar with the challenges. Overall, participants stated that the open communication and instructor support led to them having great learning experiences during this clinical rotation. Students reported learning hands-on physical assessment of the female birthing parent and providing emotional support to the client alongside their clinical instructors.

Participants noted that firsthand experience was essential to transfer didactic learning to the clinical environment to understand how to care for this patient population. Most students shared positive experiences related to their relationship with their clinical instructors. Ted stated, "My clinical instructors had a lot of maternal child experiences," which enhanced his learning while completing skills and through the instructor using Socratic questioning. Jax expounded

that one of his clinical instructors was a women's health nurse for over 25 years in the mother/baby unit. Jax stated that the nurse explained things well and allowed him to assess a newborn and change their diapers. Ted stated,

In didactic, you are just getting all these bits of information thrown at you. However, with clinical experience, you start to be able to say, oh, this puzzle piece goes with this one.

Now, I see how that fits together and starts to build a whole picture.

Joe and Tom stated that the family health concepts courses allowed them to expand their communication skills. Tom expounded, "Experiencing this clinical rotation will help grow my therapeutic communication skills with all my patients." Even though Tom stated in the mother/baby, labor, and delivery units, "You were just more of a bystander watching." However, in the pediatric environment, Tom felt pushed by his clinical instructor to be more involved. Guy added, "My instructors were supportive, but I did not always receive equal learning opportunities as my female peers."

In the focus group session, Guy shared that his clinical instructors supported his learning in the clinical environment at the end of the day in post-conference. He stated, "At the end of the clinical day, the instructor would discuss the pathophysiology of patients seen during the day more in-depth and relate it back to women's health with a whole-system approach."

In contrast to working alongside clinical instructors, several participants shared during individual interviews that they were often in labor and delivery and mom/baby units on a precepted model. They explained that the precepted model is when students attend clinical without a clinical instructor and are assigned to a bedside nurse. They stated that their learning experiences on units during the precepted model depended on unit nurses' reactions and attitudes

toward male students being there. Jax expounded, “Learning depends on the nurse that you end up partnering with, the perspective that they have, the willingness to bring you into patient care, and the attitude that they project while working with the patient.”

Max shared that each precepted day depended on the assigned nurse's approach to a male student nurse's involvement in mother/infant care. Max continued to share that his learning in this environment depended on how his presence was communicated to the patients. He shared that in some instances, the nurse asked him to leave the room when the patient did not initiate asking for privacy. He stated,

The nurse asked me to leave the room by saying, ‘Let us provide some privacy. Do you mind stepping out?’ So, there were many times I felt like if I had been assigned to that patient as a nurse, I would have to be doing the tasks, but I was asked to leave at these times.

Ben stated, “I helped push the surgical cart from the birthing suite to the surgical suite. I helped hold a woman’s husband up. But it was nothing like you would see on a test. It was hands-off.” Ben shared this perception in the focus group about the hospital when not working alongside his clinical instructor. He felt his experiences were more observational and hands-off.

### ***Skills Acquisitions Increased in Community Clinics***

Participants stated they had diverse clinical learning experiences, including rural and urban locations with inpatient and outpatient environments. All male students discussed a significant difference in their opportunities to work alongside more experienced clinicians engaging in skills acquisition in community and prenatal clinics. Guy and Max shared in their interviews that their most positive learning environment took place at a maternal-fetal medicine

obstetrics/gynecology clinic in an urban area. They explained that the clinic services high-risk maternal care to prevent pre-term, low birth weight, and Cesarean deliveries. Guy perceived the learning as, “More positive because the female patients were not vulnerable and actively in the birthing process.”

Guy stated, “When my clinical experiences were done in a hospital setting, I did not always feel welcome when it was on a post-delivery floor. However, when it came time to [do] rotations in a pre-labor community clinic, it became more welcoming.” Guy and Max expanded their learning while working alongside more experienced nurses at a high-risk pre-natal clinic. Both stated that the nurses were positive and looked for opportunities for them to expand their knowledge. Both participants felt welcomed in this environment by nurses and patients and enjoyed hands-on experience with fetal heart rate monitoring, various testing, and social support.

The male students felt that nurses in the clinics looked for opportunities for them to develop their clinical reasoning skills and connect their didactic learning to the clinical environment. Max shared,

When I was at the prenatal clinic doing the fetal heart rate tracing, the nurses let me do everything. I was hands-on with getting consent from the patient, determining the position of the baby and the uterus, and placing monitors, which helped me apply what was learned in the classroom to the clinical environment.

Guy added,

The nurses encouraged my learning by always looking for opportunities for me to learn saying, do you want to go watch a prenatal ultrasound or use a certain piece of

equipment? So, I got to see imaging as well, which was very nice because I got to visualize the fetus moving within the uterus.

In contrast, Jax stated that his experiences in the hospital were limited. He explained, “I had negative experiences in pretty much every department involving mother-based care.” He equated the lack of hands-on experience in the hospital units to him not performing his best in the course. He felt, “I equate that to the lack of hands-on experiences that I got in my summer clinical rotations in the hospitals hindered my ability to truly grasp concepts of mother/baby.”

In Tom’s interview, he also elaborated on the lack of linking didactic learning to the clinical learning environment. He stated, “This was the subject I struggled with most through nursing school, like throughout all five semesters. I was pretty good at studying. I could not get that material down.” Trey added that his experiences in the hospital environment were not inclusive to him, linking didactic learning to clinical. He stated,

The nurse did not ask me to help with anything. When I was in the mother/baby unit, the nurse did not ask me to do anything, not even an assessment of mothers or babies. I was prohibited from holding babies unless my clinical instructor was there. So, I did next to nothing when I was in the mother/baby unit.

### **Decisions for Future Practice**

The third theme, impact on the decision for future practice, included two sub-themes: males belong in specific departments only and motivation to work in a different department. Participants discussed that the family health clinical learning experiences motivated them to seek a specialty outside of mom/baby or labor and delivery. It was the male students' perception that others felt male nurses belonged in specific units. Max stated, “It took a particular male to work



in female-dominated units.” Another common thread amongst male participants was that pediatric units are emotionally draining. The codes from narratives included advocacy, age, belonging, emotional draining, gender equality, identity, interest in practice, men belonging in nursing, men impact nursing, overall inclusive profession, and validation. Tom added that his lack of experience in family health concepts led to his struggle in this course.

### ***Males Belong in Specific Departments***

Participants felt the learning experiences in family health concepts were integral to their nursing educational journey. However, none of the participants felt fit to work in labor and delivery or mother/baby after graduation because they were male. In the focus group, Guy and Ben discussed that the biological roles of males versus females made them more suited for different areas of nursing. Guy stated, “I would much rather deal with adults because it is easier to deal with somebody my age, more of an adult versus a child.” Ross agreed, adding,

I agree, Guy. I am fixated on males my age who got shot. It is what I have planned since I was in the infantry. So, it feels normal to me in a weird way. Moreover, it is easier to listen to a guy screaming than females or kids.

They all acknowledged the importance of male nursing students learning family health concepts and skills to understand maternal, newborn, and pediatric populations because these patients are admitted to all nursing departments. Guy stated in the focus group,

When I was doing my transition and practice, I was doing those hours in the emergency department; a pregnant lady came in who had been in a car accident. A concern for the fetus was demise, so I had to use a Doppler and try to locate the fetus’s heart rate. So,

what I have learned in these clinical rotations came into play in the emergency department.

Even with understanding the importance of learning the clinical components of family health concepts, the male students still felt that most male nurses belonged in specific departments. Guy acknowledged his perception stems from traditional values of male and female gender roles, which leads him to believe females are more suited for nurturing nursing roles while males should work in fast-paced critical care areas. Guy stated, "It is the biological role of males versus females. Females are more nurturing, while men are more the protector."

Tom's reflection question stated that although he does not think he belongs working in labor and delivery and mother/baby units, he was happy to have the learning experiences. He felt the experiences taught him that he would not always be comfortable in his environment as a male nurse and how to overcome those feelings. Tom felt the experiences were valuable, but he did not belong as a male working in family health areas. Tom expressed,

Family health concepts clinical rotations put me in a position where I was uncomfortable with the environment. I had to learn to accept that discomfort while maintaining professionalism. I can also say that I have had these experiences in case I run into this part of nursing again.

Ben felt that "Since not all female patients want services from a male, it is not the place for male nurses." On the other hand, Jax stated he realizes a few men work in this area, but he felt "It takes a male with specific characteristics to overcome working in such a female-dominated area."

Tom was the only participant who accepted a job in a pediatric unit after graduation. He shared why: “I interviewed with three critical care units, and I chose the pediatric intensive care unit where I spent time during a clinical rotation. I had a great time in this rotation and picked that unit.” Ted and Tom discussed that they would also work in a pediatric hospital after graduating; however, Guy, Ben, and Trey felt that working with pediatric patients was too emotionally draining.

### ***Motivation to Work in a Different Department***

Participants in this study stated that when it came to working in labor and delivery or mother/baby care, these clinical experiences motivated them to graduate and work in a different department or area of nursing. Guy stated that because the stigmas around males in nursing led to disadvantages in learning in the clinical environment, it encouraged him to pursue other areas of nursing after graduation. He planned to go into an adult cardiac intensive care unit upon graduation. In his reflection response, Guy shared,

These clinical experiences did make me feel that I was at a disadvantage when it came down to skills or testing because I did not have the same opportunities to participate.

From a clinical aspect, it has encouraged me to stay in an adult critical care setting and has made me more nervous when handling pediatric patients.

Ben felt that the gender bias he felt in labor and delivery and mother/baby motivated him to find a specialty elsewhere. In Ben’s interview, he stated, “What kind of nurse I want to be was altered by this clinical experience by realizing not all patients wanted services from a male nurse.” Therefore, he has decided to take a position in a cardiac intensive care unit after graduation. Tom also felt in his interview that he was a better fit for cardiac intensive care units

where he would be caring for two critically ill patients. Jax added in his reflection response, “I believe that these experiences just changed the direction of my interest in nursing.”

Max added that the stigmas of males in nursing affected his decision not to work in labor and delivery or mother/baby after graduation. He stated, “There were a few awkward and uncomfortable moments for me as a male nursing student during these rotations. That motivated me to find a specialty where I might not encounter as much potential gender bias.”

All participants felt that the lack of male mentors in family health clinical rotations impacted their decision not to pursue working in this area after graduation. Tom shared that he had never seen a male on labor and delivery or mother/baby floors unless it was a doctor. However, he did mention he saw one guy on the pediatric floor, significantly impacting his sense of belonging. He stated, “Seeing a male nurse on the unit, I did not feel so left out.”

Another student, Ted, disclosed that his experiences in family health concepts and the lack of male mentors in these units impacted his struggle with imposter syndrome, so he did not want to pursue working in labor and delivery or mother/baby after graduation. He stated,

I did not encounter a single male nurse in family health clinical rotations, particularly in labor and delivery and mother/baby. And in the context of labor and delivery, and mother/baby, I did struggle with a sense of imposter syndrome.

Ted shared in his reflection response that he already felt a sense of imposter syndrome related to being male and pursuing a career in a female-dominated profession. Therefore, he stated he would not work on labor and delivery or mother/baby. However, Ted shared that he would consider working in a pediatric hospital.

In Tom's reflection response, he felt the family health concepts clinical rotations were beneficial to experience even though he would not work in labor and delivery or mother/baby. He stated, "I think it is important to have a little experience everywhere in nursing, even if small."

Despite the lack of interest in working in labor and delivery or mother/baby after graduation, all participants expressed that their experiences in family health concepts clinical rotations did not negatively affect their sense of belonging to the nursing profession. In Trey's reflection response, he wrote,

I never felt as though my clinical experiences impacted my sense of belonging in the nursing profession. I have always felt very welcomed by all the different people I have been around, from the nurses at the clinical sites to the nurses who are clinical instructors. I do feel as though men are underrepresented in the nursing profession, but I do not feel as though I do not belong in the nursing profession.

Craig responded in his reflection response that he did not want to work in this environment upon graduation, but he felt like he belonged in nursing. He shared,

I do not think that my family health clinical experiences greatly impacted my sense of belonging in nursing. Simply because I felt the family healthcare environment was an extension of the general medical/surgical patient care environment, I was already used to. When I first contemplated becoming a nurse, one of the biggest things I worried about was the reaction I would get from female patients upon being tasked with providing intimate care for them. By the time I began my family health clinical rotations, I had already worked as a certified nurse's aide for nearly a year. During that time, I provided

intimate care to both males and females on innumerable occasions. So, when I began my family health rotations, I felt comfortable navigating those issues and interactions.

### **Outlier Data and Findings**

During the data analysis, a few deviates from the norm, outliers, were identified in the findings. First, a good portion of the participants were over 27 years old. Participants over 27 years old may have a different perspective on their lived experiences compared to younger pre-licensure male students. Also, Ted was the only participant who shared in his interview that his lived experience in the labor and delivery units in a precepted model was positive. Ted shared that the nurses on the unit supported his learning: "Nurses were looking out for you to jump in and see things and do things, even if it was a slow day." Another outlier was Trey; he was the only participant already a licensed practical nurse completing his registered nursing degree. Trey shared that he was nervous about caring for female patients before his initial degree as a licensed practice nurse. However, since he has been a licensed practice nurse for 15 years, he was comfortable providing female intimate care. Therefore, his lived experiences were different than the others since he had already been working in the field. Ben was the only participant with children, which changed his perspective when caring for pediatric patients. He referred to caring for children as emotional because the children in pain and suffering reminded him of his daughters.

### **Research Questions Responses**

The guiding research question stemmed from a gap in the literature exploring male nursing students' experiences in family health clinical environments. The study's research questions examined the perceptions of male nursing students with a phenomenological

methodology. Therefore, exploring the philosophical meaning male students give to being male and navigating the social environment in the specific clinical rotation. The research question guided the study's goal of filling a gap in nursing teaching-learning scholarship. To do this, the research study explored how males perceive and describe their learning experiences in specific clinical rotations. This section discusses the study's research questions using themes as the basis and supported by participant quotes.

### **Central Research Questions**

The central research question of this study explored: What meaning(s) and understanding(s) do male nursing students give to being male and pursuing nursing when caring for populations related to family health concepts clinical rotations? All 10 participants participated in semi-structured interviews and a reflection prompt, and two of the 10 males attended a focus group session. The following themes emerged from the data analysis: (1) obstacles male students face, (2) social interactions impact on learning, and (3) decisions for future practice.

### ***Sub-question One***

The first research sub-question sought to understand male students' perceptions of learning through role-modeling by navigating professional social interactions during family health concepts clinical experiences. The first sub-question was: How do male nursing students perceive navigating social interactions during family health concepts and clinical experiences impacted their learning?

Participants stated their clinical experiences were diverse at various clinical rotations, including inpatient acute care units like labor and delivery, neonatal intensive care, and

mother/baby units. The outpatient clinics included high-risk prenatal and pediatric clinics and public/community health departments. Participants shared that in all clinical experiences with their clinical instructors, the student-to-instructor ratio was 10 students to one clinical instructor. Because of the high student-to-instructor ratio, there were times when they did not see their instructor from the beginning of the shift until post-conference. Furthermore, most off-site rotation students were paired with nurses primarily for observation.

The social interactions in the units impacted the participants' ability to transfer knowledge learned in the classroom to the clinical setting. Ross expressed during the focus group session that "Labor and delivery units are culturally awkward." In the same focus group, Guy expressed being utilized for physical tasks like lifting or moving a patient rather than hands-on skills with patients. In Joe's interview, he expressed concerns about going to labor/delivery and mother/baby units from the beginning of the course. Therefore, he approached his clinical instructor early, stating, "I am a little bit uncomfortable because I am a guy, and I am going to be with women, and I want you [the clinical instructor] to be there by my side." Tom explained it was socially awkward for him in labor and delivery and mother/baby units because the patients were young, and he was also young and had not experienced parenthood himself yet.

Participants shared that they had limited exposure to women's health-related concepts and care before attending a family health clinical rotation. This limited exposure affected their ability to grasp concepts quickly in the condensed course and clinical rotation. Tom stated, "I had never had a female patient before this rotation," even though he had already finished two semesters in nursing school. Guy stated that the lecture did not make much sense when he was in class because he is a hands-on learner. Guy stated that the lack of experience made



understanding concepts like fetal heart rate monitoring and late deceleration during labor and delivery hard. Jax noted, “The lack of hands-on experiences in all the mother/baby or labor and delivery departments, from either being asked to leave the room because I was a male to not being able to assess a mom, continues to negatively affect me as I study for the national licensure exam today.”

The lack of males was not limited to cohort peers. Participants pointed out that they saw few male nurses on units affiliated with family health concepts clinical rotations. They reported that if they did see male nurses, it was in urban pediatric units, and there were still limited male mentors. Tom added, “I never remember seeing a guy except for a doctor.” Ross pointed out that he had only seen a male nurse at clinical three times and never during family health clinical learning experiences. Participants expressed feeling unwelcome, discouraged, and acutely aware of male stigmas in labor and delivery units. Guy stated, “In clinical settings, there were times that I was not included, just because of the stigma of male nurses in a labor and delivery unit.” Trey added that when he noticed no male nurses on mother/baby units on the floor, he inquired about it from the nurse he was following that day. He shared, “The nurse told me she does not think that male nurses are allowed to work on the mother-baby unit” in the hospital where he attended clinical. The lack of male mentors in family health concepts was an added emotional toll on these male students, expressing how stigmas affect male students.

Trey added,

I have always felt very welcomed by all the different people I have been around, from the nurses at the clinical sites to the nurses who are clinical instructors. I do feel as though

men are underrepresented in the nursing profession, but I do not feel as though I do not belong in the nursing profession.

All participants shared that they felt the experiences did not affect their sense of belonging to the nursing profession but rather the need for continued advocacy for men in nursing. Overall, participants agreed that a significant obstacle in family health concepts clinical rotations and nursing, in general, is the lack of advocacy for males in nursing. Max stated, "There is a need for continued advocacy for gender equality in nursing education and practice, ensuring all students receive equitable learning experiences."

### ***Sub-question Two***

The study's second sub-question sought to understand any current barriers male students are currently experiencing in this specific clinical rotation. The second sub-question was: What obstacles to learning do male nursing students say they encounter when providing care in a family health concepts clinical environment?

All participants reported that stigmas around males in nursing remain an obstacle even today. To begin with, all participants noted that an initial barrier to their learning as males was that in their cohorts, which ranged from 30 to 50 students, only three to four male students were represented in the cohort. Tom stated, "We only had two guys in our class. In my cohort, I felt separated because it was just two guys, and most students were females." Ted added, "In our class of 36 students, we only have four males. So again, the disparity is large." Guy discussed how the stigmas against male nurses relate to family health concepts. He stated, "In clinical settings, there were times that I was not included, just because of the stigma of male nurses in a labor and delivery unit. Even though the male nurses are in hospital settings, many think men

only belong in certain departments, but unfortunately, labor and delivery are not among those.” When I asked Guy to define what he felt the male stigmas were, he added, “the stigma that females are more nurturing than males.” Max added,

I did notice subtle disparities in the treatment of male versus female nursing students. Given the traditionally female-dominated nature of this specialty, female students were more readily accepted by both patients and staff in these settings. There were moments when patients preferred female students for intimate procedures. Some staff members directed more intimate care tasks to females, either to make the patient feel more comfortable or staff assumed females had a better understanding of maternal care.

### ***Sub-question Three***

The third sub-question explored males' perceptions of learning and decisions to remain in nursing after they have completed family health concepts and clinical experiences. The sub-question was: How do male nursing students' perceptions of their learning experiences in family health concepts clinical rotations motivate their decisions for further practice or to remain in the profession?

All participants stated that the clinical experience of family health did not impact their sense of belonging to the nursing profession. Trey stated, “I do feel as though men are underrepresented in the nursing profession, but I do not feel as though I do not belong.” Tom expounded that the experiences did not affect his sense of identity or belonging. Trey stated:

Through school, I could interact with others and make friends with fellow students without looking for an identity or belonging. I have already discovered that in my life.

Some young male students may find it difficult to find this while attending nursing school.

Although the participants felt the clinical experiences did not impact their sense of belonging, they did express that they affected their decisions for future practice. All participants discussed that working in the pediatric units was emotionally draining. Tom shared that he saw a child on a ventilator at the children's hospital. He stated, "It made me sad to see a patient so young and sick." Ben discussed seeing patients around his daughter's age, which upset him. Trey shared that he had personal reasons around prenatal loss with his wife for not choosing family health concepts for future practice. Guy and Tom stated they would consider working in a pediatric unit upon graduating.

All 10 participants stated they would not consider working in labor and delivery or mother/baby units. Max stated, "There were a few awkward and uncomfortable moments for me as a male nursing student during these rotations. That motivated me to find a specialty where I might not encounter as much potential gender bias." Max continued, "It took male nurses with a certain personality to thrive in the female-dominated realm of mother/baby and labor/delivery nursing." Guy explained that the experiences encouraged him to pursue an adult critical care setting and that he is now more nervous when overseeing pediatric patients.

All participants agreed that men belong in nursing. Jax stated, "I believe that men in nursing are crucial to the profession, and men can make a difference in this field." Guy and Tom discussed the learning experiences that placed them in awkward and sometimes uncomfortable positions. However, they both felt the experience was beneficial because it taught them how to remain professional in uncomfortable situations or when a patient denies care from a male nurse.

Jax stated, “I believe that men in nursing are crucial to the profession, and I can make a difference in this field.” The participants all stated they felt nursing was inclusive overall and that nurses valued skills acquisition, clinical reasoning, and dedication to patient care more than cultural stereotypes. However, they still felt awkward in these units and nervous about providing intimate care to female patients. Ben pointed out, “Not all the patients seemed to want services from a male nurse. This was understandable but not beneficial to the team I was supposed to be a part of.” However, Tom stated that the experiences during family health clinical learning,

...validated my feelings towards delivering quality care to all my patients. I was exposed to many learning opportunities that expanded my family's health knowledge. I was blessed to have a positive learning experience with a supportive clinical instructor, nurses, and patients.

### **Summary**

This research study explored the lived experiences of male nursing students, family health concepts, and clinical rotations. Data collection included 10 one-on-one semi-structured interviews, 10 reflection responses, and one focus group. Data saturation was reached after completing the 10 one-on-one interviews, 10 reflection exercises, and one focus group. After extensive data analysis following the *Hermeneutic Circle*, three themes developed to answer the research question and three sub-questions: (1) obstacles male students face, (2) social interactions impact on learning, and (3) decisions for future practice. Participants felt that their lived experiences during this specific clinical rotation on labor and delivery and mother/baby units showed that male nursing students continue to face obstacles in nursing in the clinical environment. The participants discussed being utilized for more manly tasks, being asked to

leave rooms on mother/baby, and labor and delivery, which led to having observational experiences only. The participants highlighted the importance of equitable nursing educational experiences and the need to overcome obstacles for male nursing students through continued advocacy. Moreover, they discussed the importance of supportive clinical instructors and the need for more firsthand learning experiences to facilitate their success in family health concepts. Lastly, participants revealed that their experiences during these clinics impacted their decision-making for future clinical practice. They discussed feeling as though males do not belong in mother/baby and labor and delivery units, which motivated them to seek employment in different areas of nursing. However, a few male students did feel that the pediatric units are more welcoming to males. They also felt the pediatric experiences were emotionally draining; however, one male student did accept a position after graduation in a pediatric intensive care unit.

## **CHAPTER FIVE: CONCLUSION**

### **Overview**

The purpose of this phenomenological study was to describe and explore the perceptions of the impact and beliefs of male nursing students' navigating social interactions related to learning during the family health concepts clinical rotations for 10 male nursing students from several southeastern (SE) community colleges' pre-licensure nursing programs. There is ample evidence to show a disparity between male and female nurses. The statistics indicate that 52.8% of men account for the workforce in America (AACN, 2023). However, only 11.4% are registered nurses, which is impacting the global healthcare worker shortage. There is a call to diversify the nursing workforce, including adding more males to the profession. However, there is a gap in the literature exploring male nursing students' experiences to ensure equitable learning experiences. For this reason, the research study highlighted male students' experiences in a highly female-dominated family health concepts clinical environment. Chapter Five summarizes the interpretation of findings, implications for practice, theoretical and empirical implications, limitations and delimitations, and recommendations for future research.

### **Discussion**

The Discussion section begins with a summary of the study's findings. The researcher then interprets the findings to make recommendations to the existing body of knowledge in nursing scholarship. The study's findings present recommendations to stakeholders for policy and procedure improvements and adds significant new information to empirical research. The researcher discusses the limitations, those factors out of the researcher's control, and

delimitations, those within the researcher's control. Therefore, Chapter Five includes five sections: interpretation of findings, implications for policy and practice, theoretical and empirical implications, limitations and delimitations, and recommendations for future research.

### **Interpretation of Findings**

The central research question for this study was: "What are the meaning(s) and understanding(s) that male nursing students give to being male and pursuing nursing when caring for populations related to family health concepts clinical rotations?" Three sub-questions were included (1) How do male nursing students perceive navigating social interactions during family health concepts and clinical experiences impacted their learning? (2) What obstacles to learning do male nursing students say they encounter when providing care in a family health concepts clinical environment? and (3) How do male nursing students' perceptions of their learning experiences in family health concepts clinical rotations motivate their decisions for further practice or to remain in the profession? The themes that emerged through data analysis included (1) obstacles male students face, (2) social interactions impact on learning, and (3) impact on decisions for future practice.

### ***Obstacles Male Students Face***

The participants' perceptions align with current research, which reports concerning results that male biases and marginalizations continue within the nursing profession (Cho & Jang; Christensen et al., 2021; Englund et al., 2023). The male students' experiences in their family health clinical rotation revealed that gender-related obstacles for males in nursing continue to exist. Participants discussed feeling that there were stigmas surrounding males in labor and delivery and mother/baby units, which related to perceptions that females were more nurturing,



or males did not belong in these units. These perceptions sometimes made the participants uncomfortable, despite the fact that current research reports that male nurses have caring attributes of “honesty, being present, and being realistic” (Mokdad & Christensen, 2021, p. 292).

The stigmas the participants felt align with current literature, which shows males continue to face stereotypes of nursing as a female profession (Gavine et al., 2020; Palazzo & Erickson, 2022; Smith et al., 2020). In this study, participants perceived they faced gender bias in the female-dominated environment when they were asked to leave rooms or were denied access to caring for female patients. However, all participants agreed that patient preference is always respected; yet most felt ignored or not invited to participate in female care. The literature suggested that male nursing students experience barriers and gender-related challenges in their nursing education programs despite efforts to ensure equitable learning experiences (Gao et al., 2019; Glenn et al., 2022). The current study’s findings concur with the current literature that gender bias continues in nursing education, as participants perceived their learning experiences as inequitable compared to the females in their cohorts.

### ***Social Interactions Impact on Learning***

The data collected from the participants in this study supports the current literature, which emphasizes that male students are treated differently in some nursing specialties. For example, male nurses are often used to turn patients or lift items rather than for performing skilled nursing care (Salmonsens et al., 2023). In this study, male participants discussed being sought after to turn patients and perform more “manly” duties. Another aspect found in the literature is the lack of male role models in nursing. In this study, the participants reported a lack of male peers, faculty, or clinician mentors in family health concepts. Youngas et al. (2020)

agreed that males need more nurse mentors within institutions to support male students. Furthermore, the authors suggested assigning male students to male nurses in the clinical environment to increase the retention and recruitment of male nurses. All participants spoke of the lack of male mentors in all aspects of their nursing educational learning experiences. However, participants did relate feelings of encouragement when they saw male nurses on units.

Participants shared that a positive relationship with their clinical instructors influenced their perspective of learning family health concepts during clinical rotations, which led to a more positive learning environment. Current research supports their perceptions, reporting that students reach higher levels of learning when their nurse educator (NE) guides them in learning activities (Gonzalez et al., 2021). In contrast, participants attended clinical sites without an instructor, using a precepted model. However, they felt the learning experiences varied on the precepted model and were directly influenced by how the nurse they were assigned to for the day felt about a male student on the unit. Participants shared that the limited exposure to direct patient care led to them struggling with concepts in family health. They directly related that the limited hands-on experience in transferring didactic knowledge to the clinical setting negatively influenced their test performance. The participants' perceptions of their learning are backed by research that shows that clinical judgment takes time, guidance from expert clinicians, and effort on behalf of the student to ensure that learning happens over time (Gonzalez et al., 2021).

### ***Impact on Decisions for Future Practice***

Kane (2021) felt that nursing is becoming more divided instead of more gender-neutral, showing men working more often in intensive care units, emergency departments, and mental health. In contrast, women choose obstetric and gynecological fields. Participants in the study

emphasized specialty units of labor and delivery and mother/baby as highly female-dominated. They felt the rotation was necessary for learning how to care for all patient populations; however, their perceptions were that male nurses belonged to specific units. The participants concurred that nursing is divided into units where males are more accepted, which included emergency departments, intensive care units, and areas with more critically ill patients. Even though the participants admit some males do work in labor and delivery and mother/baby units, they felt it took a particular type of male. None of the 10 participants felt they would work in either of these areas. Participants shared that they would consider working in a pediatric unit. Whitford et al. (2020) stated that males need positive encouragement and role models to combat male-gendered stereotypes. Therefore, I suggest that institutions find ways to encourage male mentorship in nursing education. Academic institutions may want to consider starting male association support groups at their colleges to encourage a positive learning environment.

### **Implications for Policy and Practice**

Overall, the current study's findings and the literature support the idea that male students do not receive equitable learning experiences in family health concepts specialty rotations (Kane, 2021). For example, Negres et al. (2022) noted that the lack of gender diversity negatively affects male nursing students. The current study findings suggest that nursing education must consider ways to ensure male students receive equitable learning experiences in family health concepts and clinical rotations. Nurse educators may need to seek ways to improve male students' hands-on experiences under the guidance of expert clinicians in this specialty area. The literature supports various techniques to ensure students grasp learning in the clinical setting,

including Socratic questioning and problem-solving with more expert clinicians' guidance (Ignatiavicius, 2021).

One recommendation is for nurse educators to seek innovative strategies to ensure male students learn alongside expert clinicians who are invested in their learning. Smith and Horne (2020) suggested that adding more male faculty to nursing academia to help mentor male nursing students is essential for them to have an inclusive educational experience. For instance, even though male faculty may not be taking male students to maternity units, it is recommended that male faculty be present during simulation scenarios. Another suggestion for practice is during observational experiences without clinical instructors, it is possible to vet clinically embedded male registered nurses in units committed to having students shadow them. Also, Keller et al. (2020) found an association between magnet hospitals and fewer issues with incivility. Therefore, I suggest NEs consider sending male students to magnet hospitals whenever possible for clinical rotation specialties to ensure they receive the best outcomes. Academic institutions could consider clinical partnerships with these clinicians and offer continuing education courses at no cost to the nurses in nursing education. The participants shared that they had more positive learning experiences when working alongside their clinical instructors. However, with the nursing faculty shortage, this is not always possible. So, investing in training and partnerships with bedside nurses may improve male students' experiences in these specialty units.

### **Theoretical and Empirical Implications**

This study used a phenomenological philosophical approach to understanding and describing male students' experiences through the lens of Max van Manen (1990) to capture the phenomenon's essence. The van Manen's approach to phenomenology describes commonalities

found in data to describe commonalities and assumptions between participants to give meaning to the phenomenon. In this study, the male participants lived through family health concepts and clinical rotations while completing an associate's degree in nursing. The male participants willingly shared their unique perspectives on what it means to be male and experience this particular clinical specialty rotation. There are very few studies in nursing literature that have recently investigated male students' experiences in nursing education in Western civilization. Therefore, this study contributes to the scholarly body of nursing educational teaching-learning scholarship to inform nurse educators of male students' experiences.

Vygotsky's (1987) socio-culture theory guided this study's approach to teaching-learning, which is congruent with constructivist theorists. Vygotsky emphasized that culture, interactions, communication, and environments influence human learning. In this study, participants shared their perceptions of learning during a lived experience in family health concepts clinical rotations. Participants discussed how Western cultures' gender-related bias towards males in nursing influenced their perceptions of learning. They discussed feelings of awkwardness, isolation, being denied care for female patients, and navigating a female-dominated practice area. Participants discussed learning how to communicate with patients in this specialty area. Furthermore, they discussed that their perceptions of learning were enhanced and were more optimistic when learning alongside their clinical instructors.

The findings align with Vygotsky's (1987) theory of learning in the Zone of Proximal Development (ZPD). Vygotsky stated that for students to learn, they must expand their knowledge with more experienced clinicians. In nursing education, role-modeling with more expert clinicians is essential for students to learn. In this study, participants reported that they felt

their learning was enhanced when they were learning in the ZPD. However, there were times when the students perceived they were not learning, either because of a lack of interaction with expert clinicians or cultural gender bias towards males in nursing.

### **Limitations and Delimitations**

The limitations of this study include the chosen qualitative hermeneutic phenomenological approach. In van Manen's (1990) approach to interpreting rich descriptive data, the research uses reflective practice to interpret and analyze the data. The reflective practice helps the researcher utilize a bracketing and reduction technique to keep an open mind and explore the connections between the participants' lived experiences and existing knowledge. However, Creswell and Poth (2018) stated that bracketing cannot be achieved entirely. Therefore, qualitative data cannot be considered generalizable to a larger population because of the subjective nature of the data and analysis. Another limitation of this study is that the purposeful sample was from one southeastern state community college system. Even though participants ranged from across the state, the results are still limited to one region of the United States.

The research participants were not known to the researcher before the study, nor had the researcher ever taught any of them. However, the fact that the researcher introduced herself to them as a doctoral candidate and nurse educator may have influenced how they responded to questions. Furthermore, a female researcher interviewed male nursing students about their experiences. Since nursing is already a female-dominated profession, as expressed by each participant, this may have changed how they responded to questions during the one-on-one interviews. In addition, the interviews were conducted via Zoom, which limited the researcher's

ability to see all body language as the participants spoke. Lastly, I am a novice researcher with limited experience in data collection and analysis, thus as the study progressed, my interviewing skills developed. Also, this was the first time I had conducted qualitative data analysis without assistance, a skill I must continue to learn and grow.

Delimitations of the study include my participant's exclusion criteria. The researcher only interviewed cis-gendered male students who were born male and identified as the male gender. Cho et al. (2022) noted that gender equity in nursing education is not limited to males, and further research is needed. Furthermore, the research was limited to one state in the United States, which was chosen because it was the state of the researcher's residence during the study and was convenient for the researcher to investigate. However, due to cultural differences in regions of the United States, a broader sample size may have revealed different perspectives. Another delimitation was the researcher's choice of participants from associate degree-seeking male nursing students for the data collection. It is possible that male students from bachelor's or graduate family nurse practitioner programs would have added a different perspective.

### **Recommendations for Future Research**

Future research should focus on male nursing students' experiences to add to the nursing scientific body of knowledge and enhance evidence-based teaching strategies to support male students. This study was limited to investigating the lived experiences of male students in one southeastern state from associate degree programs. Therefore, the findings were limited to a particular region of the United States and nursing degree students. A follow-up study should consider researching the 50 states and investigating nursing programs to gain further insight into male nursing student experiences. More research is needed amongst male nursing students to

find ways to recruit and retain males in the nursing profession. This includes further investigating males' sense of belonging in the nursing profession. It would be interesting to investigate whether males entering and exiting nursing programs have the same sense of belonging to the nursing profession.

Madlala et al. (2020) stated that perceived bias and females denying care by males in maternity units add to gender inequality in educational experiences. Since male nursing students at all levels must complete clinical rotations in labor and delivery and mother/baby, repeating the study with male family nurse practitioner students is worth investigating. Furthermore, simulation, whether in-person or virtual, is an evidence-based tool for educators to enhance clinical judgment in nursing students. Therefore, further research should focus on utilizing simulations for male students in these specialty areas where female patients are denied care. Male nursing students must graduate with the same learning outcomes as their female peers; therefore, ensuring best practices in nursing education for males to achieve the best outcomes is essential. Lastly, findings from this study and in the literature revealed that male nursing students continue to face gender-related stereotypes in nursing. Researchers must focus on interventions to deter these gendered-specific stereotypes in nursing from recruiting and retaining males in nursing.

### **Conclusion**

This study sought to understand and describe the lived experiences of male nursing students in family health concepts clinical rotations. Ten participants completed individual one-on-one interviews and reflection responses. Of the 10 participants, two joined a focus group session. Three themes emerged from the data analysis: (1) obstacles male students face, (2)



social interactions impact on learning, and (3) decisions for future practice. The study's findings revealed that male nursing students continue to face gender bias in nursing. Participants expressed concerns about caring for female patients in this clinical environment. Furthermore, they expressed that stigmas around males in nursing continue to exist. The male students' positive relationships with clinical instructors equaled more positive learning experiences. The participants also felt they had more equitable learning experiences in clinics than in hospital units or precepted models. Overall, the male students shared that the clinician experiences did affect their decisions for future practice. Male students felt that men in nursing belong in specific departments only. Therefore, their experiences during their family health concepts clinical rotations motivated them to find work in different nursing specialties upon graduation.

## References

- Akintade, B., Idzik, S., Gourley, B., Montgomery, K., Indenbaum-Bates, K., Novak, K., Hicks, G. N., & Appleby, T. (2021). Academic-practice partnership in rural Maryland: Opportunities for advanced practice registered nurse training and employment. *JONA: The Journal of Nursing Administration*, *51*(4), 227–231.  
<https://doi.org/10.1097/nna.0000000000001002>
- Allen, P., Krummen, R., Mauck, M., Rohr, T., Scott, D., & Martin, A. (2023). Articulating pathways for a diverse nursing workforce in a community college. *Teaching and Learning in Nursing*, *18*(2), 349–352. <https://doi.org/10.1016/j.teln.2023.01.002>
- American Association of Colleges of Nursing. (2021). *The essentials: Core competencies for professional nursing education*.  
<https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf>
- American Association of Colleges of Nursing. (2023). *Enhancing diversity in the nursing workforce*. <https://www.aacnnursing.org/news-data/fact-sheets/enhancing-diversity-in-the-nursing-workforce#:~:text=Few%20nurses%20from%20racial%2Fethnic,and%20only%207.4%25%20are%20male>
- American Nursing Association. (2015). *Code of ethics for nurses with interpretive statements*.  
<https://www.nursingworld.org/coe-view-only>
- American Nursing Association. (2022). *Racial-reckoning-statement* [PDF].  
<https://www.nursingworld.org/~4a00a2/globalassets/practiceandpolicy/workforce/racial-reckoning-statement.pdf>

- Arreciado Marañón, A., Rodríguez-Martín, D., & Galbany-Estragués, P. (2019). Male nurses' views of gender in the nurse–family relationship in paediatric care. *International Nursing Review*, 66(4), 563–570. <https://doi.org/10.1111/inr.12541>
- Association of Women’s Health, Obstetric and Neonatal Nurses. (2023). Nursing workforce diversity. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 52(4), e5–e9. <https://doi.org/10.1016/j.jogn.2023.04.004>
- Beck, C. (2021). *Introduction to phenomenology: Focus on methodology*. <https://doi.org/10.4135/9781071909669>
- Blackley, L. S., Morda, R., & Gill, P. R. (2019). Stressors and rewards experienced by men in nursing: A qualitative study. *Nursing Forum*, 54(4), 690–697. <https://doi.org/10.1111/nuf.12397>
- Bly, K., Ellis, S., Ritter, R. J., & Kantrowitz-Gordon, I. (2020). A survey of midwives’ attitudes toward men in midwifery. *Journal of Midwifery & Women's Health*, 65(2), 199–207. <https://doi.org/10.1111/jmwh.13060>
- Byrd, L. (2022). Sidebar: The North Carolina nursing pipeline—A lack of nursing educators is at the heart of the shortage. *North Carolina Medical Journal*, 83(6). <https://doi.org/10.18043/ncm.83.6.410>
- Cho, S., & Jang, S. (2021). Do gender role stereotypes and patriarchal culture affect nursing students’ major satisfaction? *International Journal of Environmental Research and Public Health*, 18(5), 2607. <https://doi.org/10.3390/ijerph18052607>

- Cho, S., Kwon, S., & Jang, S. (2022). Validity and reliability of the gender equity scale in nursing education. *Nursing & Health Sciences*, 24(2), 447–457.  
<https://doi.org/10.1111/nhs.12940>
- Christensen, M., Purkis, N., Morgan, R., & Allen, C. (2021). Does the nursing curriculum influence feelings of gender-role conflict in a cohort of nursing degree male students? *British Journal of Nursing*, 30(17), 1024–1030.  
<https://doi.org/10.12968/bjon.2021.30.17.1024>
- Coffman, S., Iommi, M., & Morrow, K. (2023). Scaffolding as active learning in nursing education. *Teaching and Learning in Nursing*, 18(1), 232–237.  
<https://doi.org/10.1016/j.teln.2022.09.012>
- Creswell, J. W., & Creswell, J. D. (2023). *Research design: Qualitative, quantitative, and mixed methods approaches* (6th ed.). SAGE.
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Sage.
- Deng, X., Chen, S., Li, X., Tan, C., Li, W., Zhong, C., Mei, R., & Ye, M. (2023). Gender differences in empathy, emotional intelligence and problem-solving ability among nursing students: A cross-sectional study. *Nurse Education Today*, 120, 105649.  
<https://doi.org/10.1016/j.nedt.2022.105649>
- Denicolo, P., Long, T., & Bradley-Cole, K. (2021). *Sage research methods - constructivist approaches and research methods: A practical guide to exploring personal meanings*.  
<https://doi.org/10.4135/9781526402660>

- Deuz, N. (2023). Public perceptions of males working as pediatric nurses. *Pediatric Nursing*, 49(3), 118–124.
- Dibley, L., Dickerson, S., Duffy, M., & Vandermause, R. (2022). *Doing hermeneutic phenomenological research: A practical guide*. SAGE Publications Ltd.
- Dickison, P., Haerling, K. A., & Lasater, K. (2019). Integrating the National Council of State Boards of Nursing clinical judgment model into nursing educational frameworks. *Journal of Nursing Education*, 58(2), 72–78. <https://doi.org/10.3928/01484834-20190122-03>
- Durgun Ozan, Y., Duman, M., Çiçek, Ö., & Baksi, A. (2020). The effects of clinical education program based on Watson's theory of human caring on coping and anxiety levels of nursing students: A randomized control trial. *Perspectives in Psychiatric Care*, 56, 621–628. <https://doi.org/10.1111/ppc.12477>
- Englund, H., Basler, J., & Mott, J. (2020). Is the concept of caring a barrier to gender diversity in nursing? *Nurse Educator*, 46(1), 5–7. <https://doi.org/10.1097/nne.0000000000000818>
- Englund, H. M., Mott, J., & MacWilliams, B. (2023). Experiences of undergraduate male students in nursing. *Nurse Educator*, 49(2), 61–66. <https://doi.org/10.1097/nne.0000000000001520>
- Fawcett, J. (2018). *Leininger's theory of culture care diversity and universality*. Nursology. <https://nursology.net/nurse-theories/leiningers-theory-of-culture-care-diversity-and-universality/>
- Finkelman, A. (2021). *Professional nursing concepts: Competencies for quality leadership* (5th ed.). Jones & Bartlett Learning.

- Gao, Y., Cheng, S., Madani, C., & Zhang, G. (2019). Educational experience of male students in a baccalaureate nursing program in China. *Nurse Education in Practice, 35*, 124–129. <https://doi.org/10.1016/j.nepr.2019.02.006>
- Gavine, A., Carson, M., Eccles, J., & Whitford, H. M. (2020). Barriers and facilitators to recruiting and retaining men on pre-registration nursing programs in western countries: A systemized rapid review. *Nurse Education Today, 88*, 104368. <https://doi.org/10.1016/j.nedt.2020.104368>
- Gonzalez, L., Nielsen, A., & Lasater, K. (2021). Developing students' clinical reasoning skills: A faculty guide. *Journal of Nursing Education, 60*(9), 485–493. <https://doi.org/10.3928/01484834-20210708-01>
- Graf, A. C., Jacob, E., Twigg, D., & Nattabi, B. (2020). Contemporary nursing graduates' transition to practice: A critical review of transition models. *Journal of Clinical Nursing, 29*(15-16), 3097–3107. <https://doi.org/10.1111/jocn.15234>
- Green, C. (2020a). Equity and diversity in nursing education. *Teaching and Learning in Nursing, 15*(4), 280–283. <https://doi.org/10.1016/j.teln.2020.07.004>
- Green, C. (2020b). Equity and diversity in nursing education. *Teaching and Learning in Nursing, 15*(4), 280–283. <https://doi.org/10.1016/j.teln.2020.07.004>
- Gubrud-Howe, P. (2020). Teaching in the clinical setting. In D. M. Billings & J. A. Halstead (Eds.), *Teaching in nursing: A guide for faculty* (6th ed., pp. 328–352). Elsevier.
- Guy, M., Hughes, K., & Ferris-Day, P. (2022). Lack of awareness of nursing as a career choice for men: A qualitative descriptive study. *Journal of Advanced Nursing, 78*(12), 4190–4198. <https://doi.org/10.1111/jan.15402>

- Hafer, L. C., Gibson, N. M., York, T. T., Fiester, H. R., & Tsemunhu, R. (2018). An examination of student retention at a 2-year college through structural equation modeling. *Journal of College Student Retention: Research, Theory & Practice*, 22(4), 550–571.  
<https://doi.org/10.1177/1521025118770813>
- Harrison, T. (2021). Florence Nightingale's legacy on the role of men in community nursing. *British Journal of Community Nursing*, 26(6), 302–306.  
<https://doi.org/10.12968/bjcn.2021.26.6.302>
- Health Resources and Services Administration. (2023). *NCHWA nursing workforce dashboard*.  
<https://data.hrsa.gov/topics/health-workforce/nursing-workforce-dashboards>
- Hendricks, S. (2020). Curriculum for undergraduate programs. In D. M. Billings & J. A. Halstead (Eds.), *Teaching in nursing: A guide for faculty* (6th ed., pp. 147–162). Elsevier.
- Husserl, E. (2017). *Ideas: General introduction to pure phenomenology* (17th ed.). Martino.
- Ignatavicius, D. D. (2021). Preparing for the new nursing licensure exam. *Nursing*, 51(5), 34–41.  
<https://doi.org/10.1097/01.nurse.0000743100.95536.9b>
- Kantar, L. D., Ezzeddine, S., & Rizk, U. (2020). Rethinking clinical instruction through the zone of proximal development. *Nurse Education Today*, 95, 104595.  
<https://doi.org/10.1016/j.nedt.2020.104595>
- Kellett, P., O'Lynn, C., Herakova, L. L., & O'Connor, T. (2023). Gender role conflict and male nursing students' academic and program success. *Journal of Nursing Education*, 62(1), 42–46. <https://doi.org/10.3928/01484834-20221109-07>

- Keller, S., Yule, S., Zagarese, V., & Henrickson Parker, S. (2020). Predictors and triggers of incivility within healthcare teams: A systematic review of the literature. *BMJ Open*, *10*(6), e035471. <https://doi.org/10.1136/bmjopen-2019-035471>
- Kim, E., & Kim, S. (2022). Job change among early career nurses and related factors: A postgraduation 4-year follow-up study. *Journal of Nursing Management*, *30*(7), 3083–3092. <https://doi.org/10.1111/jonm.13713>
- King James Bible*. (2010). Christian Art. (Original work published 1769).
- Korkmaz, A., Aktaş, K., Dursun Ergezen, F., Bozkurt, S., Ergezen, Y., & Kol, E. (2022). The empathy level and caring behaviors perceptions of nursing students: A cross-sectional and correlational study. *Perspectives in Psychiatric Care*, *58*(4), 2653–2663. <https://doi.org/10.1111/ppc.13106>
- Lewis, L. S., Rebesch, L. M., & Hunt, E. (2022). Nursing education practice update 2022: Competency-based education in nursing. *SAGE Open Nursing*, *8*, 237796082211407. <https://doi.org/10.1177/23779608221140774>
- Lewis, M. A. (2019). *Routledge international handbook of nurse education* (1st ed.). Taylor & Francis.
- Lillekroken, D. (2019). Nursing students' perceptions towards being taught the fundamentals of care by clinical nurses within a simulated learning environment: A qualitative study. *Nurse Education in Practice*, *36*, 76–81. <https://doi.org/10.1016/j.nepr.2019.03.010>
- Lincoln, Y. S., & Guba, E. (1985). *Naturalistic inquiry* (1st ed.). SAGE Publications.



- Lindqvist, A., Sendén, M., & Renström, E. A. (2020). What is gender, anyway: A review of the options for operationalizing gender. *Psychology & Sexuality, 12*(4), 332–344.  
<https://doi.org/10.1080/19419899.2020.1729844>
- Liu, H.-Y., Han, H.-M., Chao, C.-Y., Chen, H.-F., & Wu, S.-M. (2022). Performative masculinity: A meta-ethnography of experiences of men in academic and clinical nursing. *International Journal of Environmental Research and Public Health, 19*(22), 14813.  
<https://doi.org/10.3390/ijerph192214813>
- Madlala, S. T., Ngxongo, T. S., & Sibiya, M. N. (2020). Perceptions of student accoucheurs regarding gender inequality in midwifery training at free state maternal healthcare institutions. *Curationis, 43*(1), 1-8. <https://doi.org/10.4102/curationis.v43i1.1988>
- McRae, M. J. (2003). Men in obstetrical nursing: Perceptions of the role. *The American Journal of Maternal/Child Nursing, 28*(3), 167–173. <https://doi.org/10.1097/00005721-200305000-00006>
- Metzger, M., Taggart, J., & Aviles, E. (2020). Fourth-year baccalaureate nursing students' perceptions of inclusive learning environments. *Journal of Nursing Education, 59*(5), 256–262. <https://doi.org/10.3928/01484834-20200422-04>
- Mokdad, L., & Christensen, M. (2021). Women's experiences of male nursing and midwifery care: An inductive content analysis of blog posts from an open-access parenting site. *Nursing Forum, 56*(2), 291–297. <https://doi.org/10.1111/nuf.12545>
- Moustakas, C. (1994). *Human science perspectives and models*. Sage Publication.  
<https://methods.sagepub.com/book/phenomenological-research-methods/d3.xml>

- Mulkey, D. C. (2023). The history of men in nursing. *Journal of Christian Nursing*, 40(2), 96–101. <https://doi.org/10.1097/cnj.0000000000001040>
- Najeh Alharbi, M., & Ghazi Baker, D. (2020). Jean Watson's middle range theory of human caring: A critique. *International Journal of Advanced Multidisciplinary Scientific Research*, 3(1), 1–14. <https://doi.org/10.31426/ijamsr.2020.3.1.3011>
- National League for Nursing. (2022). *NLN annual survey, 2021-2022*. <https://www.nln.org/news/research-statistics/nln-annual-survey-2021-2022>
- Nerges, J. A., Hofmann, L., Garrett, L., & Morton, P. (2022). Male nurses' perceptions of the facilitators and barriers to recruitment, retention, and job satisfaction. *Nurse Leader*, 20(1), 31–36. <https://doi.org/10.1016/j.mnl.2021.08.011>
- North Carolina Board of Nursing. (2021). *North Carolina trends in nursing education and the nursing workforce*. <https://www.ncbon.com/education-continuing-education-board-sponsored-bulletin-offerings-north-carolina-trends-in-nursing-education-and-the-nursing-workforce>
- North Carolina Community Colleges. (2019). *2019 Equity report*. <https://www.nccommunitycolleges.edu/analytics/published-reports>
- North Carolina Community Colleges. (2023). *NC community college system catalog*. <https://www.nccommunitycolleges.edu/academic-programs/nc-community-college-system-catalog>
- Nursing workforce diversity. (2023). *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 52(4), e5–e9. <https://doi.org/10.1016/j.jogn.2023.04.004>

- O'Lynn, C. E., O'Connor, T., Herakova, L. L., & Kellett, P. (2020). Men's decision-making to become nurses. *Advances in Nursing Science, 43*(3), 251–265.  
<https://doi.org/10.1097/ans.0000000000000310>
- O'Neal, J. (2014). *Men's gender role conflict: Psychological costs, consequences, and an agenda for change*. American Psychological Association.
- Oakley, L. (2004). *Cognitive development* (1st ed.). Taylor & Francis.
- Palazzo, S. J., & Erickson, M. S. (2022). Male high school students' perceptions of nursing as a professional career choice: Nursing pathway project. *Nursing Education Perspectives, 43*(2), 96–102. <https://doi.org/10.1097/01.nep.0000000000000897>
- Patterson, L. D., Wheeler, R. M., Edge, N., & Daniel, G. (2023). The high school to higher education pipeline program: A focus on black male representation in nursing. *Journal of Professional Nursing, 47*, 15–24. <https://doi.org/10.1016/j.profnurs.2023.03.021>
- Petges, N., & Sabio, C. (2020). Perceptions of male students in a baccalaureate nursing program: A qualitative study. *Nurse Education in Practice, 48*, 102872.  
<https://doi.org/10.1016/j.nepr.2020.102872>
- Raghavan, D., Matua, G., Seshan, V., & John Prince, E. (2023). Male student challenges in a maternity nursing clinical course in a Middle Eastern country: Strategies for improved performance and future implications for nursing education and practice. *SAGE Open Nursing, 9*, 237796082311604. <https://doi.org/10.1177/23779608231160482>
- Ricks, T. N., Abbyad, C., & Polinard, E. (2021). Undoing racism and mitigating bias among healthcare professionals: Lessons learned during a systematic review. *Journal of Racial and Ethnic Health Disparities*. <https://doi.org/10.1007/s40615-021-01137-x>

- Salamonson, Y., Maneze, D., Smith, B. W., Duff, J., Theobald, K. A., Montayre, J., McTier, L., & Donnelly, F. (2023). Are men treated differently in clinical placements during nursing studies? A cross-sectional study. *Journal of Clinical Nursing, 32*(17-18), 6354–6365.  
<https://doi.org/10.1111/jocn.16760>
- Sasa, R. I. (2019). Male nurse: A concept analysis. *Nursing Forum, 54*(4), 593–600.  
<https://doi.org/10.1111/nuf.12374>
- Scheckel, M. (2020). Designing courses and learning experiences. In D. M. Billings & J. A. Halstead (Eds.), *Teaching in nursing: A guide for faculty* (6th ed., pp. 181–201). Elsevier.
- Shim, J., & Park, D.-I. (2023). The influence of gender equity in nursing education programs on nurse job satisfaction. *Healthcare, 11*(9), 1318.  
<https://doi.org/10.3390/healthcare11091318>
- Smallheer, B., Morgan, B., & Stern, R. (2020). A historical look at men's involvement in nursing and leadership in GAPNA. *Geriatric Nursing, 41*(1), 52–53.  
<https://doi.org/10.1016/j.gerinurse.2020.01.003>
- Smith, C. M., & Horne, C. E. (2024). Educational and professional experiences of men in nursing: An interpretive description study to guide change and foster inclusive environments for men in nursing. *Journal of Professional Nursing, 53*, 123–130.  
<https://doi.org/10.1016/j.profnurs.2024.05.008>
- Smith, C. M., Lane, S. H., Brackney, D. E., & Horne, C. E. (2020). Role expectations and workplace relations experienced by men in nursing: A qualitative study through an interpretive description lens. *Journal of Advanced Nursing, 76*(5), 1211–1220.  
<https://doi.org/10.1111/jan.14330>

- Smith, S. J. (2020). *Windows into the history and philosophy of education*. Kendall Hunt Publishing.
- Stănescu-Yadav, D.-N., & Lillekroken, D. (2023). Nurse preceptors' perceptions of the fundamentals of nursing knowledge gained by students in clinical rotations at nursing homes: A qualitative study. *Journal of Professional Nursing, 44*, 17–25.  
<https://doi.org/10.1016/j.profnurs.2022.11.005>
- Sundus, A., & Younas, A. (2020). Caring behaviors of male nurses: A descriptive qualitative study of patients' perspectives. *Nursing Forum, 55*(4), 575–581.  
<https://doi.org/10.1111/nuf.12464>
- Valiga, T. M. (2020). Philosophical foundations of the curriculum. In D. M. Billings & J. A. Halstead (Eds.), *Teaching in nursing: A guide for faculty* (6th ed., pp. 135–180). Elsevier.
- van Manen, M. (1990). *Research lived experience* (1st ed.). Routledge.
- Vygotsky, L. S. (1978). *Mind in society: The development of higher psychological processes*. Harvard University Press.
- White, R. E., & Cooper, K. (2022). Phenomenological inquiry. In *Qualitative research in the post-modern era* (pp. 135–183). Springer International. [https://doi.org/10.1007/978-3-030-85124-8\\_5](https://doi.org/10.1007/978-3-030-85124-8_5)
- Whitford, H. M., Marland, G. R., Carson, M. N., Bain, H., Eccles, J., Lee, J., & Taylor, J. (2020). An exploration of the influences on under-representation of male pre-registration nursing students. *Nurse Education Today, 84*, 104234. <https://doi.org/10.1016/j.nedt.2019.104234>
- Whitmann-Price, R. A., Godshall, M., & Wilson, L. (2021). *Certified nurse educator (cne®/cne®n) review* (4th ed.). Springer Publishing Company.

- Yates, M. C., Auerbach, D. I., Staiger, D. O., & Buerhaus, P. I. (2022). Characteristics of rural registered nurses and the implications for workforce policy. *The Journal of Rural Health*, 39(1), 240–245. <https://doi.org/10.1111/jrh.12707>
- Younas, A., Sundus, A., Zeb, H., & Sommer, J. (2019). A mixed methods review of male nursing students' challenges during nursing education and strategies to tackle these challenges. *Journal of Professional Nursing*, 35(4), 260–276. <https://doi.org/10.1016/j.profnurs.2019.01.008>

## Appendix A

### IRB Approval

# LIBERTY UNIVERSITY

## INSTITUTIONAL REVIEW BOARD

April 8, 2024

Allyson Brown  
Tracey Turner

Re: IRB Exemption - IRB-FY23-24-1144 Male Nursing Students' Experiences During Family Health Concepts: A Phenomenological Study

Dear Allyson Brown, Tracey Turner,

The Liberty University Institutional Review Board (IRB) has reviewed your application per the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data-safeguarding methods described in your IRB application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(ii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or

**For a PDF of your exemption letter**, click on your study number in the My Studies card on your Cayuse dashboard. Next, click the Submissions bar beside the Study Details bar on the Study Details page. Finally, click Initial under Submission Type and choose the Letters tab toward the bottom of the Submission Details page. Your information sheet and final versions of your study documents, **which you must use to conduct your study**, can also be found on the same page under the Attachments tab.

This exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at [irb@liberty.edu](mailto:irb@liberty.edu).

Sincerely,  
**G. Michele Baker, PhD, CIP**  
*Administrative Chair*  
Research Ethics Office

## **Appendix B**

### **Inquiry Email**

I hope this email finds you well. I am a doctoral candidate in the School of Nursing at Liberty University, and I am completing research as part of the requirements for a doctorate in philosophy (Ph.D.) in nursing education degree. My proposed qualitative research study centers on describing and exploring perceptions of the impact of beliefs of male nursing students, specifically the influence of male nursing students' navigating social interactions during family health concepts clinical rotations. I am hoping to recruit 10-15 male nursing students from several of North Carolina Community College's pre-licensure nursing programs.

I am writing to start a conversation to see if you are interested in being a part of this study. At present, I am still working on my proposal. Therefore, I need to submit a recruitment plan for my research. During my literature review, I found most research on male students is at the BSN level and mentioned male students face many barriers during their educational journey.

However, there is a gap in the literature on studying ADN students and digging deeper into the male students' experiences to add to the scholarship of teaching and learning. My theoretical framework for the study is Vygotsky's socio-culture theory. I am hopeful the results will benefit recruiting, retaining, and graduating male nurses.

I look forward to hearing your thoughts on collaborating with me for my dissertation study.

I currently work at Western Carolina University as an Assistant Professor and Assistant Program Director of TBSN. My work email is albrown@wcu.edu and my phone number is XXX. Please feel free to contact me via phone call or text anytime.

Thank you so much for your time and consideration and I look forward to hearing from you,



## Appendix C

### Demographics Survey

(Pick which response is accurate to you)

Age in years:

- 18-20
- 21-23
- 24-26
- 27-above

Race:

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Mixed

Ethnicity

- Hispanic
- Non-Hispanic

## **Appendix D**

### **Informed Consent**

#### **Consent**

Title of the study: Male Nursing Students' Experiences during Family Health Concepts: A

Phenomenological Study

Principal Investigator: Allyson L. Brown, Ph.D. candidate

#### **Invitation to be Part of a Research Study**

You are invited to participate in a research study. Participants must be 18 or older, identify as male assigned at birth, and have completed their maternal-newborn clinical rotation. Taking part in this research project is voluntary.

#### **What is the study about and why is it being done?**

This study aims to understand male nursing students' perspectives on being male and pursuing nursing when caring for birthing parents during maternal-newborn clinical rotations.

#### **What will happen if you take part in this study?**

If you agree to be in this study, I will ask you to do the following things:

First task: Complete the Demographics Survey and consent form.

Second task: Once the survey and consent are returned to the researcher, they will reach out via email to schedule a virtual one-on-one interview via Zoom. The interview will take about

60 minutes. The interview will be recorded and transcribed. Then, a brief reflection exercise will be emailed after the interview. Lastly, you will be asked to join a focus group discussion via Zoom which will take about 60 minutes to complete

### **How could you or others benefit from this study?**

Participants should not expect a direct benefit from participating in this study. However, the benefits to the nursing profession will facilitate nurse educators to ensure best practices for male students to receive equitable maternal nursing clinical experiences.

Benefits to society: inclusive treatment of male nursing students for equitable nursing program experiences.

### **What risks might you experience from being in this study?**

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

### **How will personal information be protected?**

- The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject.
- Research records will be stored securely, and only the researcher[s] will have access to the records.
- Participant responses will be anonymous.
- Participant responses will be kept confidential using false names and codes.

- Interviews will be conducted in a location where others will not easily overhear the conversation.
- Interviews will be recorded and transcribed.
- Recordings will be stored on a password-locked computer for three years after completion of the study and then erased.
- Only the researcher will have access to these recordings.

**How will you be compensated for being part of the study?**

Participants will receive a \$15.00 Starbucks gift card for participation in the study.

**Is the researcher in a position of authority over participants, or does the researcher have a financial conflict of interest?**

To limit potential or perceived conflicts, the nursing students volunteering to participate in the interviews will not be recruited from where the researcher is employed. This disclosure lets you decide if this relationship will affect your willingness to participate in this study. No action will be taken against an individual based on their decision to participate or not participate in this study.

**Is study participation voluntary?**

Participation in this study is voluntary. Your participation will not affect your current or future relations with your academic institutions. If you decide to participate, you are free not to answer any question or withdraw at any time without affecting those relationships.

**What should you do if you decide to withdraw from the study?**

If you withdraw from the study, don't hesitate to contact the researcher at the email address/phone number in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

**Whom do you contact if you have questions or concerns about the study?**

The researcher conducting this study is Allyson Brown. You may ask any questions you have now. If you have questions later, you are encouraged to contact Professor Brown at XXX. You may also contact the researcher's faculty chair, XXX.

**Whom do you contact if you have questions about your rights as a research participant?**

Suppose you have any questions or concerns regarding this study and want to talk to someone other than the researcher[s]. In that case, contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515, or email at [irb@liberty.edu](mailto:irb@liberty.edu).

**Your Consent**

By signing this document, you agree to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy of this in the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

The researcher has my permission to audio-record/video-record me as part of my participation in this study.

---

Printed Subject Name

---

Signature & Date

(LU, 2023, general template)

## Appendix E

### Recruitment Flyer

# Research Participants Needed

## Male Nursing Student's Experiences in Family Health Concepts: A Phenomenological Study

- Are you 18 or older?
- Are you a cis-gender male?
- Are you enrolled or recently graduated (past six months) from a public/state North Carolina community college nursing program?
- Have you completed the family health concepts clinical rotation from a public/state North Carolina community college nursing program?

If you answered yes to each of the questions listed above, you may be eligible to participate in a research study.

This study aims to describe the meaning(s) and understanding(s) that male nursing students give to being male and pursuing nursing when caring for populations related to the family health concept's clinical rotations.

As a participant, you will be asked to complete a demographic survey (10 minutes), participate in a virtual one-on-one, audio- and video-recorded interview (60 minutes), a focus group via Zoom (60 minutes), complete a brief reflection exercise (10 minutes, and member checking where participants will be asked to review their transcripts for accuracy (10 minutes).

Benefits include adding new information concerning male nursing students to the nursing education scholarship, plus  
Participants will receive a \$10.00 Starbucks e-Gift Card.

To participate, scan this QR code to read and sign the consent document.



Once the consent and contact information are received, the researcher will send you a follow-up email with a link to schedule a one-on-one interview.

Allyson Brown, a doctoral candidate in the School of Nursing at Liberty University, is conducting this study.  
**Don't hesitate to contact Allyson Brown at XXX for more information.**

**Appendix F**  
**Follow-up Email**

Dear Participant,

I appreciate your willingness to participate in the one-on-one interview for my research project. As part of the research study, you will be asked to respond to a reflection question and join a focus group. In this email, you will find the reflection question prompt. If possible, please respond to the prompt via email within the next 48 hours. Also, in your response email, please state whether you are interested in participating in a focus group.

Prompt: Reflect on your family health clinical experiences. Did you ever feel like your family health clinical experiences impacted your sense of belonging in the nursing profession?

Please elaborate in no more than 250 words.

Thank you for being so willing to participate.

Sincerely,

Allyson Brown PhD (c)