Faculty Notions Regarding Caring in Male Nursing Students

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ABSTRACT
Men are entering the field of nursing in increasing numbers. As men enter nursing programs, they may encounter role stereotyping and gender bias through the faculty’s assumption of stereotypical notions of caring. The purpose of this interpretive phenomenological study was to describe the ways faculty perceive and respond to caring in male nursing students to better understand how to facilitate it. The central question for this study was: What are the essences and meaning of nursing faculty notions regarding caring in male nursing students? Six faculty members in a nursing program with a large percentage of male student enrollment were interviewed. Applying a phenomenological data analysis method, the researchers identified six themes: altruism, antecedents, attainment, ambiguity, agency, and anecdotes. Implications for nursing education and practice are made, including the need to recognize, allow, and support male nursing student ways of caring.

Although they remain a small percentage of nurses, men are entering nursing in increasing numbers. According to the National Sample Survey of Registered Nurses (U.S. Department of Health and Human Services, Health Resources and Services Administration, 2006), men comprise 5.4% of the RN population in the United States, a 226% increase from 1980. With efforts to solve the current nursing shortage by attracting men to nursing, such as Johnson and Johnson’s Dare to Care program (Buerhaus, Donelan, Norman, & Dittus, 2005) and the Oregon Nursing Leadership Council’s Are You Man Enough to Be a Nurse? initiative (Oregon State Board of Nursing, 2003), men are likely to enter nursing in growing numbers.

However, studies have pointed to several reasons why men may be reluctant to enter the nursing profession, including role stereotypes and gender biases (American Association of Colleges of Nursing, 2001; Anthony, 2004). For example, role stereotyping and gender bias may be perceived as existing within nursing educational programs because nursing faculty are composed of a gender-skewed, homogenous group, primarily women. An expression of role stereotyping and gender bias may be the assumption of gender stereotypical notions of caring by nursing faculty. Traditionally, nursing has held a fundamental moral commitment to caring and has been identified with supposed feminine ways of caring. Despite a large body of nursing literature on caring, there is little research on caring and male nursing students or on nursing faculty perceptions regarding caring in male nursing students.

The purpose of this interpretive phenomenological study was to describe the ways faculty perceive and respond to caring in male nursing students to better understand how to facilitate caring in male nursing students. The central question for this study was: What are the essences and meaning of nursing faculty notions regarding caring in male nursing students?

LITERATURE REVIEW

Although there is limited research about caring in male nursing students, there is ample literature about caring in
nursing. A search of the Academic Search Premier and Cumulative Index of Nursing and Allied Health Literature (CINAHL) database using the keywords nursing and caring resulted in more than 10,000 citations at the time this article was written. The addition of the keywords men and nursing education decreased the number of citations.

Nightingale (1969) provided the impetus for a tradition of considerate, altruistic service in providing care to patients; however, little attention had been paid to the study of caring in nursing until the late 1980s. At that time, there emerged an interest in caring as the centrality of nursing that has continued to this day (Rawnsley, 1990). As the interest in caring emerged as the focus construct of nursing, a coinciding interest in the intentional inclusion of caring in nursing education has emerged. In 1990, the National League for Nursing issued a resolution calling for a transformation in nursing curriculum in which caring was to become the curriculum core value (Beck, 2001).

Studies about caring in nursing education assume that caring can be taught or enhanced through formal education, experience, and role modeling. The predominant theme in many of these studies is that a caring relationship among faculty and students is essential to students’ acquisition of caring attitudes and behaviors (Amendola, 1998; Bassett, 2001, 2002; Cohen, 1994; Dragich, 2001; Simonson, 1996; Tanner, 1990). However, Basuray (1993) found much diversity among baccalaureate nursing faculty’s definitions of caring that created significant implications for nursing education and practice.

Several studies described the difficulties faced by male nursing students (Okrainec, 1994; Paterson et al., 1996; Thyli, 2002). For example, they often perceive that the experience of learning to care is unique to being a man, whereas learning aspects of caring seem to come naturally to female nursing students (Paterson et al., 1996). Similarly, male nursing students considered natural attributes for nursing, empathy for others and the ability to express feelings, as the provenance of women (Okrainec, 1994). Male nurse educators believe the focus on care within nursing education programs is characteristically presented as a feminine phenomenon (Thyli, 2002).

Male nursing students perceived their learning to care was hindered by nursing faculty expectations of demonstrations of care that were the same as female students’ demonstrations of care (Paterson et al., 1996). Male students also perceived that faculty did not understand why they may fear expressing emotions, did not support the student when patients refused to be cared for by a man, and minimally discussed the issues concerning caring behaviors for male nursing students. According to Kelly, Shoemaker, and Steele (1996), O’Lynn (2004), and Streburt (1994), other obstacles in nursing education identified by male nursing students include:

- No male faculty.
- Faculty use of she in referring to a nurse.
- Limited opportunities to work with male nurses in clinical settings.
- No presentation of the history of men in nursing.
- No guidance presented on appropriate use of touch.
- Anxiety that female patients would accuse them of sexual inappropriateness.
- Anti-male remarks made by faculty in the classroom.
- Inequitable treatment by nursing faculty.
- Concerns with patient expectations of receiving care from a female.

Thus, male nursing students may feel discriminated against or marginalized within nursing education programs.

One source of discrimination or marginalization may be the limitation of male students’ acquisition of caring attitudes and behaviors by the perpetuation of gender-stereotypical notions of caring. Nursing faculty are functioning within an educational system that has been designed to educate women (Sherrod, 2003). Meads (2000) stated that the concept of caring is a socially and culturally constructed one for both faculty and students. Men who wish to enter the nursing profession may be challenged to confront nursing faculty’s and society’s stereotypical image of nursing associated with a female-identified profession in which feminine traits are desired regardless of the gender of its individual members. In a recent survey, male RNs revealed that one of the top three hurdles they faced in nursing school was being viewed as uncaring (Hart, 2005). Studies that examine caring in nursing students have done little to explore the gender differences that might exist in faculty’s and students’ perceptions and experiences of caring (Ekstrom, 1999; Paterson et al., 1995).

THEORETICAL FRAMEWORK

The theoretical lens chosen to view the phenomenon of faculty and male nursing student caring in this study was the nursing as caring theory proposed by Boykin and Schoenhofer (2001). Applying the assumption that individuals are caring by virtue of their humanness, they defined caring as the authentic presence of a nurse with another individual who is acknowledged as also “living caring.” A key concept in nursing as caring is the nursing situation—that is, the shared lived experience between nurse and patient in which caring enhances both. The goal of such a relationship is enhancement of personhood for both the patient and the nurse. The nurse’s role then becomes one of supporting and strengthening the patient by growing in caring.

In discussing the implications of their theory for nursing education, Boykin and Schoenhofer (2001) stressed the importance of faculty fostering an educational environment in which nursing students are free to express themselves in diverse ways. Faculty play a crucial role in encouraging students to take the risks that may be necessary to freely express themselves as caring people. One way to teach caring is to discover an individual’s unique methods of expressing caring, and then to acknowledge, support, and affirm that expression.
Because there are few studies exploring faculty notions regarding male nursing students’ caring, an interpretive phenomenological approach devoted to understanding faculty’s perceptions of their lived experiences working with male nursing students was considered appropriate to examine the research question.

Sample
Faculty members in a nursing program with above-average male student enrollment in a southwestern college in which the student researcher (C.A.G.) holds a faculty position were approached and asked to participate in a research study about the experiences of faculty with caring in male nursing students. This sample was chosen because of the importance in phenomenological research to select a sample of participants who are able to relate an authentic account of the phenomenon as it is lived and experienced (Price, 2003). Miles and Huberman (1994) referred to this as purposive criterion sampling. In this study, the criterion was nursing faculty experience with male nursing students. In addition, phenomenological research requires sufficient and recurring access to study participants to gain a rich and detailed understanding of the phenomenon (Creswell, 1997). Miles and Huberman (1994) referred to this as purposive criterion sampling. In this study, the criterion was nursing faculty experience with male nursing students. In addition, phenomenological research requires sufficient and recurring access to study participants to gain a rich and detailed understanding of the phenomenon (Creswell, 1997). Choosing this particular sample of participants facilitated gaining access to the setting, understanding the culture and language of the participants, gaining trust, and establishing rapport, each of which is essential to interviewing as a data collection method in qualitative research (Fontana & Frey, 2000).

Data Collection
Data were collected from participants in face-to-face, semi-structured interviews with the student researcher. Each participant was interviewed twice. Follow-up interviews were performed to clarify data obtained during the initial interviews and as themes emerged during data analysis. One follow-up interview occurred as an e-mail communication because the participant had left the nursing program for another position. Interviews were audio-taped and transcribed. Data were gathered from participants until saturation was reached with 6 participants or until similar accounts seemed to recur and there were no gaps in understanding the phenomenon.

The interview questions were structured in the laddered approach advocated by Price (2002) for ensuring the collection of rich data and increasing the researcher’s sensitivity during interviewing. Laddered questions were structured in a progressive format of asking questions first about actions, then knowledge, and finally beliefs and values. The responsive interviewing model recommended by Rubin and Rubin (2005) for interviewing in qualitative research also provided guidance during the study. In the responsive interviewing model, interviews become exchanges or conversations in which personal relationships are formed to elicit interviewees’ interpretations of their experience and understanding.

Data Analysis
A method proposed by Moustakas (1994) was used for the phenomenological data analysis in this study. In his modification of the van Kaam method, Moustakas (1994) listed eight steps required in the analysis of phenomenological data as revealed in Table 1.

Although the eight steps initially were applied to the phenomenon of faculty and male nursing student caring in a linear manner, the textual data analysis continued in a recursive fashion by working back and forth among the stages of the data analysis, as well as between data collection and analysis.

Verification
An essential component of verification in interpretive phenomenology is the establishment of credibility and au-
authenticity of the findings. Therefore, findings of this study were subjected to member checking by participants for affirmation and clarification. Participants were asked, “Is this what the faculty’s experience of caring in male nursing students is really like?” Also, a recursive, careful data analysis lent trustworthiness to the data. Triangulation occurred through theory triangulation, described by Janesick (2000), in which multiple perspectives were used to interpret the single set of data. Sufficient records of the research were kept to provide an audit trail. Finally, as suggested by Miller (2003) for a validating step in interpretive phenomenology, an effort was made to formulate an exhaustive description of the phenomenon of faculty and caring in male nursing students in as certain a statement of its identification as possible.

RESULTS

Setting

The nursing program from which participants were selected is within a state-supported college located in the southwestern United States. Begun as a comprehensive community college, it now offers several baccalaureate degrees. The nursing program was introduced in 1996, with a licensed practical nurse program. Subsequently, associate degree and RN-to-BSN programs were added. The program includes seven full-time faculty, three part-time clinical adjunct faculty, and one part-time classroom instructor. All full-time faculty hold didactic, clinical, and laboratory teaching responsibilities across the three program levels in varying degrees. Since its inception, the nursing program has had a high rate of faculty and director turnover. There have been four directors of nursing in the past 5 years. Although the college has an open-door student admission policy, acceptance into the nursing program is competitive. Gender diversity exists within the program. At the time of the study, men comprised 15%, 23%, 19%, and 43% of the first, second, third, and fourth semesters of the program, respectively.

Participants

Study participants had varying degrees of experience as nurses and nurse educators. Areas of experience included cardiovascular, rural health, maternal-newborn, acute rehabilitation, critical care, and medical-surgical nursing. All participants taught male nursing students in the classroom, clinical, and nursing arts laboratory setting. In addition, all participants had Master of Science degrees in nursing. Descriptions of the faculty members participating in the study are in Table 2.

Participant Descriptions of the Phenomenon

Participant descriptions included their notions of what constitutes caring in nursing, the ways male nursing students learn to care, characteristics of caring in male nursing students, expressions of self, and exemplars of caring in male nursing students. All names are fictitious to ensure anonymity.

The Same Mission Needs to Be Accomplished. For Jean, caring is a complex, multidimensional phenomenon that involves giving of oneself through a therapeutic relationship with the patient. In addition, she applies her conceptualization of caring in nursing equally to male and female nursing students, as the goal of caring is the same for both:

I see the same mission needs to be accomplished. It’s the holistic view of the patient, the allowing the patient to participate in care, and the allowing of that relationship to develop, the therapeutic relationship, the healing relationship.

Jean believes that some individuals, both male and female, come to caring naturally. As a caring profession, nursing attracts individuals who already have a strong caring side. In addition, male nursing students come into a nursing program with an assertiveness that often is lacking in female students. Although men who enter nursing programs already have a strong caring side, Jean purport ed that caring can be further developed in male nursing students, particularly in the clinical setting with patients. Role modeling the therapeutic relationship with patients is one strategy to help male nursing students gain an understanding of what constitutes caring in nursing.

Jean regards male nursing students as having a “male way” of caring that includes the use of humor and a re-
spectful, businesslike approach to the patient. Male nursing students also consider it important to teach patients to empower them with knowledge for decision making regarding their care. Also, male nursing students often are interested in the more technical aspects of caring in nursing that occur in areas such as an emergency department, operating department, or intensive care unit. However, in some respects, Jean viewed caring in male nursing students as the same in female nursing students. She said:

You have students that look at the whole person and students that just look at the tasks.... So, in applying it [caring] to male nursing students, sometimes you have to draw out of them a greater compassion or empathy but I don’t necessarily believe that’s any different for a female.

It’s a Different Kind of Caring. As the only male participant, David brought a different perspective with an emphasis on recognizing the uniqueness possible in male nursing student caring. He sees caring as “making contact” with another person in a connection that involves giving of oneself emotionally and physically. According to David, caring characteristics are intrinsic to some individuals. Before students come into a nursing program, parents may act as mentors in caring. Both mothers and fathers play a role in mentoring caring, although mothers perhaps play a larger role. Male nurses may be different from most men in that they like the human interaction that occurs in nursing. Male nurses often say, “It takes a special kind of [man] to be a nurse.”

Although he recognizes the worth of any faculty member who is able to role model caring for nursing students, David acknowledges that male faculty are better able to identify and appreciate male nursing students’ expressions of caring. Male nursing students also may view male instructor ways of caring with greater trustworthiness. David said:

The male student may see the female faculty member demonstrate caring, and he may think, “That’s what she’s supposed to do.” A male nursing instructor exhibiting similar behaviors may make more of an impact on the male student. Perhaps seeing another [man] do it lends more credibility.

What he attempts to teach male nursing students is a reflection of what he considers important in caring for patients, as well as what feels comfortable for him. For example, using touch with patients is not essential to David to convey caring; therefore, he does not hold an expectation that male nursing students exhibit caring through the use of touch. David also believes that it is important to demonstrate caring for students through interactions with them when faculty teaches caring. As a result, students may identify the interactions as caring and then carry this over into settings with patients. The inclusion of caring as a curriculum thread helps to legitimize caring as something to be learned within the nursing program.

As a male nurse educator, David expressed a concern that was not voiced by the female study participants. He was concerned that male nursing students may be perceived as not caring because they do not use the traditional caring in nursing behaviors. As a male faculty member, he recognized that:

Just because male nurses don’t put their arms around the patient, or try to give comfort that way, doesn’t mean that they don’t care. Because it’s a different kind of caring doesn’t mean that they don’t care at all.

As a clinical instructor, he values a direct interaction and observation with students in the clinical setting. Therefore, he was able to relate an exemplar of male nursing student caring to demonstrate the importance of faculty helping students to recognize opportunities to serve patients.

He Just Didn’t Know How to Show It Yet. When the researcher asked her to define caring in nursing, Eva stated, “That’s a hard question.” She went on to define caring in nursing as being complex but clearly involving a fulfillment of patients’ needs, whatever the patient feels those needs may be. Caring, to Eva, also meant the provision of holistic care that helps the patient heal. Caring in nursing is carrying out actions for the patient and may be exemplified by caring behaviors, such as touch.

Eva is uncertain whether male students who come into nursing programs are any different from other men regarding caring attitudes and behaviors. However, Eva is certain that caring can be taught. She thinks it is essential to teach caring as soon as students enter a nursing program and to continue to build on this teaching throughout the program. Caring must be a specific aspect of the nursing program curriculum and directly addressed in nursing courses.

Eva applied her conceptualization of caring in nursing to all nursing students, regardless of gender. She sees no difference between female and male student expressions of caring, and she attributes any differences in caring attitudes and behaviors to students’ personalities rather than to gender. She considers it important as a clinical instructor to be closely involved with students in the clinical setting, and she does so herself when working with students. Thus, she was able to relate several exemplars describing male nursing student caring in the clinical setting. In one anecdote, “He just didn’t know how to show it yet,” she appeared to consider the interpretation of that student’s comment as a reflection of his inexperience and age, rather than discomfort as a man with a particular physical expression of caring.

I Really Haven’t Seen that Much Difference. For Sandra, caring in nursing includes bedside caring, continual learning, patient advocacy, caring mannerisms, and empathy. Caring in nursing to Sandra is more than what is thought of as traditional caring behaviors: “It’s more than fluffing the pillows and getting ice chips.” The essence of caring in nursing, according to Sandra, is:

showing characteristics to the patient that you value them as a person...that you have the knowledge base to do it.... You anticipate. You advocate. You teach. All those things, I think, show caring.
In addition, Sandra explained that caring in nursing necessitates a suspension of one’s judgment of another to care for patients, as well as a belief that one must care as a nurse.

Sandra holds the same expectations about caring for all students. However, she questioned her view:

“I haven’t really noticed that much difference, and I can’t think of anything that is unique to men on a gender basis. I’m curious now. What have other people told you? Am I oblivious for not noticing?

In addition, she believes that the discipline that many of the male students applied to previous careers carries over to the nursing program. However, male nursing students may feel the need to work harder at caring, whereas female students tend to view it as something innate. Addressing the distinction between therapeutic and inappropriate touch, Sandra viewed male students as capable of using touch with patients. For Sandra, the patient determines the appropriateness of the male nursing student touch.

Her clinical experience with students has involved work with a class almost 50% male. She recalled one experience in which a male student was able to apply previous work experience as an electrician to a nursing situation by successfully completing a difficult nasogastric tube insertion. As Sandra related, the student reassured the male patient by saying, “You know, I’ve been an electrician for 20 years and I’ve never had any trouble passing any wire.”

You Have to Touch Your Patients. Ellen expressed that caring in nursing is the art and skill of nursing. Caring in nursing, arising from a foundation of knowledge, involves conscientious behaviors and attitudes that convey a sense of warmth and acceptance to patients to establish the nurse-patient connection necessary for a therapeutic relationship. Caring in nursing also involves thoughtfully responding to patients. In addition, Ellen questioned whether caring in nursing today involves expectations of supposedly feminine ways of caring.

As with other participants, Ellen believes that male nursing students come to the profession because they have a concern or feeling for taking care of other people. Caring comes naturally for men that are interested in nursing. Although she thinks that male nursing students have a “natural aptitude” for caring, Ellen purported that caring can be taught through example, describing different caring scenarios in the classroom. However, it may be easier to discuss caring in courses where caring emerges as its own entity, such as in a therapeutic communications course she teaches. In a slightly different vein and acknowledging that caring can be taught, Ellen stated caring does not have to be specifically addressed within a nursing curriculum, but rather, “It’s something that evolves with the whole.”

Ellen sees few differences between caring behaviors in male and female nursing students. Ellen teaches her students the importance of using touch with patients, as one of her mentors early in her nursing career emphasized that “you have to touch your patients.” She uses touch with her patients and expects all her students to do so.

Although she believes there are emerging societal “hands-off” attitudes that influence both male and female student use of touch with patients, she spends more time with the male students teaching touch in ways that are not intimidating to them. She does so because there may be societal expectations, patient expectations, and her own expectations that male nursing student touch will be perceived differently from female nursing student touch. She also perceives some discomfort in male nursing students with the use of touch.

There Needs to Be a Balance. Caring in nursing for Sherri extends beyond caring for patients to caring for coworkers and community by being able to give of oneself to see and meet another’s needs. However, there are times when a nurse may not be able to meet the other’s needs. Therefore, to care, as a nurse, requires the nurse to inform the patient when his or her needs cannot be met by the nurse. In addition, caring is more than “linear, mechanical things done to patients.” Caring in nursing, above all, is an interaction essential to the nurse-patient healing relationship. Caring is a way of being, an internalized aspect of an individual.

Men and women who enter the nursing field have caring characteristics. Sherri said:

Nursing students, they say, “I like people and I want to help people.” As trite as it may be, I think it takes that kind of personality to be a nurse.

The desire to help others is a requisite personality trait of a nurse. Caring is inborn and acquired with the students’ upbringings, such as being in a caring home environment. Sherri views the dominant religion of the area with its strong helping component as also having an influence on what male nursing students bring to the nursing program.

As with other nursing faculty, she feels hindered in being able to specifically teach caring as a result of a perceived required emphasis on transmitting course content to students.

Although Sherri attributed any differences in caring characteristics between male and female nursing students to “an individual thing,” she noted one difference that she attributed to gender:

I think women have more ebb and flow of emotions that kind of upset the boat a little bit. And to me, just from my experience, men are more able to keep things on an even keel. However, I think it takes both to give care. Women with their extra emotions sometimes are perceived as being more caring and I think in some ways they are. But I really think there’s a great place for the men in nursing.

There needs to be a balance.

SYNTHESIS AND MEANINGS

Phenomenological reflections of lived experience require thoughtful analysis of thematic aspects to grasp the experience’s essential meanings (van Manen, 1990). Thematic elements, resulting from analysis of participants’ transcriptions, are revealed to elucidate the essences of faculty notions of caring involving male nursing students. Data analysis revealed 19 possible themes. Through an
inductive process, six interrelated final themes (Table 3) were identified and named:

- **Altruism.**
- **Antecedents.**
- **Attainment.**
- **Ambiguity.**
- **Agency.**
- **Anecdotes.**

### Altruism
When asked to define caring in nursing, participants expressed similar conceptualizations of what it meant to care as a nurse. Caring in nursing was viewed as a complex, multidimensional phenomenon involving interaction, connection, relationship, behaviors, bedside mannerisms, touch, empathy, advocacy, professionalism, and knowledge. However, caring in nursing was viewed by participants as involving a selfless regard for others’ well-being. Participants believed that giving of oneself in caring in nursing is exemplified by the therapeutic nurse-patient relationship. The therapeutic relationship involves the nurse and the patient in goal-directed, collaborative involvement with each other.

### Antecedents
In this study, antecedents to caring in nursing are the desire and ability to care for others; for example, those caring characteristics and behaviors brought by male nursing students to a nursing program. In congruence with Boykin and Shoenhofer’s (2001) nursing as caring theory in which caring is viewed as an expression of being human, most participants viewed male nursing students as caring. However, one participant was uncertain whether the men who entered nursing programs were any different from men outside nursing programs regarding caring. Caring was seen as intrinsic in some individuals, as well as a result of upbringing and life experiences. One participant noted the possible importance of caring traditions in religious faiths that also may provide antecedents to caring in nursing for male nursing students. An antecedent to caring in nursing identified by the male participant was male nursing students’ interest in social interactions that may correlate with an interest in a caring profession such as nursing.

### Attainment
Although most participants believed that male nursing students enter nursing programs with caring characteristics, they also purported that caring in nursing can be developed further. Enhancing caring in male nursing students occurs in several ways. Caring as the core curriculum value, role modeling, drawing attention to caring and non-caring instances, and discussing caring with students were strategies proposed by participants to teach caring as the essence of nursing. However, with the exception of the one male participant, no participants suggested the importance of recognizing and supporting unique ways of caring in male nursing students.

All participants spoke of the necessity of role modeling caring in nursing, sometimes through the observation by male nursing students of faculty provision of care to patients in the clinical setting. A second method in which caring can be role modeled is by educators and male nursing students entering into caring relationships. These caring relationships generally are characterized by faculty desire for students to succeed and the offering of any assistance necessary for student success. In addition, there needs to be equal effort by faculty and students to meet students’ goals. According to participants, role modeling by older female faculty is an acceptable way of enhancing caring in male nursing students. However, several participants called for more men in nursing education and the profession, as there may be some benefits to role modeling of caring by men for men.

### Ambiguity
Participants viewed a number of aspects of caring in male nursing students with uncertainty. One participant expressed beliefs about the use of touch by male nursing students, but did so with a disclaimer that she was unable to address that issue to the fullest. Similarly, one participant expressed that she saw no differences in caring characteristics between male and female students. However, she questioned her perception and wondered whether differences existed that she had not noticed.

<table>
<thead>
<tr>
<th>Theme</th>
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<tr>
<td>Altruism</td>
<td>Although complex and variously defined, caring in nursing involves a selfless regard for the well-being of others.</td>
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<tr>
<td>Antecedents</td>
<td>Male nursing students come into nursing programs with a desire and ability to care for others.</td>
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<tr>
<td>Attainment</td>
<td>Male nursing students are able to learn caring as the essence of nursing.</td>
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<tr>
<td>Ambiguity</td>
<td>Certain aspects of caring in male nursing students are viewed with uncertainty.</td>
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<tr>
<td>Agency</td>
<td>Use of self to effect change in male nursing student caring arises from personal experiences with caring.</td>
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<tr>
<td>Anecdotes</td>
<td>Caring in male nursing students is depicted through the use of storied narratives.</td>
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Participants noted dissimilarities between male and female nursing students in deciding to enter nursing as a career and the influence this choice may have on learning caring in nursing. In general, male nursing students were viewed as choosing nursing as a career in which they could advance, whereas female nursing students were viewed as choosing nursing as a transitory job they could leave according to personal circumstances, such as marriage and motherhood. Participants viewed male students’ choice of nursing as a career as possibly facilitating or hindering caring in nursing. For example, male nursing students may be so focused on a career trajectory that they lose sight of basic components of nursing, including caring. However, male nursing students may approach their education with a seriousness that enhances their acquisition of nursing concepts and values.

Most participants were unable to notice significant uniqueness in caring attitudes and behaviors among the male nursing students in the program. Although faculty participants, in general, viewed the male nursing students as “just as caring” as the female nursing students, it was unclear whether they were able to allow male students to express caring in unique ways. For the female faculty in this study, the expression of caring for male nursing students was more similar than dissimilar to female ways of caring. Any perceived differences in male nursing student caring were described as slight or were viewed as a result of personality rather than gender. Female nursing students were held up as the frame of reference against which male nursing student caring was judged. Consequently, this may have hindered faculty participants’ ability to see beyond stereotypical notions of caring in nursing. The only exception was the male participant who had his own gendered caring experiences as a male nursing student and nurse.

Boykin and Schoenhofer (2001), regarding their nursing as caring theory, suggested that:

As self understanding as [a] caring person accrues, the nurse sometimes realizes that such self-awareness was there all along—it was only waiting to be discovered...because many nurses were trained to overlook their caring ways instead of attending to them. (p. 31)

Male nursing students may not feel supported in their expression of supposed nonfemale methods of caring while in a nursing program. Are they then able to let their unique ways of caring emerge once they are in nursing practice? Does a reluctance to exhibit unique and unsupported ways of caring become ingrained? Does any perceived lack of support by nursing faculty later affect male nurses’ satisfaction with nursing practice as they navigate what may be a gender role conflict?

Although participants in this study were able to identify barriers to male nursing student acquisition of caring attitudes and behaviors, female participants failed to recognize or mention one way in which they inadvertently may hinder male nursing student caring. In a study conducted by Paterson et al. (1996), male nursing students: described “feeling tense and frustrated” because, although they could identify positive outcomes of “feminine” manifestations of caring, they were unsure if and how they could adopt these ways of being with patients. They also hesitated to discuss this with female faculty, because “they are women and they take all of this for granted.” (p. 31)

This sentiment is demonstrated by one participant’s exemplar of caring, in which she described a male nursing student observe her embracing a patient’s wife but who did not feel he could use a similar gesture to show caring. The participant attributed the student’s reluctance to use embrace as a caring gesture to inexperience and immaturity, rather than discomfort with a perceived feminine expression of caring.

Conversely, several participants expressed a preference for male nursing students. This most often was related to the perception that male nursing students do not exhibit passive-aggressive types of behavior or were more assertive and motivated to learn than most female students. One participant stated, “One way to care is to be up front with others, and [men] are better at this.” Although agreeing that her attitude probably hindered male and female students, another participant admitted to “mothering” male nursing students. An example of this includes extending the opportunity to male nursing students to choose not to provide intimate nursing care of a female patient in the clinical setting if the student feels uncomfortable with the care. However, she does not extend this privilege to female nursing students. Consequently, male nursing students within this program may be marginalized regarding faculty’s inability to recognize and support their potentially unique methods of caring and also privileged at the expense of female students. However, privileging male nursing students in this manner inadvertently limits the extent of their experiences within the clinical setting.

Agency

Self as agent is an additional mechanism with which to elicit phenomenological understandings of individuals (Sokolowski, 2000). Professional and personal experiences of participants informed their notions of caring in male nursing students. Participant experiences included the ways in which they responded to being recipients of nursing care, as well as the ways in which they expressed self with male nursing students. Participants related their influence on male nursing students’ acquisition of caring attitudes and behaviors through their own expectations and behaviors. Perceptions of being cared for or not cared for by others, whether family, nurses, or nursing instructors, influenced participant notions of what constitutes caring in nursing and, consequently, their notions of caring regarding male nursing students.

Anecdotes

Participants provided anecdotes either spontaneously during interviews or in response to the researcher’s request for an example clarifying something said during an interview. Anecdotes are common rhetorical devices in phenomenological writing, as well as a means by which to
reflect on meanings within a particular experience (van Manen, 1990). An anecdote is also a device that makes elusive notions more comprehensible and possesses a power to relate a specific instance while addressing the general or universal (van Manen, 1990). Study participants used storied narratives to put into words notions about male nursing student caring that otherwise may have been difficult for them to relate. Thus, participants in this study used anecdotes not only to demonstrate exemplars of caring in male nursing students, but also to perceive and understand male nursing student caring through the use of storied narratives.

Each anecdote was considered by asking two questions: What makes it memorable for the participant? What makes it an exemplar of caring for the participant? In this manner, the researchers achieved an additional perspective with which to interpret faculty notions about caring in male nursing students. For example, one participant stated that male nursing students are not likely to use the “fuss and feathers” feminine approach of caring in nursing, yet she related two narratives of the provision of personal care (grooming) for patients by male nursing students.

Nursing faculty may hold male nursing students up to supposedly feminine standards of caring. Thus, as perceived by female faculty, exemplars of caring in male nursing students may be those instances in which they have provided caring in supposedly feminine ways.

LIMITATIONS AND DELIMITATIONS

A delimitation of the study was the restriction of the sample to faculty in one nursing program. Although qualitative research does not insist on complete representation within one study, but rather relies on rich, thick description of findings to ensure transferability (Denzin & Lincoln, 2000), access to faculty in one nursing program restricted the representation of the study’s sample. Another delimitation of this study was the theoretical lens of Boykin and Schoenhofer’s (2001) nursing as caring theory, which was chosen to view and interpret the essences and meanings of the lived experience of faculty and caring in male nursing students. Although interpretive phenomenology involves the researcher’s participation in the construction of the phenomenon being studied, the chosen theoretical lens may have obscured the experience as lived and given meaning by the participants. As Benner (1994) stated, the perceptual lens that a researcher brings to interpretive phenomenology concurrently is enabling and limiting. In addition, the participants and student researcher were well-known to each other. Limitations of this methodology included the student researcher’s desire to protect colleagues by a reluctance to view participant statements critically.

IMPLICATIONS AND RECOMMENDATIONS

Caring should be addressed openly and specifically as the core curriculum value within a nursing program. In designing curriculum, nurse educators should hold a concern for the affective domain of learning. Although the emphasis in most nursing programs is the cognitive domain of learning to impart to students the content necessary for them to pass the national nurse licensing examination and the psychomotor domain in learning basic nursing skills, foundations for nursing practice also include professional values and value-based behaviors, including caring. One strategy to promote affective learning of professional values is to provide a climate of acceptance for student differences in values and attitudes and to encourage student reflection on the values presented with the curriculum. Nurse educators should appreciate that they have a fundamental and immediate influence on students’ caring beliefs, attitudes, and behaviors. As a result, they may need to modify well-established approaches to considering what constitutes caring in nursing. Faculty must examine and reflect on their beliefs regarding the expression of caring in nursing. In addition, nursing faculty hold a professional and ethical obligation to ensure the full range of experiences for male nursing students in the classroom and clinical setting. Sharing stories about caring instances involving male nursing students with colleagues and eliciting student perceptions of possible gendered ways of caring are other mechanisms by which faculty teach caring within nursing programs.

The professional health care community, including nursing practice, has the responsibility of accepting and appreciating all competent nursing students. The nursing profession must look beyond embedded personal and professional notions of what constitutes caring in nursing to embrace and accept the varied ways in which individuals can provide quality nursing care to patients and their families. An attitude of support and encouragement is essential for nursing staff who work with male nursing students in the clinical setting.

Replicating this study in a nursing program with a low percentage of male student enrollment would add to the knowledge of faculty and male nursing student caring. Concurrently studying several nursing programs would provide additional insights. Nurse researchers also should explore male nursing students’ perceptions of caring. In addition, faculty and nursing students noticeably demonstrate caring in situations and settings involving patients and nursing staff. Research is needed to clarify patient and nursing staff perceptions of what constitutes caring in male nursing students. Expanding the research to other students is essential. If faculty are expected to support unique ways of caring in male nursing students, they should do so with female students.

CONCLUSION

Findings of this interpretive phenomenological study have clarified the limited research about male nursing student caring. The increasing presence of male nursing students within nursing programs raises the importance
of increasing understanding of nursing educators’ conceptions of caring. Kenny (2002) stated that nursing faculty hold a power that can be effective in liberating students from culturally constructed and constrictive roles. One route to liberation may be the acknowledgment and acceptance of androgynous forms of caring (Thyli, 2002). With participation in this study, faculty participants have contributed to the discourse of nursing education about gender equity and individual student development. This study was a first step to understanding how caring can be facilitated in male nursing students.

REFERENCES


