

**Gender Performativity in Nursing;  
Men, Power and the Construction of the Ideal Nurse**

By

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## Abstract

This study explores the pedagogical experience of male nursing students. Research questions explored male students being subjected to feminine gender performance expectations, and an inequitable exercise of power and discipline and the relation of high attrition rates of male nursing students to feminine gender performativity expectations. The framework utilized included Butler's theory of gender performativity, Foucault's concepts of power and discipline and Queer theory. A Van Manen phenomenological method was utilized, with interviews of 20 current and past male and female students. Analysis of the data revealed that male students identified a need to perform in a feminine gendered manner, felt isolated and excluded in academic and clinical settings and perceived that they were subject to stricter surveillance and expectations. The discussion identified three key concepts; constructing the ideal, enforcing the ideal and surviving the ideal. Understanding the male student experience can help nurses in clinical and educational settings become more inclusive and create safer educational environments. Future research is needed to examine experiences of marginalized groups and develop interventions to assist students in navigating the education experience.

*Keywords:* Nursing, education, male/men, gender, performativity, power

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## **DEDICATION**

I would like to dedicate this thesis to my son Matthew; whose own story opened my eyes to the issues experienced by male nursing students, inspired me to challenge the status quo, and strive to make a difference. Your courage and perseverance to succeed in this profession and reach your goals is a testament to survival.

## **CHAPTER ONE**

### **RESEARCH PROBLEM**

This chapter describes the identified research problem related to men in nursing, the education and socialization process associated with nursing, and the use of power to construct the ideal feminine gendered nurse. The historical aspects of nursing as a profession, related specifically to men and their role, are reviewed. The research objectives and research questions are presented and an overview is provided of the epistemological stance that guided the researcher in completing the project.

#### **1.1: Introduction**

A predominant perspective characterizes Florence Nightingale as the mother of the nursing profession and creator of the current nursing role (Evans, 2004b). Although Florence made significant contributions to the role, image and status of nursing in current history, she did not create the nursing role or the concept of formalized training for nurses. Historically, men were the predominant gender fulfilling the nursing role (Anthony, 2004). The first nursing school on record was established in India, for men, in 250 B.C. (O'Lynn, 2004). Men acted in nursing roles in the Byzantine Empire in 330AD and throughout the Crusades, the Franco-Prussian war, and the American Civil war (Meadus, 2000). The Brothers of St. Anthony, founded in 1095, cared for the poor, lepers and "lunatics" during the fourteenth and fifteenth centuries, and the Knights of St. John of Jerusalem, founded in the eleventh and twelfth centuries, built castles and hospitals across Europe to care for the sick (MacKintosh, 1997). These male groups acted in what is now considered a nursing role.

The presence of men within nursing changed over time. The most significant changes occurred during the era of Florence Nightingale. In the nineteenth century, hospitals segregated patients and staff by gender. The profession was segregated officially with the establishment of the nursing registry in the early 1900's, which included a separate registry for men (Evans, 2004b; Mackintosh, 1997). By 1940 (in the U.S.) only 2% of nurses were male, most employed in psychiatric institutions. In 1961, only 25 nursing schools in Canada accepted male students. In 1967, male nurses in the military were finally granted commissioned officer status. In the mid 1900's, most practicing male nurses were unable to secure employment at general hospitals, and were thus restricted to psychiatric institutions (Evans, 2004a). Quebec refused to allow men to register as nurses until 1969, citing the rationale that it was "immoral" to allow men to be supervised by women. Interestingly, during the same time period, Ontario attempted to recruit more men into nursing by down-playing the caring, 'feminine' attributes of nursing, and focusing on the leadership and scientific aspects (Evans, 2004a).

Nursing historians and researchers, over the latter part of the twentieth century, have documented the history of nursing, focusing on where nursing fit within a medically dominated field (D'Antonio, Connolly, Mann Wall, Whelan & Fairman, 2010; Jacox, 1997). Historians incorporated accounts of the primarily invisible nursing profession, within the institutions in which it functioned. In the history of prominent health-care institutions, the role of nursing and developments within the profession, are recounted in a superficial manner, with the primary focus being on medical and technological advances (McPherson, 1996).

Although Florence Nightingale's beliefs, values and vision of the nursing profession continue to serve as a basis, in recent years there has been a shift. Researchers and academics are broadening the historical perspectives of nursing by approaching nursing history from an increasingly critical approach. They are considering who should be termed a nurse, what role the nurse played and how broader society impacted professional evolution (D'Antonio, et al., 2010; Elliot, Toman & Stuart, 2008; Scott, 1999; Weed, 2011). In this research, I have considered Nightingale's historical foundations of our most widely accepted beliefs regarding traditional nursing attributes. Florence Nightingale promoted specific qualities as inherent to the nursing profession. These included; nurturing, caring, self-sacrifice, humility, subordination, limited education and domesticity. She believed; "Every woman is a nurse" (Evans, 2004a, MacKintosh, 1997).

Florence's feminist views of nursing were based on her assertion that these inherent qualities aligned with those of women of the era. Thus nursing was promoted as a natural, feminine role, suitable for women to pursue outside the home (Cude & Winfrey, 2007; Evans & Frank, 2003). The historical foundation of nursing is based on these assumed qualities. Subsequent development of the profession as a primarily, and at times exclusively, female profession, is the consequence of these beliefs. To determine if these foundational assumptions are correct, and therefore if the profession's resultant gendered prescriptive performance expectations are legitimate, it is essential to look to assess women at the time of Florence Nightingale. One must consider if the fundamental attributes of nurses have a foundation in traditional female roles and inherent qualities. If so; the result is a female dominated profession which expects all members to perform

within a certain gendered context. What then are the expectations for and consequences to the profession if fundamental beliefs and foundational attributes were a construct for political purposes and not based on traditional “women’s” roles?

McPherson (1996) discusses the traditional historical aspects of nursing, indicating that the occupation embodied “universal characteristics of the feminine” (p.1). Nursing was equated to the maternal nature of women, where caring for their families and children was considered central to women’s lives and thus, by natural conclusion, a female vocation. The nursing role was considered a legitimate form of labour for women outside the home from the late nineteenth century. Canadian nurses came from a variety of backgrounds but, because of the attributes associated with the profession and the legitimization of their valued role by physicians, nursing was considered the “elite” of women’s work.

The division of labour and hierarchical structure within the institutions was primarily based on gender. The nurse took on a subservient role to the male physician, who was responsible for the flow of work and productivity. This dynamic was frequently compared to the traditional household roles of husband and wife, with the physician taking on the masculine dominant role, controlling the care of the patient and acting as the head of the team (Mackintosh, 1997; Evans, 2004a). The nurse was subservient, as wives were at that time, but also maternal in relation to patient care. Nurses cultivated an elite status but in order to defend their intimate interactions with patient’s bodies and close relationships with physicians, they were expected to adhere to the strictest interpretation of expected feminine behaviours.

The educational system at the time ensured that nursing students behaved with the utmost decorum and maintained their elite status by exhibiting feminine attributes and behaviours. Traditional nursing was built on this foundation. A nurse was seen as the personification of the ultimate wife and mother, portraying the most pure of feminine attributes thought to be inherent to women. Education of nurses was formalized at this time to incorporate these expectations of behaviour and beliefs and these fundamental attributes are supported to this day and, are reflected in ethical and school codes of conduct, nursing school dress codes, and practice standards. If an entire profession and its expected behaviours are based on attributes of nineteenth and early twentieth century women, it is imperative to ensure that the representation of women was accurate (Mackintosh, 2997).

As previously discussed, Florence Nightingale is considered the founder of modern nursing. She established nursing practices and formats for schools of nursing, many of which, in principle, continue to exist today. The basis for her epistemological and pedagogical view of nursing was based on the prevailing gender roles of women of the time. The premise that women were naturally suited to nursing (as they were teaching) was based on the discussed attributes of women that were considered to be nature based and to the benefit of society. It has been established that at Nightingale's time and the formalization of the nursing vocation, women were relegated to domestic roles within society, both in and out of the home. It seemed natural that when establishing nursing as an important role within health care, necessary for the improved wellbeing and survival of patients, that this would be considered a women's role. This gendering of the vocation was irrespective of the fact that nursing had been historically associated with

male-dominated religious orders and the military. Due to the cultural and social shifts of assigned gender roles at this time, men were no longer considered appropriate to nursing roles. Therefore, schools of nursing that were established over the following years were exclusive to women. Society considered that men did not have the necessary characteristics to be nurses therefore, the role became gender exclusive and remained so for many years. Eventually, it was recognized that men were valuable within nursing but their roles were limited to specific areas perceived to require more masculine attributes, specifically mental health (Mackintosh, 1997; Wolfenden, 2011).

Societal constructions of women and men and the gendering of nursing have led to current issues within nursing with recruitment and retention of men. Nursing has been established as a trustworthy, educated profession that produces its own body of knowledge and is taking a leadership role within present day healthcare. Though many feminist and gender studies scholars have argued that much, if not most, of society operates according to specific gender roles and constructs, nursing's steadfast affiliation with "female" characteristics is perhaps a result of the advancements of modern nursing in recent history and the role that certain female icons are said to have played in these advancements. Men are currently accepted into the profession, but it is a profession that continues to support and perpetuate "female" attributes that were first delineated by Nightingale in the late 1800's. Men entering the profession are required to perform in this gender based way in order to meet the role requirements with little acknowledgment given to such differences as learning and communication styles. Difficulties experienced by male nurses and students are well established and yet the profession continues to subject males within the profession to gender stereotyping and feminine gender

performativity requirements. Performativity here is understood as the active re-enactment of gender norms to meet societal expectations (Butler, 1988). Constructed gender attributes and the feminine characteristics, upon which nursing is based, were created to address political and societal needs of the time and should not be in effect today. Nursing is erroneously based on a constructed gender which in reality does not exist. As a profession we must look to the historical roots of nursing as it existed prior to this societal change, and determine true nursing attributes. We must move forward and remove the feminine gender requirements embedded in our education system and our professional ontology. Nursing, known since Nightingale as “women’s work”, requires intellect, strength, caring, critical appraisal and self-assurance. Its history must be reconstructed to reveal its true essence. It is not “women’s” work, as women are a construct of a gender identity based on power and a need to control their social and biological lives. As de Beauvoir said

“One is not born but rather becomes a woman. To become a woman is a purposive and appropriative set of acts, the gradual acquisition of a skill, to assume a culturally established corporeal style and significance” (1973, p.301).

Could this not be also said regarding the making of a nurse? Nursing is the pursuit of education and skills, with the desire to assist those who cannot assist themselves.

### **1.2: Research Problem**

The profession of nursing is based on such fundamental values as caring, dignity, accountability and equity (Canadian Nurses Association, 2008). However, upon close examination the reality is at times distorted from the ideal. The literature portrays nursing and those working within it as caring, nurturing professionals who have altruistic motivations for their work. The societal vision of nursing is one in which members of the

profession are viewed as “angels of mercy” whose goal is to put others before themselves and provide compassionate care to those experiencing difficult and stressful situations.

This public image of nursing makes it difficult to explain the shortage of nurses, and why a large percentage of new graduates exit the profession within a year of entering.

The educational and socialization experiences of male nurses are of even greater concern, as there are documented issues with recruiting and retaining men within the profession.

Within healthcare professions, nursing has the widest disparity between men and women (Dyck, Oliffe, Phinney & Garrett, 2009). Historically, in other professions such as engineering and medicine, there has been a disparity between numbers of men and women, the comparative numbers are much closer than to those in nursing (Sullivan, 2000). This disparity brings to light an issue within nursing; those not fitting the female gendered construct are not being represented in an equitable way within the profession, causing one to postulate about the reasons.

The unrepresentable of the profession is that which we attempt to conceal from society (Cameron, 2006). This traditionally includes nursing activities that are considered “dirty” but, can also be applied to our internal unrepresentables, like discrimination, sexism, marginalization and hierarchies. Various aspects of the profession and our educational environment should be critically examined in order to adjust practices and fundamental beliefs. The focus of this study is on an aspect of nursing and nursing education that is not eagerly embraced by its’ members. It can be considered an unrepresentable for nursing, in that it examines areas that discuss marginalization, stereotyping, isolation, bias, sexism and gender based *performativity*. Issues of male nursing students have been well documented in the literature and yet there continues to be

little change within the pedagogical approach to the socialization of nurses as a result of this knowledge (Meadus & Twomey, 2011; Sedgwick & Kellett, 2015). By identifying barriers that result in our inability to recruit and retain men, the profession can address these concerns and increase the depth of the profession's fabric by embracing new perspectives and ideas.

The need for this research was twofold. The Canadian Nurses Association (CNA) produced an updated report in 2009 projecting that the existing nursing shortage will increase fivefold in the subsequent 15 years, resulting in a shortage of 60,000 fulltime equivalent registered nurses by 2022. Based on extensive review of the research literature and past practices in nursing human resources, the CNA has recommended six key strategies to address the current and future shortage. Two of these strategies apply to the education of nurses. There is a need to increase recruitment into baccalaureate level RN programs, which will result in a reduction of the shortage from 60,000 to 45,000. There is also a documented high attrition rate within baccalaureate nursing programs. If that attrition rate can be reduced from 28 to 15 percent it will result in an additional 15,000 FTE nursing positions by 2022. It is imperative that, as a profession, we attempt to understand this phenomenon and put strategies in place to effect change. Basic factors limit the ability to recruit, retain and successfully graduate males in nursing. According to the CNA (2006) approximately 10% of all nursing students nationally are male but only 5.6% of practicing registered nurses are male and 41% of all male nurses are employed in Quebec.

Attrition levels remain high in nursing programs, particularly among male students (McLaughlin, Muldoon & Moutray, 2010; Stott, 2004). As nurses are the

primary care providers within the health care system we must address the pending shortage and prevent a crisis situation. The results of this study can inform the development of strategies to recruit and retain men in the nursing field. An interesting quote from Karen Haller, VP Patient Care at John Hopkins Health Center in the US (1999) speaks to this phenomenon within nursing; “Trying to run a profession – nursing- by only drawing on half the population is untenable. It’s one of the root causes of the cyclical nursing shortages”

Perhaps more importantly this research sheds light on a concerning, yet silenced, issue within nursing: the marginalization/exclusion of male students and nurses (Meadus, 2000). Understanding the experience of this population may result in a more inclusive and accepting profession that can move beyond presently required gender performances that constitute the construct of the nurse. This involves rethinking the gendered biases and assumptions of nursing practice and, unravelling the existing mechanisms that work to exclude certain individuals or groups from the nursing profession.

The experiences of male nursing students are well documented within the literature, supporting the concepts of marginalization, isolation and stereotyping. The use of the term “male nurse” further exemplifies the notion that male nurses are seen as a separate entity, resulting in their feelings of marginalization, isolation and confirming their sense of not belonging or being accepted as part of the profession (Meadus, 2000). The perceived discriminatory practices and altered expectations contribute to the higher attrition rates of males within nursing education programs. Male students have few positive experiences and if they remain in the nursing programs, they do so for practical reasons (Ellis, Meeker & Hyde, 2006). Dyck et al. (2009) found that male students felt

pressure to conform and behave within the accepted parameters for the desired construct of a nurse. This heightened level of expectation and pressure left male students feeling like they were “under a microscope” (Anthony, 2004, p.123). They attributed this perception to being a minority within the program and felt they were more closely scrutinized, particularly within clinical settings, and therefore expected to perform at higher levels than female students. O’Lynn (2004) echoed Anthony’s (2004) findings, reporting that male students were evaluated less favorably than female students. He attributed this discrepancy to the male student’s inability to meet societal expectations regarding acceptable roles for men.

Other literature also supports male students feeling isolated and excluded in academic and clinical settings (Stott, 2007). This may be a result of perceived sexism and discrimination within the nursing education environment. Kermode (2006) demonstrated a concern within nursing regarding gender equity and that students reported feminist bias and discrimination / sexism within their programs. A variety of barriers affect the successful recruitment and retention of men into nursing. McLaughlin, Muldoon & Moutray (2010) discuss rigid gender stereotyping, public perception and the gendered constructs of nursing roles as barriers. There is also a lack of understanding of differences in learning and communication styles of male students that contributes to their difficult experiences within nursing programs (Kouta & Kaite, 2011; Scriber, 2008). Faculty perceived the ‘masculine’ characteristics displayed in class as difficult. These include challenging the professor, defending peers, taking a leadership role and refusing to acquiesce when faced with perceived injustices. These behaviours were identified by

faculty as “risky” and had the potential to affect student’s evaluations and success within the program (Dyck et al, 2009).

Stott (2004) found that 40-50% of males entering nursing either withdrew or failed out of the program prior to completion. Factors affecting these stats included stereotyping regarding sexuality and sexual orientation, role strain, stress, isolation, minority status, educator discrimination, lack of role models and failure to conform to socially constructed gender and nursing roles (Stott, 2007; Tumminia, 1981). Stott (2004) also found that the social stigma associated with men in a female dominated profession is perpetuated by an education and socialization process that supports and engrains stereotypically gendered roles and behaviours.

The aforementioned predicted shortage of nursing professional in the next 10-15 years could be addressed by active recruitment of men (Meadus, 2000). Research has identified barriers experienced by male students, yet little has been done to change the current situation within the profession. This affects the viability and integrity of nursing and perpetuates expected gendered behaviours that frame the ideal nurse construct. This construct and its enforcement create an unrealistic and unforgiving performance expectation that alienates not just men, but all others who do not conform to the construct parameters.

In summary, the historical background of nursing led to the development of the current nursing construct: one with particular characteristics, behaviours, and communication patterns that one must prove in order to be considered worthy of the title of nurse. The current and projected nursing shortage should be motivating the profession to reflect on this construct and engage in changes, however, they still disregard males,

50% of the population, due to presumably erroneous beliefs. These are the realities that inspired me to begin on this path. I have attempted to understand what it means to be a male nursing student, what their experience within nursing is and why the profession feels that, to succeed, men must meet the expected performance of the ideal 'feminine' nurse.

### **1.3: Research Objectives**

This study had three objectives.

1. To describe the lived experience of male nursing students.
2. To enhance understanding of the meaning of being a nursing student from a male perspective.
3. To explore factors that influences the experience of the male nursing student including; power structures, education and socialization practices, internal and external pressures and feminine performance expectations.

### **1.4: Research Questions**

The purpose of the research was to consider the historical context of men in nursing, as well as experiences of male nursing students. The political influences and imbalances within the educational settings were examined, the pedagogical experience of male nursing students was explored and light was shed on this marginalized group. There is a hope that knowledge gained will result in the emancipation of the identified group, a change in the construct of the nurse, the socialization of nursing students and recognition that not all students must conform to a designated stereotype in appearance, thought and action. The primary research question guiding the study was:

What is the lived experience of male nursing students during their education?

Specifically;

- 1) Are male nursing students subject to feminine gender performance expectations?
- 2) Is there a perceived inequitable exercise of power, control and discipline towards male nursing students? And if so,
- 3) Is it related to gender performance expectations?
- 4) Is the high attrition rate of males, either as a result of self-withdrawal or failure, related to the expectation of feminine gender *performativity*?

### **1.5: Epistemological Stance**

Knowing the researcher enables the reader to understand the perspectives that are examined and why a particular approach used resonated with the researcher. As the researcher, I believe that my past experiences and observations impact the research problem I have identified and the approach I use to investigate the problem. My defined research problem is the result of personal experience, is firmly grounded in critical theory and reflects my core values and beliefs. The experiences directly situate where I am as a researcher and have informed my epistemological and ontological beliefs; it has defined the lens with which I now look at the world.

Epistemology, through its philosophical roots, focuses on the nature and foundation of knowledge; its development, definition and acceptance within a certain context or profession. This understanding is gained through personal investigation and reflection (Meleis, 2012). Beyond the study of knowledge, epistemology concerns itself

with the scope, method and validity of knowledge. In nursing, the quest for knowledge related to the profession must be tempered with the awareness that the knowledge developed must be accurate, beneficial to society and, result in the growth and advancement of the profession (Johnson & Webber, 2009). Nurses must attempt to understand a concept or relationship in the context of others and truly analyze its meaning. This exploration into the meaning of core concepts and the nature of reality is the definition of ontology (Guba & Lincoln, 1994; McEwen & Wills, 2010). The ontology of a critical theorist views the integration of the social, political, economic, cultural and gender influences into structures as the basis for the critical realism viewed as 'reality' (Berman, Ford-Gilboe & Campbell, 1998; Guba & Lincoln, 1994).

The critical theorist believes in understanding the lived experience and the history of the population in question. This mode of inquiry is focused on sociopolitical or structural change, as a result of knowledge attainment (Berman et al., 1998). The epistemology of this paradigm is subjectivist and value laden. They believe the following; historical realism is developed over time and derives from social and political influences, reality as truth is a construct that is distorted to meet societal needs (Guba & Lincoln, 2005). Oppression is fundamental to human relations and this method endeavours to bring to light those oppressed, marginalized views (Nicoll, 1997). Reed, Shearer & Nicoll (2004) state that the goal of the critical paradigm is to "generate knowledge that results in emancipation, empowerment and change" (p. 436). Critical theorists attempt to see the world from the vantage point of the population in question. The people are the experts of their own lives and thus are valuable stakeholders within the research (Berman et al., 1998). They understand that historical social constructs exist,

as a result of power imbalances and that the oppression of groups within society limits their choices and results in disempowerment and marginalization. Those in the critical paradigm strive to expose power imbalances and inequities that result in an effort to effect change (Berman et al., 1998; Reed et al., 2004). Critical theorists focus on power and emancipation through reflection, understanding and action. Reality is a construct that should be deconstructed to expose the truth in context, and the knowledge acquired assists in the reconstruction of a new transformed reality (Guba & Lincoln, 1994, Meleis, 2012).

I have been a practicing nurse for approximately 31 years, in various roles and with various levels of responsibility. Throughout this time I have developed a sense of personal values and beliefs in relation to the nursing profession and most recently the education and socialization process of nursing students. I have worked in both large tertiary centers and in small rural hospitals, the community and in long term care. In all these settings I have observed, what is supported in the literature and statistics available through national and provincial organizations, that the representation of males in the nursing profession is very limited. I have personally encountered only a few male nurses over my career, but the observations I have made indicate that most have congregated in specialty areas, including ICU, OR, ER and psychiatry. I have observed, anecdotally, that others tended to self-cluster on common units, where they stated that they found it “easier” and they enjoyed working with other men because they “understood each other”.

To understand ourselves and what has formed our lens of reality is imperative to being an effective researcher. Researchers understand that knowledge they have is tied to

how they define their reality. This brings ethics and epistemology together forming validity to their work (Guba & Lincoln, 2005). The ethical frame, based on values, dictates the entire inquiry process and is embedded in each paradigm (Guba & Lincoln, 2005). Based on that assumption, one must determine which paradigm resonates with their core values and beliefs. In my case it is the critical theory paradigm and my research problem reflects the tenants of this paradigm. My personal and professional experiences have informed my knowledge and created an outlook in which I seek the opportunity to understand historical injustices and create a new reality, where marginalized or discriminated people know their voices are heard and they are accepted as equals. My hope is that my research results in a shift in nursing epistemology, nursing educational pedagogy and an evolution towards a more accepting, inclusive profession. Investigating the “why” of the experiences of male students in the profession will assist in accomplishing this goal.

My core values and beliefs include justice, equity, advocacy, empowerment, action towards social change and a participatory approach to decision making. I believe that reality is fluid, that we can change historical behaviours if, as a collective, we are willing and work together. The first step is to acknowledge that there is a discrepancy between what is truth and the constructed reality that is accepted as truth. We must take an archeological approach and find the origins of the view that is accepted as truth and then expose it, and those who participate in it, as the false reality that we only know because it is all we have been exposed too and is what society is expecting (Foucault, 1971, as cited in Guba & Lincoln, 2005). I believe that the most effective and honest way to determine underlying issues and meanings of a situation are to interact with the

participants and attempt to understand the world from their perspective. It is through this dialogue and analysis that we can identify the meaning of a phenomenon. Our opportunity is then to take that knowledge and work with those same participants to effect positive change and a realignment of the world to better reflect the desired reality.

## **CHAPTER 2**

### **LITERATURE REVIEW**

The examination of current literature related to nursing student experiences within the education and socialization process is necessary to determine the existing knowledge related to this population. Understanding the experiences of all nursing students, as well as those in a minority status, served as foundational knowledge for the research study conducted. Prior to examining this literature, an understanding of the genesis of the nursing profession is also important, as it speaks to the creation of the present day construct of the nurse. Therefore, an historical overview of the evolution of nursing, highlighting the role of men within nursing, is first provided.

#### **2.1 Historical Overview**

Greek teachings conceived of all humans as one shared essence, and mere variations of a single sex, and this thought was pervasive through the 16<sup>th</sup> and 17<sup>th</sup> centuries (Towns, 2009). The female sex was seen as the lesser male, merely inverted in both physicality and characteristics. Men were seen as generative, having characteristics of physical strength and predisposed therefore, to domination, and women were seen as physically weak and thus predisposed to submission (Towns, 2009). Therefore, a person identified as a woman physiologically could be involved in the political and societal rule, if they had more male attributes, which was possible. Often they were described as being manly or having male characteristics, thus lending legitimacy to their position. By the 1800's however, the shift was towards two separate sexes, and an understanding that men and women were not the same, but different in capacity. Each sex became the embodiment of stereotypical, gendered characteristics.

According to St John and Keleher (2007) gender refers to the array of society-determined roles, personality traits, attitudes, behaviours, values, and relative power and influence that society ascribes to the two sexes, on a different basis. Harrison (2009) stated that gender is a social construct that differentiates the power, obligations, roles and responsibilities of the feminine and masculine in society. Scott (2011) speaks of gender being the social rules imposed on men and women, not necessarily based on nature or biology but more likely on culture. In “Gender: A Useful Category of Historical Analysis” (1986), Scott argues that all reality is constructed and, particularly related to gender; ‘man’ has been constructed as the rational entity. She proposes that gender is a primary way of signifying relationships of power and defining social relationships based on the perceived differences between the sexes.

Riley (1988) discusses the change in ‘women’ from the seventeenth through to the nineteenth century. During this time there is a sexualisation of the category of ‘women’ and the understanding of gender was re-ordered. Riley cites “An essay in defense of the female sex” (1988) where the author argues that women are capable of being political and intelligent, and are only subjugated because of ‘man’s’ envy. This author sites examples of women in more “country labouring” areas where the genders are seen as more equal and the division of responsibilities and labour are less delineated along the sex-based lines. “Reflections upon Marriage” (Astell cited by Riley, 1988) posits that the accepted attributes of women of the time are a result of the lack of academic education. Astell argues that the women’s natural disposition cannot be judged by the “socially crippled capacities” of women, and that there is a lack of acknowledgment of the natural potential of women, because of the societal restrictions and expectations placed upon them.

In the late 1700's, the theological controversies in Europe resulted in a shift towards increased sexualisation of women, and the association of feminine characteristics to sin. In Rousseau's *La Nouvelle Heloise* (cited by Riley, 1988), it is argued that the 'sex' of women becomes the predominant characteristic. The contemplation that everything in a women's world is related to her sex, and that these native characteristics should be respected as nature's way, is reinforced. The construct of the characteristics attributed to women were also based in religion, and the desexualisation of men and sexualisation of women within the church. Historically, the soul was an ungendered entity. However, over the course of the seventeenth to nineteenth centuries the theological and political climate changed, sexualizing women and thus women's soul with feminine characteristics. With revisions to religious doctrine in the eighteenth century, the concept of gendered souls was engrained. Thus there were pursuant changes to the meaning of 'women', transforming the female person into a sexed person from all aspects. This was the defining moment in gender regulation, as it now was accepted that your physiological sex defined who you were in every aspect of behaviours, status and person. The construction of a 'women' in relation to sex was accomplished, and the possibility of gender neutral was dispelled (Riley, 1988).

The concept of women being involved in society and its political aspects was seen as against the laws of nature and morality. Rousseau (Riley, 1988) argued against the blending of the genders in society, and specifically condemned the concept of the same occupations being assigned to different genders. Peterson (1992) discussed the societal shift to the concepts of the public and private spheres. The public sphere was seen as having male gendered attributes of reason, force, science, and self-interest. Because

women were seen as part of the private sphere they took on the opposite characteristics of selflessness, emotion, faith and tradition (Towns, 2009). The state, during this period, became symbolized as an entity of reason and force. Men, who had status as persons, were therefore able to reason in an unbiased manner, speaking on behalf of the common good and could deliberate and make decisions without emotional influences. Conversely, women, as part of the realm of the private sphere, were expected to focus on emotion and bodily needs, were sexualized and therefore inappropriate for the public sphere (Towns, 2009). Rousseau supported the concept that in order to secure the identity of ‘man’ the conventional attributes and roles of ‘women’ must be maintained (Riley, 1988). Again, the ties to theology are strong, in the reference to the original sin and that to return men and society to order and the natural way, women must return to their intended place in domesticity and as mothers. Therefore, there is a resulting onus placed on women to maintain the natural order of society though their position as non-political, non-rational partial members of society, void of political or societal rank, holding an indeterminate position, similar to that of a “freed slave” (Riley, 1988).

As a result of the changing face of society and the norms of family life shifting, the 1800’s was a period of change for women. The Industrial Revolution changed the employment status within families dramatically. No longer was farming the predominant way of life, men left the home for work in significant numbers for the first time. In the early 1800’s this phenomena, accompanied by the increase in women’s general dissatisfaction with their lack of equality, created an environment that caused the political forces of the time to be concerned, They wished to ensure the continuation of the family and the status quo in relation to women’s place in society. Prior to the nineteenth century

there were no standard behavioural expectations regarding women and their involvement in political aspects of society. There were female sovereigns and state officials in several European countries. The relation between gender and political power was not standardized across 'civilized' nations. However, by the mid 1800's the banning of women's involvement in political public office was formalized into laws across Europe and most of the world (Towns, 2009).

Although women were seen as detrimental to the political realm, they were seen as crucial to culture and civilization. Women were thus entrusted with the education of, and caring for, family and children. They were seen as selfless and therefore thought to 'live for others'. This concept was extrapolated broadly into society and applied to roles that required care and nurturing as their dominant attributes (Towns, 2009). Women were to be responsible for all domestic applications of this sense of selflessness and subjugation. They were considered to be elevated above politics and the public sphere, which was seen as selfish, brutal and uncompromising. Men of the time did not feel they were undermining or disadvantaging women: on the contrary, it was seen as unseemly and too base of a sphere for women to be involved in. Women's potential involvement in the public sphere went against nature and their removal from involvement met men's need to protect women from the brutalities of the public sphere. The equal value placed on the role of women in the private sphere, and the domestic responsibilities that were bestowed upon them were seen as pivotal to the continuation of a civilized culture (Towns, 2009).

What resulted were political and societal beliefs in the 'natural' and desired role of women, as well as the over-riding need to have stabilization within the private sphere.

To ensure acceptance of this construct and to address the political agenda of the time, a significant campaign was needed to legitimize these roles and attributes as being gender specific to women. For society to attain the desired results, and be seen as civilized, there was a male gendered political movement to engrain the desired attributes and portray them as fact. This was necessary, particularly into the mid-1800's, where there was increasing dissent among some women who did not agree with gender-based role division and felt that they were being placed in a subordinate and submissive role to men. The women's suffragette movement was emerging and challenging the gender limiting roles assigned to women.

At this time, male based political structures began a campaign to promote and legitimize the desired roles and attributes of 'women'. This resulted in the Cult of Domesticity and True Womanhood (Welter, 1966). This new ideology and the new ideal of womanhood were widely acclaimed throughout popular culture, in women's magazines, advice books, religious journals and newspapers. It supported the views that women should cultivate and display four key characteristics; piety, purity, domesticity and submissiveness. It was purported that women must maintain these characteristics and thus create a home that was a refuge for the men from the public sphere and political immortality. These characteristics were based on observations about women; they were generally physically smaller and had less physical stamina than men, they were physically inferior to men, as they were afflicted with illness every month (menstruation), which could bring on temporary insanity, and they were more delicate and weaker than men because their reproductive system was seen as unpredictable (Welter, 1966). Through the science of the time, the belief was that women had smaller brains and thus

were less intelligent. The focus was on successful reproduction and ensuring that women did not over expend energy needed for this. Women were instructed, from every avenue, that having these characteristics and being only within the private realm was based on nature and not only best for them, but best for society. They were told repeatedly that to be a true 'women' they must embrace these characteristics and roles. Out of these constructed gender based roles rose the need for women to take on roles that were outside of the home, but were still tied to the private sphere and domesticity. These included the education of children and caring for the sick, both seen as roles of the mother and woman within the family setting.

The sociological developments during this era were based on the feminization of women. Sociology dealt with health, education, hygiene, all of which were based in family. Thus women were constructed as the new sociological collectivity and were primarily responsible for roles within this domain (Riley, 1988). Social policy focused on the woman as a mother, and the roles associated with it. Women became accountable for education of children and prevention of malnutrition and disease. Being a mother became an occupation that extended out of the family home (Riley, 1988). The result was the establishment of the feminine role of nursing. This positioning of nursing within the roles allocated to women was embraced and perpetuated by early leaders. As previously discussed this included Florence Nightingale.

An initial search of the current literature utilizing databases including CINAHL, ProQuest and OVID was done using key words; nursing education, students, experiences and socialization. Further narrowing of results was subsequently done by including other key search words including; minorities, marginalization, horizontal violence, gender,

culture, race, men, male, black and African American. The literature search was done with the intent to examine existing knowledge of nursing students' experiences during their education and socialization, minority group experiences and finally, the experiences of male nursing students. The following is an overview of the results of this literature review.

## **2.2 Nursing Student Experiences**

The education and socialization experience of nursing students was first examined to determine a baseline to which to compare the experiences of men and other marginalized groups. The literature was overwhelmingly focused on clinical experiences and difficulties adjusting to clinical settings, anxiety related to clinical experience and bullying by staff and clinical instructors in the clinical setting. Smedley & Morey (2009) found that positive interactions between faculty, staff and students within a clinical environment create a sense of belonging for the student. The contrary can also be said, that strained relationships within a clinical education environment can cause student anxiety, resulting in feelings of being demeaned, humiliated, belittled and ostracized. Academic study invokes emotions such as anxiety, stress, boredom and enthusiasm. The students' successful navigation of these 'academic emotions', impacts their ability to learn and succeed (Lachmann, Ponzer, Johansson, Benson & Karlgren, 2013; Shipton, 2002).

A study done by O'Mara, McDonald, Gillespie, Brown & Miles (2014) interviewed baccalaureate nursing students from two different programs regarding their perceptions of a challenging clinical learning environment. This study identified two main areas of challenge for the students; the context of the clinical placement and the

relationships within the setting. Of particular note is the student's identification of the difficulties experienced when they had a strained relationship with their faculty supervisor or the staff on the floor. Both sites identified the anxiety felt, and impact on performance, that these challenging relationships had. They cited uncertainty of expectations, playing favorites, being overly critical and unpredictability in responses as the key areas of difficulty within these relationships (p.210). The impact of these challenging relationships was a loss of confidence, fear of seeking additional learning experiences or asking questions and physical symptoms of stress including not sleeping, vomiting and passing out (p.211). Of interest is the demographics of the 53 participants indicated 48 female and 5 male students, ethnicity was not identified.

Similar findings were reported by Melincavage (2011), who conducted in-depth interviews with seven nursing students regarding their experiences in clinical settings, specifically related to their anxiety when working with faculty and staff nurses (p. 786). Demographics of the study indicated that all participants were women; six white, one Hispanic. Participants in this study indicated that they felt powerless and on the periphery in the clinical setting as students. They connected being demeaned and feeling powerless with the authority held by those they felt were responsible, including faculty and staff (p. 787). The students reported that adopting strategies to address these feelings, such as copying behaviours and incorporating the language of staff nurses allowed them to normalize within the environment, eventually feeling part of the community (p. 788). This is supported by Brown, Collins & Duguid (1989) who found that learners undergo enculturation through copying behaviours, learning the language and conforming to the norms of the social group.

Levitt-Jones, Lathlean, Higgins, McMillan (2007) identified the concept of belongingness as a critical component to the education and socialization process. This process facilitates the construction of a nursing identity (Walker, Dwyer, Broadbent, Moxham, Sander & Edwards, 2014). The clinical environment has been identified as instrumental in the education socialization process for students. It is where the student forms an image of what it means to be a nurse, putting theory into practice and formulating their future construct of a nurse (Walker et al., 2014). Martin (2008) found that to establish this nursing identity the student must feel included within the profession and have a sense of belonging within the team. The study conducted by Walker et al. (2014) identified key components that were necessary in constructing a positive nursing identity. These included: positive role models, belonging and confidence, among others. It was identified that poor role models in the clinical setting impacted the ability to learn, affected their morale and altered their perception of nursing. Belonging was fundamental to establishing a personal nursing identity and included acceptance and inclusiveness (Walker et al, 2014). Participants related stories of being subject to hostility from staff which resulted in limitations to their learning opportunities and sense of frustration. Participants in the Walker et al. (2014) study also indicated that to develop a positive nursing identity it was necessary to develop a level of self confidence in their abilities and their place within the profession. A lack of confidence occurred as a result of a lack of support and intimidation from faculty and staff, which also impacted their ability to learn and succeed. The role of the clinical faculty is to provide support to the student within the clinical environment however, the importance of peer support in developing the student's confidence in their abilities should not be minimized (McIntosh, Gidman

& Smith, 2014). Students must develop supportive relationships with their peers in order to reinforce their sense of belonging and establish their nursing identity within the profession. Lack of peer support can also affect learning and impact success within the program.

Socialization into a profession encompasses the process of integration of the beginner into the profession through instilling the values, ethical standards and norms of the desired profession. It is an interactive process in which the new member learns the role, knowledge base and goals of the profession, internalizing a sense of professional identity (Dimitriadou, Pizirtzidou & Lavdaniti, 2013). The socialization process of a nursing student occurs, not just through formal education but through informal processes and practices that are often unarticulated but are foundational to the “hidden curriculum” (Allan, Smith & O’Driscoll, 2011). These processes occur through interactions with professional role models in the practice setting. Due to the importance of this socialization function and the impact that these intangibles have on the student, professional and practice mentors are key components of the learning experience and sense of professional identity for the student (Allan et al., 2011; Brammer, 2006; Dimitriadou et al., 2013). The socialization of a nursing student within a clinical setting requires compliance by the student to the traditional behaviours and norms of the profession. This compliance is achieved through the use of pressure and systematic training by members of the profession. This process is difficult for the student as there is conflict between the ideal image taught within the educational setting and the modelling that occurs within the clinical setting. This can result in reality shock for a new member

of the profession upon entry into the clinical setting post-graduation (Dimitriadou et al., 2013).

Nursing students enter the profession with pre-conceived expectations and images of what the role of the nurse is and what the education process will entail. Unfortunately often these expectations are not based in fact but in societal and media based notions of nursing (Karozi, 2004). These unrealistic notions can significantly impact a student's ability to succeed and their intention to remain in the profession. There is a high rate of attrition within nursing programs and much of this can be attributed to the misconceptions and expectations of students upon entering the program (Magnussen and Amundson, 2003; Robshaw and Smith, 2004). In a study conducted by O'Donnell (2011) students identified that their expectation was that nursing courses would be non-academic and more vocational in design. There was a lack of understanding of the intensity and level of academic ability required to succeed in the program. Some strategies identified to enhance success and decrease elective withdrawal were the establishment of peer tutoring, faculty support and monitoring of attendance and engagement (O'Donnell, 2011).

A significant element that impacts a nursing students' education experience are the interactions between the student and members of the profession. When these interactions result in either perceived or actual incidences of incivility or horizontal violence it can affect the students' ability to learn and achieve a sense of professional belonging, critical to successful socialization into the profession. Nursing students can experience powerlessness and feelings of incompetence within the clinical setting (Bowllan, 2015). They have substantial vulnerability due to power imbalances and their

inability to defend themselves for fear of reprisal (Cooper, Walker, Winters, Williams, Askew & Robinson, 2009). Bowllan (2015) reported that horizontal violence is experienced by students not just in the clinical setting but in the academic setting as well. Cited were incidents of negative remarks regarding the student's suitability to becoming a nurse and being assigned tasks or grades as punishment rather than for learning opportunities. Clark and Springer (2010) recommend the creation of a culture of civility and acceptance within academic and clinical settings. The inability to create such a culture results in increased stress, insecurity and ultimately impacts the students' ability to learn. This sense of powerlessness and lack of confidence can precipitate withdrawal from the profession (Bond, 2009; Bowllan, 2015; Celik & Bayraktar, 2004). Thomas, Jinks & Jack (2015) supported these observations, finding that incivility continues to be an issue within the clinical environment and students that are subjected to incivility experience trauma, distress and disengagement (Levitt-Jones et al, 2007), however, the effects of this trauma lessen with experience. The experiences of nursing students, as reflected in the discussed literature, demonstrate that the journey to become a nurse is one fraught with challenges, unrealistic expectations, difficult interpersonal relationships and pressure to conform to norms. It is evident in the experiences described that students demonstrated resilience when faced with adversity and were often able to navigate and negotiate their place within the profession (Thomas et al., 2015).

### **2.3 Minority Nursing Student Experiences**

Literature related to the experiences of minority populations within nursing was reviewed. The statistics are largely not reflective of the general population (Mills-Wisneski, 2005). In the United States, 9.9% of nurses are black, 8.3% are Asian and 4.3%

are Hispanic or Latino. The general population has 16.3% black, 6% Asian, and 17.1% are Hispanic or Latino (United States Department of Health and Human Services, 2015). Percentages of nurses falling into these minorities vary by geographical location within the country. Of note, is that 90% of nursing faculty in the United States are white (Sullivan, 2004). In Canada, the general population is less diverse, with 4.8% being South Asian, 4 % Chinese and 2.9% Black (Statistics Canada, 2011). There were no attainable statistics related to visible minorities in nursing in Canada. Diversity within nursing allows for the identification of problems and subsequent solutions from a unique viewpoint. The lack of diversity and inability of nursing to reflect the population demographics is reflected in nursing's ability to provide holistic healthcare to the broader population (Love, 2010).

Racial discrimination and intolerance of diversity has been ignored within nursing education and was perceived to be an issue of importance for nursing students (de Villiers, Mayers & Khalil, 2014). Understanding the issues facing minority populations who enter nursing will assist the profession in improving the educational experience for these students and result in enhanced recruitment and retention. Lynn (2006) posits that the education system creates an environment of assimilation to White cultural norms. Allen (2006) argues that the nursing education system strives to integrate whiteness, Christianity, heterosexuality and middle class norms. Faculty populations mirror these desired norms. As a result of this, diverse students either become assimilated or risk being labeled a 'problem'. Students are expected to socialize to the dominant culture regardless of any existing conflicts with their personal culture (Love, 2010; Pacquiao, 1996). Nursing programs attempt to maintain the status quo of the dominant nursing

norms through the enforcement of 'professionalism' based on the dominant ideal related to language, dress and behaviours (Haigh & Johnson, 2007; Love, 2010). There is an emphasis on the need for the student to 'fit in' and 'think like a nurse' but the model on which the desired thought processes are based is reflective of the dominant White ideologies (Lea, 1994; Love, 2010). The move to a four year baccalaureate program, as entry to practice, further supports white dominance (Allen, 2006). Students in minority groups report feelings of isolation, discrimination, insensitivity and pressure to conform (Bryne, 2001; France & Fields, 2004; Hassounch-Phillips & Beckett, 2003; Love, 2010). Love (2010) found that as a consequence of the socialization process within nursing, students' chose to acquiesce and accept the norms of the dominant culture. This approach was viewed as a survival strategy that allowed them to successfully navigate the education and socialization experience. Participants indicated that, post-graduation, their actions and language would more accurately reflect their true selves and that their transformation to meet professional and cultural norms was temporary, merely a method of fitting in and survival (Love, 2010). Of particular importance was the need to conform to patterns of language to meet dominant styles. If a student had a heavy accent or did not conform, they reported being subject to discrimination and additional barriers to success.

As a response to the lack of diversity within nursing education the National Advisory Council on Nurse Education and Practice recommended, among other strategies, increasing the number of minority faculty and encouraging research regarding barriers affecting minority graduation rates (U.S. Department of Health and Human Services, 2000; Wroten & Waite, 2009). Mills-Wisneski (2005) reported that 56.2% of students surveyed indicated that the lack of minority faculty was important. They cited a

lack of role models and “someone in the profession to identify with” (p.51). Minority students feel that non-minority faculty cannot relate to their differences and unique concerns. As a result they did not approach faculty for support, resulting in feelings of isolation, marginalization and lack of acceptance (Mills-Wisneski, 2005). Tabi, Thornton, Garno & Rushing (2013) found that, although the presence of minority faculty was ideal, non-minority faculty could be effective in creating a supportive and welcoming environment for minority students if there was a consciously formulated strategy implemented. The most important aspect of any strategy was the establishment of a relationship between faculty and student and an understanding that because minority students may not seek assistance from faculty it may be necessary for faculty to seek out and provide guidance to minority students. To promote inclusivity, faculty must provide culturally sensitive environments, promote diversity within the profession and create a program that embraces tolerance (Pitkajarvi, Eriksson & Pitkala, 2013; Tabi et al., 2013).

In an educational environment that is culturally diverse, the educator must be aware of challenges that face the multicultural student. Some minority students find they do not feel included in study groups either in or out of the classroom (Love, 2010; Sanner & Wilson, 2008). Culturally diverse students have difficulty with the format of assessment within nursing and are more likely to seek feedback on their performance on an ongoing basis (Pitkajarvi et al., 2013; Williams & Calvillo, 2002). There is a need to establish a clear link between theory taught and practice reality, particularly with minority populations, who reported finding the link difficult. They often sought clarification of directions and reported that the practice settings did not meet their needs (Pitkajarvi et al., 2013; Williams & Calvillo, 2002). This could be attributed to the lack of

consistent evaluation received or culturally differing expectations (Brown, 2008; Wang, Singh, Bird & Ives, 2008).

The ability of faculty to understand the needs of minority students is imperative to the advancement of the profession. A diverse nursing workforce is needed to provide holistic care to a diverse population. Patients from minority groups often prefer care provided by a member of their minority group, as there is a sense of mutual understanding of the unique concerns and life experiences (Tobi et al., 2013). Much of the reviewed literature on minority nursing students' experiences referred to the African American population but many of these challenges and barriers could also apply to other minority groups including race, religion, age, physical ability and gender (Love, 2010).

## **2.4 Male Nursing Student Experiences**

Within Canada, males are underrepresented within the nursing profession. In 2011 men represented 6.6% of Registered Nurses employed in nursing in Canada. The distribution across the country was not equitable with 37.3% of practicing male nurses working in Quebec, 27.7% in Ontario, 11.3% in British Columbia and only 8% in Alberta (CIHI, 2013). The literature related to male nursing students and the experiences of students and faculty has been reviewed for the purpose of identifying trends within the literature that are related to the chosen research topic. Within the current literature three themes have been identified and the literature will be discussed accordingly. These are: gender differences, faculty and student experiences and power.

### **2.4.1 Gender Differences**

Throughout the literature there is a recurring theme of gender differences related

to nursing students, faculty and society as a whole. Booth & Leigh (2010) discussed gender stereotyping that occurs within nursing and nursing education. There is an expectation regarding the sexual behaviours or sexual orientation of male students. O'Lynn (2004) found that nursing students were evaluated less favorably because they did not meet expectations regarding societally acceptable roles for men. Students interviewed reported that because they were pursuing a non-traditional male role that faculty held them to a higher standard and they were evaluated based on different criteria than female students. Male students described feelings of "being under a microscope" and that because they were a visible minority within the nursing program they were scrutinized more closely than their female counterparts (Anthony, 2004). Sex role theory attributes gender based personality characteristics centred on societally accepted norms that require men and women to act in prescribed ways (Fisher, 2011). Research references the expectation that male students will demonstrate traditionally masculine characteristics (Evans, 2004b; Fisher, 20011; Sedgwick & Kellett, 2015). These include assertiveness, leadership, and extroversion and confidence (Christensen & Knight, 2014).

Evans (2004b) discussed the career paths of male nurses and remarks that male nurses presented in a stereotypically masculine way they were attributed with more masculine qualities and afforded access to leadership positions. She cited statistics from the United Kingdom circa 1970 after men were integrated into nursing through restructuring and the Salmon report (1966), that although men constituted approximately 10% of the nursing population they held 33% of senior nursing positions. Men are seen as a stabilizing force within nursing, able to dedicate themselves to their career and combating the difficulties faced with the female population of disrupted career paths due

to maternity leaves and family responsibilities. (O'Connor, 2003; Evans, 1997; Yang, Gau, Hu & Shih, 2004). Budig (2002) related that males have an advantage within nursing and the concept of the 'glass escalator'. Her observations included the proportionally higher numbers of male nurses in management and leadership positions and education.

Sedgwick & Kellett (2015) indicated that the process for men to become a nurse and develop within the professional role required a reframing of personal identity. They suggested that the difficulties experienced by men in socializing into the nursing role result from the conflict that occurs between the need to adhere to the 'hegemonic constructions of masculinity' (p. 126) that focus on independence and autonomy and the feminine based nursing practice. This conflict between gender identity and occupational identity creates role strain for the male nurse (Fisher, 2011). The societal construct of the feminine nurse is in direct conflict with established gender identity ideology, creating tensions and feeling of not being 'part of things', or feeling different within the clinical setting (Fisher, 2011; Sedgwick & Kellett, 2015). Kellett, Gregory & Evans (2014) discussed the patriarchal paradox that men entering nursing face, the result of a conflict between their masculine performance and the desired feminine performances attributed to nursing. Baker (2001) conducted a quantitative study examining the level of role strain experienced by nursing students. Those male students who scored high on both the masculinity and femininity scales, affectively being identified as androgynous, scored lowest on the role strain scale (as cited in MacWilliams, Schmidt & Bleich, 2013). Supporting this finding a study of 98 male nurses found they showed below average

conformity to traditional male gender norms than men in the general population (Liminana-Gras, Sanchez-Lopez, Saavedra-San Roman & Corbalan-Berna, 2013).

In the educational realm, faculty demonstrate a lack of understanding about differences in learning strategies and communication styles of male students (Kouta & Kaite, 2011; Scriber, 2008). In a study by Dyke, Oliffe, Phinney & Garrett (2009) male students and faculty reported that there was higher level of participation in large class discussion as well as small group work by the male students. Stott (2007) discussed the differences in how men think, react, communicate and interact with each other and patients. These variations were not acknowledged and were, in fact, discouraged in favour of more feminine behaviours. This was not perceived as discrimination towards male students, on the part of faculty, but rather a lack of acknowledgement of different learning styles and communication techniques used by men (Anthony, 2004).

“Gender discrimination is any distinction, exclusion or restriction made on the basis of socially constructed gender roles and norms which prevents a person from enjoying full human rights” (Cottingham, Fonn, Garcia-Moreno, Gruskin, Klugman, Ndeto Mwau et al, 2001, p.49 ). Research related to sexism demonstrates a concern within nursing with regards to gender equity (Kermode, 2006). Yang et al. (2004) found the differences in career progression were tied to gender expectations and stereotypes attributed to nursing by the public. Male nurses interviewed indicated that they lacked support from management, family, friends and colleagues. Through a review of the literature, Stott (2004) found that 40-50% of males entering nursing either fail or drop out. The factors thought to affect these statistics included stereotyping regarding sexuality and sexual orientation, role strain, stress, isolation, minority status, educator

discrimination, lack of role models and failure to conform to socially constructed gender and nursing roles (Stott, 2007; Tumminia, 1981). In a study conducted by Bartfay, Bartfay, Clow & Wu (2010) nursing and non-nursing students were interviewed regarding perception of men in nursing. They found that societal perceptions and stereotypes towards male nurses, including a sense that males were less compassionate and caring, were prevalent and this may negatively contribute to recruitment and retention. Failure to conform to societal norms regarding gender was made more difficult by the lack of male counterparts. Evans and Frank (2003) cited Newton (1998) when they discussed the need for the presence of other men to allow for the continued support of culturally acceptable hegemonic masculinity.

Kermode (2006) observed that nursing students reported high levels of feminist bias and discrimination in their program. One of the significant factors discussed in this study was the impact of overtly sexist and discriminatory actions of faculty and staff towards male students. This atmosphere contributed to poorer quality university experience and thus disadvantaged students. Mohamed & Mohamed (2015) recently confirmed these sentiments. They found that male students reported feeling 'unwelcome' in the clinical environment. The current socialization process for nursing students perpetuates this approach by educating in a feminist based environment and failing to acknowledge or incorporate knowledge that discusses the experiences of male students. Nursing is generalized in the female gender context by faculty, often including males in the discussion or seeking their input as an afterthought or as tokenism (Mohamed & Mohamed, 2015). There has been little effort made to change faculty or curriculum approaches to training and a consistent lack of acceptance of the unique learning styles,

behaviours and interactions of the male student (Kermode, 2006). The existing structure of nursing education is based on the historical framework created by white female nurses to teach and socialize the same population. Diverse students, including men, are expected to conform their behaviours to adopt the norms of the dominant group (Ierardi, Dinine, Fitzgerald & Holland, 2010; O'Lynn, 2009). This is not merely an attempt to marginally adjust the diversity but to break it down and mold it to the ideal. O'Connor (2003) interviewed a recent graduate who indicated that he found the focus on female illnesses and the disregard for male focused illnesses discriminatory. Citing the difference in focus between the importance of breast self-examination and testicular self-examination, he felt that because of the feminine educational focus, male health related needs were not taken seriously by faculty.

Male nurses are seen to be hesitant when discussing their role as a nurse or even identifying as a nurse when first meeting others outside of the healthcare setting (Evans & Frank, 2003; Mohamed & Mohamed, 2015). Whereas female nurses do not hesitate to identify themselves as a nurse and are not subjected to the judgement that males are, men are more likely to choose not to reveal their occupation. They also tend to emphasize the type of nursing they work in, particularly if it is a specialty that is viewed by the public as more acute or requiring higher skill levels. Men in nursing programs gravitate to specialty areas and second degree male nurses had significantly higher incidence of this trend (Armstrong, 2002; Judge & Livingston, 2008; Moore & Dienemann, 2014). This behaviour by the male nurse limits the feminine aspects of their role and enhances the stereotypical masculine attributes assigned to elite specialties such as emergency and critical care (Evans & Frank, 2003). Male students indicated the need to reconceptualise

the profession in a more masculine frame, particularly in an effort to attract more men. The concept of the profession embodying heroism appealed to the male student and areas that spoke to that concept were preferred (Rajacich, Kane, Williston & Cameron, 2013).

Of particular interest is a trend within nursing reported in Jordan. Jordan reports approximately 38% of the registered nursing staff as male (Abushaikha, Mahadeen, AbdelKader & Nabolsi, 2014). From the 1970's into the early 1990's nursing in Jordan was a female dominated profession. In the mid-1990's, the trend flipped and the majority of graduates were male. This continued into the 2000's. The difficulty experienced is that society and healthcare employers were not responsive to men in this role. It carried with it the same feminine gendered stereotypes seen in other countries and as such male graduates had difficulties securing employment and were not readily accepted into the profession. The backlash experienced towards male graduates and the shift in the dominate gender of the profession resulted in a political response. Universities in Jordan now have admission policies that restrict the numbers of men admitted each year to 30%. This is in response to societal pressures and the reality of a surplus of male graduates that were not employable (Abushaikha et al, 2014). This phenomenon is of particular interest as it reinforces the discussed influence that societal image of nursing has on the profession. It also raises awareness that in North America although there is a call for more men to enter the profession, it makes one pause to ponder the outcome if recruitment endeavours were successful and gender – neutrality of the profession did occur, what the acceptance of this shift would be by the healthcare settings and society as a whole.

### **2.4.2 Faculty and Student Experiences**

The societal image of nursing is feminine. Male nurses have indicated they feel the word nurse refers to a female (Mohamed & Mohamed, 2015). In the media and the profession, there is reference to either a 'nurse' or a 'male nurse', however in other gender dominated professions there is not a similar distinction made. This demonstrates that male nurses and thus male nursing students are seen as a separate entity, not truly belonging, and therefore marginalized and isolated (Ierardi et al, 2010; Meadus, 2000; Rajacich, Kane, Williston & Cameron, 2013). In a study conducted by Okrainec (1994), male and female students were both interviewed and all indicated that females had a more natural aptitude for nursing and were superior in the areas of caring, empathy and ability to express their feelings. Male students indicated frustration with the emphasis on feminine engendered feelings (Dyck et al, 2009). Findings from a survey of 498 male nurses revealed the following: 73% had experienced negative stereotyping, 42% reported lack of role models or mentors, 35% considered withdrawing from the program if they experienced difficulties or believed they would be unsuccessful, 42% had experienced gender bias from nursing faculty and staff as students and graduates and 75% reported bias from staff and other healthcare professionals. The work of Kermode (2006) supports the notion of gender discrimination and sexism within nursing, particularly experienced by male students.

Other key barriers were the lack of male faculty, the use of the word 'she' by faculty, staff and fellow students when referring to a nurse, exclusion or limitations within clinical settings and a lack of acknowledgement of the historical role of men in nursing (Cude & Winfrey, 2007; Ierardi et al, 2010; Kouta and Kaite, 2011, Mohamed &

Mohamed, 2015). There are restrictions in practice put onto males within nursing, sighting specifically pediatrics and maternity as areas of concern (Evans, 1997; Ierardi, 2010). Many situations have been cited in which male nurses were restricted from practicing in these environments due to assumptions related to sexualisation of their care. O'Connor (2003) interviewed a male nurse, trained in the 1960's, who indicated that sexuality was a significant factor in his training. The males were seen as "gay, pedophiles or rampant heterosexuals that were not allowed near women or children". Trandel-Korenchuk and Trandel-Korenchuk (as cited in Evan, 2004) felt the limitations and restrictive provisions cited in the Backus & Baptist Medical Center case (1997), banning male nurses from delivering care in a maternity setting in the United States, suggest that male nurses are unacceptable, not due to any particular trait, but due to gender. Christensen & Knight (2014) found that male nursing students felt there were unwritten rules regarding their provision of care to female patients. They spoke of "you just don't" when referring to intimate female care situations and that these restrictions called their integrity into question. Female students were not subject to similar restrictions when caring for male patients and the result was a sense of discrimination towards male students, making them feel they were being judged from a deviant perspective and their motives were being called into question.

Stott (2007) found that a central theme to her research was a sense of isolation and exclusion within the educational setting. O'Lynn (2009) drew an inference from Stott's findings (2004) that effective socialization of students reduces attrition rates, and concluded that the current approach to socialization of men into nursing must therefore be ineffective, given the high attrition rates of this group. Male students indicated that

they were unprepared for the workload associated with the nursing program and were distressed by the lack gender neutrality in nursing texts and teaching aids (Anthony, 2004, Mohamed & Mohamed, 2015; Scriber, 2008;). Significant challenges reported by male students were related to academic settings and included preparing for examinations and demands of conflicting responsibilities related to clinical rotations versus academic assignments (Abushaikha, Mahadeen, AbdelKader & Nabolsi, 2014).

Men within nursing must negotiate the role, with its gender assumptions and subsequent challenges to their masculinity, including role strain. Most male nurses will consciously attempt to distance themselves from feminine attributes of the work, gravitating towards more task-oriented, non-intimate care situations (Brown, 2009). Kelly, Shoemaker & Steele (1994) found that men in nursing school experienced role strain related to traditional male family roles as primary income provider and felt a sense of loneliness and marginalization. Male students also stated that they were often expected to take on additional “non-nursing” jobs in clinical, including assistance with lifts and transporting patients (Evans & Frank, 2003). This research found that men who pursued female dominated careers were unsupported, devalued and ridiculed. It was deemed that their behaviour within the profession was inappropriate for their gender.

Societal perspectives regarding appropriate male roles and professions impact the acceptance of men into nursing. These derogatory stereotypes and beliefs were examined in a study by Allison, Beggan & Clements (2004) in which 138 men and women of the general public were surveyed in relation to their feelings towards men and women who filled stereotypically masculine (construction worker) and feminine (nurse) professional roles. They were asked questions regarding their level of respect, like for and wanting to

be 'friends' with these people. Both men and women surveyed gave their lowest scores for males in the nursing profession. Interestingly the highest scores were given to females who pursued construction work. The negative responses were somewhat moderated if the job described had masculine attributes. Male students found a sense of lost prestige when they transitioned from status of male in society to that of male nursing student.

Traditionally held societal relationships of the male being in the superordinate position and females being subordinate are reversed in the nursing educational setting and profession, which may threaten the male student (Tumminia, 1981). Baker (2001) found that men who displayed a higher number of feminine traits were more likely to adjust to the nursing environment and if their sex-role behaviours were more androgynous in nature they were better equipped to succeed in the profession and experience less role strain.

Nursing faculty presently function within an educational system that has been designed to educate women (Sherrod, 2003). This situation results in male students feeling that they are expected to conform to feminine ideals regarding behaviours and responses, including the feminization of responses to clinical settings. Faculty have expressed concern that male students have a less emotional and compassionate response to patient interactions. This was not seen as a positive trait and resulted in questioning the students' appropriateness for the role (Anthony, 2004). Male students identified their frustrations with faculty seeking the "male perspective" from the "token" males in the class. This was seen as an artificial effort on the part of the faculty to integrate the male student, not as an equal part of the class discussion but as an anomaly (Dyck et al, 2009). Faculty also admitted to monitoring their behaviour and comments in the class when

there was a male. They tended to assume that all students understood when they were discussing issues around female reproduction and anatomy. Male students found this frustrating and it further reinforced their sense of isolation and marginalization.

Faculty discussed that males tended to take on masculine characteristics within the educational setting, which manifested itself as challenging, protecting peers in the face of a perceived injustice, particularly female classmates and refusing to acquiesce in a disagreement. These behaviours were all seen as inherently 'risky' practices in the educational setting, potentially resulting in harsher evaluations and potential failure (Dyck et al, 2009). Faculty expressed difficulties in accepting the male students approach to caring. It was acknowledged that men have a different perspective and behaviours associated with the manifestation of caring which include the use of humour and a business or extra-professional approach to the patient. They often focus on technical aspects of caring and patient care. As male nurses were not hugging or physically giving comfort to a patient this was perceived as not caring or being emotionally invested in care provision (Grady, Stewardson & Hall, 2008). Male students indicated that they felt uncomfortable outwardly portraying any feminine behaviours that were contrary to their natural approach to similar situations (Dyck et al, 2009). Faculty play a key role in fostering an environment that allows all students to express caring in a unique way that resonates with them regardless of gender. Faculty should avoid imposing expectations of feminine demonstrations of caring on male students, but rather should accept the unique and equally valuable approach that male nurses bring to the clinical setting (Grady et al, 2008).

Kouta and Kaite (2011) called for the empowerment of male students by faculty through the use of role models and relating stories about male approaches to care that show understanding and diversity in care delivery. Anthony (2004) suggested gender appropriate practices for nurse educators designed to maximize learning opportunities and minimize discrimination. Utilization of these strategies would require faculty to release some control and power in the academic setting and work with the students to improve success. Ellis et al. (2006) found in their study that male students had few positive experiences in their nursing education and remained for practical reasons. The participants felt that the curriculum was structured to a female advantage and perspective. Ierardi et al. (2010) discussed the use of ineffective teaching strategies for men and the need for male preceptors and mentors. Students were frustrated with the teaching style of female faculty and the need to conform and understand feminine based teaching and testing strategies (Ellis et al, 2006). The overriding theme within this study was one of survival. Those interviewed felt that if they were able to conform within the educational setting then they would succeed and recognized that school reality was not necessarily representative of the real world professional reality (Ellis et al, 2006). In her review of the literature, Evans (2004) found that in both Canada and the United States male nurses gravitated to areas such as psychiatry, critical care and emergency, while very few worked in maternity and paediatrics. She felt this reflected the division of labour that was founded in stereotypical manifestations of masculinity. Yang et al (2004) found similar results in their study of 15 male nurses.

### **2.4.3 Power**

In nursing education there is a power dynamic between the student nurse and the

faculty and staff of an institution. There is some evidence in the literature that there may be a disproportionate exercise of power towards the male nursing student. Grady et al. (2008) discussed multiple factors that indicate an exercise of power over the male student. They include a lack of guidance from faculty on the appropriate use of touch and approach to intimate interactions with patients. This result in male students feeling stressed and embarrassed in the clinical setting when they are refused entry to a patient room or require supervision by a female staff person when providing care. The use of anti-male remarks by faculty was also seen as a misuse of power and an attempt to respond to male students who were exhibiting exaggerated male characteristics such as aggression and argumentativeness in the classroom.

Male students have expressed frustration over being singled out within the classroom, lab or clinical setting to perform tasks or be the subject of example purely because of their gender. The students cited examples that included being forced to expose themselves during education sessions regarding physical assessment techniques and electrocardiograms. There was an assumption by the faculty that because they were male they were not embarrassed and felt comfortable exposing themselves in front of other students. Male students resented this assumption. They believed that faculty were misusing their authority in forcing them to agree and felt threatened that noncompliance would be reflected in their evaluation and ability to succeed (Scriber, 2008). Meadus & Twomey (2011) reported similar findings of male students feeling used and demeaned by faculty and staff for their masculine 'physique' and superior strength.

In a quantitative study by Sedgwick & Kellett (2015) they reported that males indicated on the survey that the statements "I feel discriminated against in placements"

and “I feel like an outsider” resonated with them. The language used within nursing can be seen as a covert form of discrimination towards men. The gender bias nature of language within the profession, including the educational environment, perpetuates the stereotype of the female nurse by the use of “she” as the pronoun of choice and the use of the qualifier of “male” nurse. This qualifier serves to marginalize the male nurse by indicating their lack of sameness or by emphasising their status as the “other” (Schwartz, 2006; Wolfenden, 2011). Textbooks are also sources of discriminating language by their heavy emphasis on the feminine and assumption that all nurses are female. Other male dominated professions have changed their approach and adjusted textbook language accordingly, nursing has remained resistant to this change (Anthony, 2004, Wolfenden, 2011). A continued use of gendered language is a demonstration of power and control by predominantly female academics and nursing authors to perpetuate nursing as a female profession. Gender bias can still be located in the language used in the classroom, in the image perpetuated by academics and in clinical practice settings (Dyck et al., 2009; Kermode, 2006; Meadus & Twomey, 2011; O’Lynn, 2004).

The evaluation methods used in nursing were a source of concern for male students as evidenced by the research of Vaismoradi & Parsa-Yekta, (2010) where students referred to evaluations as ‘unfair’ or ‘biased’ and resulted in feelings of humiliation and frustration. Student observation and evaluation processes highlighted gender differences, were seen as disciplinary in nature and had little connection to the goals of the coursework (Vaismoradi & Parsa-Yekta, 2010). The clinical setting is the environment in which the student is exposed to the intricacies of the nursing culture and begins their socialization into the profession. In this environment the evaluation process

melds with the socialization process and the students' desire to assimilate. An effort to adopt dominant cultural behaviours is tempered with the fear of reprisal if they fail (Reid-Searl, Moxham, Walker & Happell, 2010). Nursing educational culture places faculty and staff in a position of power over students. The study by Reid-Searl et al. (2010) found that students adapted within the clinical setting to ensure satisfactory evaluations and to feel that they 'fit in'. When faced with situations where the student felt there was inadequate supervision to complete the required skill most took one of two approaches; norming for the survival of self or conforming and adaption to meet expectation of self and others. Both approaches saw the student deviate from the accepted approach to the task (that which was taught within the educational setting) and either normalize to the registered staff expectations or compromise between the expected and requested approach. Primary motivation for compromising of standards was the desire to pass the clinical rotation and the perception that without such compromise this would not be possible (Reid-Searl et al, 2010).

St. Pierre & Holmes (2008) argued that nurses were objects of disciplinary power with the desired outcome being the moulding of both professional practices and personal bodies. They posited that this construction of an obedient nurse (body) through the use of disciplinary practices can be characterized as institutional violence. The educational processes in place create an environment where students are isolated and encouraged to compete against each other, simultaneously being taught to be submissive towards authority (faculty). The result is effective training for a useful and 'docile' nurse within the healthcare system (Allen, 2006). Male students perceived that they were subjected to more frequent use of disciplinary power (Vaismoradi & Parsa-Yekta, 2010). This appears

to be validated in graduate nurses statistics of frequency of discipline. In one study conducted by Evangelista & Gibbens (2008), the authors found that though males represented 7.5% of the nursing population in the area of study, 18.9% of all formal disciplinary proceedings by the Missouri state board related to male nurses. The study also indicated that men tended to receive more severe penalties than women and of the total number of licenses revoked during the study period, 22.3% were from men (Evangelist & Gibbens, 2008). Similar results were found when the Alabama state disciplinary results were examined. Of the total number of RN's disciplined, 24% were male. This is in contrast to the male nursing population in that state, which was 7% at the time (Alabama State Board of Nursing, 2006). Zhong, Kenward, Sheets, Doherty, & Gross (2009) looked at the disciplinary practices in 6 states in the United States and found the number of male nurses that had been disciplined in the time frame reviewed was more than twice the proportion of male nurses there were practicing in those six states.

When considering the imbalance and misuse of power potentially occurring within the nursing education setting one must consider as well the ramifications for the male nurse when resisting this exertion of power. Kanter (1977) discussed that penalties are applied in the form of performance pressures, isolation and confining roles which limit and constrain behaviours. These pressures are discussed throughout the literature by male nursing students. One of the key themes in reviewing the literature is the sense on behalf of the male student that they are expected to perform at a higher level than their female counterparts (Anthony, 2004). In a study done by Ellis, Meeker & Hyde (2006) the predominate theme identified when trying to understand the positive and negative

experiences of male nursing students was that of survival. Students discussed that nursing school was something to “just get through” and discussed the stress level associated with pressures to perform and conform to the role. Male students perceived an overemphasis on the emotional and psychological side of nursing in the curriculum. They indicated that faculty had expectations related to self-reflection and emotional expression that were not intuitively masculine in nature and were in conflict with the external socialization of the male students. To not participate or have the ability to “adequately” self-disclose could result in ostracism or failure. There was inordinate pressure to conform and behave within the accepted construct of the nurse (Dyck, et al., 2009). Stott (2004) indicated that men entering nursing were ill-prepared for the academic strain of the program and the perception on their part that much of the focus was on “irrelevant” material. The male students stressed a desire to focus on technical aspects of the role and preferred courses related to pharmacology, medical diagnosis and concrete skills rather than communication and psychological aspects of care (Stott, 2004; Stott, 2007).

Stott (2007) found that male nursing students felt isolated and excluded in academic and clinical settings. Misuse or biased use of power by faculty towards male students resulted in stress, isolation and eventually withdrawal from the program. Male nursing students believed that they needed to be perceived as being more independent in their work, work harder than their female counterparts and produce at a higher level to be accepted and successful within the nursing program. Those not conforming to expected societal and professional norms are subject to concrete or abstract forms of discipline, the ultimate exercise of power (Foucault, 1995). Christensen & Knight (2014) reported that male students identified with registered male staff in clinical settings, utilizing these

relationships to help identify themselves within the role. In settings with male staff, male students did not feel the same need to prove themselves. The same study reported that within the classroom setting male students perceived the need to excel at all times in order to be accepted however, they had to be conscious not to be seen as displaying enhanced masculine attributes (Christensen & Knight, 2014).

## **2.5 Summary of Literature**

Male students discussed their difficulties in rationalizing the two competing cultures into which they attempt to belong (Sedgwick & Kellett, 2015). They have challenges in fully integrating into the dominant feminine gendered nursing culture but in attempting to do so they are distancing themselves from accepted 'hegemonic performances of masculinity' that are accepted in society. The result is a sense of suspension between two cultures, not fully belonging to either (Sedgwick & Kellett, 2015). Male nurses are also faced with the challenge of being included in the category of visible minority, for most, for the first time. The use of the label 'male nurse' further goes to accentuating this minority status by highlighting the status as 'different' (Rajacich et al., 2013). Due to this identification as a minority, student treatment within nursing education and socialization process is perceived as discriminatory by many. Sedgwick & Kellett (2015) postulated that this perception of discrimination may be based in the previously held inherent privilege that is synonymous with being a man in the current patriarchal society in which we live. Perhaps it is when men enter the feminine-based nursing culture which is tied to social subordination, that for the first time in their lives they encounter a sense of marginalization as a result of the professions' societal status

and being a man within a feminized profession. These feelings are both unfamiliar and uncomfortable and are subsequently labeled as discrimination (Sedgwick & Kellett, 2015).

It is apparent that studies to date have focused on the lived experiences of the faculty and male students in nursing programs, particularly the factors affecting success, attrition rates, and issues of socialization within the programs. The findings by Stott (2004) were supported by the literature review completed by Kouta and Kaite (2011), including the concepts of multiple gender biases and stereotyping activities by educators and peers that resulted in barriers to success. McLaughlin, Muldoon & Moutray (2010) discussed rigid gender stereotyping, public perception and the gendered constructs of nursing roles as barriers to men entering the profession. Their work focused on gender role identification, its association to nursing and the effect on the student's success in the program. Mohamed & Mohamed (2015) indicated in their findings that male students felt a lack of role models within the faculty or clinical learning environments were sources of role strain. O'Lynn (2004) found that the barriers affecting men in nursing are pervasive and have changed little over time, regardless of the literature confirming barriers exist. A significant gap has been identified in relation to the pressures and expectations of the male student regarding gender performativity and the need to conform to the accepted nurse construct and the impact this may have on the failure / withdrawal rates of male students.

## **CHAPTER THREE**

### **THEORETICAL FRAMEWORK**

The foundations of Queer theory and the concepts of power and performativity were utilized as the theoretical framework for this study. Queer theory and key concepts from the work of both Foucault and Butler will provide the theoretical framework for the analysis and understanding of the lived experience of male nursing students. Power will be discussed in relation to the theoretical perspectives of Michel Foucault. The concept of gender performativity by Judith Butler, which is influenced by the writings of Foucault, will be examined. These three perspectives are based on similar foundational beliefs and perspectives, resulting in a congruent examination of the identified phenomena. An understanding of all theoretical perspectives is first necessary for the reader to understand the subsequent discussion. It is important to note that throughout this thesis the use of gender specific descriptors will be used, such as ‘man’, ‘woman’, ‘male’ and ‘female’. It is acknowledged that these terms do not resonate with the underpinnings of Queer Theory, which radically deconstructs and opposes their essentializing power. These terms are however used throughout this thesis as a means to ensure the reader understands the data analysis and the discussion, which reflect participants’ use and understanding (however problematic) of such categories.

#### **3.1: Theoretical Perspective: Queer Theory**

The research was undertaken within the critical theory paradigm, specifically queer theory. Queer theory has its origins in the gay movement of the 1970’s, bringing deconstructionist critical approaches to issues of sexual identity and the construction of

the normative "straight" ideology. Its focus was on challenging the validity of the accepted heteronormative discourse. Queer theory was based on the early contributions by Foucault and Hocquenghem and their re-thinking of sexuality. Foucault called for the examination of historical discourses in an effort to understand how identities were ascribed to individuals and, as such, these individuals were objects of knowledge. As objects of knowledge, they were then subject to disciplinary power. This power was the foundation for relationships between individuals and Foucault argued that where there is power within a relationship, there is the opportunity for resistance as well (1990). Queer is accepted as one that contravenes traditional gender or sexuality categories (Burdge, 2007). Queer refers to one included in a marginalized group, to confront the experienced discrimination based on the marginalized identity. This marginalization can be based on one's sexuality, race, culture, gender etc. (Jagose, 1996; Rhoads, 1997). Queer is not the absence of something (heterosexuality) but the presence of something. It denotes a position outside of the norm and embraces perspectives apart from the norm (Hocquenghem, 1978). Derrida (1976) spoke of 'supplementarity' and suggested that this is the play between presence and absence and that society is organized through difference. Weedon (1999) attempted to describe the essence of queer; "From a queer perspective, nothing is natural, nothing is normal" (p. 73). Derrida argued that what is 'natural' is based in the historical and that what is the norm (heterosexuality) can only be defined through that which is marginalized (homosexuality); the inside needs the outside to define it (Namaste, 1994).

Teresa de Lauretis (1991) was the first to use the term 'queer theory' in an attempt to clarify the questioning of normality and identity. She explored the practices

that produce and perpetuate gender hierarchies (Watson, 2005). Derrida explored the binary of male and female, among others, with a focus on the signification through language (Watson, 2005). Britzman (1995) indicated that queer theory positions one outside of the margins of normality. To queer something is “to analyze a situation or a text to determine the relationship between sexuality, power, gender and conceptions of normal and deviant” (Dilley, 1999, p. 458). Watson (2005) stated that queer theory uses “poststructuralist techniques of deconstruction” (p. 67) to expose the historical basis of sexuality. Honeychurch (1996) referred to queering as challenging what, who and how knowledge may be generated and known. Namaste (1994) suggested that one must look at the boundaries that society constructs to examine how they are created, regulated and challenged. Drawing on Foucault and Derrida, queer theory questions the borders of sexual identities and examines how cultural influences give power and dominance to heterosexuality over other sexual identities (Namaste, 1994). Queer theory posits that basic tenets of society and language support the binary distinctions. Words are gendered, resulting in the gendering of society as male or female and thus creating a hierarchical structure. Queer theory rejects this binary as arbitrary and constructed by those with societal power (Dilley, 1999). Dominant culture has the ability to create a feeling of ‘queer’ for those who do not fit into the actions or trappings of the gender or life that the dominant culture requires (Cooper, 1996). There is a call to accept diversity and, in queer theory diversity implies the resistance of normativity and dominant culture (Kirsh, 2000).

Queer theory embraces fluidity and the deconstruction of the binary and as such is seen as a more inclusive and radical approach than gay and lesbian scholarship (Callis, 2009).

The theory was further advanced by Butler (1990: 2003; 2004). It is based in poststructuralist traditions that challenge the concepts of stable identities and autonomy. Halperin (1995) suggested that queer theory is a move away from gay/lesbian studies and identity politics associated with that movement. He stated that this move creates “a deepened understanding of the discursive structures and representational systems that determine the production of sexual meanings, and that micro-manage individual perceptions, in such a way as to maintain and reproduce the underpinnings of heterosexual privilege” (p 32). Queer theory questions ‘natural’ gendered and sexual identities. Following Foucault, queer theorists posit that sexuality is a separate social formation than gender relations and that the politics of sexuality are not strictly interrelated with feminist concerns for women’s subordination (Williams, 1997). It is therefore important for sexuality to have its own realm of theorizing and politicization. Queer theory is an extension of the gay/lesbian movement, reaching beyond the goals of gay/lesbian studies, that examine the power inequalities between gay/lesbian and heterosexual, but works to deconstruct hegemonic heterosexuality. Homosexuality is considered a social construct but queer theorists also argue that heterosexuality is also a social construct – a particularly powerful one – that has been elevated to be perceived as ‘normal’ and is in place to ensure order and power remains with the dominant group (Jagose, 1996, 2009). Heterosexuality, though seen by queer theorists as a construct, has been elevated in such a way that the discourse has the power to influence all aspects of life and perceptions.

Queer theory goes beyond critical theory to concern itself with those who fail to fit in the heteronormative frame, not just considering sexuality but gender, as well as any

group that is marginalized or fails to meet cultural norms and expectations of performativity. The experience of 'queer' is comparable to all who are marginalized and in all cases the marginalized group does not conform to the ideal and suffers stigmatization because of this failure (Kirsch, 2000). It assumes a resistance to "normativity" and dominant cultural views. Queer theory seeks to deconstruct hegemonic concepts of gender and sexuality, dispelling the binary of heterosexual/ homosexual and removing heteronormativity as the societal standard. There is a cultural acceptance of heterosexuality as the 'natural' state; queer theory questions this assumption. Categories, historically formulated on heterosexuality, are embedded in a society where 'the straight mind' cannot comprehend a culture where it does not control relationships, language and the very essence of societal functioning (Wittig, 1992). Queer theory questions all identity categories and is not limited in its interests to gay and lesbian issues but accepts a broad diversity that includes bisexual, transgendered and transsexual. Queer theory is concerned with any deviation from the given norm, for any reason, not just as a result of sexuality (Giffney, 2004). It is inclusive of any marginalized person or group who wishes to resist the sources of power that perpetuate the normative construct. It argues that stable identities are not possible and exist only as a result of discursive constructions. These identities are in place to enforce dominant ideologies. In examining a phenomenon through a queer lens, one is attempting to expose the heteronormative construct based on the normative gender identities (Green, 2002).

Butler (1994) argued against the separation of gender and sexuality that is attempted in feminist approaches. She is positioned away from the initial queer perspective, which was focused on gay white males and moved to a position of

deconstruction, the analysis of relations of gender, sexuality, race and class and the construction of resistive identities (Williams, 1997). Early feminists centered their focus and politics on subject of woman, while queer theory considers the categories of men and women, attempting to eliminate the binary and expose normalcy and conformity as constructions to penalize *difference* (Rudy, 2000). Wittig (1992) states “for heterosexual society is the society which not only oppresses lesbians and gay men.....it oppresses all those who are in the position of the dominated. To constitute a difference and control it is an act of power, since it is essentially a normative act” (p. 29).

Gender is seen as a social construct having power influences over all individuals. This traditional approach to gender and its dichotomous paradigm results in the oppression of those whose sense of personal gender is incongruent with the binary. The discourse of heterosexuality is oppressive by limiting one’s ability to speak unless the language of the discourse is utilized, thus denying the ability to create a unique category (Wittig, 1992). This is particularly true for transgendered individuals who are often targeted for their lack of willingness to conform to the traditional gender norms (Burdge, 2007). This gender bending, through challenging socially accepted gendered dress, language and actions, is used to undermine the binary and deconstruct the oppressive gender norms. The use of the term ‘Queer’ is associated with this perspective and currently is applied to anyone who transgresses from the traditional categories and expectations of gender or sexuality (Burdge, 2007). Within a patriarchal society that perpetuates strict adherence to gendered roles, men who enter female occupations or roles are not conforming to the predominant hegemonic masculinity (Harding, 2007), thus gender bending. Within a Western culture, hegemonic masculinity refers to white,

heterosexual, middle class men (Connell, 1995). Therefore, in an effort to understand men who choose to engage in women's work, they are assigned attributes as effeminate or homosexual and seen as deviant (Harding, 2007).

Queer theory, though originating within the gay and lesbian community, has been used by social sciences to examine experiences of marginalized populations and groups. Its original focus was the deconstruction of common beliefs about gender and sexuality but it can now be applied to not just members of the gay community but to all aspects of diversity. Halperin (1997) is quoted as saying

“Queer is by definition whatever is at odds with the normal, the legitimate, the dominant. There is nothing in particular to which it necessarily refers. It is an identity without an essence. ‘Queer’ then, demarcates not a positivity but a positionality vis-à-vis the normative” (pg. 62)

Jagose (1996) describes queer as antiassimilationist and antinormative in regards to sexuality and gender performativity. It represents an alternative way of conceptualizing gender roles. Queer theory is based on four assertions: 1) the idea that sexual power runs throughout social life and is enforced through boundaries and binary divides; 2) the idea that sexual identities and gender are based in history and socially constructed which are fluid and changing, 3) Queer theorists recognize that their approach to politics and transformation (anti-assimilationist, deconstruction, decentering and revisionist readings) cannot be accepted by those in power, as it contradicts the foundational heterosexual basis of society, and thus take on a critical, aggressive and confrontational style in the political arena, and 4) a willingness to interrogate areas which normally would not be seen as the terrain of sexuality (Rudy, 2000; Stein & Plummer, 1994, p.134). Foucault's concept of power suggests that it is possible to resist dominant discourses. Jagose (1996)

argued that within resistance there is power through nonconformity and Kirsch (2000) reiterated this notion by stating that in refusing to conform a person is exercising their individual political power against the dominant discourse. Reclaiming and transformation of language acts as a form of resistance (Halperin, 1995) It is through this use of individual political power to resist the heteronormative state and attempt to alter the dominant discourse through unifying in a shared dissent against the dominant constructs (Duggan, 1992), that queer theorists attempt to represent diverse identities, in fact moving to the concept of shifting subjectivities that do not limit one to defined constructs. Jagose (1996; 2009) delineated the queer perspective as being anti-category, representing anything that is resistant to the perceived norm. Dilley (1999) identified three tenets common to research done within the queer theory framework: examination of lives and experiences of those considered non-heterosexual, juxtaposition of those lives/experiences with lives/experiences considered normal, and examination of how/why those lives and experiences are considered outside of the norm (p. 462).

Butler (1988; 2003; 2004), a poststructuralist feminist, established the queer theory of gender performativity. Butler's approach to queer theory challenges the binary of male and female, arguing that gender is a performance that does not require conformity to biologically determined gender norms. Gender is not something we are born with, but something we are born into, the result of a group of performances that are based on the binary of man/woman and are learned and internalized over time until they are considered natural (Rudy, 2000). Gender is produced by social and cultural events and performances that organize us into categories considered normal. Upon entry to the world, gender is determined by society based on physical attributes (genitalia) and

perpetuated through language used to describe and constitute it (Salih, 2002). Gender is based on performance and social construction, versus ontological certainty (Rudy, 2000).

Queer theory attempts to remove the labels, allowing individuals the freedom to express their experiences, subjectivities, meanings and realities. It examines the labels or categories used in everyday life and advocates for the questioning and scrutinizing of these identities as potentially unnecessary and limiting. The concept of 'queerness' is one of non-conformity, socially and culturally different from the expected behaviours and attributes of the dominant culture (Kirsch, 2000). Queer theorists accept that literature and mass culture and media shape sexuality and societal norms (Stein & Plummer, 1994). Often those who fit this 'queer' criterion are blamed for their failure to conform and are disenfranchised from the dominant culture because of it (Kirsch, 2000). 'Queer' signifies a resistance to the dominance of normal (Warner, 1999). Queer theory is concerned with questioning the presumptions, perspectives and values of both the marginal and the normal. Queer praxis (Dilley, 1999) results in the dominant culture's ability to define normality, and deviance is negated or at the least exposed, as power-based and oppressive. If we focus our investigations on the subcultures of society and fail to question why it has been marginalized then we remain within the same framework that has created this construction of marginalization (Namaste, 1994). Key elements of Queer theory are the concepts of power and performativity. Both of these concepts are further explored, as they are the foundational aspects utilized to frame this research. The use of these concepts, to examine experiences of male nursing students, allows us to understand the effects of power and the need to perform a gendered ideal.

### **3.2: Theoretical Perspective: Power**

Foucault's (1995) concept of power was also used to frame this research study as it intersects with Butler's concept of performativity and is the basis for queer theory. Foucault drew a significant link between power relations and the construction of the 'truth' in which we live (McHoul & Grace, 1998). He posited that power dynamics act as strategies of government, depending on subjects' resistance and production of truth (Deacon, 2008). He postulated that power is evident through the world, exerted not owned, "permeating every layer of society, infusing both individuals and the population as a whole" (Perron, Fluet & Holmes, 2005, p. 537). Power is seen as omnipresent, detectable within every interaction (Porter, 1996). "...because it is produced from one moment to the next, at every point, or rather in every relation from one point to another. Power is everywhere....because it comes from everywhere" (Foucault, 1990, p 93).

Foucault viewed power as oppressive and productive (1995), evolving over time and manifesting in three distinct, historically based forms; sovereign, disciplinary and pastoral. Its aim is the utilization of bodies into a productive workforce (Foucault as cited in Perron, Fluet & Holmes, 2005). He also discussed the concept of biopower in relation to the regulation of life and body and the importance of the power-knowledge dyad.

#### **Sovereign Power**

"Sovereignty is based on the will of those who are afraid" (Foucault as cited in Deacon, 2008, p.117). Foucault described sovereign power as legislative, utilizing law and regulations to be prohibitive and censoring (Dean, 2010). Sovereign power was and continues to be the most common understanding of power and its justification (Singer &

Weir, 2006). It demands obedience and represents the monarchs' assertion of their right to command or restrict certain behaviours through the use of violence and punishment (Lilja & Vinthagen, 2014). The use of sovereign power provided a level of comfort and stability to the population, understanding that there was certainty and order manifested in the wielding of power by the monarch. The monarch was seen as having a certain level of privilege by means of his divine connection (Singer & Weir, 2006). Foucault examined the medieval monarchy as an example of the nature of sovereign power. Until the seventeenth century, the monarchy was the foundation of power. Power was held by the King and displayed in grand gestures and spectacles with the intent of instilling fear and thus ensuring adherence and subordinate subjectification of the masses (Lilja & Vinthagen, 2014). Power relations were dependant not only on the resistance they inspired but on the compliance of the subjects (Deacon, 2008). Sovereign power was exercised through the collection of taxes and labour for the benefit of the monarch and the realm. It was enforced through exaggerated displays of the monarch's power and might, demonstrating his ultimate authority to rule over and determine the deposition of any individual subject's life (Singer & Weir, 2006). It involved shows of force, punishment and pain and acted to limit or stop undesirable behaviours (Lilja & Vinthagen, 2014).

The center of sovereign power was the King, who enacted power using the law. The law was the extension and expression of the King's will. Medieval society relied not on laws as we recognize them, but on edicts that resulted from the monarch's need to act (Singer & Weir, 2006). This differs from our current understanding of law, which is composed and enforced by a governmental body. The King's power was derived from

what he believed was his divine right. This can be extrapolated to the belief that the King represents the divine will and therefore his power is a reflection of the divine power. The result is an individual that sees himself and insists that his subjects view him as all-knowing and the embodiment of the law (Singer & Weir, 2006). Persons who challenged the monarch's authority were subjected to extreme public displays of his displeasure. These displays took the form of excessive torture followed by execution. The purpose of this public exhibition of sovereign power was to deter future crime, by instilling fear of future punishment. The belief was that the greater the spectacle created by the monarch, the greater the deterrent to the subjects. In punishing crimes in such a public and visible way the monarch was able to display the full extent of his power, the level of cruelty and malice that was utilized confirmed that his power extended beyond death (Singer & Weir, 2006). This strategy was effective for a period of time but as the spectacles became increasingly extreme the public masses became increasingly incensed by the cruelty of the monarch's actions.

### **Disciplinary Power**

“The discourse of discipline has nothing in common with that of law, rite, or sovereign will. The disciplines may well be the carriers of a discourse that speaks of a rule, but this rule is not the juridical rule deriving from sovereignty, but a natural rule, a norm. The code they come to define is not that of law but that of normalization” (Foucault, 1994, pp 44).

Foucault believed that power in modern society is consolidated through a mechanism for the purposes of the management of life (McHoul & Grace, 1998). The transition from sovereign power to regulatory power through disciplinary techniques used to produce ‘docile bodies’, establishes a power that is further-reaching but requires minimum expenditure for maximum return (Deveaux, 1994). The establishment of

practices and routines, through the use of power, is used to set standards for acceptable behaviours. Power is seen not only as the structural determinant of identity formation within an institution but also as the structure which establishes the disciplining of the members that do not conform to institutional norms (Mumby & Stohl, 1991).

Disciplinary power shapes and normalizes subjects, who eventually become, speak, think and act in similar manners (Foucault, 1995, pp 177-184). The process in which people discipline or govern others is often closely related to knowledge production and identity constructing procedures (Deacon, 2002). The establishment of hierarchical observation ensures the individuals are disciplined by the use of constant observation, putting members into a constant state of exposure and sense that the power is ever-present. Foucault viewed surveillance as the use of power to rule individuals in a continuous and permanent way (Porter, 1996). This concept of constant surveillance is manifested in the 'panopticism', meaning all-seeing (Wilson, 2001). Foucault discussed the use of the Panopticon, a prison design that exemplifies this concept of surveillance and disciplinary power by creating an environment in which people feel perpetually exposed and as a result subscribe to self-surveillance (Deveaux, 1994). The primary goal of training of individuals is to create a machine, moving together with other bodies to achieve a desired outcome, not necessarily in unison but in concert, understanding each one's role and moving efficiently and harmoniously towards a pre-determined end. To achieve this level of training, the use of disciplinary power is required. Disciplinary power is simultaneously individualizing and totalizing, focusing on both the individual and groups. Disciplinary power utilizes specific techniques aimed at the development of the individual's skills while simultaneously creating systems that increase usefulness and

obedience (St. Pierre & Holmes, 2008). Foucault (1995) referred to the modern disciplinary power as including hierarchical observation, normalization and examination as necessary to the fabrication of individuals that fit societal moulds.

Foucault (1995) postulated about the advent of disciplinary writing and examination. This enabled the discipline and exercise of power to be focused on the observation and analysis of the individual. This examination resulted in the individual performance being compared to others and a need to normalize the performance to fit specified expectations. To ensure training and compliance, it becomes important to organize individuals by rank and function (Foucault, 1995). Normalizing judgement compliments the hierarchical observation by establishing a ranking system that results in discipline and punishment by way of placement on the ranking. The ranking is based on the norms established and the discipline that results is based on measuring the individuals against these ideals and norms. If the individual was unable to meet these expectations, the results were a hierarchical ranking resulting, potentially, in exclusion. There follows a determination of those who meet the norms and are therefore successful or equal and those who do not, who are deemed inferior and are sanctioned for deviating from the desired norms (Lilja & Vinthagen, 2014; Perron et al, 2005).

Foucault (1995) discussed the use of political power to control members of a particular society or group. He noted that the disciplinary production of 'docile' bodies is imperative to maintenance of power and control; in a state of domination, resistance is ineffective unless there is a global strategy to transform the culture. Though at times invisible, power continues to be present and exercised. A docile body is one that can be subjected, used, transformed and improved (Foucault, 1995). It is not necessary to have

complete standardization of the body, but only to ensure behaviours and thoughts fall within an acceptable, normalized range. The purpose of this creation is to increase productivity and create a body of subjects who work with the desired techniques and efficiency that is needed, for a specific task. It melds domination and aptitude to increase capacity and obedience (Foucault, 1995). The body that is subject to the discipline must perform in a pattern that mimics the normalized ideal (Bell, 2006). This process, of internalizing behaviours, results in exercise of power without consciously recognizing the use of it. The behaviours, speech and actions become habit, with the underlying assumption and belief that they are being watched and monitored for a breach in the pattern, irrespective of the truth of the observation believed to be occurring. The surveillance becomes engrained into the fabric of the individual, resulting in self-surveillance and self-examination of the ability to meet the expected standards (Wilson, 2001). This discipline, or belief in the potential of discipline and exercise of power, becomes part of the subject's being.

Foucault saw power as shifting, not from the outside but from within. Whether from within the individual through self-examination or within an organization or group to monitor the behaviours of its members, this display of power became more effective as it infiltrated everyday life. Power gains strength when it is not merely an external threat associated with laws and governing bodies but comes from within to focus on individual actions and thoughts (1995). Individuals are thus either remodelled or remodel themselves to reflect the image of the power-knowledge source. The teacher becomes the conduit of the power-knowledge dichotomy that utilizes techniques, procedures,

application and examination to create a culture of discipline that focuses on normalization and conformity (Deacon, 2002).

### **Pastoral Power**

Foucault examined the practices of the self that the individual can effect, attempting to transform to meet the social contexts to which they belong or achieve the desired ideal to which they strive. It is the integration of the various forms of discipline and domination with the practices of the self that result in the individual's own subjectification. The concept of power has altered in recent history to focus on maintaining control in a continuous and permanent way over an individual rather than focusing only on the broader population (Foucault, 1990). This concept of pastoral power is exercised by one person through their relationship with another individual or group (Holmes, 2002). Foucault (1982) states that "its ultimate aim is to assure individual salvation" (p. 783). It views "people as individual subjects rather than objects" (Porter, 1996, p. 68). Foucault considered pastoral power as beneficent, being committed to the welfare of the individual and group (Welch, 2010). Pastoral power is associated with the production of the individual's truth (Deveaux, 1994; Foucault, 1982).

The idea is based on Christianity, that a source of power over others is used to promote the need for confession of one's thoughts and faults. There is knowledge of the persons thoughts and feelings and an ability to shape and direct them (Foucault, 1982, Porter, 1996). This move to delve into the persons' private thoughts and life in an intimate way, opens every aspect to surveillance and facilitates the subjectification of the individual (Wilson, 2001). The need for confession created a culture of self-examination and discipline, resulting in feelings of failure and shame if the person failed to meet

expectations. There was less of a need for a superior figure to monitor individual's transgressions, as a culture of self-exposure and peer surveillance was created (Deacon, 2002). The individual (pastor) or institution that exercises this power does so in such a way that they are willing to sacrifice themselves for the sake of the group or individual. The essence of this power is that of safety and protection from harm (Foucault, 1982, Welch, 2010). Foucault (1982) proposed a new pastoral power that is concerned not with salvation in the afterlife but with ensuring safety, health and well-being in life. He also spoke to a transition of pastoral power away from individuals and primarily religious persons to public institutions, governmental bodies or even fundamental institutions like the family (Foucault, 1982). The use of pastoral power can therefore be expanded to include health care institutions, education and employers in addition to government sanctioned institutions for example nursing regulatory bodies.

### **3.3: Theoretical Perspective: Gender Performativity**

Judith Butler's (1988) theoretical lens of performativity was used to frame this research. Performativity is based on Austin's speech act theory: when certain speech is used it actively produces what is uttered. Performative speech is dependent, not on the words used, but the intention of those using them (Austin, 1975). When gendered terms such as *men* or *women* are used, it serves to reinforce the heteronormative discourse and effectively produces what we have discursively come to know as 'men' and 'women' through language. Butler (1988; 2004) referred to gender as a constructed identity that is accomplished through performativity of behaviours and attitudes that meet social norms. She believed that this performance is an unconscious one that is dictated by the socially scripted behaviours associated with the desired gender. She strived to break down the

binary and required performances of gender, allowing for a multiplicity of variations on gender to emerge. Gender reality is sustained through the performance of the gendered acts (Butler, 1990). The concept of performativity refers to a constructed identity which is accomplished through a repetition of both behavioural and speech acts. Gender performativity is structured based on social sanction, accepted norms and taboos, and are perpetuated through family socialization and societal expectations (Butler, 1988). Butler (1990) attested that gender attributes are not biological but performative, and the attributes performed constitute the identity they claim to express. If this is true then the attributes allocated to the gender, whether masculine or feminine, are merely a construct that is only seen as reality due to sustained social performances that are equated with the specified gender. Not conforming to the societal norms of the gender to which an individual is seen or expected to belong is difficult and potentially dangerous. In particular, the feminized male and masculinized female is at risk of social death and possibly violence if they are not able or unwilling to conform to the normative gender system.

Butler (2004) was concerned with the ontology, or 'being' of gender. When we examine the construct of the ideal nurse we look for ideals of people 'being' a nurse. This ideal is constructed from the societally accepted images of what a nurse is, how they behave, what they look like and what attributes they should have. Therefore, to succeed within the educational socialization of nursing, the student must master the performance that is required to be accepted as a nurse. The performativity of the (feminine) gender norms in nursing establish dominance and power by claiming their position is 'nature' and by garnering societal acceptance. This results in the occlusion of the performativity

of the role (Butler, 2004). The societal construct of a nurse incorporates feminine gendered performatives and as such a male entering a female gendered profession is incongruent with the societally accepted image. Alleviating such dissonance can involve rationalizing the perceived discrepancy, for example by portraying men in this situation as feminized or gay, in an attempt to right the disturbance experienced in the gendered labour divisions.

Butler discussed the difference between sex and gender and contested that differences exist based only on construction and performance of norms. She argued that feminists are concerned with the category of women but that this category is fabricated through these constructions and that 'woman' is an open ended category that evolves. Feminists should alternatively be concerned with power structures that perpetuate the heteronormativity of the performance of gender (1999). She does not argue that physical bodies do not exist, however the meaning and understanding of what they are comes not from nature but are socially conditioned into sexed bodies. Gender is no longer a noun but a verb. An individual is "doing" the gender they portray; they are not the gender innately. The exposure of gender performativity does not negate gender or the 'norm' of gender identity but this exposure has the potential to make 'gender' a less controlling category within society (Martin in Weed and Schor, 1997). Queer deconstructions of gender will not eradicate the historical discourses of oppression associated with gender categories, but they can bring to the forefront the issues and attempt to stimulate and facilitate social change. Jackson (2005) states, if Butler has a utopia it is not a world without gender or heterosexuality but a world of multiple genders and sexualities.

Butler (1997; 2003) discusses the use of language as a source of power to the dominant culture, and the way speech acts are performative in nature. The use of specific vocabulary defines the dominant discourse. The misuse or lack of conformity to the desired language leads to a sense of unsatisfactory performance and an inability of the subject to be recognized or categorized within the normative discourse. There are strict punishments for improvisations and performing outside the prescribed script (Butler, 1988; 1990). Butler said the need to conform is not only a means of social survival but also the possible resulting loss of self. She (2004) suggested the need to question reality, striving to have new notions of reality accepted and instituted. If gender is performativity then the reality associated with the performance of the gendered behaviours can be altered by changing the accepted performance. The acceptance of alternative and equally acceptable performances can then become part of reality.

Butler believed that while the norms are constraining the performance there is possibility of variance within the boundaries of “normal” that allow for invention and personal interpretation within acceptable boundaries. These small variations from the ideal image of a gender can be seen as attempts to shift the heterogendered discourse to a more accepting non-binary reality. There is however the ever-present risk of veering too far from the norm and experiencing a form of penalization for such transgressions. In *Undoing Gender* (Butler, 2004) she wrote that to conform to norms that insist on a transformation or a becoming otherwise, the conditions to conforming to the norm are the same as the ones needed to resist the norm. She discussed the need to conform as a means of social survival could also result in a loss of self. Gender is socially constructed and

defined, with little variance, by sex category (Dozier, 2005; West & Zimmerman, 1987). The performance of the gender is therefore incumbent on that category.

One can also consider the practice of drag. The concept reflects the idea of performing in a gender specific manner, but being labelled as unreal because this performance does not conform to the person's natural biological gender. However, as Butler (2004) explained, drag is not an effort to conform but to allegorize the way that reality can be reproduced and contested. To be called unreal is a form of oppression that results in marginalization. Those who live in drag are often identified as being unreal and thus in an effort to survive tend to live in communities where they feel accepted and are recognized as real in their own rights (Butler, 2004). Drag is not synonymous with gender performativity; it is the intentional enactment of the gender whereas performativity is the unconscious portrayal of the socially accepted behaviours associated with the gender in question.

The theoretical perspectives of Butler and Foucault in conjunction with the underpinnings of Queer theory were examined and discussed in relation to the experiences of participants in this study. It is the interconnectedness of Butler's performativity and Foucault's power concepts that frame this research and allow us to understand the lived experience, as well as the underlying factors, affecting the male nursing student.

Butler connected speech act theory with Foucault's discussion of discourses on sex. Foucault believed that the individual was created through discourse and that individuals internalize such discourse (Callis, 2009). He focused on the use of power to produce discourses on sexual perversion, delinquency and criminality, Butler went further

to posit that gender is discursive and constructed based on ‘performances’ (Deveaux, 1994). Butler viewed gender and sexual identities as illusionary and turned to Foucault to support this position with his comments on the need for subjects to be resistant to subjectification and critically examine constructed identities that are perpetuated by socially acceptable discourses (Deveaux, 1994). Foucault discussed the historical construction of sexuality and Butler went further to rethink gender as a cultural means in which a ‘natural sex’ is produced. Foucault and Butler argued that the concept of a ‘natural sex’ that predates socialization and cultural influences is the basis for gendered power relations. Butler completed the foundational work for Queer theory in *Gender Trouble* but the writings of Foucault in *The History of Sexuality Vol.1* are considered the catalyst for her foundational underpinnings. Within Queer theory there is a questioning of the “unity, stability, viability and political utility of sexual identities” (Gamson, 1995, p. 397). Butler’s concept of performativity is reinforced by Queer theory’s position that identities applied to individuals can become tools of power and control, particularly when they are reinforced by the re-enactment and perpetuation of the individual. Queer theory therefore works to “destabilize and denaturalize genders” (Callis, 2009, p. 215). The intersection of power and performativity results in the conceptualization of Queer Theory.

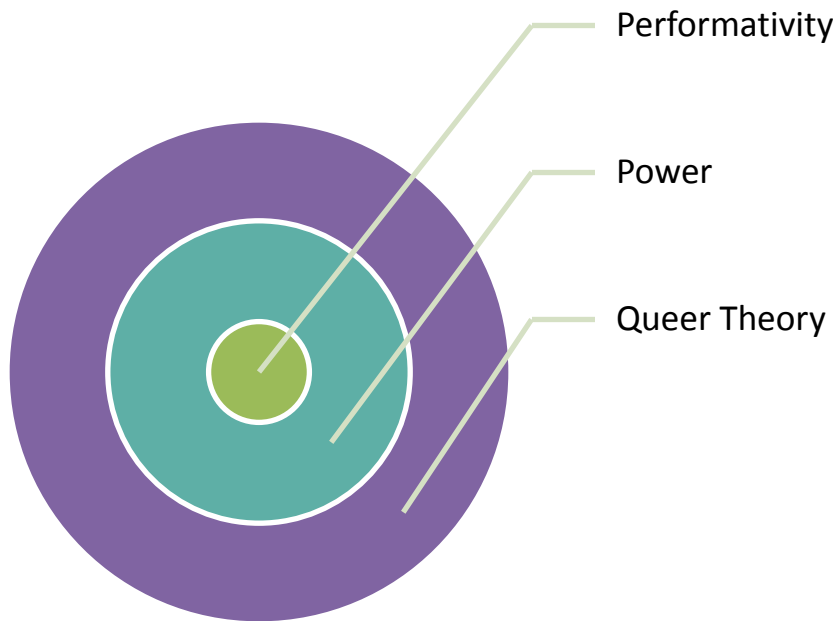


Figure 3.1: Theoretical Framework

## CHAPTER 4

### METHODOLOGICAL CONSIDERATIONS

This chapter discusses the methodological considerations for the study. First it examines the research design, followed by a discussion of interpretive phenomenology. The data collection and analysis process is described followed by a discussion of the ethical approval process. Finally the elements of rigour are identified and discussed.

#### **4.1: Research Design**

Qualitative design is appropriate for this study given that the identified problem relates to the experience of male nursing students and potential influences on their experiences. Qualitative design is used when there is a desire to describe and understand moments in individuals' lives and the meanings of those moments. The intent is not to restrict these moments to problematic situations but to delve into the meaning and experience of the routine world in which they live in the context in which it occurs (Creswell, 2007; Denzin & Lincoln, 2005; Draper, 2004). By definition qualitative inquiry situates the observer in the world and through various methods makes the world visible (Denzin & Lincoln, 2005). This method of inquiry looks at the meaning given to the world as seen by the participant (Creswell, 2007). Qualitative research design is appropriate when attempting to understand the complexities of an issue within the context in which it exists (Creswell, 2007; Draper, 2004). The focus of any qualitative study is the nature of the experience and what that means to the individual (Draper, 2004). For these reasons this is an appropriate design for this research study, as the goal is to understand the experience of the male nursing student and ultimately given them a vessel in which to share their story with others. The personal approach to qualitative design

enables the researcher to comprehend the complexity of the experience and immerse themselves into the students' world, gaining an in-depth understanding of the phenomena.

The use of an interpretive phenomenological fits this study as this design allows the researcher to not only hear the stories from the participants' perspective but allows the researcher, through in-depth analysis and reflection, to identify the deeper meanings of the experiences. This interpretation of the meanings of the phenomena is framed by the researchers' history, context and previous understandings of the phenomena. The interpretations of the experiences are therefore threefold: the participants understanding, the researchers interpreted meaning, and the understanding held by the subsequent reader of the study. This results in multiple views of the experiences, all of which are legitimate (Creswell, 2007). The approach supports the idea of multiple realities and attempts to understand the lived experience (Findlay, 2009). Phenomenology focuses on the universal essence of the experience, the purpose of which is to understand the meaning and truth of the experience for the participants, not just the reactions to the experience. This approach allows the researcher to consider not just the information attained from the subjects but also the social context in which the subjects live and how it impacts their perceptions and lived experience. The in-depth meaning of the data is then exposed and the reasons behind the experiences can be discovered. At its most basic, phenomenology aims to extract individual experiences with a phenomenon and reduce them to an essence which can represent the universal experience of that phenomenon (Creswell, 2007). Van Manen (1990) referred to this as "grasping the very nature of things" (p. 177).

The phenomenological approach to qualitative research is rooted in the work of Husserl who believed that by using this method a researcher could identify both

conscious and unconscious beliefs and biases. This is done by putting aside all assumptions about the truth of the phenomena until there is a basis on which to rest the belief. This was referred to as the “epoche process” (Husserl, 1970). He taught that the researcher must show intentionality, or be present in the situation. His work focused on meanings and essence of an experience as a way of attaining knowledge. According to Husserl (1970), the guiding theme of phenomenology is “to go back to the things themselves”. This method focuses on the phenomenon of learning and looks at descriptions of learning experiences as relayed by the subject that have occurred in everyday actual situations. Todres and Wheeler (2001) delineate the task of phenomenology as the clarification of the life-world which is defined as the everyday phenomena of common experience.

A subsequent phenomenological approach is inclusive of hermeneutics, referred to as interpretive phenomenology, and inspired by the work of Heidegger and Gadamer (1975). Dilthey (1976), in supporting the concepts of reflexivity and positional knowledge, explained the difference between understanding and explanations as interpretations have a need for understanding using the hermeneutic circle. The hermeneutic circle refers to the process of understanding a text as a whole. It is achieved by looking at the whole in relations to the individual parts, and the understanding of the individual parts is achieved similarly by examining them in relation to the whole (Heidegger, 1962; Koch, 2006; Vandermause & Fleming, 2011). The meaning of the text is found through the interplay between the researcher and the text considering the historical, cultural context (Dowling, 2004; Vandermause & Fleming, 2011). Differing from traditional phenomenology which simply describes or attempts to bring a level of

understanding to the lived experience, hermeneutics describes how “one interprets the texts of life” (Van Manen, 1990, p. 4). Explanations are a result of a non-participative perspective that focuses on the external relationships between things. Developing this level of comprehension allows for the move between context and experiential evidence to understand the phenomena studied.

This study will be conducted using interpretive phenomenological specifically incorporating the work of Van Manen. This approach, as well as a critical lens, will provide the necessary perspectives to examine the complexities of the experience as well as an understanding of factors that contribute to this complexity. Within interpretive phenomenology there is an understanding that the experiences of individuals in day-to-day life are influenced by the context in which they occur. Typically a phenomenological study does not delve into the details of these broader influences; however the addition of a critical perspective allows the researcher to further examine these contexts. This additional understanding is important to the study given the complexity of the factors affecting the experiences, the tenuous social position of the participants and the potential lack of acceptance of the stories they would relay. The concepts of power and gender performativity have not previously been examined within the context of these participants’ stories. The addition of a critical lens allowed these concepts to be fully examined from the perspective of transformation and understanding the historical structure of nursing and the marginalizing effects on male students (Creswell, 2007).

All aspects of the participants’ stories, both their descriptions and perceived meanings, are valued and accepted as reflecting the participants’ reality (Koch, 2006). An essential aspect of interpretive phenomenology is listening to the stories of participants,

which includes not just the language used but the unsaid, through body language, facial expressions and tone. The researcher must perceive the participants underlying feelings and emotions when relating their stories, to ensure that the participant's true meaning is captured (Koch, 2006; McConnell- Henry, Chapman, & Francis, 2011; Vandermause & Fleming, 2011). An interpretive phenomenological researcher comes to the study with pre-existing knowledge and opinions based on experience, knowledge of current literature and pre-study exposure to the population of interest. Within this methodological approach the researcher is not required to bracket this knowledge but embrace its existence and utilize it to inform their understanding and analysis of the meaning of the phenomena examined (Koch, 2006; Kumar, 2012; McConnell-Henry, Chapman, & Francis, 2011). This acceptance of multiple realities and understandings of the experience is congruent with the critical lens in which the study is framed, and the epistemological underpinnings of the researcher.

The work of van Manen (1990) speaks to the “turning to the nature of the lived experience” (p. 79) and his method of phenomenology outlines an approach to phenomenological writing that divides the process into three sections. First the Existential Investigation, which is comprised of: orienting to the phenomenon, formulating the question, exploring assumptions and preunderstandings, exploring the phenomenon and consulting phenomenological literature. The second section is the Phenomenological Reflections, comprised of: conducting thematic analysis, determining essential themes and attending to spoken language. The final stage of van Manen's process is the Phenomenological Writing: varying examples, writing and rewriting. (van Manen, 1984, p. 42). This study used this approach to phenomenological writing.

#### **4.2: Research Setting**

The educational and socialization experiences of male nurses are a concern for the profession as there are documented issues with recruiting and retaining men. Despite efforts to recruit men to the profession, the number of male nurses within Canada and locally remains low. There is some evidence that the strategies used to recruit men into the profession are affective. In Ontario in 2013, 11.2 percent of NEW RN members were men (College of Nurses of Ontario, 2014). This is a substantial increase over the current membership that includes past and new members. As Ontario and the Ottawa area male RN numbers are congruent with the broader national averages, therefore the area is considered representative of other areas in Ontario and within Canada. At the time of the recruitment of study participants the University of Ottawa Bachelor of Science in Nursing (BScN) program English male fulltime students accounted for 12 percent of students and French BScN program male students accounted for 10 percent of all fulltime students (University of Ottawa, 2013). The University of Ottawa School of Nursing provides a Baccalaureate of Science in Nursing (Collaborative program with Algonquin College and La Cite), a Master's of Science in Nursing / Nurse Practitioner program as well as a PhD in Nursing. There is also a second entry stream for the undergraduate program. All programs are offered in both English and French. The school has a total of thirty-two permanent, full time professors, six of which are male.

#### **4.3: Recruitment**

Participants who were currently students were recruited from the University of Ottawa BScN program in Ottawa, Ontario. They were specifically recruited from the University of Ottawa campus of the program. This choice of location was made for several reasons. First the University of Ottawa campus offers both French and English

programs, which allowed for a diversity of participants. Second, the researcher had an existing relationship with the University of Ottawa collaborative partner, Algonquin College, and it was determined that that relationship may create a conflict of interest and a perceived power influence over the prospective participants. Initial recruitment was completed to achieve purposeful sampling of participants that would provide participants that have in-depth knowledge of the phenomenon and allowed for diverse perspectives (Stanley & Nayar, 2014). The recruitment occurred through the use of in-person presentations delivered by the researcher to all undergraduate classes in both the English and French streams. The researcher contacted the professors of core theory courses in second, third and fourth year in both streams, requesting to present the information regarding the study to the class. Prior to presenting to the classes the researcher reviewed the proposed research study with the professors contacted, providing an overview of the purpose and the request that would be made of the students.

All classes were attended in person on the University of Ottawa campus between January 5, 2013 and Jan 30, 2013. The presentations took approximately 10-15 minutes and allowed time for student questions. The researcher identified as a PhD candidate with the University, gave a brief overview of the problem identified, discussed the purpose of the study and who the desired participants were and provided a written recruitment letter with all discussed details (Appendix A). The students were asked to contact the researcher through email or phone if participants were interested in study participation. For the classes attended in the French program the professor provided translation of questions and answers when needed. These students were provided with a French recruitment letter. Further recruitment of current students was through snowballing

technique by asking students interviewed to encourage other students to become involved.

Nursing graduates and ‘incompletes’ were initially contacted with the assistance of professors at the university, other students and personal contacts of the researcher. For purposes of this study students who were deemed ‘incompletes’ were students that had either failed or withdrawn from their BScN program prior to completion. Snowballing technique was used to recruit further graduates through those who initially volunteered. The graduates and incompletes were not restricted to University of Ottawa alumni and subsequently were drawn from several Ontario universities. There was no additional criterion for participation than current or past experience within a BScN program and willingness to share their experiences. The researcher did not restrict by gender as there was a desire to interview female students/graduates. The rationale for this decision was twofold. Initially the decision was made based on initial resistance that occurred to the topic. Feedback by some faculty indicated a lack of acceptance that there were documented issues with male students within nursing programs and a resistance to the idea that any issues were based in a systemic approach to education and socialization. It was felt that with the addition of female participants, their observations would add credibility to the experiences described by the male participants. Female participants were also added to address the with the intent of understanding their perception of male nursing student experiences and determining if there was a significant difference in the experience. Language was also not identified as a barrier for recruitment as the researcher made available a French speaking assistant that would complete the interviews if requested by the participant.

#### **4.4: Sample**

The discussion of sample size for a phenomenological study is a source of debate. The predominant principle to consider is that of saturation (Mason, 2010). According to Creswell (2007) and Morse (1994) the sample size can vary from 5 to 25 but be at least 6. As cited in Mason (2010); Green and Thorogood (2009 [2004], p. 120) state that “the experience of most qualitative researchers is that in interview studies little that is ‘new’ comes out of transcripts after you have interviewed 20 or so people” This study was structured with the intent of the majority of the participants being male but with adequate female representation to elicit an understanding of their perspective. The goal was also to have equivalent representation of current students and graduates. The ‘incompletes’ group was acknowledged as being a difficult cohort to access so there was effort made to recruit members of this group but it presented multiple challenges to the researcher. This cohort was difficult to locate and once located they were hesitant to agree to be interviewed as a result of often traumatic experiences that resulted in their exit from the program. Several, that initially agreed to participate, subsequently withdrew and indicated that though they felt that their experiences could contribute to the study, they had moved past that period in their lives and verbalized to the researcher that they did not wish to revisit the trauma they had experienced. The final sample for the study consisted of 16 men and 4 women. Details of the demographics of the sample can be found in Chapter 5, page 103..

##### **4.5.1: Data Collection**

The data collection process entailed semi-structured interviews of current male nursing students, graduate male and female nursing students and male nursing students that did not complete the program either due to failure or withdrawal (incompletes), with

a total N =20. The primary data collection tool for a phenomenological study is face to face interviewing (Ironside, Diekelmann, & Hirschmann, 2005, 2005; van Manen, 1990; Vandermause & Fleming, 2011). The researcher attempts to illuminate what it means *to be* through the stories told. Vandermause and Flemine (2011) discussed the process employed by the researcher creating a dialogue that uncovers the meaning through the development of trust. The researcher allows the participant to tell their story as they see fit, not leading the process but facilitating it through open questions and the use of silence. What the participant deems important is what should be brought forward, not what the researcher has predetermined as important. The opening question should be broad and ask the participant to discuss the experience of living in relation to the phenomenon (Vandermause & Fleming, 2011).

The participants were selected through purposeful sampling. In total 16 male nurses or nursing students and 4 female nurses or nursing students were interviewed. The interviews took place between February 4, 2013 and June 5, 2013. There was an effort to obtain data from a variety of perspectives ensuring that the data fully represents the spectrum of experiences and opinions. The participants were interviewed in relation to the research questions regarding their perceptions, potential frustrations, experiences, perceived causes of any difficulties, why they entered (and perhaps left) the program and what they believe would benefit other male students in regard to success and feeling accepted into the profession. Consideration was given to holding focus groups to gather further information and partially identify issues to be raised in the interviews but there is concern over the potential for a “mob mentality” response that would distort the data. McConnell-Henry, Chapman and Francis (2011) found that revisiting data with

participants in an interpretive study may result in the participant overemphasising concepts brought back to them by the researcher that they believe the researcher has deemed important. This may result in the ‘halo affect’ where the participants wish to ‘say the right thing’ to the researcher who is in a position of power. Revisiting data with participants could be a potential threat to the rigour of the study.

Prior to each interview the participant was contacted by the researcher and asked to provide, if desired, a written journal account of a significant event that had occurred during the persons’ education (Benner, 1994). This was a voluntary component of the data collection process and not all participants chose to write a journal reflection. Those who did were asked to send it to the researcher prior to the scheduled interview so it could be reviewed. The contents of the submitted reflections were used as a starting point of the interview in those cases. The reflective journals were part of the data collection and were coded and analyzed in the same way as the interview transcripts. Each participant was also sent via email a copy of the consent form to review (Appendix B), and the graduates were sent a copy of the recruitment letter as well. The interviews were conducted with the current students in a private meeting space that was provided to the researcher on the University of Ottawa campus. Meeting in a naturalistic setting assists the participant to feel at ease and ultimately share their stories (Benner, 1994; Vandermause & Fleming, 2011). The participants were able to select date and time of the interview to meet their scheduling needs. The researcher met the participants in the room, limiting the opportunity for breach of confidentiality by the participant and the researcher being seen together in public areas. Graduates and incompletes were met at private locations, agreed upon jointly by both participant and researcher. Two interviews were

completed by Skype as the participants had relocated and were at a distance that precluded meeting in person.

Upon arrival the consent form was reviewed with the researcher and the participant was given opportunity to ask questions. They were informed of their right to stop the interview at any time or not answer a question if they felt uncomfortable. The importance of confidentiality was reinforced and the participants were reassured that the content of the interview would remain anonymous with the exception of the researcher. After signing the consent form each participant was asked to complete a short demographic survey (Appendix C). Each participant was given 20\$ as compensation for their participation in the study, intended to cover incidentals incurred to attend the interview. The researcher started each interview with a statement of thanks for agreeing to participate in the study and a brief statement reflecting the area of interest of the researcher. If the participant had provided a reflective note the researcher started the conversation by discussing the contents of that reflection, asking the participant to expand on the situation or more pointed questions regarding specifics of the situation and how the situation made the person feel. If there was no reflective note, or after discussing the reflective note, the researcher followed a semi-structured interview tool (Appendix D) to guide the discussion.

Each participant was interviewed for 45-90 minutes by the researcher. These interviews were audio recorded with the participant's permission and subsequently saved on a secure hard drive. All participants indicated that they were comfortable completing the interview in English so a translator was not necessary during the interviews. One participant did flip from English to French during the interview, as he became more

animated with the discussion he returned to his native French. The researcher was able to understand most of what was said by the participant so continued in a bilingual format for the interview. Clarification was given by the participant when necessary. The audio recorded interviews were professionally transcribed and returned electronically to the researcher. The French interview was subsequently translated by a professional translator. The need for confidentiality and privacy were reinforced with both the transcriptionist and translator. The accuracy of the transcription was confirmed by the researcher prior to analysis of the data.

Field notes were taken during and after the interviews to allow the researcher to reflect on the content, the non-verbal communication and tone of the participant (Crist & Tanner, 2003). The researcher wrote journaling reflections throughout the process as a form of audit trail for methodological considerations, decisions regarding any additions or changes to the interview tool, reflections on experiences during the interviews and preliminary thoughts regarding analysis and emerging themes. In this journal the researcher reflected on several of the stories told by participants and the impact they had on the researcher. This was in contrast to reflections made based on feedback from some professors encountered at the university that questioned the need for the study as well as questioning the existence of a problem. In one case a professor informed the researcher that “I have had men in my class and I loved having them, I don’t think any of this happens”. This discussion, paired with the reflection on the stories told to the researcher, reinforced the need to shed light on the experiences of this marginalized group within the profession. It was this dismissal of the problem, which is well documented in the

literature, which perpetuates the problem and explains the hesitancy of the students to come forward.

#### **4.5.2: Data Analysis**

This data analysis process was informed by the work of Van Manen (1990) and his suggested framework for hermeneutic phenomenological study and isolation of thematic statements. Van Manen discussed six key research activities that provide the framework for hermeneutic phenomenological research.

##### ***1. Turning to the nature of the lived experience***

When my own personal history and experiences are reviewed, I believe the origin of this research becomes clear. The research project was principally borne out of my experiences as an educator and staff nurse and influenced by my observations of male nursing students and nurses within those settings. Subsequent to a preliminary literature review, my desire to understand the experience of these marginalized members of the profession was intensified. The research questions were established within the light of the theorists Butler and Foucault with a need to explain the phenomena that I had witnessed and read about within the existing literature. This research has not sought to specifically discuss the plight of males within the profession, though in some ways it has done just that, but it endeavors to understand the “lived experience” of this population and perhaps, in part, provide a possible explanation of this phenomenon. Throughout the research process the research questions were referred to in an effort to ensure continuity and suitability between the question and the methodology but also to maintain a sense of focus and direction to the analysis.

##### ***2. Investigating experience as we live it***

The data collection method employed, to examine the lived experience of male students within the context of nursing education and socialization process, was that of semi-structured one-on-one interviews and reflective journals written by some of the participants. These interviews were audio-recorded and subsequently transcribed verbatim. This process allowed the researcher and the participant to relive the experiences discussed. The participants were asked to describe their original experiences in as much detail as possible, reflecting on their feelings and what the experiences meant to them at the time they occurred as well as reflecting on the impact these occurrences had on them over their education period and into their career. Van Manen (1990) refers to this process as turning “to the things themselves”. This allows the researcher to explore the lived experience of the participant actively and at an enhanced depth.

### ***3. Reflecting on essential themes***

Van Manen discussed this stage as the need for “true reflection” and this provides the researcher with a grasp of “what it is that renders this or that particular experience its special significance” (1990, p. 32). The goal of phenomenological research is to bring into focus the obscure, the essence of the experience versus discussing the surface appearance of the experience. In order to illuminate essential themes it was first necessary to identify themes and subthemes within the data. During each interview I attempted to identify preliminary themes and sought elaboration on these to ensure depth of data. The transcripts of the interviews were read and reread to provide immersion in the data. This resulted in the identification of common themes. Through this immersion in each transcript, and the process of moving from one transcript to another comparing

themes and experiences, the common meaning of these experiences for the participants came to light. These meanings formed the essential themes and subthemes identified.

#### ***4. The art of writing and rewriting***

Van Manen wrote that “to do research in a phenomenological sense is already and immediately and always a bringing to speech of something” (1990, p. 32). The art of writing and rewriting is the process through which the researcher applies language to a phenomenon and allows the phenomenon to show itself through this reflection and evolving depth of understanding. This process was undertaken through cycles of writing and rewriting, reflection and refining of thought. The data was allowed to speak for itself initially and subsequent interpretation of the data allowed for the essence of the experiences to be discovered. This occurred as a result of continuous questioning, reflection and rewriting until the “truth” as the researcher understood it appeared.

#### ***5. Maintaining a strong and oriented relation***

According to Van Manen, there is a need for a phenomenological researcher to maintain a “strong orientation to the fundamental question. Orientation to an object means that we are animated by the object in a full and human sense and being strong in our orientation means that we will not settle for superficialities and falsities” (1990, p. 33). The researcher may find this focus and orientation to the phenomenon being studied and the questions asked, difficult and subsequently can be easily swayed and misdirected by being “taken in” by a participants’ individual story. The researcher’s journey can be exhausting in phenomenological research and so there is a temptation to revert to preconceived opinions or established concepts. The process of analysis and reflection can be emotionally draining and can take an extended period of time. To avoid these

consequences there was an attempt to remain focused on the project as a whole and the research questions of interest. It was advantageous that I had a passion for the subject being researched and was committed to pursuing the answers and informing others within the profession of the findings. My desire to potentially precipitate change within the education and socialization processes in nursing was a driving force that enabled me to stay on track and focus on the research at hand.

#### ***6. Balancing the research context by considering the parts and the whole***

Van Manen (1990) encouraged the researcher to not lose their way through the process of analysis. He urged the researcher to look at the “parts” of the data while being mindful of the contribution of these parts to the whole, with the ultimate goal of revealing the meaning of the whole through the analysis of the parts. Throughout the analysis of the data I examined and reflected upon the parts to gain greater understanding. As I considered the parts as a whole, I discovered common themes and meanings. This cyclical work of repeatedly examining existing knowledge on the subject, the individual interview transcripts and the data as a whole, while reflecting on the understanding gained through the analysis, allowed the essential themes of the phenomenon to be illuminated and a deeper understanding of the lived experience to be attained.

The work of Van Manen (1990) indicates that the researcher must acknowledge his or her previous experience, knowledge and beliefs, and how these may influence data collection, analysis and interpretation. The background, training and beliefs of the researcher impact the interpretation of the participant’s words and thus, the analysis and understanding of the essence of the phenomena. In an effort to understand my beliefs and experiences with this phenomenon I underwent a process of self-reflection and personal

examination, which is reflected in Chapter 1. During the entire research project I kept a personal journal where all aspects of the process were discussed. This included reflection on the interactions with participants, the administrative aspects of the project, the ethics application process and the process of data analysis. The challenge of coming to a clear understanding of the essence of the phenomena and delineating the emerging common themes was also chronicled in this journal. These observations and musings were invaluable in that they provided an opportunity to examine initial thought processes and impressions regarding participant experiences and my own feelings throughout the process. These were all instrumental in achieving a true understanding and interpretation of the participants' experiences and helped to shape the identified themes.

Themes emerge from the data when the researcher turns to the nature of the lived experience. They are discovered through the telling and listening to the stories and are a method of assigning meaning to events in the participants lives (van Manen, 1990). The process of isolating thematic statements can be done in several ways according to Van Manen (1997). He outlined three approaches to "uncovering or isolating thematic aspects of a phenomenon" in the data. The holistic or sententious approach requires the researcher to read the text as a whole asking "what sententious phrase may capture the fundamental meaning or main significance of the text as a whole (1990, p. 93)?" This meaning is then formulated into a phrase that reflects the essential themes. This step is often completed both first and last as it helps the researcher in their understanding of a broader meaning of the experience that could be inferred onto others in similar situations. This process allows for inherent themes to come to light that encompass various subthemes that are identified by the alternative approaches.

The selective or highlighting approach asks the researcher to read and reread the text asking “what statement or phrase seems particularly essential or revealing about the phenomenon or experience being described (Van Manen, 1990, 97)?” This process allows the researcher to identify key statements or phrases that shed light on the experience and its meaning. Those identified statements or phrases are then highlighted or flagged in some way to allow the researcher to easily locate them in the future. This approach allows individual experiences to be the focus and provides concrete exemplars of essential themes that came to light during the holistic reading of the document. Throughout this analysis the voice of the participants will be heard through direct quote text that was identified and tabulated by theme using this approach.

The third approach suggested is the detailed or line-by-line approach. The approach requires the researcher to complete a detailed reading of the data, focusing on each sentence and at times each word spoken by the participant while asking “what does this sentence reveal about the phenomenon or experience being described (1990, p. 93)?” By completing this level of analysis first it gives the researcher an intimate relationship with each participant and their experiences and forces the researcher to ponder the relationship of the statements to the research questions. This is an important first step and often results in key words or phrases being identified, which may over time be the nomenclature the researcher assigns to the meaning and understanding of the experience that emerges. This also allows the researcher to re-live the experience with each participant, giving them a place of reference for all further analysis. When completing this step of the analysis, a word that was used by multiple participants was “survival” or “surviving”, in relation to their experience within the nursing education system. This

word informed my analysis and resulted in an understanding that the concept of survival threaded throughout many of the identified themes. By using all of these suggested approaches, I gained a deeper understanding of the meaning of the lived experience of the participants as each approach revealed different aspects of the experience.

The transcripts were read and reread in an effort to understand the experiences relayed by the participants and begin to uncover the meaning of that experience. The researcher used manual coding as an initial analysis of the transcripts, identifying words and statements that were of interest and assigning preliminary codes to reflect the content. Subsequently these preliminary codes were clustered into common (sub) themes. The transcripts were again read and coded with these subthemes in mind, highlighting relevant passages. Coded passages that were not related to the research questions were culled from the clusters and subthemes were grouped into overarching themes. A process of contemplation and reflection occurred where the transcripts and journals were reread multiple times in an effort to understand the meanings behind the selected passages and the interviews as a whole. Common themes were grouped together and renamed several times until the essence of the experience came to light. The interviews were read as a whole to ensure that the essential and inherent themes corresponded with the themes identified through the previously employed approaches to the analysis. Adjustments were made to the thematic statements to ensure this synergy.

#### **4.6: Rigour**

Transparency and trustworthiness of the study is accomplished through the evaluation of the methodological expressions of rigour using the framework of de Witt and Ploeg (2006). This framework is based on the integrated ideas of van Manen (1990),

the hermeneutic phenomenology criteria for rigour outlined by Madison (1988) and a review of existing interpretive phenomenology literature. Van Manen (1990) indicated that in keeping with the interpretive phenomenology tenets, characteristics of rigour become expressions rather than criteria of rigour. The establishment of rigour in an interpretive phenomenological study ensures the methodology is systematic and of high quality, and legitimizes and supports the knowledge gained (deWitt & Ploeg, (2006). Using the deWitt and Ploeg (2006) framework for establishing rigour, the researcher took the following steps to ensure truthfulness and accuracy of the data; balanced integration, openness, concreteness, resonance, and actualization

***A: Balanced Integration***

According to deWitt and Ploeg (2006), balanced integration incorporates: articulation of the philosophical theme and its fit with the researcher and topic studied the inter-twining of philosophical concepts with study methods and findings, and balance between the participants' voice and philosophical underpinnings (p. 224). The author integrated Madison's (1988) concept of comprehensiveness as part of balanced integration. This ensures that the primary tenets of the philosophy employed are found within the researchers findings. Balanced integration is accomplished through the congruence between the theoretical framework and the chosen research methodology, as discussed in the overview of interpretive phenomenology. This methodology allows the researcher to not only hear the stories of the participants, but delve deeper into the meanings of these experiences and uncover some of the underlying factors affecting them, such as power and performativity. Through data analysis the philosophical

underpinnings were utilized to develop themes, while balancing the voice of the participants with the philosophical position.

***B: Openness***

As deWitt and Ploeg (2006) explained, openness as “an explicit systematic accounting for decisions” (p. 225). The goal of this expression of rigour is to open the study to scrutiny. The need for this level of openness to establish trustworthiness is evident in the literature (Koch, 2006; McNair, Taft, & Hegarty, 2008; Stanley & Nayar, 2014). In this study, this was established by the use of a reflexivity journal and the use of a strict audit trail for all decisions made during the process, including methodological considerations, field notes and analysis decisions. Reflexivity demonstrates an effort to ensure the interpretation of the data is grounded in the researcher’s cultural, social and historical context (McNair, Taft, & Hegarty, 2008).

***C: Concreteness***

Concreteness is an expression of rigour related to the outcomes of the research (de Witt & Ploeg, 2006). Van Manen (1990) saw the use of concrete examples from the words of the participants to situate the reader within the context of the phenomenon discussed and provide a view into the participants’ lifeworld. Concreteness was accomplished through the use of in text examples of the narratives of participants related to the themes identified in order to situate the participant and the reader, so that a deeper understanding can be realized.

***D: Resonance***

The next expression of rigour discussed by de Witt and Ploeg (2006) is resonance. Similar to concreteness, this expression is found within the outcomes of the research. The

term is borrowed from van Manen (1990) who described it as the experiential effect of reading the findings, of epiphany experienced by the reader; “sudden perception or intuitive grasp of the life meaning of something” (p. 364). The importance of resonance is also supported by McConnell-Henry et al. (2011). Resonance was achieved through clear and detailed examples and descriptions of the participant’s experiences. This rich description, framed within the identified themes, allows the reader to develop a deeper understanding and appreciation for the lived experience of the participant.

#### ***E: Actualization***

The final expression of rigour, as delineated by deWitt and Ploeg (2006), is actualization. They referred to this process as the future resonance of the findings through continued interpretation by future readers of the study. Phenomenological interpretation is not intended to end with the initial reader of the findings but is expected to be reinterpreted with subsequent readings of the findings. Though it is not possible to confirm actualization the researcher has endeavoured to ensure this expression of rigour is met through documentation of the data in such a way that allows for further interpretation and continued development of knowledge.

#### **4.7: Ethical Considerations**

Ethics approval was obtained through the University of Ottawa Research Ethics Review Board (Appendix E). The ethics approval continued throughout the period of recruitment and data collection. No additional applications or amendments to the original application were necessary and the study was conducted as planned. All participants were provided with information prior to their agreeing to participate to facilitate their informed choice re participation. This was done through in-class presentations, provision of the

research recruitment letter and through personal communication with potential participants, answering any questions in an open and honest way. All participants completed and signed the consent form after it was reviewed with them and all questions were answered. They were informed of their right to withdraw from the study at any time. The researcher reiterated this to participants at the beginning of and during the interview if it was deemed appropriate. The interview was of low risk to participants but they were advised of the availability of on-campus counselling if desired. Participants were provided with a nominal stipend at the beginning of the interview. The plan to provide the stipend was not disclosed until the participants agreed to participate, to avoid the appearance of collusion.

The researcher maintained the privacy of the participants as this was of paramount importance. All current students were interviewed at the University of Ottawa in a secure meeting space that was removed from the student traffic areas. The researcher met the participant in the room to avoid the participant being seen with the researcher. The graduates and incompletes were met at private locations, which included their homes, the researcher's home and off campus meeting spaces. All participants agreed to be audio recorded. No names were used during the interviews. Each participant was assigned a number randomly and subsequently assigned a pseudonym prior to analysis to protect their identities. These pseudonyms are used in the analysis for purposes of quotes and discussion. Identifying data has been withheld for purposes of analysis and any future possible publications. Audio recordings are secured on the researcher's password protected hard drive and all paper documents are secured in a locked filing cabinet in the researcher's office. Access to the documents and files has been limited to the researcher,

the supervisor and co-supervisor. All saved electronic files and paper documents (transcriptions and reflective journals) will be deleted and or destroyed five years after thesis defense.

## CHAPTER 5

### PRESENTATION OF FINDINGS AND ANALYSIS

This chapter provides an analysis of the interviews with, and reflective journals submitted to, the researcher by the participants. The demographic data related to the participants is presented. The results of the analysis and discussion of each identified theme and all subthemes, categories and subcategories provide the reader with an understanding of the participant's experience.

A demographic survey was completed by each participant prior to the interview commencing. The details of this demographic survey can be seen in Table 5.1, page 103. A total of twenty participants were interviewed; four female and sixteen males. Of these, seven (eight) were current students, ten (eleven) were graduates and three were interviewed from the perspective of failing or withdrawing from the program of study. Two of the three participants that withdrew or failed had restarted a nursing program at another campus or school. One student withdrew from the program after three semesters (fall of second year), another participant failed out of his program after semester 5 (fall of third year), waited a year then restarted into third year at an alternate campus, and the third participant failed after second semester (completed first year). This participant restarted his studies at an alternate school after a year break. Graduates ranged from one to three years graduated and had graduated from various schools across Ontario. Current students had completed second or third year and depending on timing were either between years or currently taking third or fourth year classes. The participants ranged in

age from 20-39 years. All participants were asked to self-identify ethnicity, the majority identifying as Caucasian.

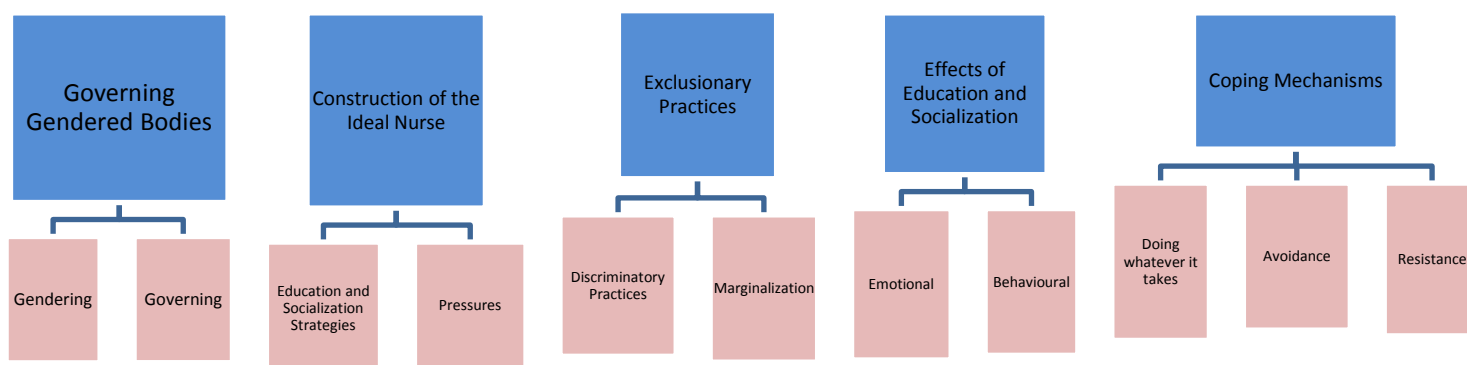
Table 5.1- Demographic Survey

Gender	Male – 16 Female – 4
Age	20-24yrs – 7 25-29 yrs – 10 30-34 yrs – 2 35-39 yrs – 1
Current students	Yr 3 – 4 (5) Yr 4 – 3
Graduates	Years since graduation: 1 yr- 5 2 yrs – 3 3 yrs – 2 (1)
Withdrawal / Failure	3 (2 subsequently re-enrolled)
Ethnicity	Caucasian – 16 African American – 2 Other – 2

Throughout this process I consulted with my supervisors on the themes, subthemes, categories and subcategories that were revealed through data analysis. It was through the rereading, discussion and reflection that the essences and thus themes became clear. There are five main themes that revealed were: 1) Governing gendered bodies, 2) Construction of the ideal nurse, 3) Exclusionary practices, 4) Effects of education and socialization and 5) Coping mechanisms. These themes are broken down into subthemes and categories that reflect the substantive aspects of the participants' words, thoughts and experiences. A truncated schematic of this concept map can be seen on page 104, and a full version is in Appendix F. Themes reflect the experiences of the participants and their journey through the nursing education and socialization process. The theme of “Governing Gendered Bodies” discusses the specifically gender related aspects to their

experience, though gender impacts all themes, and the government of the students through various controls, both external and internal. The theme “Construction of the Ideal Nurse” discusses the ideal that is perpetuated through the education and socialization process and the pressures felt by participants to meet the expectations of that ideal. The theme “Exclusionary Practices” brings to light the perceived discriminatory and marginalization practices that participants perceived as part of their experience. The theme “Effects of Education and Socialization” discusses the behavioural and emotional effects that participants experienced as a result of the previously discussed controls. Finally, the theme “Coping Mechanisms” sheds light on the various strategies used by participants to navigate nursing education and the profession, including surrender to pressures, evading confrontation and resistance to pressures experienced. All of these themes and related concepts are analyzed in depth by interpreting the participants own words to uncover the meaning of their lived experience.

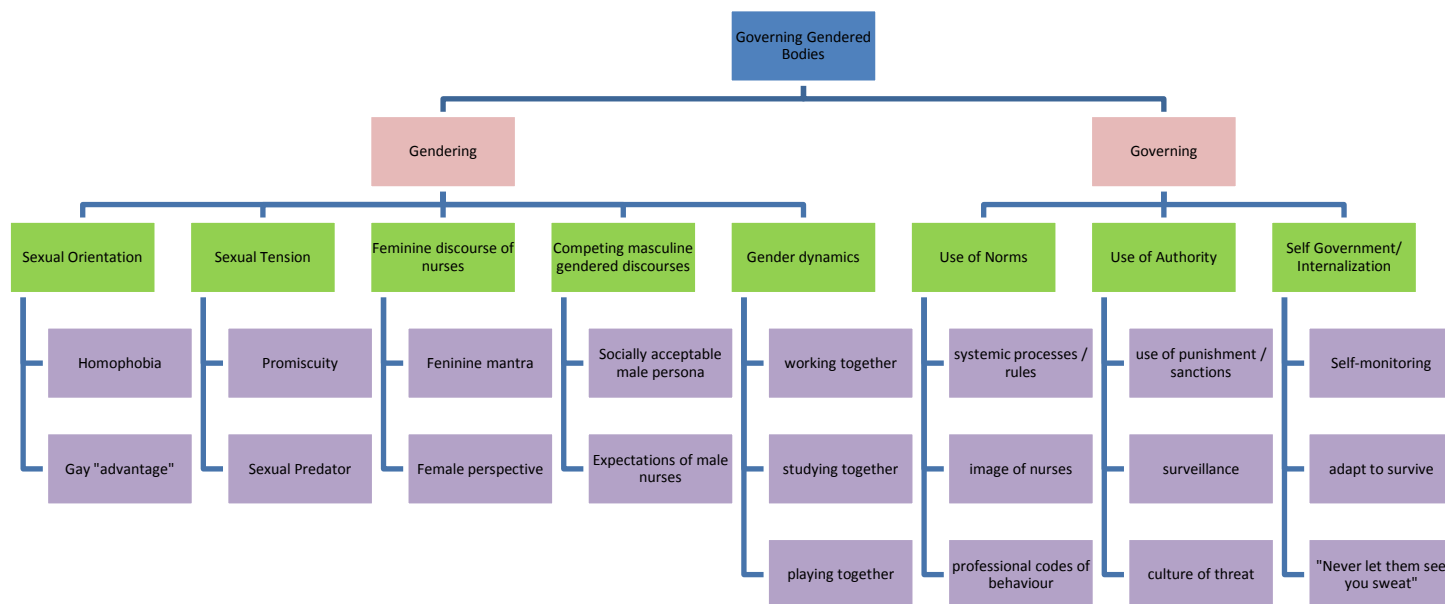
Figure 5: Thematic Concept Diagram (condensed version)



### **5.1 THEME ONE: Governing Gendered Bodies**

Theme one focuses on the participants experiences related to gender and control. This theme is divided into two subthemes; Gendering and Governing. Gendering experiences relate to gender issues that arose during the education and socialization process but also incorporate gender issues within the broader profession. The Governing subtheme explores the experience of, versus feeling of, the use of controls on participants during their education, as well as post-graduation. Each subtheme is broken down into categories and subcategories that further explore and delineate particular concepts related to the themes that evolved from the detailed individual transcript analysis. The theme of Governing Gendered Bodies emerged from the frequent references by participants to sexual and gender-related stereotypes and concerns and the exertion of or perception of the controls they experienced through all aspects of education and the nursing profession. The analysis of the essence of these experiences revealed that many of the controls used were amplified when applied to male students or students that did not emulate the desired feminine attributes. The experiences discussed within this section speak not to government of students but to government, in relation to and in an attempt to gender student bodies, specifically to a feminine ideal. Inability to meet those ideals met with increased controls and sanctions.

Figure 5.2 Theme One concept diagram



### 5.1.1: Gendering

This subtheme explores issues within the profession and specifically related to the education of nurses, related to gender. The term gendering was chosen as a result of an examination of the categories that related to gender. All categories and key concepts related to gender focused on the feminine and the tensions, stereotypes and perceived attempts by faculty and others within the profession to mold participants into an ideal feminine construct. This was contradictory to the competing masculine gendered discourse of many participants. The students perceived these efforts as an attempt at gendering all nursing students to fit within the feminine discourse associated with the profession. While analyzing the data several categories related to gender were brought to

bear, specifically issues of sexual orientation, sexual tension, the feminine discourse of nurses, the competing masculine gendered discourse and gender dynamics.

#### **5.1.1.1: Sexual Orientation**

The topic of sexual orientation was discussed frequently by participants. The experiences they had were framed by media influences towards the male nurse and the assumption of homosexuality perpetuated by mass media and public perceptions. The male nurse is often portrait as a homosexual in the media.

The perception that I get from friends, colleagues, co-workers, sexual orientation is one thing that is implied, it seems, to society. If you're going into nursing, then you're probably happen to be homosexual. (Dave, Lines 403-406)

If not homosexual, then at a minimum, they are portrayed as having less masculine stereotypical attributes than other men. Patricia, a graduate nurse spoke about her first impressions of class in nursing school, reinforcing the stereotypes within society and giving a glimpse into the atmosphere into which the male nursing students were entering;

I don't think anything went through my head aside from "Oh, there's more guys than I thought that there would be." And I guess maybe I might have wondered if any of them were gay. I'm back into that stereotype. (Patricia, Line 481-483)

Male students experienced stress and a sense of frustration at the questioning of their sexuality by family, friends and fellow students. The result of this tension was often the concept of homophobia. Travis explained how he had to defend his sexuality within society and in doing so his comments present as homophobic.

You have to talk to people and you're like, "Oh yes, I'm in nursing, but I have a girlfriend, I'm not, I'm not gay, you know, (Travis, Lines 249-251)

Jessica discussed the men in her nursing program feeling pressure and frustration related to questions about their sexual orientation;

I think there's this stereotype too, if you're in nursing school and you're a male, a lot of them, I found, felt as though they had to prove that they weren't gay. (Laughs). (Jessica, Lines 561-532)

In contrast to this perspective were the comments made by the homosexual students interviewed (and a few of the heterosexual participants) that there appeared to be a "gay advantage", which will be discussed later in the analysis.

### ***Homophobia***

As a result of this questioning of their sexual orientation and basic masculinity, the male students interviewed expressed desire to reconfirm their masculinity and did so in ways that resulted in homophobic comments. There was a desire to stress that they were not gay, that "of course" they were in heterosexual relationships. They reinforced attributes they perceived as masculine such as taking leadership roles, being physically strong and at the same time reassuring that they had "nothing against" being gay. However, their "macho" comments had an innate contradiction imbedded within. This over-compensation by displaying stereotypical male attributes and reinforcing their heterosexual status was actually driven by the need to not be seen as gay. It wasn't their need to be heterosexual that drove these behaviours or statements but the desire to not be homosexual. One can argue that the fear of being seen as gay and taking efforts to reject that identity is in itself laden with homophobic feelings. Daniel discussed societal role

models for masculinity, stressing his “masculine” qualities and the lack of congruence between these qualities and nursing;

I’m a young man, and I do a lot of training, I do ju-jitsu. I’m a meat eating, red-blooded human being and I find that, in society today, it’s really hard to find manly – air quotes – “manly” role models. And when you do find them, they’re cage fighters or they’re boxers..... or they’re high-level athletes, they’re scientists. Not so much nurses. (Daniel, Lines 212-217)

Corey defended his feelings of frustration and indicated that it was inconsequential to him if others thought he was gay. However, he also wanted to reinforce that he was not gay and people would know that by his behaviours. These statements in themselves were homophobic and reflected the desire to ensure that he was not mistaken as gay. Being identified as gay was threatening to these participants. For Corey, the identification by others that he may be gay put in question his masculinity and threatened his identity. His comments reflected a level of frustration with the public perception and the ridicule he was subjected to because of these stereotypes.

(And plus I’m not homophobic.) So men who think that I’m gay, I don’t really care about that. It’s just... for me, it doesn’t matter. I know I’m not gay. I think the way I present myself usually, not to draw that stereotype, but I think just the way I present myself, then, generally, people will kind of have like an idea of my orientation. But, definitely, it’s like there are jokes that have come up about that and, you know, people calling me that. They know that I’m not but they will want to call me that just to joke. (Corey, Lines 149-165)

He indicated he felt it necessary to establish his sexual orientation with his classmates. This reflected a subconscious need to not only prove his heterosexual status but in doing so to disprove potential homosexuality.

Might feel the pressure to want to prove to them [friends, classmates] that I’m not a, maybe I’m not gay. (Corey, Lines 420-421)

Though the participants indicated that being seen as gay “didn’t matter” their comments did not reflect this sentiment. This contradiction will be examined within the discussion chapter.

While several of the male participants discussed this need to dispel the “gay male nurse” stereotype, there were others who embraced it. One student in particular, Tim, shared his experience within the class and his difficulty fitting in with the female students. He felt that there was sexual tension and therefore he was marginalized by the group and subsequently was unable to establish friendships, study groups or feel included in the broader student body. He described female students questioning his motives for approaching them, asking to study with them and general feelings of hesitancy in initiating relationships with female students because of his perception of sexual tensions that stereotypically exist between men and women. He found this very isolating and sought ways to rectify this problem. He realized that by allowing female students to believe he was gay he negated these sexual tensions and was accepted into the large group. After this occurred he was able to form bonds with some of the other students, had the opportunity to work with them in study groups and on projects without tension and felt accepted as part of the class. He accomplished this by allowing the females in the class to believe he was gay, by performing in stereotypical manner for a gay male, discussing what he termed “girl topics”, including commenting on other students’ hair and clothes. He continued this façade through the course of the program and felt that if he had not done this he would have withdrawn due to the feelings he had of isolation and marginalization.

..... almost homosexuality and kind of taking on that media sense role almost, I don't watch Grey's Anatomy or any shows like that, but apparently, the guy nurses that are on TV are supposed to take on more of – quote, unquote – gay persona. And I kind of have almost that. I felt if I were to take on more of a gay persona per se, I could get along on a more friend level with the girls in the class instead of being interpreted of me hitting on them. So I would never talk about this with my guy friends. But I found again, not going flamboyant but kind of being more kind of... Taking on those, those... It, it helped in the sense making friends again in class. (Tim, Lines 580-602)

The recounting of this student's experience allowed me to identify another key concept in regards to gender, that of the gay advantage.

### *Gay Advantage*

Some male participants interviewed were self-declared homosexuals. When these transcripts were analyzed it became evident that these students experienced some of the same frustrations and tensions as other male students but to a lesser degree and many indicated that they had not had similar experiences as other males in their class. Generally, they did not express feelings of marginalization and discussed that they were able to assimilate into the class reasonably well. Jeremy discussed being gay within the nursing program and how this allowed his career choice to be more palatable to others. He spoke of the characteristics that were put upon nurses being “feminine” and that the assumption was that he possessed these as a gay man. He did express frustration with these assumptions and confusion over how his gender related to his ability to be a good nurse or successful within the profession. Interestingly, further in his interview, Jeremy discussed his success within the program and how he was recruited for further education by faculty and held positions of leadership within the program.

What does it feel like to be a male in nursing? I would say there's kind of that expectation that if you're a male in nursing, you're most likely to

be gay, is how, I guess, most people perceive it and I am gay. So people tend to go, “Oh yes, of course, you’re in nursing”. Like how is that of course I’m a nurse? It doesn’t have to do anything with the fact that I’m gay or straight. Well, personally, it’s how I see it. .... maybe because it’s a nurturing role and gay men may have some of those kind of attributes, characteristics that are seen as more feminine that may draw them to nursing or may make them seem like an ideal nurse. (Jeremy, Lines 101-113)

Participants, who self-declared as gay, also indicated that they had minimal difficulties with clinical instructors, did not have the same sexual tensions impacting their abilities to cultivate friendships and felt comfortable and accepted when joining study groups. The participants reported that they were perceived as non-threatening to the female students and were “allowed” to be part of that feminine nursing student culture. This resulted in less stress, a sense of belonging and the ability to navigate the program in a successful way. Jeremy also discussed his experience interacting with and being accepted by female students, and that his experience substantially differed from the heterosexual male within the program.

I do think that maybe in clinical, in practicing in the labs, girls tended to not want to be paired up with guys, but it was a bit different with me because I’m gay, so it’s not as intimidating. (Jeremy, Lines 190-191)

Rob discussed his experience working post- graduation in a primarily female staffed unit, his description of the interactions between himself and the female staff compared to the male staff highlighted his ability to assimilate with the female staff with ease.

I got along with the girls really well, we actually got, we ended getting nicknames for each other and it was just fun and if someone needed help, we’d always go and help each other. If I ended up working with the other guys, it seemed more, “I have my hallway, you have your assignment, and you have your assignment.” (Rob, Lines 604-609)

Rob also discussed how he was accepted by the female students due to his sexual orientation, which negated any unwanted sexual tension.

Actually I got along with them really well. They liked me. I am gay as well, but I just click better with girls as well. But none of them saw me as threatening or anything. (Rob, Lines 199-201)

#### **5.1.1.2: Sexual Tension**

Linked to the discussion of sexual orientation was the discussion of sexual tensions within the program and the profession. These sexual tensions were inherently tied to male students' identification as heterosexual and the implications of what it meant for a "straight" male to enter a female dominated profession. The sexual tensions and assumptions made by female students, staff and patients/families contributed to the male students feelings of marginalization. Nicholas discussed a difficult situation during his program, involving a fellow female student, that left him with a sense of frustration and disappointment;

There was one girl and it was in third year, and she was kind of my main study partner. And then at the end of the year, she told me that we weren't going to be able to be friends anymore because it made it uncomfortable for her to hang out with me alone because I was a guy, she felt like it was out of principle for and in respect for her husband. It was just uncomfortable. So we could hang out... .. but only in groups, which basically meant we weren't going to be friends because our social circles didn't overlap. So we didn't stay friends. (Nicholas, Lines 58-69)

Nicholas indicated that he did not study with any other men in the program and that as a result of this situation he chose to study alone to avoid these real or perceived sexual tensions. These tensions created an atmosphere of self-doubt, withdrawal and isolation. The result was male students either isolating themselves to avoid tensions and added stress, or creating restrictions for themselves. Murray limited his interactions with female students during his education for these reasons. He agreed that there were sexual

tensions between female students and himself, that he was interested in them beyond a collegial, platonic relationship and that as a result studying together was difficult.

First year, I had some times where I studied with some girls from my class that came over. But, honestly, I found that to be more of a distraction. (Murray, Lines 260-262)

The sexual tensions experienced can be delineated into two concepts; promiscuity and sexual predator. The concept of promiscuity became evident through participants recounting interactions with classmates, friends and family that focused on the participants desire to date female students within their program and the assumption that this was their motivation for attending a nursing program. The concept of sexual predator was discussed by several participants in relation to interactions with patients, particularly female or pediatric patients and their concerns regarding assumptions made by others regarding their desire to nurse within those predominantly female or pediatric settings.

### ***Promiscuity***

One of the areas of tension between male and female members of the profession, particularly the heterosexual males, is the image of a male nurse being present within a female profession as a means to finding a mate. Of the participants interviewed, many indicated that they had been labeled in this manner. They expressed frustration with not being accepted as part of the broader class and their inability to incorporate easily into work groups because of this assumption that, if they requested to study with a female student or group of female students, their motives were less than pure. The female

students indicated that they were not comfortable studying with a male student because of these assumptions. Many of these students indicated that they stopped trying after a period of time and simply studied on their own rather than feel awkward in the situation. Corey discussed the unfamiliar environment of being in a female dominated classroom and having to develop platonic relationships with his classmates.

It was definitely a huge adjustment for me, because ... first of all, there is, I'm a straight heterosexual male. And it's, weird being around so many females and trying to maintain friendship with them. (Corey, Lines 29-31)

He went on to indicate his frustration with these barriers and this awkwardness that exists, especially when a girl he considered a friend questioned his motives;

The ones that accept males to study with them is like, "Are you sure that's all you want?" Or, "Do you want, do you have an ulterior motive?" Asking for that, you know. So that insult makes it hard, especially with females who you've developed the friendship with. And then, when you ask them to come somewhere is almost like they're asking you out on a date or something like that. So it's almost kind of difficult to do that in a way. (Corey, Lines 60-65)

Some of the participants indicated that they were the ones to make the decision to withdraw as they felt that being in close proximity to females in the class was a distraction. They admitted that they found it difficult to maintain a strictly platonic relationship with their female colleagues and they wanted to be able to focus on their studies. They felt overall that avoiding intimate moments with female colleagues made the experience easier for everyone. With participants who were graduates and working in the field, similar situations were true. They indicated that they often would edit their comments to fellow nurses, making a point not to comment on clothing, hair, weight changes to avoid the assumption by their colleagues that they were pursuing them. Jeff discussed just this issue in his work environment. He felt it necessary to monitor his

comments and actions to ensure that there was no misunderstanding regarding his motives.

I would never want my co-workers to think that I'm flirtatious at work or that I'm trying to hit on female co-workers. And so that's always in the back of my mind. So I'm very strict about boundaries, what I talk about, what I joke about, definitely contact at all. I never put my hand on a girl's shoulder or something if I'm telling a joke or something of that effect. So I definitely keep myself... hold back a little bit more. (Jeff, Lines 148-153)

Jeff also went on to describe some of the areas that he felt would cause some friction or unwanted assumptions regarding his motives;

I have to be so careful about what I say. And I think just working around females too, I know to never talk about weight, never talk about appearance, and I've kind of learned too... like I would never say to another colleague, like, "Oh, you look really nice today" or, "Well, that uniform looks really nice on you" or something, because I don't think that would be interpreted very well by other female colleagues of mine. (Jeff, Lines 717-722)

Most male participants indicated that friends had made comments when it was discovered that they were in the nursing program, that they were "lucky", implying that they were one of a few men and therefore had opportunity to pursue several of their classmates. Graham recalled comments made by his family when he told them he was going into the nursing program;

All they had to say was, "Oh, there's lots of hot girls in there, son, you're lucky." (Graham, Line 40-41)

These comments fit with public assumption that if a male is entering nursing he is either gay or an opportunist and plans to actively pursue his female classmates. Dave spoke about the "slutty nurse" stereotype being associated with female nurses and

implying that they are sexually promiscuous. He felt that this stereotype did not just apply to the females within the profession.

Once they find out you're a heterosexual in nursing there's the stigma of – and I know females go through this as well --, but the slutty nurse does not know gender, ... as soon as people find out you're a male surrounded by females all the time, the assumption is that you're trying to sleep with all them all the time or you have the opportunity to...So it plays into both, but like the iconography, like the images are obviously always of females. But the stereotype..... it exists for both, that is we are free and open, very sexual in both genders. (Dave, Lines 426-441)

### ***Sexual Predator***

Participants discussed a difficult reality within nursing that applied to both male students and graduates. Many participants brought forward examples of males within nursing being seen by members of the public and in some cases by female nurses as having disturbing motives for pursuing this profession. Tim spoke about working with female students, particularly in lab settings, and his comfort with completing assessments but also his concern regarding their interpretation of his actions;

I always felt definitely comfortable with anybody, just myself, whether I be with a guy, or a girl, or kind of doing hands on, or whatever sort of assessment or intervention, it's... I'm fine with it, but I always kind of have a premonition in the back of my head that maybe they won't be okay with me. (Tim, lines 420-423)

The participants talked about having their motives questioned and feeling the need to defend themselves against false claims by instituting precautions that female students did not have to take. In some cases they were required to have female partners in the room with them when providing personal care for female patients. They were questioned about their motives if they expressed a desire to work in pediatrics or maternity, being made to feel that those desires were based in some inappropriate desire to interact in an intimate way with vulnerable women or children. Jeff reflected on how

traumatizing it was for him to feel that his motives for being a nurse were being questioned and his actions, which were to provide care for a female patient, were being seen in a different light; making him feel like he had done something wrong.

I guess primarily in that moment I was kind of feeling like perverted or something, like my feeling was that they're thinking that my first intentions are not going to be that I'm a professional out there to do a job and to carry out my functions as a nurse. Instead, my intentions were to be some sort of guy who has no sort of self-discipline and is totally driven and there on a sexual basis or something. And just because it has to pertain to someone's private anatomy that I'm not going to be professional and I'm going to be something that's unprofessional. So I just... and I guess in my... I was feeling kind of perverted. (Jeff, Lines 17-22)

The assumptions were not based the facts or actions of these men, but on societal fear and assumptions that a man would only wish to take on the nursing role for ulterior, depraved motives. Graham expressed concern that his actions during routine personal care could be misinterpreted by the patient, because of these societal assumptions, and result in a negative outcome for him.

That first morning, I was yelled and screamed out of the room. The patient just lost it, yelled, screamed right out of the room, "Don't touch me, I don't want a man touching me,"..... I was kind of shocked. I was like, "Holy, Molly", you get that mind set, "Oh my God, I'm going to get arrested or something (Laughs)..." (Graham, Lines 887-899)

As a result many participants spoke of putting self-imposed restrictions in place to protect themselves against these types of assumptions and attitudes. Doug discussed these additional steps that he instituted in a pediatric setting out of fear.

I wrote a reflection when I was in my third year about that stereotype working with pediatric patients. And, you know, how I felt that, as a male in health care, there were extra steps I needed to take to ensure that I was protecting myself from erroneous allegation. Saying that, for example, going into an adolescent female's room and informing my partner on floor that I'm going in, this is the task I have to complete, I'm

going to be this long, making sure that there's another parent in the room so that they can see what's going on, because all it takes for me to lose my job, for me to lose my career is one allegation of misconduct, that somebody sticks to the line and all of a sudden there's criminal proceedings, and it's in the court and papers and you never get hired after all. So that pervasive fear of having to take those extra steps makes it very difficult. (Doug, Lines 85-114)

### **5.1.1.3: Feminine Discourse of Nurses**

As a female dominated profession, nursing and nursing education was perceived by many participants as being framed in a feminist approach. Cameron spoke of it being a feminist culture. His perception was that men were not welcomed into the profession. His description did not reflect feminism in the true sense of the word but meaning more an anti-male, female empowerment approach to the profession.

I mean, it is a very feminist, very hard core culture, the nursing professional world and academia world. And it is very female geared and female oriented. And I do think it's dismissive of men, really, if you think about it. Because we say that we want men to be in touch with their feelings and more empathetic and sympathetic, but yet we look down upon them for doing the same when they enter a profession like nursing. (Cameron, Lines 978-983)

Jeremy spoke of his view of the profession and the need for nurses to maintain it as a female dominated profession. He expressed concerns about the advancement of the profession if it did not recruit more men and become more gender neutral.

I think... my perception of it is that women want to keep this profession as being like a... it's one of the few professions that's highly respected that's dominated by females so perhaps – well, that's my perception of it – is that they want to keep nursing a female profession, because they are so proud of it, they're joined into kind of a feminist movement. But, perhaps the reason nursing as a profession has kind of been stuck and has been for centuries seen as inferior to doctors and all that, also could, on the contrary, be because it's dominated by female ....I'm not saying that the only way nurses can move up is to have men in it, I think that they can do it without, but I do think if it would just become more 50/50 or whatever....gender neutral. (Jeremy, Lines 266-279)

As a result of this position within the profession, the education system stresses the feminine discourse of nurses through the feminine mantra and the female perspective.

### *Feminine Mantra*

All participants (male and female) indicated that the “feminist” stance was reinforced throughout their education. They felt that faculty in the educational institutions took opportunities in class to stress the development of the profession from that of a subservient role to the current politically and socially powerful profession. They stressed that this transformation was largely credited to the perseverance of nurse leaders who exhibited strong leadership qualities and fought for nursing to be recognized as an essential and valuable profession within the male dominated healthcare environment. Though these endeavours are all admirable and advance the profession within the healthcare environment and in the public view, the students/graduates interviewed often spoke of the oppressive nature of these discussions. They felt that the “feminist” and female focus of the education system disadvantaged the males, resulted in further sense of isolation and marginalization and at times made them feel uncomfortable within the education setting. Alex relayed his frustrations with discussions regarding female discrimination within society, the feminine focus of nursing and his perception that a feminine dominance was desired by his professors and the profession as a whole. He indicated his feelings of exclusion and questioning his place within the profession.

Those are the kind of reactions that would have more emphasis when you are experiencing the same kind of problem in your own program, and now it will be affecting you. When you are in the program, let's say a teacher say, “Oh, men in nursing, oh!” It becomes harder. It's harder because based on that you keep asking yourself, like, “Oh wow! Oh wow!”. And at some point, it affects you, it becomes more difficult for you to take what will be your next step after the program. Are you

going to practice in the field of nursing or are you going to just do some work? (Alex, Line 740-757)

Alex went on to describe the impact this feminine focus had on him and his feeling of acceptance within the profession.

If you are the kind of person who gets along easily to people, it's very hard for you to see that or for them to let you know you're not very welcome in the profession. (Alex, Lines 564-566)

Alex also discussed the female focus but from a content aspect as well as learning style. He felt that the focus of many conversations within the program were on the female aspect of the topic, citing the focus of female victims of domestic violence with minimal discussion of the male victims as an example. He also felt that professors were dismissive of the male students, with little regard for their feelings or sense of belonging when discussions took on a predominantly female tone. He perceived that the professors, who were female, showed a lack of inclusivity to the male students, reinforcing the stereotype of nursing being only a female profession and supporting the image through the content they covered and the conversations they encouraged in class.

There's the popular conception to see the field of nursing as a women's field. And sometimes I feel it even in the teachers who are teaching us, because sometimes, whenever we have some discussions based on some subjects there was like, "Oh, this is a women thing. Or this is a women thing. And when you are in the class, and hear a teacher saying such a thing, somehow, it will affect you. Always a female thing. (Alex, Line 543-549)

Other concerns were raised surrounding the focus by the profession on nurses being identified as female. Most textbooks and educational videos related to nursing depict the nurse as a female and the doctor as a male. Most times the nurse is referred to using a female pronoun of "she" whether during a class or in a textbook. Staff nurses are surprised when there is a male within the group, feeling the need to point-out that they

are present. Perhaps the most telling example of the female focus of nursing is that students and staff that are female are referred to as the nurse, male students and staff are referred to as the male nurse. Justin discussed this issue and his frustration with being labeled a “male nurse” but also his need to do so due to the feminine connotations associated with the title “nurse”.

Even though nursing has feminine connotations associated with it, even just saying it kind of makes me think of woman nurse and so it’s certainly doesn’t have a masculine feel to it. I’ve got to call myself a male nurse or someone identifying me as a male nurse because saying “nurse” almost seems feminine. (Justin, Lines 595-600)

Several participants discussed the female slant to nursing as a whole and the frustration this focus on the feminine caused.

I also found it really frustrating whenever we would be reading a textbook or a teacher would be referring to a scenario or some learning material and by default, they would be saying “she” in reference to a nurse rather than saying just a nurse. (Jeff, Lines 245-248)

There was a lot of kind of different talks on feminism. I think historically nursing comes back to feminism. And I think nursing has helped drive a lot of quality points, which I’m definitely in support of. However, I kind of put an aside that I myself support certain types of feminism to whatever point, but I’m not in school for that specific reason. So I’m fine to learn about it. But it’s kind of a, it’s a topic that’s kind of come up a few times. (Tim, Lines 208-214)

One thing that tends to bother me in almost all of our classes or our textbooks is they always “she” the nurse and I always notice these things, because I, they... they personally bother me so much. It should be a completely gender neutral thing if we’re trying to introduce more men into our program.... the way we’re taught, it always says she in everything. (Lisa, Lines 180-186)

They brought forward concerns regarding the negativity towards men expressed by some faculty and staff nurses. The perception by the participants was that this negativity was at times blatant and intentional but at other times it seemed to be

subconscious and more covert. These incidents that were often based in innuendo or assumptive comments were equally as frustrating and disturbing for the men as the more aggressive, conscious feminist comments. Tim related a story of a senior nurse on a unit that he was working questioning his ability to do the work and being surprised by his presence on the floor. She approached the conversation from a “joking” perspective but he felt it was degrading and made him feel as if he was unwanted.

“Oh, guys can’t make beds.” (Tim, Lines 749-750)

Dave discussed his experience within the classroom and the discrimination he felt at the hands of female students. He felt isolated, not wanted and, in fact, a target. Dave described his experience in nursing as one of frustration and being treated in such a way that he felt unwelcome and ostracized. In his perception, nursing is resistant to males joining the profession and assumes that males can be generalized into a negative role towards women regardless of their individual perspectives.

When talking to professors in some courses, they were almost not questioning my abilities necessarily, but had a chip on the shoulder about... Because a lot of nursing is about female empowerment, it is something they’ve gone forward and made a name for themselves in a health field that was dominated by male doctors compared to female nurses. So there is some of that historically and like that makes perfect sense to me. But coming up as a male, I’ve often received not even... it’s not even a treatment; it’s too strong a word, just the tone in reception such that it almost feels like a discourteous welcome. There’s just kind of almost a, “Why are you here or why...” You get a similar kind of vibe where it’s just kind of like, because I’m male, I’m in some way part of the reason why nurses don’t get respect. I have a certain set of genitalia; therefore I’m part of that as opposed to anything that might help. (Dave, Lines 250 -280)

The way I like to describe it to my friends, if they fully get it is, “If anybody believes that misandry doesn’t exist, they’ve never been a male in nursing.” (Dave, Lines 55-56)

Dave also discussed the difficulties he experienced within the educational setting regarding a feminine focus. In the interview he expressed the feeling of tokenism at length, feeling like the professors treated male students as “token males” within the program, not really wanted but tolerated because it was necessary to have some males. He also felt that the male perspective or involvement related to certain health issues was again treated as tokenism and seemed to be of limited interest to the professor. The example used was the discussion around new parents in maternity that focused on the mother with little or no recognition that the father may be present and what questions or concerns he may have.

I find there's a great degree of tokenism towards (males), especially in teaching styles, where the dominant female teaching staff often times in classes, it will be just side comments towards the end of things like, “Oh, yes, and of course males.” Like they exist too. (Dave, Lines 46-49. It was difficult to relate to the way in which some topics were taught, again because the emphasis is so much on the female experience. So it was sometimes more difficult to relate and the comments towards males was always in very much a tokenism way. (Dave, Lines 477-481)

Jeremy brought a different perspective, coming from a primarily French environment. He discussed the strength of the feminist culture within nursing and how, in his view that French rules of grammar were ignored to perpetuate the feminine image of nursing.

In French all the pronouns in the textbooks in like slides and examples is always a female nurse. Like even just, “nurse”, like infirmier, infirmière, it's always like the female, because usually, it's always typically in terms of grammar, if there's one male, it becomes male, like masculine is how the pronouns really work. It's not an issue and I don't have an issue with that, but I could see someone being always, “she, she, she”, it makes it more obvious to me, it seems like an effort to preserve the female dominance in nursing versus having males.... That's just an added kind of layer of what it feels like to be a man in nursing. (Jeremy, Lines 37-85)

Jeremy also expressed his frustration with the narrow approach to men and their presence within the profession. He discussed his perception of the inequity between male dominated professions and their acceptance of women, and nursing and their apparent disregard for men entering the profession.

I guess it'd be nice to have... there's just always that perception of they don't give a shit (Laughs) that there are no men. It's like it's a non-issue for anyone. But to me, I'm just like, "Well, why are there scholarships for engineering and there's nothing..." You know, why do they care so much and why do we care so little? (Jeremy, Lines 457-462)

Cameron took exception to how he was treated by some of his female peers at work, citing their implications that men should not be nurses because it required feminine attributes. Upon reflection he raised an interesting point regarding the profession and the presumptive nature of its culture.

I felt that sometimes some of my female peers felt that men should not be nurses. I definitely got that impression from some of them, more of the conservative individuals and/or that males did not make good nurses, because they lacked the sensibilities and empathies that females are naturally imparted with. That was the impression I got from several female peers, which I resented. I felt was really an interesting double standard in our society because you're not allowed to tell women in 2013 what professions they can enter, but somehow there's a segment of our society that thinks it's okay to tell men they cannot be nurses. (Cameron, Lines 454-462)

He also described his interactions with a clinical instructor and his perception of her distaste for men within the profession and how that was manifested in her behaviours towards him.

I had one clinical instructor for my consolidation who told me, made the comment, "Well, when I graduated we wore hats and there wasn't a single male in my graduating class." And you could definitely see that in how she treated me. (Cameron, Lines 854-857)

Doug reflected on his journey through the nursing program and his difficulties with teaching strategies used by the professors. He described himself as very concrete, focused on sciences and concrete skills and indicated that he struggled in the program, in part, because of what he perceived as a focus on the “art” side of nursing. He indicated that he felt the focus of the strategies was feminine-based and that though he perceived this as putting him at a disadvantage, he felt that the professors had little choice given the demographic of the students. He perceived that the strategies and assignments being used catered to the female students learning styles and he acknowledged that because of his inability to adapt his learning to these styles he struggled academically.

I think they (male students) find it difficult. I think we're all individuals, but I do think that males will find the field of nursing to be a more difficult profession to complete their studies in, simply because you are catering to the predominant group. If you had a group of all males and you taught them using teaching styles that were catered for them, they'd still talk about how to be a nurse, they would do very well. (Doug, Lines 36-41)

The educational strategies that stressed the female view point and used a feminine focus made male participants feel marginalized and isolated. There was a sense of frustration over the lack of acknowledgement that there was a difference in preferred learning strategies and in the comfort level with some topics. There was also a perceived lack of discussion regarding male gendered issues and their health care concerns. Intertwined with this feminine mantra was the focus on the female perspective when discussing health and social issues.

### *Female Perspective*

Many participants expressed frustration with female driven topics and content.

Alex felt that he was actually excluded from discussions that focused on female issues, being made to feel that his questions and comments were not important to the discussion.

There's the popular conception to see the field of nursing as a women field. And sometimes I feel it even in the teachers who's teaching us, because sometimes, whenever we have some discussions based on some subjects there was like, "Oh, you know, this is a, this is a women thing. Always a female thing. (Alex, Lines 543-549)

Students felt that men or male roles were only provided lip service when discussing health or social issues. The focus seemed to be on the impact of certain social issues on women i.e., domestic violence. Students indicated that there was prolonged discussion on the plights of women who are abused by their partners but no recognition of men being potential victims and all the societal ramifications for men if they were victims of domestic violence. Dave discussed the tokenism he felt towards men in the program and in general. Particularly, the concerns were raised in relation to obstetrics.

I find there's a great degree of tokenism towards, especially in teaching styles, where the dominant female teaching staff often times in classes, it will be just side comments towards the end of things were like, "Oh, yes, and of course males." Like they exist too....Or like a maternity class, like, "Oh, yes, and dads exist." (Dave, Lines 46-51)

This was a theme echoed by Jeremy as well.

I think it could be beneficial for nursing to have men on the front lines will be able to bring a perception....think of obstetrics where it's mostly female, yet we see very little research, very little attention paid to the father during a pregnancy, but maybe if there was males in obstetrics, maybe like, "Well, what are we doing for the father?" I was there and it never, if they're a father, "Well, no one even talked to me during the thing." So what are we doing? (Jeremy, Lines 462-468)

Karen admitted that discussions in class could be construed as exclusionary to the male students just by nature of the majority of female students. She admitted that at times discussions regarding the female perspective could escalate and subsequently be uncomfortable for any male students in the class.

Even just the fact that everyone else in the room is female and sometimes topics would go in that direction where it's obviously a group of females talking about something which could sometimes come off as being antimale. Karen, (Lines 446-448)

Another example brought forward by participants of the reinforcement that nursing is a predominantly female profession, was the marketing approaches used by nursing organizations: colour schemes, fonts and sayings on promotional materials, displays, and organizational branded clothing are all feminine in their perspective. Cameron summed up the emotions of many male participants when he spoke of having his masculinity and opinions discarded. The objective, in his view, was to ensure his conformity to the desired perspective.

I felt that my male take on things was over shadowed and obfuscated by the nursing paradigm. It was like it doesn't matter that you're a male, what matters is that you toe this level of performance in this line. And how you see things as a male doesn't count, doesn't matter, not interested to know. (Cameron, Lines 1004-1007)

#### **5.1.1.4: Competing Masculine Gendered Discourse**

The feminine discourse of nursing was an issue brought forward by participants as a barrier to acceptance into the profession. The undertones of the discussion illuminated the competing masculine gendered discourse that informs these feelings of frustration and separation. Males were often questioned regarding their choice of nursing and felt that because of their choice, they were seen to be contrary to the accepted masculine discourse. The male students felt they were being forced to navigate two competing

discourses, the societally acceptable and ingrained masculine gendered discourse and the feminine discourse associated with their educational socialization and chosen career of nursing. Jeff spoke about this and the frustration he experienced because of it;

I have heard from other, from patients and from other people at my class or past classes that, they said something to the effect that I must really want to be a nurse if I'm in nursing because it kind of implies that I'm going against the grain to be here right from the very get go whereas I think that with some females it could be that their mother was a nurse or, and her grandmother, or perhaps their parents suggested that they should be a nurse because it is kind of one of those professions that's like the quintessential female profession. (Jeff, Lines 266-272)

Male participants brought forward different aspects of the masculine discourse that impacted their ability to conform and be accepted. They included the socially accepted male persona and the expectations of the male nurse.

### ***Socially Accepted Male Persona***

Male participants indicated that on several occasions they experienced stereotyping of male attributes and were expected to emulate these attributes. Jeff spoke about his perception of the male approach to academics; which included study habits, attendance at class, participation in class and general attitude towards the pressures of school, assignments and tests, and how it differed from the female students.

I think that guys, I'm being very stereotypical and obviously it's just my perspective, but I think guys as a whole are perhaps a little bit more laid-back than females. (Jeff, Lines 317-319)

He also reflected on an incident that he felt personified the nursing culture in relation to male nurses and their expectations regarding masculine stereotypical attributes.

I don't know what it was, but when I went up, there was a couple of security guards up there to help out. There was two paramedics to help out, and there was about seven nurses. And for some reason, everybody

looked at me, I don't know why it was, but they were like, "Okay, so what are we going to do?" Everyone immediately looked at me and I hadn't said anything. So I ended up like leading the situation. (Jeff, Lines 598-602)

Participants also felt that the feminine gendered persona of the nurse conflicted with their masculine gendered socialization outside of the profession. Cameron spoke of this conflict that he experienced between how he was socialized as a man and the emotional side of nursing that he was expected to perform.

I think it was harder being a male, because as a male, you're not so touchy feely and that's not how males are socialized. So it's an interesting dynamic in nursing because, in society, we don't want men to be in touch with their emotions. We say they do, but we really don't. (Cameron, Lines 684-690)

The perceived focus within nursing on the more emotional aspect of the role such as feelings and caring, and the more subservient role that nurses traditionally took within the healthcare setting, was in direct conflict with the socially accepted persona of men within society of strength, leadership and emotional distance. Alex expressed frustration with his experience within nursing and the stereotypical gender based persona that was put upon him as a male. He was also frustrated with the limitations put upon male nurses because of socially acceptable roles for men. He felt it was not a gender based approach but a professional one that was needed.

But I realize some people will see you as a man like be strong. Because, to me, if even you're a man or a woman, you can be soft, you can be professional with people, you can be – that's the word – you can be professional no matter what gender you are. So to tell me or to try to convince me that a woman will be more comfortable or more efficient in the perinatal or talk to a man or to a woman, to me it's base on nothing. It doesn't mean anything which gender you are, talking to people, you can be professional. (Alex, Lines 647-654, translated from French)

Brad discussed his masculine gendered attributes and how they might cause conflict with faculty and his ability to conform to the ideal nurse image.

(I'm) very confident. And I'm not afraid to put people on the spot and challenge their idea if I can back up my argument. Brad, Lines 117-118.....males are generally not considered compassionate. (Brad, Line 189)

This situation created an internal conflict with participants where they felt they could not be themselves, particularly in the educational system. They felt they had to conform to the more feminine gendered persona associated with nursing in order to be accepted by others within the profession. Daniel indicated that this performance of feminine characteristics was in conflict with male socialization.

I think for men, it almost feels sometimes like caring is seen as a sign of weakness. (Daniel, Lines 209-210)

Daniel also discussed how he adapted his approach to fit the expectations within the clinical setting and that he accepted the necessity for him to be successful in the role. Within this quote there are assumptions made by Daniel regarding male characteristics and his perpetuation of the "macho" stereotypes. These will be examined within the discussion chapter.

What ends up happening is that I find myself being softer spoken when I'm around a patient because I'm a man. And then, when I'm with my colleagues, I get all boisterous and goofy, but I can't be like that with a patient, because I'm a really imposing presence. I'm a strong personality, I'm a male and I have a lot of energy. So, I have to really go with, again, the kit gloves and be gentle and delicate. And it's weird as a man because, you know, I've got this power in me, and I'm strong, and I want to do good and I can't because I have to be gentle and caring. And that's fine, I'm okay with that. It's an aspect of the job. (Daniel, Lines 812-819)

The final topic brought forward by the participants related to their competing masculine gendered discourse was the need to tolerate comments, teasing, joking and general ridicule for choosing a stereotypical female profession. Cameron, spoke about the reaction of a male high school friend when he told him he was entering nursing.

He basically automatically aligned it with woman's, he said like, "That's kind of like a, you know, a girl's job kind of thing. What are you thinking?" (Graham, Lines 36-38)

Daniel spoke about the first response from the staff on a clinical unit when he arrived.

When I walked in a clinic, the big joke is, "Oh, my God! A boy!" And then, in rehab where it was like a lot of... there was a lot of Haitian women there, they go, "Oh wow! A boy and he's white!" It's just a big joke. (Daniel, Lines 161-163)

Jeff recalled an incident of attending a comedy club with friends. He was embarrassed and uncomfortable with the ridicule he was subjected to based upon his gender and career choice and societal misconceptions.

And then the next question was, "What do you do?" So then I, I was an RPN at that point, in school to be an RN and I said that I'm a nurse. And from that point forward I just got made fun of the entire show... (the jokes) they were all homosexually based....it was not a fun experience for my birthday. (Jeff, Lines 60-72)

When Patricia was interviewed she also brought forward concerns for her male counterparts, recalling their frustrations and embarrassment when telling friends and family about their career choice.

I think just going back to what I said earlier about stereotypes that maybe they were getting a hard time..... about being in nursing too not from the nurses in the program, but from outside people that weren't... .. that had nothing to do with nursing. (Patricia, Lines 137-142)

Alex expressed his discomfort with sharing his career choice with others outside of nursing for fear of the ridicule that would occur.

The other thing I think, which I can't deny, it's really challenged me to tell someone that I am in nursing. (Alex, Lines 722-723)

### *Expectations of Male Nurses*

As a result of these conflicting personas and the impact that this conflict had on the male participants, there was a perception that different expectations applied to male participants. Some spoke of increased expectations of proficiency within clinical placements and the need to prove their abilities. Alex expressed frustration with the gender based assessment of his abilities. He felt this was an unfair basis for assessment but resulted in his practice being limited.

What exactly I feel about it is very hard and is very difficult. And almost impossible for a man to practice in some kind of field in the same nurse program, you know. ... To me, it's not a matter of how secure you are, how good you are. It's not a matter of skill or security or something. It's only based on the fact that you're a man or you're a woman. (Alex, Lines 460-464)

Daniel echoed these sentiments when he discussed his frustration with gender based assessments in clinical settings.

I think that someone's experience should be validated more than the sperm that hit the egg and boom that's the person. I think that's absurd. (Daniel, Lines 332-334)

Participants believed there were increased expectations for them to pursue further education. Travis recalled being approached by several faculty regarding the Master's program. They encouraged him to enter the program as soon as he finished his undergraduate degree. During this conversation he stated that several of the male students had been approached but his female counterparts, that he felt had equally strong academic records, had not been approached.

I find it's very like... and I know, I know other guys that just sort of go right into the, go right into, uh, like masters program and stuff. I don't know, I find that there's really like a push for that to be..... for the guys to be more academic and like excel. (Travis, Lines 277-281)

He felt pressure to conform to this expectation to pursue higher education and felt that he was somehow not fulfilling his predetermined path by declining, favouring working as a nurse for a time first.

There's just sort of like a, there just seems like there's a path that's sort of set out there. (Travis, Line 328-329)

Interviewees felt there were expectations that they demonstrate the stereotypical male attributes of leadership, assertiveness and aggression within clinical and classroom settings. Graham recalled an incident in clinical when he was pulled in to help control a patient that was threatening the other staff. He was a student at the time and felt out of place in assuming this leadership role but saw the patient's response to a male presence and then understood that the assumptions were not just with the staff but with the patient as well.

They prefer it, they get right in there and help but they prefer it if you have that male presence, period, because as soon as a male's presence is brought into a situation... I've been to situations where there's an elderly man yelling and screaming, "I'm going to hit somebody." And then... and this was while I was a student actually on a med surg placement. And, as students, we weren't supposed to respond to code white, but I was the only male on that floor because their other male was upstairs. And there was a group of women. And my clinical teacher said, "Can you come help us because this person's going to hit somebody and we want to get a guy in here so that you can hold him kind of thing if we need you to." And I'm a student. So I wasn't supposed to do anything like that. As soon as I stepped in that room, he sat down and shut up. That was the end of that. Nothing came of it. He was like, "Oh, oh!" and just sat down. (Graham, Lines 682-694)

Similarly, Cameron recalled a conversation with his manager when he first started working, and her explanation of the role that male nurses had within the work environment.

Well, it's like my manager says now, "You're the standard Y chromosome going into the situation", if you're responding to code white, for example, you're that standard Y chromosome and that's how it's looked at in nursing circles. (Cameron, Lines 285-288)

Daniel and Jeff expressed resignation that their role on the floor was based on stereotypical male attributes. These comments are contradictory in that their characterization of themselves perpetuates the "macho" stereotype that they are taking issue with.

A girl's not going to have the physical strength I have. So I know from the get go that I'm going to be asked to do heavy lifting. (Daniel, Lines 982-983)

I know that in clinical, for most of the transfers, whenever you're moving someone off the bed or transferring someone who is a difficult or heavy transfer, they would always search out me, just because I could lift more. (Jeff, Lines 548-550)

#### **5.1.1.5: Gender Dynamics**

Intersection of these competing gendered discourses influences the interactions between the genders within the profession, particularly within the educational environment. Relationships between the male and female students/ nurses influence the profession at more than an individual level. Gender dynamics can be explored in three areas of occurrence; working together, studying together and playing together.

#### ***Working Together***

The interactions between male and female nurses within the workplace have been characterized by the participants in an unexpected way. When asked, the female

participants indicated that they enjoyed working with male nurses. They spoke of the ease of communication and work flow when at least one male is present on the nursing unit. They discussed that the usual personality conflicts that occur when the nursing staff are all women dissipate when there are male nurses present and that the more males present the easier the work environment becomes. They spoke of men taking a more focused, “get the work done” approach, their lack of interest in gossip and personal conversations and their lack of “buy in” to the cliques that often form in an all-female work place. Patricia spoke of working with males on her floor and the benefits of having them included in the team.

They’re, they kind of, they do their work and they don’t get involved in all the gossip, kind of team splitting things. (Patricia, Lines 167-169)

She reflected on a particular shift and the difference the male approach to work made in the flow of work.

One shift in particular, where it was just me and the rest of the entire staff was all men. It was probably the best shift that I’ve ever had because everyone just did their stuff, they’d joke around. There was no, ... Everyone carried their weight. (Patricia, Line 247-251)

Karen echoed Patricia’s experiences working with men and went further to discuss her perceptions of the dysfunctional aspects of an all-female staff.

So I work with... I think there’s four of them out of like 30 or 35 staff and, yes, like I love having them on the floor, just because it breaks up that female dynamic, it’s just catty and bitchy and we love each other but then we talk... we talk behind each other’s backs. So having a male on the floor I find is such an asset just to the culture of the staff. I don’t know how they feel about it, I don’t think that they get treated differently other than I find patients respond to them sometimes better than they respond to females. (Karen, Lines 259-263)

Male participants indicated that being the only male working on a unit was difficult due to reasons highlighted in previous narratives. The men stated that they were not interested in the gossip and “cattiness” that seemed to be inherent within an all-female workplace. They distanced themselves from being involved in these types of conversations, attempted to approach work from a humour based standpoint and expressed that they were not at work to build friendships but to get the work accomplished. They tended to take a more direct approach with colleagues and strived to get the work completed while keeping the atmosphere light. The males interviewed stated that if more than one nurse on shift was male they found that they felt more comfortable, had someone to relate to and the level of “drama” between staff decreased with each male working. Graham discussed his frustration working with all females and the types of behaviours he experienced in that situation. He also recalled a shift where the ratio of men to women on the floor was 5 to 2. He indicated that in that situation the male characteristics over-rode the usual female approach on the floor, forcing the two females to conform.

One male working with a bunch of females, I just find there’s so much gossip talk, talk about, “Oh, she’s always doing this” or, “Oh, she’s always doing this”, “Oh, oh, oh!” “Oh, she’s this, that and the other thing.” “Oh!” Rolling of the eyes, lots of that kind of stuff. Whereas when you got a group of (guys)... like that day with the five and the two, the two girls almost had to conform to how we talk and act and we’re not gossiping about anybody, because we don’t care what she does on her time. (Graham, Lines 731-736)

Cameron echoed Graham’s observations, indicating the improvement in work flow with male nurses present.

When there’s one or two other males, it’s a more relaxed shift, even the females themselves that I’m working with, they’ll comment on it, that the

atmosphere on the unit is different, that it's more of a relaxed setting, it's more of a relaxed pace. It's a different energy....it's not as intense....it's a better working environment. (Cameron, Lines 381-394)

Dave expressed a need for more males within nursing as his experiences reinforced the improved work environment when there were males present.

People are able to vent and go through and it's one of the reasons why I think we need more males in nursing for the profession to move forward because it should help reduce some of that weird back stabbing, hen pecking going on. The old expression, "Nurses eat their young." I think as soon as there are some males around, that happens much less often or it seems to. Because the feeling on the floor is much more we're here to do our job and get through it and it's still friendly. (Dave, Lines 840-853)

### ***Studying Together***

The recent graduates interviewed described the gender dynamics within the nursing profession and the experience of working with colleagues of the opposite gender. The student participants interviewed supported these observations within the educational environment. The females interviewed indicated that during their nursing program the males in the class tended to sit alone and not interact extensively with the female students. There were individual male students that were able to form bonds with groups of female students or individual females within the program but these men were seen as "one of the group", non-threatening sexually and not stereotypically masculine in their performance. Often they were identified as gay. Of particular interest were the female participants' comments regarding men within their classes. These women spoke of male students not having the same drive and focus within the education process, they were perceived as not taking the work as seriously as the females and that the expectation was that they would do the work last minute and approach situations with humour, indicating to the female participants their lack of commitment and appreciation for the gravity of the

situations. A female student also indicated that they perceived most of the male students as showing little effort in class, having a laid-back attitude towards studying and at times not making the effort needed to succeed. Lisa discussed the students in her class and how they generally did not participate extensively in class but did participate actively in lab and clinical.

I think they're kind of more fly by at the seat of your pants kind of thing. I just know with me, I like to look up and read everything before I do it. But they're more apt to just get in there and do it. (Lisa, Lines 122-126)

I know there's one guy in our class; he's very vocal about like answering questions. And then others just sit and some don't come to class, some, they'll have to be on their laptop, not really paying attention. (Lisa, Lines 132-137)

Jessica recalled the males in her class being unable to accept the rules as easily as the females. She indicated that the girls seem to understand how to handle the faculty and have less conflict, whereas the males took longer to understand how to “play the game”.

I think the girls figured that out before the boys did. Because, even into third year, a lot of the boys would question things and, “Why, why, why?” And the teachers would just get upset with them for asking, “Why, why, why?” Whereas the girls would ask why later. (Jessica, Lines 339-342)

Male students, for the most part, indicated that they could not approach females about studying together or joining their “group” as they would be perceived as predatory, therefore they tended to sit alone or perhaps with one or two other men. They expressed disdain for the “drama” they felt the female students brought to the classroom and had a very different perception of the workload and how to cope with the demands of the program. Male students stated that female students over-reacted to workload and assignment issues whereas they took the more pragmatic approach. Daniel discussed his

experience in the classroom and his lack of understanding in regards to the female students' behaviours, particularly in relation to each other.

They think, "If I'm wrong, people are going to laugh at me. And all my friends are going to leave." And it just snowballs out of control. And especially that it's female, it's predominantly females, social clicks are really important and having friends and social hierarchy and what not. And, to me, I don't play into that. I talk to everybody. It's really interesting to be a boy and seeing this social hierarchy that I'm just like, "I don't understand this. Can't we all just..." (Daniel, Lines 97-109)

Travis recalled several instances where he was frustrated with his female counterpart's reactions to assignments or incidents in class. He, as a male, was taking a more pragmatic approach to the difficulties with the course and his frustration level with what he perceived as excessive drama was evident.

Like some days are just, I don't know what... but I don't want to be mean, I'm just so sick of my class sometimes. .... a lot of the people in the class, its drama and, just too much talk and it's just crazy. One thing in particular was debating the course outline, just debating how the course is run. I don't question it, I don't have any huge problems with it. And we were doing a group project and there's just so many complaints about, "Oh, we're not going to be together. If only..." You know, just do the work. I find it easier just to "this is what you have to do and you do it". And if you have stuff you want to change about it, you put that on your course evaluation and you change it, help it change for next year. (Travis, Lines 1253-1273)

Interestingly, the female students interpreted the pragmatic; "just get the work done" approach as indifference and not taking the work seriously. Patricia echoed this when she discussed the only male in her class and his demise in the program.

The only one was my friend and he failed out just because he just didn't apply himself, I think. He was smart enough to do it. He just didn't have the drive. (Patricia, Lines 55-56)

Lisa however, expressed her appreciation for the male presence in her class, indicating that they added a perspective to the discussion and were a valuable addition to the group.

... women can get catty and kind of all over the place. And I think for different skills and everything that we have to do, it's nice to have guys around for that and they just offer new perspectives and instead of it just being set in one way, they can see it in a different way. ( Lisa, Lines 210-212)

The female students perceived a lack of interest and laziness in the males whereas the males perceived a competitiveness and emotional response to the work or questions regarding a given assignment.

As previously discussed there was a perception of sexual tension between the male and female students that made the development of working relationships and inclusion of males into the student body difficult. In some cases, even when the male student felt he had been included and was welcomed by the female students into their study groups, this perception was surface at best. The female students, when challenged, did not accept the male student as part of their group or even as representative of nursing students. This left the male student disillusioned, distressed and confused and feeling more marginalized and alone than the males that were never accepted.

I decided to throw my name into the mix and say that I would be a good candidate for valedictorian. My "close" friends thus went on to say that they would not want me for valedictorian because I did not represent the class as a whole because I was male. They stated that they wanted a girl for the role. I found their claims totally unjust in that they were not at all accepting of a male representing the graduating class regardless of any other criterion a person could bring forth. (Tim, Reflective journal)

One area of frustration for male students was the inability to feel like part of the group or that they were unable to bond with the other students in the same way that

female students were able to form close bonds. They saw this as a disadvantage that left them feeling isolated with a sense of not belonging. Dave expressed his feeling of disappointment in not forming the close relationships that he might have if he were female or if there were other males.

Even as simple as if you're going on a clinical placement, a lot of the talking is outside of the earshot of the professor when you're in a change room before or after your shift, just like any other sport..... anything in life, like that's when that bonding happens. So if I'm the only male, I never really get that bonding time. (Dave, Lines 712-717)

### *Playing Together*

A common thread through all interviews (male and female participants) was the general lack of interaction between male and female students/nurses outside of the classroom and outside of work. Justin discussed his hesitancy to socialize outside of the classroom with the female students, who might infer sexual intentions if he did. He also suggested that his interests did not align with that of the female students.

I'm sure I could have hung out with some of the girls, but, it didn't happen, maybe also because I was married. Maybe there's a different sense of camaraderie among women. I think a lot of the girls got together, kind of did things. I know a lot of those girls, they're all great, but I don't think I'd probably chose to hang out with them, go to shops with them on Friday, anything like that. (Justin, Lines 331-361)

For the most part the participants indicated that they might socialize with members of the opposite gender on a limited basis but not in large numbers. For example, many of the female participants indicated that they had one male friend from the program, in one case two male friends (the two males were best friends within the program and the female student was dating one of the males). Many of the males indicated that they either had no real friendships with any students of either gender, extending outside of the nursing environment or were limited to one or two fellow

students that they considered friends and socialized with. Cameron reflected this sentiment when he discussed the lack of cohesiveness between the males in the class. He had discussed the bonding that occurred between the female students and the comradery that occurred and then indicated that for the male students this did not occur.

I found that the men were spread out amongst various female cliques actually and they didn't really socialize a whole lot. (Cameron, Lines 253-254)

Rob mentioned similar experiences with the fellow males in his class.

Just we never found time outside of class to do anything together, because none of us knew each other's interests or anything. We never really spent time to get to know each other. (Rob, Lines 202-204)

Jessica indicated that she observed the same behaviours with the males in her class, even though many of the females had formed social groups.

There wasn't a distinct clique with the males at all. They weren't necessarily friends outside of class. (Jessica, Lines 378 & 384)

One male who indicated this thought these women were his friends and accepted him as a fellow nurse but, as indicated above, was mistaken in his assumptions. The graduates interviewed did not indicate any socialization between male and female staff on a unit outside of the workplace and in fact indicated that within the workplace there was a comradery but it was limited because of underlying sexual tensions. This was particularly true on the part of the male nurses, who did not want to "give the wrong impression" to their colleagues and therefore limited their conversations to primarily work topics. When asked, many of the male participants indicated that they were friendly at work or in school with the other males but for the most part did not socialize outside of work/school with them. Graham spoke of this phenomenon;

I do my shifts, I come in. We more talk about on breaks and things like that than being friends outside of work. (Graham, Lines 737-738)

The theme of Governing Gendered Bodies resulted in two subthemes, Gendering and Governing. The Gendering of bodies has been analyzed from the participants' perspective and focused on issues raised that related to gender, specifically: sexual orientation and tensions, prevailing discourses within nursing and the competing discourses that affect male nurses' experiences and the interactions between the genders. The second subtheme of Governing will now be analyzed with a focus on the use of norms, authority and self-government or internalization.

### **5.1.2: Governing**

The subtheme of governing was identified as a consistent theme through multiple interviews. The concept of governing speaks to the various forms of controls that participants described as used in the management of students and graduates to ensure compliance and internalization of nursing ideals, behaviours and desired image. Doug expressed his frustration with the apparent inequitable effects of these controls on specific subgroups within the class.

I started with ten males in my first year, the number of people who graduated from that, there were three... you're failing 70% of one sub-group, ...to me, it doesn't sort of fit.....I think there was a requirement to adapt to certain behaviours, a certain mindset. (Doug, Lines 219-248)

Patricia echoed these concerns by discussing her graduating class demographics, and the disproportionate effect on her male classmates.

Our initial class that we started with, it would have been about half the size would have had half the people that we started with (graduate). And males, I only graduated with two... No, I think he failed too. I think that there was only one male that I started with that actually did the whole four years with me, we started with seven. (Patricia, Lines 89-96)

### 5.1.2.1: Use of Norms

The use of norms by the profession and its governing bodies, educational institutions and society in general is an effective way to control nurses' behaviours both as students and graduates. These norms are reinforced in the systemic processes and rules of educational institutions and health care facilities, the image of nurses portrayed by institutions and professional organizations and the professional codes of behaviour that exist. Jeff summed up this use of norms by referring to it as a military mentality of "conform or fail".

I would say that nursing for some reason has adopted this mindset very similar to the military. And, that way, if you don't fit the perfect soldier mentality, then you're out. (Jeff, Lines 798-800)

#### *Systemic Processes and Rules*

The use of norms within systemic processes and rules in educational and health care institutions further establishes controls used to govern nurses. These systemic processes and rules include limitations applied to male nursing students' access to certain clinical settings such as maternity, and expectations that a male nurse have a female nurse present during personal care with a female patient. Tim reflected on the experiences of one of his fellow male students and his difficulties in being accepted into a maternity rotation. This student challenged the unwritten rules and protested the restrictions on his ability to work in maternity but in the end was unsuccessful, being placed in mental health unit instead.

I know one guy in our class, he felt that there weren't enough men in maternity or in obstetrics. And so his second pick for consolidation was to go to the mother/baby unit. And he kind of had that aspect of, the philosophical, "Why not?" there should be more guys in that. Or there

should be equality. He would fight for the things I would probably walk away from. (Tim, Lines 900-905)

Doug discussed similar restrictions placed on his clinical placement, restricting his ability to get experience in maternity as well.

I did a placement at a local hospital and, there's a maternity department, I never had the opportunity to participate or observe or engage in the learning opportunity like delivery, whether it's by C-section or vaginally....I did the class, I got the theoretical stuff, but I was told that because I'm a male nursing student, I'm not allowed in the unit. Not even in the unit, can't even go on in the unit to do a neonatal assessment to know what that's like, to see an Apgar score whether I see the delivery or not or to see some of the different tools...I wasn't allowed in the unit because I was a male student. (Doug, Lines 607-619)

Graham also reflected on his experiences with maternity and the lack of acceptance of his desire to participate in that clinical setting. He expressed his frustration with this restriction and felt it put him at a disadvantage in the classroom that the female students were not subjected to.

I asked to do a day in maternity because, when I was doing my med surg placement, every single one of the people in my group was taking a day or two in maternity. And we had maternity (theory) that year and we had tests and things like that coming up. Every single one of the girls, I was like, "Oh, so how's the day? How was it in maternity?" "Oh, man, this in class, it makes so much more sense now." So I went to the teacher and I said, "Hey, can I do it? Like, why haven't you asked me? Can I do a day in maternity?" "No, because you're a man, no." Flat out no. That was that. (Graham, Lines 747-755)

Many participants (male and female) discussed the strict application of rules and the consequences of not abiding by those rules. These included behaviour in clinical and the classroom, appearance, conforming to individual clinical instructor approaches and the general sense that if you did not meet the expectations you would fail. The students voiced their concerns that many of these rules were gender skewed and males were subjected to enhanced scrutiny and judgement. There was also a perception that female

students were given allowances that males were not and that much depended on if you garnered the favour of the faculty member. The following quotes reflect these sentiments from a variety of participants.

They (males) definitely weren't given any special accommodations. Whereas, I know for a fact girls were. There were certain girls that would always get extensions on papers, they would always get this and that and the other thing. They'd fail a class, but appeal it and win the appeal every time. Whereas these guys, they wouldn't win anything, they'd still be failed. (Graham, Lines 264-269)

I felt that people were really judged by the staff that worked at the college and that, if they didn't like you, you weren't going to do well no matter what, no matter how hard you tried. (Jessica, Lines 16-18)

As soon as you're the minority in the environment, there is discrimination, even if it's unintentional, systemic discrimination. Things as simple as there's never any lockers for men. There's male nursing students. There's always more than enough for the girls, never one set aside for the guys. Now, that's not necessarily our school but it's just, no effort is put into having some, yes, some of that is systemic. So there's some of that systemic and it's not necessarily current attitudes, it's just the way things are built. (Dave, Lines 58-69)

When I was a student, my practice was guided very much by the clinical instructor who said what I could and could not do and by the school that said, "You must behave this way, you will not get this and you will do that and you won't this" and, you know, very, very regimented, very sort of fit in the box and don't ask any questions about what's inside the box. (Doug, Lines 934-938)

It was very apparent in my classes that I was not a female and that there was sort of a different mindset . . . . .almost to a degree, like a different set of rules that applied to me because I was a male. (Jeff, Lines 558-559)

### *Image of Nurses*

The image of the ideal nurse is a strong source of government over nurses and students. Image refers to the preconceived ideals, actions, appearance and gender of nursing. This image is based on the historical construction of the nurse, media images, societal vision of the nursing role and professional ideals. In his interview, Jeff discussed

at length the need to meet expectations, to conform to the desired image and the resulting consequences if one did not meet expectations.

I find the mindset of nursing is that it's almost they want to weed out anyone who doesn't fit the mould. So if you don't talk like a nurse, act like a nurse, look like a nurse, or you're rough on the edges, then you're out of here. (Jeff, Lines 787-790)

Jeff expressed his view of that image and how unrealistic it was; an almost unattainable ideal.

The quintessential nurse as what I've experienced is someone who is always on time, knows everything about their patient or at least knows where to find that information, is very well-versed about what's happening with their patient, medication.....I guess the qualities would be always on time, very knowledgeable, always look very professional. I think it still kind of goes back to the visual image where the nurse is in a white uniform with not a single stain on her and it still I think is a female image, not a single stain on her, perfect posture, perfect body mechanics when working, always smiling, excellent grammar, excellent vocabulary and just very well-versed within the medical realm. (Jeff, Lines 802-816)

Students were meant to aspire to this image and leaders within the profession, educators and administrators expected conformity to it. Lack of conformity resulted in segregation, marginalization and exclusion from the group. Dave reflected on his experience within the nursing program and the pressure he felt to meet the ideal image of a nurse. He expressed frustration with not only his inability to meet that image but his lack of desire to meet that image.

You're required, at least while you're a student, to behave within that bubble, I mean, with all the norms that come down and all the rest. There is a way in which a nurse has to be. So I feel that pressure.....I don't think I will be that picture but I think that picture is awfully narrow and utopic. So I think that that role that they have defined for us is very narrow, does not truly allow for the adaptation and reality to set in....., I will never conform directly. (Dave, Lines 906-948)

Participants expressed the assumption that all nurses wish to conform to the parameters of this image and strive to meet expectations. When a nurse does not conform there are controls exerted on him or her to attempt to force him or her to fit in. There was a feeling from several participants that there existed a specific image or vision of what a nurse should be, whether it was based on behaviours, attitudes or actual physical appearance. The general sense was that if one failed to meet those expectations one was targeted and either made to fit or pushed out of the program.

I felt like students weren't supported, it was either you fit into the program or you don't... It was always, there's this end goal and you have to do what they say to be able to get there: a female nurse in a hospital doing bedside nursing. (Karen, Lines 49-59)

Mostly just males (were targeted). There was one or two girls that would get it too. But they didn't fit the mould, they were more outspoken and things like that. But they learned pretty quickly after second year... They learned how to adapt. (Graham, Lines 952-956)

I found a lot of the visible minorities seemed like they were targeted, the males seemed like they were targeted and the girls that weren't quite, I guess, stereotypically pretty were targeted. (Jessica, Lines 29-31)

The more I read the College of Nurses of Ontario documents and the Canadian Nurses Association, it feels like there is a kind of ideal image of a nurse in the way we talk and there's a right answer to things, there's a right way to look, and there's a right way to talk. (Nicholas, Lines 683-685)

The socialization of a nurse is achieved through their interaction with the public and others within the profession. This interaction reinforces the public perception of the image of nursing and helps to establish the nurse's perception of themselves.

### ***Professional Codes of Behaviour***

The profession of nursing has governing bodies that establish codes of behaviour that bind all nurses working within that jurisdiction. These codes of behaviour are applied

to students as well as graduates. The professional standards of practice are established by the members of the profession in conjunction with members of the public which they serve, and are mindful of the applicable laws that govern nursing from a public societal level. The professional standards and codes of behaviour outline the expectations of practice and are based partially on the previously discussed ideal image of a nurse.

Throughout the education and socialization process these standards of behaviour are reinforced. Participants described how professional standards are either referred to implicitly or implied to the students, however the effect remained the same. Jeff postulated about the source of this strict adherence to professional codes of behaviour and expectations put onto members of the profession;

I think in nursing, it comes from a place where they were an assistant role. And I think that nursing as a whole in today's society is striving to become something that is a profession where we're seen as being very autonomous and very, very professional and we're really rigid and strict when it comes to the media around the title of RN or RPN and that we classify ourselves as professionals. (Jeff, Lines 376-380)

The College of Nurses of Ontario, the regulatory body, is often portrayed as being ever watchful, monitoring the actions of nurses and disciplining those who stray from the ideal, as necessary. This emulates the education process where those who stray or are seen as not fitting the ideal are questioned, sanctioned and often pressured to conform or withdraw. Doug discussed the use of these professional standards being used to control behaviours both in and out of school and work. Expectations of behaviours that conform to the standards transcend location of action.

But you have to remember, this is a professional program and there's an expectation for you that you're supposed to be a certain way at all times, whether you're home or you're on your free time or whether you're in school. (Doug, Lines 335-338)

Graham also reflected on an incident that occurred during his education in which he and a male colleague were reprimanded for behaviour that occurred outside of the clinical or classroom setting. His frustration with the codes of behaviour being applied to his personal life was palpable and he did imply a gender bias in the application of these rules.

He swore in the book store and they said they were going to kick us out of the program. Like, “What do you mean? I’m not allowed to pick up a book and say, ‘Holy shit – pardon my... – that’s an expensive book’ without getting kicked out of the program? No, I should be able to do that. I’m just a student in a university. I’m not in a hospital swearing at a patient, when I’m in the hospital, I’m not like that, I act in a professional manner. But when I’m out of the hospital and on my own time or just in the halls of a university, it seemed ridiculous to me that we would be, they were trying to make us act like that all the time. And that’s taking away your personality. (Graham, Lines 417- 438)

One of the difficulties expressed by the participants was the conflict between professional standards that were taught and the actions of the faculty and staff nurses they encountered. Brad discussed the experience as a contradiction between what the students were taught and level of professionalism they were held to and the seemingly unprofessional behaviour towards students of some of the professors.

That was the biggest thing, the culture, the professors, the lack of professionalism that I saw, the hypocrisy, you know. Teaching us to be professionals, but, yet, at the same time, this is what you’re doing. And I just didn’t want to be associated with that. (Brad Lines 508-509)

#### **5.1.2.2: Use of Authority**

One aspect of governing nurses is through the use of authority. The concept of a power figure that has authority over the nurse and their actions is well grounded in the governing bodies for nursing and their established practice standards and guidelines. The governing bodies are just one authority that the nurse answers too. Also acting in a power

and control role are employers and educators within the educational setting. There are also several laws that exert authority over nursing practice, which must be adhered to. This use of authority is demonstrated in several ways: use of punishment or sanctions, surveillance and a culture of threat.

They [the faculty] feel that there's a need to make an example of someone, to sort of assert their power or their dominance over the group... they pick someone that they feel they can take advantage of without significant repercussions. (Doug, Lines 195-198)

### *Use of Punishment / Sanctions*

Many participants discussed the use of forms of punishment or sanctions when discussing their experience within the educational system. The use of punishment is used to govern a student's behaviours and actions. If the student is not able to conform or meet the predetermined expectations, then they are subject to sanctions in an attempt to mold them into the desired image of a nurse. According to several participants, this is particularly true for male students who struggle to meet those feminine gendered ideals. Participants perceived inequality in the use and severity of punishments related to failures to conform and perform as required. The sense was that males were subject to increased sanctions or more likely to experience sanctions during nursing education. Jessica spoke about the treatment of males in her class and the discriminatory behaviours towards them by the professors.

It just seemed like when certain males would answer questions, no matter what, they were wrong, even if the answer was right. (Jessica, Lines 153-154)

She also recalled one particular incident involving an assignment that she worked on with another (male) student. She felt the way this assignment was marked exemplified the bias against males within her program.

One of our final projects, I worked on it with a friend of mine who was male. And we entered the questions together and we did the work together and we wrote the essay. And I got a 98% on it and I think he got a 60. And there is one section that we worked on together and I got 10 out of 10, he got 0 out of 10. And the teacher wrote that he just completely missed the mark. But I don't understand how you can completely miss the mark when I got 100% on that section. And we worked on it together. (Jessica, Lines 645-650)

Jeremy spoke of the subjectivity of the evaluation in clinical and the need to avoid confrontation or problems with the instructor to ensure a good evaluation.

As soon as you start having confrontations with your clinical instructor, which I always try to stand clear of because they mark you and there is some subjectivity to the assessment. (Jeremy, Lines 152-154)

Many participants discussed misuse of power and punishments to ensure students conformed and the subjectivity of these sanctions. Many felt that male students were more likely to experience such difficulties.

My second year clinical instructor tried to fail me for trivial things, like not combing a patient's hair to her liking and stuff like that. (Brad, Lines 810-812)

Doug reflected on an incident in clinical where he was subjected to severe punishment because of a disagreement with his instructor the previous shift, where he refused to force a patient who was a palliative case to have a bath. He stated that the instructor took exception to his feeling that it was a necessary nursing activity. He described how the following day he was not permitted to care for patients and was subsequently embarrassed and made an example of in front of fellow students and staff.

The next morning I showed up for my clinical, I was pulled aside, I was told that I'm not going to be giving any care. I wasn't safe to deliver care to any patients on the floor because I demonstrated that I was not competent or not safe to complete a bed bath. I was told that I was not going to be sent home. I spent eight hours that day folding laundry

because, if I took a break, I was going home and I wasn't coming back.  
(Doug, Lines 450-457)

Nurses are also subject to sanctions if they do not conform and perform according to expectations. Punishments come in the form of disciplinary decisions from their governing bodies, disciplinary proceedings involving their employers or sanctions by other staff nurses. Personal sanctions can include others not helping with tasks, others not including the nurse in social activities or conversations and a general sense of not belonging or being marginalized by the group.

Especially older RPN's, they hate me or maybe not just me, maybe all male young RN's, but they can't, it's like they make it their point to bad mouth you or say things that are rude to you. (Graham, Lines 645-647)

I find myself changing when I enter a shift situation and I'm the only male staff on, my demeanour changes, the way I carry myself changes. I'm much more self-aware, I'm more self-conscious. I feel judged more. I feel like the decisions I make are held to a higher standard of critique if you will. (Cameron, Lines 367-371)

### ***Surveillance***

Nurses are trained to see the governing bodies as ever "watching". It is this feeling of surveillance that helps to control nurses' actions and allows them to be governed from a distance. Though the governing bodies are not physically present in workplaces, it is ingrained into nurses, through their education and socialization processes, that they are subject to constant surveillance with the corresponding threat of sanction if they vary from the accepted behaviours and norms. For nursing students this surveillance is not as hypothetical. There are various examples of the use of surveillance as a method of control and evaluation of nursing student performance and ability to meet expectations. Participants discussed examples that included: clinical instructor surveillance, both overt and covert, lab classes that included the lab instructors watching

and evaluating based on performance, students being reprimanded for activities outside of class and clinical that did not fit the desired image or behaviours of the profession.

Graham reflected on an incident in clinical where he was subject to extreme surveillance by a clinical instructor in the presence of family of the patient and how frustrating and embarrassing this was for him.

I was told I would be inserting a Nasogastric tube into an infant. I wanted to check the policy first, it was my first time, but the instructor said there was no time. I gathered supplies and reviewed the procedure with her. When we got to the patient room she asked me what I was going to do first. I answered; she asked again, I answered... this continued for about 5 mins. The parents were at the bedside, I got more and more embarrassed and frustrated. I just didn't know what she wanted and I was afraid to ask. (Graham, Lines 306-339)

Jessica discussed the stress of surveillance in the clinical setting and how it impacted her behaviours and forced her to conform to the ideal.

If I knew somebody was watching me, I felt like I had to act a certain way and make sure that I worded everything perfectly rather than just have a comfortable interaction with somebody. (Jessica, Lines 209-213)

Doug echoed this sense of constant supervision. He felt that this approach to education reflected the professions need to oversee all nurses and control their behaviours.

Whereas with the nursing program, it was, "We want to see you, constantly to see you, constantly to do this and we're constantly looking over your shoulder." (Doug, Lines 911-913)

Alex reflected on an incident in clinical when a staff nurse subjected him to surveillance and a form of horizontal violence, questioning his actions and accusing him of lying about care he provided. He found this very stressful, and reflected that the most

distressing was the lack of support from his clinical instructor who observed the interaction but did nothing to stop it.

And she (cover nurse) was like, “Okay, at what time did you enter this room this morning?” I was like, “Oh, it was about... around like 7:30, and 7:40, and 7:35.” And she was like, “Okay. By the time you were there, what did happen?” I was like, “Oh, I was doing my round and then when I get to the room I found the patient in an uncomfortable way and I fixed the curtain and I put her in a really comfortable position.” And she was like, “No, you didn’t do that.” And I was like, “Yes, I did.” And she asked me, “Did you do that before I got to the room and after I got to the room?” I was like, “I have no idea at what time you got to the room, but as I notice, I was there and I found the patient in a very uncomfortable position. And I fixed everything.” And she was like, “No, you didn’t fix anything.” And meanwhile, my teacher she said nothing. She was listening. Then, the cover nurse was like, “Oh, did you do that? Why you said you did something when you didn’t do it?” And I was like, “Yes, I did it.” And after like three seconds, the client, a lady who was about 60, 70, between ages, and she was like, “Yes, the man did this, did that, did everything.” And then, my teacher just left the room. (Alex, Lines 59-79, translated from French)

### *Culture of Threat*

Throughout the interviews the concept of the educational environment being a culture of threat became evident. This concept manifested as a fear based atmosphere enforced by the controls discussed. Doug articulated the concept of threat during his interview when describing the fear based approach from some faculty;

Certain faculty members really emphasized that, if you don’t do something, you’re going to fail. If you do do something, you’re going to fail. And it was that constant threat of failure that seemed to be used by certain faculty members that just left the entire class in a state of constant fear. (Doug, Lines 276-280)

Participants spoke of instances in which the need to conform and meet expectations was not driven by their personal need to succeed but by the threat of discipline or failure if they did not. Participants discussed that the threat of failure was both implied and verbally expressed by faculty. The anxiety caused by this was

overwhelming at times. Patricia recalled her feeling related to her clinical experiences and one particular instructor.

She just gave me a really hard time and it definitely made me second guess wanting to be in nursing, because I hated clinical, I dreaded it..... She was instructing by fear. (Patricia, Line 389-394)

This culture of threat was evident in the discussions with all participants but more pronounced in the accounts from males. Travis discussed his encounter with a particular clinical instructor and the sense of scrutiny he felt he was subjected to, based on his gender.

I'm not sure exactly if it's because I was a guy, but I think like it was kind of a trend though, because I was the only one that she was really being tough on. And, it just, it was really stressful for me. (Travis, Lines 37-41)

Students felt they needed increased vigilance in order to meet expectations and that the result of not meeting these expectations was more severe and applied in a more aggressive way for male students. Brad recalled a conversation with a fellow female student and indicated that she avoided conflict with faculty because of the threat of reprisal, whereas he felt he needed to challenge and therefore felt he was "discriminated against by his profs".

Other students, no, they would never (challenge). And my friend that I told you who's very interpersonal person, she doesn't address anything. Like, she'll be quiet. She'll acknowledge it with me, we'll discuss and make fun about things, but when it comes to dealing with profs and stuff, she shuts up. She's like, "I understand, but I just don't want to screw with them, I don't want to put myself out there and make myself a target." (Brad, Lines 239-246)

He continued to discuss his experience, speaking of horizontal violence within nursing and the way the professors' behaviour, toward him, damaged his view of the profession.

I just feel that in general in nursing, there's a lot of horizontal violence in it. I think my profs destroyed the entire view of the profession for me. To think that somebody in that position to educate future nurses were that awful, how awful are the nurses on the floor? (Brad, Lines 664-672)

Cameron recounted his experiences within nursing education settings and stressed the fearful aspect of the process. He indicated that threats of failure were often blatant and set a tone for the semester that was not necessary but seemed to be an opportunity for faculty to demonstrate their power.

One thing I will say about nursing curriculum is, it's extremely fear based. Everything is motivated out of fear and toeing the line, and it was all "Toe the line or else". And it was very much, "There's a certain number of students every year that don't make it and I'd be happy to walk you to the door if you don't meet my expectations." That was the prevailing feeling. And I was not alone in that observation, irrespective of gender.

Researcher: What was expected?

A high level of performance. Basically, every year at the start of the year, we would get the don't fail you speech by a very high person in the program. "I'm not going to bail you out, I'm not going to help you if you mess up here and take it very seriously. And don't think that because you're fourth year we won't fail you because we sure will." And, you know, that kind of speech at the start of every year. So it was very much fear based. It wasn't encouraging, it wasn't fostering, it wasn't positive. It was a very negative punitive, fear based style of leadership in the program. And that, I will die saying that, but that was really unnecessary. But irrespective of gender. (Cameron, Lines 746-766)

During their interviews several students discussed the negative, fear based culture of the nursing program. However, many of these same students spoke of positive experiences with specific professors and instructors and the difference those experiences

made in their educational lives. Doug reflected on what he considered were attributes of a good professor;

A good professor will encourage and get their students, the majority of their students to success and will turn around and go, “We had a bad test here. Why did we have a bad test?” And ask that question as opposed to, “It’s your fault, it’s your fault and if you can’t do this then I’m going to hunt you. They’re not wrong, but like I said, don’t threaten students, don’t threaten anybody. (Doug, Lines 964-969)

Jeremy spoke about the importance of recognizing a student’s abilities and showing faith in their work. This type of positive reinforcement helped him continue in the program and ultimately be successful.

She was just really giving me a lot of autonomy. So that’s really, it was one of my placements so I think that really helped. If that would have been a really negative experience, I think it kind of sets you up for failure down the road. I felt like I was one of the strongest in my group and she made me feel that way. (Jeremy, Lines 673-682)

### **5.1.2.3: Self-Government and Internalization**

The internalization of the expectations of the profession is key to the success of government. Jeremy spoke about his approach to this control mechanism and reinforced the internalization of the control.

I think it was more an internal pressure than anyone saying, “You have to do this or you have to do that”. (Jeremy, Lines 533-534)

Students’ internalization and self-government is accomplished through self-monitoring, adapting to survive and using an approach they describe as “Never let them see you sweat”.

### ***Self-Monitoring***

Students are encouraged to self-monitor behaviours and adjust as needed to meet expectations. This results in students “checking themselves” when speaking in class, talking to fellow students and interacting with patients, in an effort to conform and avoid sanctions. Daniel spoke about controlling his behaviours in a clinical setting, in order to “perform well”.

I just reinforced in my head, “I have to be good, I have to be patient, I have to be understanding and I have to perform well.” (Daniel, Lines 1211-1212)

The overall effect is to move the government of the students / nurses from a locus of external control to an internalized control mechanism that results in adherence to school policies and rules as well as professional standards with little need for actual governing bodies or persons of authority to exert their power. Jeff discussed his behaviour in clinical settings and the self-editing of his speech based on his knowledge of what was acceptable within the profession.

I have to be very careful about what I say. Within nursing, they teach you “Don’t use slang language because it is interpreted and is often seen as unprofessional”. (Jeff, Lines 665-667)

The culture of threat allows this to occur and enables nurses to be willing to self-monitor. The result is a well-controlled professional body that is willing to censure all aspects of life to conform to the ideal, for fear of retribution if they deviate. Graduates continue to self-monitor in the work environment as part of their perceived surveillance by governing bodies and their employers. Graham discussed how he changed his approach, demeanour and attitudes upon entering the work environment.

When you walk in the doors of the hospital, boom! All right, I've got my therapeutic brain, I got my nursing knowledge on, this is the way I've got to talk. This is the way I've got to act. Because when you're at work, you're a different person...(Graham. Lines 450-467)

*Adapt to Survive*

Participants described their socialization into the profession as requiring them to adapt to survive. They would change their behaviours, actions, vocabulary, personal interests and any other aspect necessary to feel accepted and safe within the program. Tim discussed his shift into a more female based persona at work in order to fit into the group and be accepted. He went on to say that most male nurses accept this shift, not because they want to, but because not accepting it would mean a confrontation or challenge for acceptance within the workplace, and this is a "cause" that most male nurses are not prepared to champion.

Just kind of sitting around the nursing station and seeing the same nurses there for a while and I would ask them how their kids are (Laughs) because I remember when I was here them kind of talking about their kids. And it's... I feel that's more of a female role, asking, talking about your kids or how things are. (Tim, Lines 737-741)

(I think) that guys just accept (laughs), the female voice. But I don't know, I think it's, we just don't care enough to kind of go after it. It's easier to brush it off. I mean, honestly, I think if everybody in the class was "Oh, you're a guy and we don't accept guys for that", I think myself and probably other guys too, we wouldn't fight it, we would quit. You know, if they didn't want us there, we're not going to put our foot down. You know, some people might, but I think myself at least I'm not going to put my foot down and say, "Well, no, I have a right to be here." I would say, "Well, that's too bad, I guess I'll go somewhere else." And I don't really know why. (Tim, Lines 814-828)

Daniel spoke of a pragmatic approach to adapting his behaviours.

They're the hospital's policy and I'm there to learn. And if I want the privilege to go to that hospital I got to bend to the rules. That's life, that's society. (Daniel, Lines 1291-1293)

Jeremy highlighted his approach to clinical placements and the need to adapt behaviours in order to be successful. There was a need to fit into the desired “box”.

Just to kind of fit into the box that will get you that passing grade for the clinical. Like, “Okay, you want me to circle this in red? I’ll circle it in red.” Like, “You want me to write this first on my medication sheets?” Fine, I’ll do that.... it’s a practical skill that you’re being evaluated on so you want to ... I guess it doesn’t really help if you’re just mimicking. But that’s the nature of it. (Jeremy, Lines 495-502)

The participants attempted to meet demands made by faculty and attempted to blend in with other students. Males in particular attempted to meet, if not exceed every expectation, in an effort to ensure they were not subject to any form of punishment. Jessica reflected on her educational experience and felt that she performed an altered, “softer” version of herself in an effort to escape any sanctions that may result from being her true self.

I didn’t really act like myself when I was there, I was quiet and listened, and I did the work, and I asked the teachers questions, but I didn’t ever argue anything or... not necessarily argue but like debate to get a better understanding. I kind of tried to fly under the radar the whole time. Whereas now that I’m working, I’m always asking, “Why are we doing this?” “What’s the purpose?”...because I didn’t want to get a target put on me, which is what I thought I would be doing. (Jessica, Lines 308-319)

Cameron felt he had to become a different person to succeed, adapting to survive, yet he explains he was not comfortable with who he needed to become. This caused anxiety and feelings of distress.

I felt that the experience was personally enriching, but it was also humiliating at times and it really dug away at what made me an individual. I just felt like I couldn’t be me. I couldn’t be the same that I’ve always been, I had to change who I was in order to succeed and to reach that finish line. I could not be my true self. (Cameron, Lines 1042-1049)

*“Never let them see you sweat”*

Several male participants described situations where they felt intimidated or targeted by either faculty or staff nurses. These men felt that one of the most important survival strategies was to not allow the persons that they felt were threatening them to see that it impacted them. They also felt that if they showed weakness, questioned themselves or appeared to be concerned about a situation this resulted in increased intimidation, pressure and expectations from the perpetrators. Nicholas reflected on his experience within the nursing program and that he actively avoided seeking assistance from anyone, including fellow students, in an effort to avoid being viewed as having difficulties.

I just kind of kept getting through it, I just ...was surviving. Like people would ask me, “How are you doing? You feeling stressed out?” And I would say, “No, I’m not stressed out, I’m doing fine.” (Nicholas, Lines 286-293)

Graham recounted an incident where he did poorly on an assignment and felt that he had grounds for an appeal; however, he chose not to pursue the appeal as he did not want the professor involved to have the satisfaction of knowing that her actions caused him stress. He described his overall experiences in the nursing program as being so traumatic that in the end he felt it best to survive the ordeal, graduate and walk away, never to look back.

So I was very close to appealing, but at that point, I just figured we were out of school when we got the marks back. And we were a month away from attending the graduation. We didn’t have any more exams, no more classes, no more nothing. Essentially, I was done with the school. And to have to go back and deal with all the headache of appealing and all these things and, too, it’s very subjective. So I could have gone through that whole thing and the person running the appeal is the director who is against me ....anyways, you know what I mean? It was just going to be a

waste of time. So I decided whatever, I'll take my 62, I'll take my degree and I'll be on my way. (Graham, Lines 1069-1078)

Doug also spoke to difficulties within the program and the need to blend in as much as possible, assimilating and surviving until he was able to come through on the other side.

It's like basic training....Okay. It's going to stop. There's days that are going to be worse than others. But if you keep your head down, you do what you're told and you wear the uniform and you look and sound nice and pretty at the same time, I mean, if you can conform to those things and do those things and keep your head down, stay out of trouble, then you'll get through and on the other side, you don't look back. (Doug, Lines 1252-1263)

Participants felt that if an instructor deemed that the student was not confident or solid in their knowledge base then he or she was more apt to target the student. This form of self- government by students forced them to take on a confident persona that may not have reflected the reality of the situation, however the result was conformity with the ideals and expectations of the people involved and the program. Cameron spoke of the need to prove to himself and others that he could meet and exceed expectations. He did this by assuming a persona of competence and pushing himself to meet what he deemed to be unreasonably high performance expectations.

It made me feel very hard on myself and it really created sort of a perfectionist monster if you will because I knew that I was being watched closely and there was a high expectation of performance for me. (Cameron, Lines 57-59)

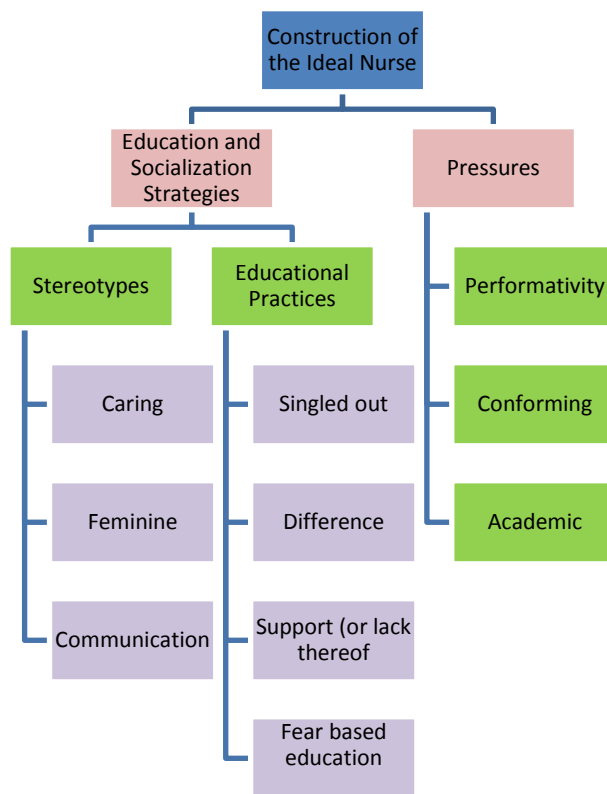
The theme of Governing Gendered Bodies examines the processes and experiences of the participants in relation to gender and the government of their actions. The impact of gender on the profession and its members are revealed through analysis of various aspects of gender dynamics, relations and the gender biases within the profession

and the subsequent implications for the participants. The analysis has revealed the government strategies used by both the governing bodies of the profession and the educational institutions. Government strategies are engrained into members, ultimately resulting in self- government and internalization. It is imperative to understand the gender and government issues that impact nursing, as they act as a frame for the second theme identified: Construction of the Ideal Nurse.

### **5.2 THEME TWO: Construction of the Ideal Nurse**

The second theme identified examines the processes used and the pressures endured in an attempt to shape what is perceived as the ideal nurse. In examining the education and socialization strategies related to nursing, three areas were identified as being pivotal in the construction of the ideal nurse: the use of stereotypes, images, and educational practices used with students. An additional factor was identified in the construction process, that of the perceived pressures experienced by the students. These pressures took three forms: performativity, conforming and academic. It is through these education and socialization strategies and perceived pressures that an attempt is made to mold prospective nurses into the image desired by the profession and the public, encompassing thoughts, actions and appearances that are deemed to be “ideal”.

Figure 5.3 Theme Two Concept Diagram



### 5.2.1: Education and Socialization Strategies

While attempting to analyze and understand the meaning behind participant stories, an underlying construct of an ideal nurse was revealed. This construct was consistently reported by multiple students, in their own words, but the resulting image was remarkably similar. When the processes associated with constructing this ideal were examined it became evident that the primary method of construction occurred during the education process and experiences of nursing students. The education process is defined as the period of time that the participant was actively enrolled in a nursing program. The education of nursing students is a socialization process in and of itself, however, for purposes of this research the socialization period stretches beyond the educational period

to also include the early years of the participant's career, during which time interactions with senior members of the profession helped to establish the identity of the participant as a nurse. This study included interviews with eight current students and nine graduates, up to three years post-graduation. The socialization of a nurse serves to "educate" the nurse beyond what is prescribed in the formal education curriculum. Socialization can be defined in a broad sense as "the process by which one learns the norms of a particular group" (O'Lynn, 2009, p. 179). This education and socialization process is achieved through the utilization of stereotypes, the reinforcement of the accepted image of the nurse and the use of various educational practices.

#### **5.2.1.1: Stereotypes**

The reinforcement of stereotypes was seen throughout participant's accounts of their educational experiences. Stereotypes, in this instance, refer to preconceived ideals that are implied when using the label of nurse. Stereotypes most frequently discussed included caring, approaches to communication and the feminine gendered attributes of nursing.

#### ***Caring***

One of the traditionally key elements of nursing is the concept of caring. This stereotype refers to the aspects of caring that are associated with nursing and are often manifested in a feminine gendered way. Many participants expressed that their comfort level was rooted within the concept of caring and particularly the conflict between their personal manifestation of caring, and the desired manifestation of caring, that was seen as appropriate for a nurse. Jeremy discussed this aspect of nursing and his difficulty with reconciliation of it in terms of a masculine approach. He felt the emphasis

on caring was being used by the profession in an effort to maintain a more feminine focus to the role.

It seems like an effort to preserve the female dominance in nursing.  
(Jeremy, Line 73)

He later returned to this discussion and indicated that he saw the aspects of caring; being empathetic, a good listener and nurturing as feminine characteristics and that his gender made it difficult for him to meet these expectations related to that accepted manifestation of caring.

It's been traditionally done by women. There's a lot of talk about nurse... females being more sensitive to patients and caring and being empathetic and good listeners and all that. So, being nurturing and all that stuff. There's the impression that I had that I felt like maybe I was at a slight disadvantage. (Jeremy, Lines 325-331)

Jeff reiterated this perceived female based concept of caring.

Nursing still kind of comes from the female roots where we're meant to be the nurturer. (Jeff, Lines 829-830)

Brad spoke to the conflict between accepted behaviours associated with being a caring nurse and the societal view of men. He discussed the conflict he experienced as a result of the lack of congruence between his personal approach to situations and what he perceived as the desired attributes of a nurse. As a result of this conflict he assumed he lacked the necessary attributes to be successful, accepting that it was his personality that was flawed.

Maybe I lack compassion; I get that impression of other people, because I am very centred on concrete knowledge and application of knowledge, more so than interpersonal relationships. (Brad Line 138, 144-145)

I thought that nurses were just supposed to wait at your bedside and be compassionate and, you know, males are generally not considered compassionate. (Brad, Line 188-189)

Many male participants reflected on the concept of caring and the conflict with their approach to care. The participants felt at a disadvantage to their female counterparts because of this disconnect. The societal image of acceptable masculine behaviours was in direct conflict with the accepted and expected behaviours of a nurse.

I think it was harder being a male, because as a male, you're not so touchy feely and that's not how males are socialized. (Cameron, Lines 684-685)

I think for men, it almost feels sometimes like caring is seen as a sign of weakness. (Daniel, Lines 209-210)

The whole caring thing, there's a lot of touchy feely, wishy washy stuff that is very ingrained in nursing that I don't necessarily agree with all of it. I think there's a time and a place but it... that is not my bent. I come from a very scientific deductive reasoning background. I like evidence and other things. (Dave, Lines 877-882)

Participants considered alternative approaches to patient care that they viewed also as caring, but more congruent with masculinity. Corey discussed the need to meet expectations in clinical that conformed to his clinical instructor's vision of what caring looked like. He found a lack of acceptance that variations on the concept exist, that also reflect caring for the patient without conforming to a prescribed stereotype.

Caring to me just should come naturally to everyone. So, for me, I'd like to care the way that I know how to. (Corey, Lines 403-405)

### ***Feminine***

The feminine stereotype associated with nursing was discussed by several participants, most of whom found it expected but frustrating. This stereotype is based not only on the image of the nurse being female but in the belief that a nurse should display

stereotypically feminine characteristics and attributes, regardless of gender. Participants spoke of the difficulties being male within the nursing profession and the female image the title evoked. Justin spoke of the connotations associated with the title and that his preference is to be referred to as a “male nurse”.

I think, even though nursing kind of has feminine connotations associated with it, even just saying it kind of makes me think of a woman nurse and so it's certainly doesn't have a masculine feel to it. I've got to be called a male nurse or someone identifying me as a male nurse because saying “nurse” almost seems feminine. (Justin, Lines 595-600)

Patricia supported Justin's perception of a female connotation to the title.

Because when you hear “nursing”, you think of women. (Patricia, Line 486)

Jessica discussed the need to take on feminine attributes during her education and that even as a female she felt the need to change her natural behaviours to meet expectations. She felt teachers had an image of the ideal feminine response and that meeting those expectations was necessary for success. She also indicated that the males in her class found it difficult to adjust their demeanour.

I think it's harder for the males to wrap their head around the mindset that the teachers wanted you to have. (Jessica, Lines 473-476)

Female students felt that of the feminine image of nursing the profession is seen as being of a lower status, subservient, and reflects a lack of respect for their knowledge base and abilities. Karen recounted her experiences at work and her perception of the public image of nursing and their role. She expressed concern over the treatment of female nursing staff and felt that males were not treated in the same “service” role but with more respect and as professionals. Her comments seemed rooted in stereotypical male/female gender dynamics within society. She went on to postulate that if the

profession was male dominated it would have an elevated status within the health care community and with the general public.

I don't know if the males get treated the same way that females do and I think some patients will treat a nurse more like a waitress and I don't know if they would treat a male nurse the same way. Like they might not ask the male, "Oh, can you go get me some water and put it right here for me and move that for me and do this for me? And then give me a back rub too." They wouldn't ask a male that because they wouldn't ask another male that in life. Whereas they might ask a female that in life. So they would push themselves more to get out of bed, get their own water. (Karen, lines 388-397)

If it was a male dominated profession, I think that whole culture about it wouldn't exist where it would be that they're there to help you get better. (Karen, Lines 417-419)

Patricia echoed Karen's observations regarding male nurses garnering increased level of respect from patients. She perceived it was related to a stereotypical gendered role assumption that the male held a higher status level within the team than the female nurse.

I'll be with the patient as a full time staff and a casual (male) staff walks in and maybe isn't as experienced in mental health and, automatically, they're the doctor. (Laughs). (Patricia, Lines 196-200)

Brad discussed the public perception of nurses as being female and the confusion that is experienced by them when a male nurse is introduced. He found in his clinical settings that patients were unsure of his role and how to interact with him because of this role confusion.

The public doesn't respect what a nurse does in the first place. The perception is that they're female. So then you take a male and put it in a female role it just sort of makes it even more confusing. (Brad, Line 183, 186-187)

Daniel also discussed his reception by patients and that he felt discarded and unwelcome by them. He also observed that the media portrayal of male nurses influenced public perception of their role and motives. This led to a perpetuation of the female image and a disdain for the male nurse.

I would struggle to think of any media TV show, newspaper article ever that's referenced a male nurse as some kind of a hero ever in the history of this planet. (Daniel, Lines 226-227)

I see it at my job at the nursing home, some of the elderly women don't want me in their room period. They wouldn't even want me on the floor if they could have it that way. (Daniel, Lines 477-478)

Jeff articulated the situation clearly when he recounted his experiences in the clinical setting with having his care refused by female patients and when others questioned his career choice, either assuming he was a physician or questioning why he did not become a physician. In response to these situations he recognized the need to adjust the image of nursing within the public view.

I kind of pity them because, obviously, they don't have a very broad horizon in their mind and they just think girls are nurses and guys are doctors. And, you know, that's really nothing to do with me, it's just their perspective. And, at the end of the day that's their loss. (Jeff, Lines 27-30)

Stop referring to nurses as females. Um, I think that it just boils down to an image. I think there needs to be more social media around promoting males in nursing. (Jeff, Lines 988-989, 995-996)

Another aspect of the education process was the assumption that the audience within the nursing program was female and therefore a feminine approach to teaching was taken. The subsequent effect was the perception that the male needs were dismissed.

It is a very feminist, very hardcore culture, the nursing professional world and academia world. And it is very female geared and female oriented. And I do think it's dismissive of men. (Cameron, Lines 978-980)

It's a predominant female profession at this point. And so the styles of teaching and learning are catered to the dominant group. I do believe that males and females learn in different ways. (Doug, Lines 16-19)

Many participants spoke of incidents where they were mistaken for doctors and that this related to the feminine stereotype of nursing. They believed they were seen as physicians purely because stereotypes dictated that females were nurses and males were doctors. This aspect of the feminine stereotype went beyond the expectation of feminine gendered behaviours and attributes to encompass the need for the nurse stereotype to actually be feminine in gender. Dave discussed this in his recollection of not only his experiences as a student nurse but in the experiences of female residents he is knowledgeable of.

There's some weird stereotypes that you live through. I've been mistaken for a doctor more times than I can count. Nurses will come up to me when I'm first new on the floor and ask me to sign off on something or ask a question and clearly they think I'm a resident. I happen to be a male, I happen to have a beard, but I'm clearly a student there. I've had female friends who are residents and they get the exact same thing the other direction where patients will... female and male patients both will assume they're a nurse. (Dave, Lines 69-81)

Jeremy also discussed his experiences during a patient interaction, related to his gender and his status as a nurse. The patient's comments exemplify the stereotype related to gender and the profession of nursing. Jeremy attempted to explain to the patient that being a nurse did not synonymously mean you were female.

When I said, "Oh, I'm your nurse" and then he said, "You mean, you're a doctor?" I was like, "No, I'm a nurse." It's like, "But you're a guy. Aren't guys doctors and girls nurses?" I was like, "No." That has nothing to do with that. It has to do with the training I get. (Jeremy, Lines 250-253)

The feminine stereotype associated with nursing and perpetuated by the education and socialization processes, caused increased frustration and stress to

male participants. There was a perceived need to defend their presence and their actions related to their inability to meet desired the feminine stereotypes.

### ***Communication***

Communication strategies are an important aspect of nursing and an integral part of nursing education. Participants alluded to communication techniques and styles being taught feeling feminine in nature, having a prescriptive aspect to them, including positioning and body language and felt acceptable responses were seen as “therapeutic” but in their perspective used phrasing that felt superficial and fake. Many participants felt that, as men, they were not as fluent in the ability to communicate effectively with patients as their female counterparts.

Tim felt that he was able to establish therapeutic relationships with his clients but not with the same ease and apparent naturalness as the female students. He attributed this difference to the significant differences between men and women’s socialization.

I like to think I’m able to communicate my ideas or make some sort of therapeutic relationship, but I always notice it more with girls that they have a different kind of tone to it, that they kind of connect better. I think it comes back to like the psychology thing. If girls get together, they’ll talk about other girls and they’ll talk, whereas guys will get together and will do activities. (Tim, Line 376-381)

Corey also expressed feelings of inadequacy regarding communication and that the female students appeared to grasp the style required and demonstrated it with ease in their conversations with patients. He attributed this to women having a more “natural” ability to communicate effectively than men and because of this they were not restricted by the tenants that were taught to them.

I think it kind of comes easier for the females. I'm a bad communicator, but I think the females have a... I think coming into this profession is what you want to do and get to practice it is kind of... you don't need to, you don't need to hide behind the script, you can just go and just get straight to it. (...) Some females it's almost like they have five years of experience in nursing, because when you see them in clinic they're good, things just flow. (...) It comes naturally. It comes naturally to them. (Corey, Lines 535-551)

Cameron reflected on the conflict between male socialization and the expectations within nursing regarding communication styles. He felt that the two were in opposition and that he was forced to conform to a manner of communicating that was unnatural and fake to him.

So it's an interesting dynamic in nursing because, in society, we don't want men to be in touch with their emotions. We say we do, but we really don't. And so, when you're in nursing, it's the same phenomenon, and men are usually a lot more straightforward, they're more to the point perhaps, they just say it like it is, they're pragmatic and I felt that was really discouraged. It was just like, "Well, there's one way of doing it and that's the way, the traditional way. (Cameron, Lines 689-694)

Nicholas also felt that the communication style taught was prescriptive and based in an ideal image of nursing. However, Nicholas did reflect on an interaction with a nurse in a clinical setting and that their style of communication differed from what was taught during the education process and that he found this style very effective with the patient they were working with. He recognized that this was contrary to the style taught and would not be seen as acceptable in school but was based in the reality of the role.

It feels like there is a... there is a very kind of ideal image of a nurse in the way we talk and the way we, uh, there's a, there's a right answer to things, there's a right way to look, and there's a right way to talk. (Nicholas, Lines 683-685)

So there's that way of talking to the patient of not being so, you know, nice and saying, "Okay, you have to go, like step it up". Giving them a push. And that was something that they never would have taught us in the

program. And that was something that I felt like it was, just you'll learn it on the job. (Nicholas, Lines 711-714)

The discussion with Karen regarding communication was revealing. She concurred that the communication strategies taught were overly rigid and not framed in reality. She was able to articulate the difficulties she had with these strategies and discuss the flaws in the scripted approaches she was taught. She also recognized that each individual had to find their own comfort with communicating with the patients and it was not until she was working as a nurse that she was able to find an approach that worked for her and her personality.

The more I went through clinical and I got to interact with other working nurses, I realized that I could still be myself within the profession, but it took me that exposure. I didn't learn that in school, I learned it when I was working and realized you don't have to say everything a certain way, you can still be who you are and connect to each patient differently. But that's not what we are taught in our communication classes in school. (Karen, Lines 128-133)

We literally had classes where it's like, "Sit here at this angle, we're going to film you talking and we're going to go through each therapeutic way that you're interacting with this person and critique where you could have done it differently." Instead of "Okay, we're all people and every environment's going to be different, every person's going to be different, we're all going to react differently." I guess they have to teach it to us somehow, but I almost had to let that go to be able to be comfortable with how I communicate now as a working nurse. (Karen, Lines 136-142)

Graham also spoke of pressures experienced within the clinical setting related to conforming to desired stereotypical approaches to communication that he was taught and how uncomfortable he felt using these strategies during his practice. His descriptions of the techniques evoke a feminine image. However he does highlight the difference in his approach now, as a working nurse, and how he feels this approach is not only more effective but is more true to himself.

You find a totally different way of talking with people after you're out of school. And it's because you don't have that clinical instructor breathing down your neck with the checklist, "You're going to fail because you're not following exactly what I want you to follow." Because they want you to do it the way they want you to do it. They don't usually let you kind of work out your own best way to do things. (Graham, Lines 482-487)

I'm able to get the information I need by just talking to them and not having to talk in their hokey pokey kind of way, I just speak the way I speak. (Graham, Lines 506-508)

Nursing education and socialization strategies perpetuated these stereotypes in an effort to shape prospective nurses into the construct of the ideal nurse. This construct is framed in the desired image of the nurse.

#### **5.2.1.2: Educational Practices**

To achieve the construction of an ideal nurse based on the stereotypes and images discussed, one must use educational and socialization processes that support this construction. These processes are exemplified in the pedagogical approaches practiced in the nursing educational setting.

Participants reflected on their time within the nursing education system and told stories of experiences, both positive and negative, that shaped them as nurses and affected their success within their program. Through analysis of the meanings of these stories and reflections several pedagogical approaches were identified as being common through most interviews. Participants discussed the experience of being singled-out, the concept of difference, including different expectations, experiences and the identified differences between genders and their approach to learning. Participants also related experiences where they felt particularly supported by faculty but more frequently experienced a lack of support and how that impacted their educational experience and ability to succeed. The final educational practice was discussed by most participants in

some way, either directly or revealed through content analysis. This was the predominant belief that nursing education was a fear-based educational experience.

### *Singled-out*

The concept of being singled out was brought up by participants reflecting of experiences while attending their nursing program. The concept refers to the perception of being singled out within a classroom setting, within a lab setting, as a model or demonstration tool, and in the clinical setting, feeling like they are the clinical instructors' main focus. Tim discussed the professors in the classroom setting, and although he did not feel particularly singled out from a negative perspective, by virtue of his gender being singled out was unavoidable.

I feel the profs are all very professional in a sense and that they wouldn't call on you for an answer because you're a guy. However, I do find that all the professors know me. And I partly attribute that to being a guy.  
(Tim, Line 682-684)

He did however give an example of being singled out in lab for demonstration. His perception was that this was done because the professors found it easier to ask a male student than a female student. Tim indicated that his classmate was uncomfortable and resented the assumption that because he was male he would not mind disrobing in front of the other students, though Tim did not seem to mind.

In lab I was used more as a guinea pig, just because of the fact it's easier regarding males' anatomy to do certain assessments. I think there was one other guy in my second year nursing lab and he didn't really want to take off his shirt and have 12 people kind of hovering over him. (Tim, Line 331-337)

Cameron shared his experiences in the program and his perception that he was treated as unique or special. He felt this could be positive, in that professors knew who he

was and he felt at times that gave him an advantage but also it could be negative in that he felt his performance was subject to greater critique and that he was expected to perform at a higher level. Some of these expectations were admittedly self-imposed, but as a result of the additional attention he received.

I felt quite often singled out, special in a good and bad way. I felt looked to more often by professors, I suppose also because I was high performing, to be fair, but, yes, special, unique, standing out, always, sometimes in a good way and sometimes not so good way. It made me feel very hard on myself, and it really kind of created sort of a perfectionist monster if you will because I knew that I was being watched closely and there was a high expectation of performance for me.  
(Cameron, Lines 50-59)

Dave also experienced difficulties in the laboratory setting, when he was consistently asked to act as the demonstration model for various physical assessments that involved removal of clothing. He felt as well that this was being done to help the professor, who did not want to have female students remove clothing when there were male students present.

There's a lot of things I don't mind volunteering to do. When I'm told or asked exclusively, then it starts to be ... well, that doesn't seem right.  
(Dave, Lines 104-106)

Travis felt that during clinical he was often the focus of the instructors' attention, and that it was related to his gender and perceived age, based on his youthful appearance. He felt the instructor seemed to expect that he would not be prepared so questioned him extensively on medications and procedures, in his opinion to a greater degree than other students were subjected to.

I just, I found I was just singled out a lot. (Travis, Lines 56)

Corey felt that though his experience was similar and he did feel that he was singled-out by professors within the classroom, he did not view it as a negative, but rather as an inevitable situation given the demographics of the class. He resigned himself to the situation and the belief that he had no choice but to “deal with it” if he wanted to remain in the nursing program.

I think it's hard to not feel like to be a centre of attention, because you're one of the only very few males in the class of female students and just nine of us. So I feel that it's part... it's just us, something we have to deal with. (Corey, Lines 238-240)

Graham looked at his situation with a different lens. He experienced similar attention in clinical, where an instructor looked to him and another male student more often than the female students, to perform skills and take on more difficult patients. While some participants viewed this as a negative, Graham perceived this as an opportunity to advance his knowledge and get needed experience others could not get. He strongly felt that this advantageous situation was directly attributable to his gender. His perception was that the clinical instructor expected a higher level of performance from male students and he took the opportunity to rise to the challenge.

She was great, she loved us, um, when it was time to do a big dressing or the catheters or the stuff like that, me and one of the other guys were always the first two she came to to see if we wanted to do it. She expected us to be at a higher level. (Graham, Lines 398-401)

The “singling out” of male students was revealed as one educational practice used during nursing education. This approach was generally viewed as negative by the participants but in some cases perceived as an opportunity or at the least an aspect of the education that was to be expected and tolerated if they were to succeed.

### *Difference*

The concept of difference was present when the participants discussed their experiences within the educational system as well as post- graduation, in the workplace. When speaking of “difference” participants indicated that it manifested itself in two ways, one through the difference in treatment within the profession and the educational setting and the second the difference in expectations of the education that would be received. Many of the participants discussed feeling frustrated with what they perceived as difference in treatment by the professors in their nursing program. Murray commented that though the same content was being taught and the students were, in theory, learning the same information and skills, the gender difference between men and women affected the perspective with which that information was learned. He felt that the professors should attempt to understand that the difference in learning style and perspective was significant, should be acknowledged and attempts should be made to adopt different teaching strategies that would address all students’ preferences.

We’re all learning the same stuff. We have to do the same tasks. But it’s just a different perspective, male versus female. There’s 20 plus females in the class and maybe five males. So it is a different perspective even though the readings, the tasks, the tests, they’re all the same. (Murray, Lines 141-145)

Cameron expressed frustration with the difference in treatment he perceived he was subjected to as a male in the class. He spoke of equality and belonging, of being treated like any other student, but felt that this was not the reality he experienced.

I just wanted to be thought of as any other student. I would have preferred not to be looked at or treated differently, but just as a competitor just like the others. And it wasn’t like that. (Cameron, Lines 44-46)

Jeff recounted feeling very conscious of his difference. His perception was that the difference impacted his treatment within the class and in clinical, to the extent that he had different rules applied to him because he was male. In his interview, Jeff discussed feeling that because he was male, he was held to a higher standard and expected to care for heavier patients in clinical. His observations were not limited to the clinical setting. He found it significant that in supporting, non-nursing classes he did not experience the same level of difference that he did in nursing classes and that he felt more segregated by the professors within the nursing classes.

It was very apparent in my classes that I was not a female and that there was sort of a different mindset, like a different set of rules that applied to me because I was a male. (Jeff, Lines 557-559)

Graham reflected on his experiences within the educational setting and also spoke of a sense of difference, particularly related to difference in treatment by professors. He spoke at length about his perceptions of observed preferential treatment towards the female students by the professors. He had multiple examples where he felt that he had been unjustly penalized when others were not. He cited examples where female students were not subject to the same rules that he was and benefitted from leniencies, which he was not able to receive. He felt very angry regarding the difference in treatment and a desire for the professors to approach the education process with a perspective of just and equitable treatment of all students.

When a paper's due, I'm going to hand it in on time. Whereas girls in the class would get weeks extensions because of the weirdest, stupidest reasons. And I was always frustrated because they were always getting

extensions, always. And I was always working my ass off to hand them in on time and they were getting extensions for weeks at a time. (Graham, Lines 546-550)

Of particular interest was the interview with Jessica, who admitted to observing the perceived difference in treatment of some of the students. During the interview Jessica discussed the different groups within her class and that her perception was that the girls that met the stereotypical desired image of a nurse (including being attractive) were able to navigate the program with greater ease and in some cases were given what appeared to be preferential treatment. She admitted that she was in that category and did not feel she was subjected to the same scrutiny as others. She indicated that the professors in the program seemed to favour particular students, and as a result they were not held to the same rigid academic and performance rules. She indicated that the males within the program and females who did not meet what she felt the professors perceived as the ideal were subject to harsher assessments and evaluations. She reflected on an incident that occurred in her fourth year that exemplified this situation. She felt that the male student was subject to a different level of assessment and evaluation than she had been. The difference in expectations by the professors was evident in the mark received.

They absolutely loved the one group and then the outliers, anything they answered in class couldn't be right. They got poor marks on everything and I even helped a couple of people with assignments and I'd get a really good mark and they'd get a really crappy mark. (Jessica, Lines 63-66)

There's no doubt in my mind that I had an easier time. It's awful to say, but there's no doubt in my mind that I had it easier than other people. (Jessica, Lines 441-442)

One of our final projects, I worked on it with a friend of mine who was male. And we entered the questions together and we did the work together and we each wrote the essay. And I got, I think, a 98% on it and I think he got a 60. And there is one section that we worked on together and I got 10 out of 10, he got 0 out of 10. And the teacher wrote that he just completely missed the mark. But I don't understand how you can

completely miss the mark when I got 100% on that section. And we worked on it together. (Jessica, Lines 645-650)

The second aspect of difference that participants spoke of was the difference in academic expectations of the program. The comments focused on the expectations of the students versus the reality of the program content. The consistent message was the desire of male students to have what they perceived as more concrete, science type courses, in contrast with what they felt were less science based, more emotionally driven courses.

Murray, who withdrew from the program, spoke to this difference in expectations regarding the content of the program. He described his difficulties with the theoretical classes and his enjoyment of the more concrete, hands on work. It was the disconnect he felt with the material being taught that precipitated his withdrawal from the program.

I actually liked the lab, the hands-on stuff more than the textbook stuff. I'm sure a lot of people do. But that was the only part I enjoyed. In class, it'd be hard for me to focus and then, just wasn't really interested in it. When I read books that I'm interested in I can't put them down. In nursing, I got to push myself, you know, force myself to read it. (Murray, Lines 102-106)

Doug also reflected on his experiences and indicated an affinity with scientific, concrete based courses. He found he could relate to the content and thus learn it with greater ease. He felt that there were many courses that were "fluid" and thus difficult for him to grasp and enjoy. During his interview he indicated that he perceived that female students had an increased comfort level with the more fluid content and thus performed at a higher level in these courses.

I found that, with the science being concrete, it's this or it's that. I found that to be a lot easier to get into and to excel in. (Doug, Lines 27-29)

The sciences were pretty straightforward but I think that, when it came down to courses that talked about things like feminism and how to interact

with patients, I found that those were very difficult for me and I found that they were very, very fluid and so it was very difficult to get into them and understand. (Doug, Lines 364-367)

The word “fluff” was frequently used to describe many of the courses or course content. This particular word had a negative connotation to it and, when used by the participants, was in reference to a course that they felt was not concrete or science based, and in their view was unnecessary. The level of frustration with this type of content was evident in the participants’ words and tone. Such comments were not expressed by female participants.

Jeff perceived this content as distancing the program from the true “nursing” content, which he viewed as the concrete, science based content and the hands on lab and clinical work. He felt that the inclusion of “fluffy” content weakened the academic status of the program.

If you look at all the nursing classes or all this fluffy stuff, where you learn about reflection and being empathetic and everything was in that realm, there was like a multitude of courses. So it seems like nursing as a whole from an academic standpoint is not still the primary focus. (Jeff, Lines 831, 836-839)

Brad also spoke of “fluffy” content and discussed it in relation to reflective practice. Though he felt reflective practice was important he felt it should be a more concrete evaluation of one’s performance with a lens of improving, rather than an emotional exercise.

The whole reflective practice thing is important. I engage in reflective practice all the time. But they draw on emotions. Like, “How are you feeling? How were other people feeling?” I don’t really know. I don’t know how people feel. I don’t really care. This is how I can improve on the situation, that’s what you’re asking me, right? We don’t need this, “How did I feel about that?” Maybe I felt like shit. Who cares? How do I improve in the future so I don’t feel like shit. So identify the area that I

want to reflect on, where did I go wrong and identify how I can do better. We don't need this fluff, in my view. (Brad, Lines 567-574)

Graham also discussed the reflective notes that were required in clinical placements and how he felt they were not necessary and did not have valuable content. He also referred to this type of content in the program as “fluffy”. The implied meaning was that the assignment, based on the need to express one's feelings was soft, or feminine and not something he would naturally do.

I thought they [reflective notes] were pretty lame. They were like fluffy, you'd call them, right? Like there wasn't as much content to them. Now, they weren't hard to write, you just picked a situation and described your feelings, which was weird. (Graham, Lines 1097-1101)

Daniel expressed his frustrations with course content within the nursing program as well. While not using the same terminology as other participants, the meaning behind his comments was similar. His desire to focus on what he saw as “essential components” of nursing rather than the more art based side of the profession was evident. The difference in expectation and perspective was clear in his description of a core course that he had taken and how he would have changed the course to better align with his world view and academic interests.

I'm hoping to get out of those popcorn classes and just get to the meat and potatoes of nursing. (...) I can't, my brain can't handle anymore bullshit courses. You need to have, what is it? – Determinants of Health... ... garbage class. And the worst part is if you gave me control of that class, oh my God! Every kid would love that class, because I would change what it is. I would turn it into an epidemiology class. (Daniel, Lines 1457-1467)

In all of these interviews there was consistent discomfort around certain aspects of the content and its importance for the role of a nurse. The participants spoke of a difference in expectations and treatment within the nursing programs and that this

difference was utilized by professors in an attempt to influence who would be successful within the program and ultimately become a nurse. The provision of support (or lack thereof) was also seen as an educational strategy that influenced who would be successful within the program.

***Support (or lack thereof)***

One educational practice identified was the provision of support (or lack thereof) and the impact both had on the success of the student. The perceived lack of support from faculty was felt to be related to the rigidity of the program expectations and rules, and thus related to the achievement of the ideal image. Participants felt that to maintain a positive approach to the nursing program and to learning posed a significant challenge and they often received little support for challenges that might occur during the four year period. Many female participants spoke of this but when male interviews were analyzed it became evident that their approach to the program was very isolated and individual. They were hesitant to admit to anyone that they required any assistance with assignments or the workload and they tended to favour self-support strategies rather than admit to and seek assistance from faculty or colleagues. Often when discussing support within the program they were quick to highlight a particular faculty member that provided them with support and how helpful that experience was, thus implying a lack of support from other faculty.

Jessica discussed the lack of support received within the classroom setting for students who attempted to critically think. Her accounts reflect a key aspect of critical thinking as a student's ability to ask questions and particularly challenge the professor by asking "why". She felt that the classroom was not an environment conducive to inquiry

and that because discussion / questioning was discouraged to a greater extent in some students the resulting treatment was seen as discriminatory in nature.

If you wanted to critically think, you had to do it without the teachers' help. (Jessica, Lines 346-347)

I think the teaching staff need to be more supportive of people critically thinking in class and asking questions and trying to learn through discussion. The targeting was so obvious, I think the teaching staff were the problem where I was. (Jessica, Lines 545-548)

Throughout Jessica's interview she discussed certain categories of students who had difficulties with fitting in and receiving support from faculty. She specifically mentioned male students. As well as other female students that did not meet what she perceived the faculty saw as the ideal. She referenced students who were pregnant while in the program as well as the "older" female students as also being subject to "targeting" and specifically a lack of support on behalf of the faculty.

Cameron discussed his impression of the educational approach used in his nursing program. He felt the student was expected to navigate the program with little assistance or support and that this approach was used as a method of "weeding out" students who were not able to cope with the rigours of the program, and therefore the profession.

There was no hand holding, there was no encouragement, it was very much, "Sink or swim, you're on your own, this could all be for nothing and it could end at any moment." And that was a tremendous amount of pressure for a young person. (Cameron, Lines 791-794)

Karen reflected on her experiences within the nursing program and her frustration with the lack of support available to students. She was particularly frustrated with the apparent lack of understanding from professors towards students who were experiencing family or personal issues and therefore required additional support and potentially some

adaptation of the requirements, including due dates for assignments. She spoke of the rigidity of the program rules and regulations and its impact on student morale and ability to be successful. She, similar to Cameron, also spoke to the lack of provision of support as a test of the student's ability to meet the demands of the program and thus the profession, and also alluded to the "sink or swim" metaphor brought forward in other interviews.

Doug perceived that gender was a factor when requesting support from some faculty. He spoke of faculty telling students that they had "open door policies" which indicated they were willing to assist where possible, answer questions and provide support outside of the class. Doug however, found that the support was not equitably available to both genders. He felt that female students were afforded a broader spectrum of support and that professors were more receptive to them requesting help than male students.

I think that there were faculty members who were less receptive to male challenges and were more apt to assist and help out challenges that female students were having. The open door policy was only a partial open door policy. Depending on who you were. (Doug, Lines 595-601)

He did however, indicate that these issues were limited to only some of the professors and that others were willing to provide support as requested to all students. He was quick to stress the impact these professors had on his experience and his success within the program. He felt their approach was integral to students feeling the sense of belonging and welcoming needed to succeed.

I found that I had certain professors who were phenomenal. Some professors would, you know, they'd sit down with you, they... the idea or the statement was, "We want you to pass. Come talk to us. We want to

hear from you.” Some of those professors really embody that. (Doug, Lines 261-265)

Doug told a specific story of a professor he felt went beyond what was expected. His description of her selflessness and willingness to put the student over herself spoke to his view of support. The actions of this professor were so powerful to him that it shaped his view of other professors and what his ideal professor in a leadership position would be. He felt that with a professor with these values in a leadership position it would impact the actions and practices of other professors.

I had a new professor and she was awesome, she was very receptive. The open door policy was a true open door policy. You went in and you could be ready to just cry or tell someone off and she would just, “Yes, I know I’ve got dinner plans at 6 o’clock. I know it’s 5:30 now, but we need to get through this so sit down and we’ll get through it. She’s that kind of person; those are the kinds of people that I wanted to be leading my program. And those are the professors I thought should be in those positions of a leadership and should be throughout the program. (Doug, Lines 662-671)

Daniel also spoke of a specific instructor who not only provided support to him at a time when he was stressed but was able to recognize his need for support and intervene on his behalf, adjusting the testing to accommodate his situation. This act of kindness particularly affected Daniel and it was evident from his descriptions that he felt that professor emulated qualities he valued. The importance put on this one action was significant and his surprise at her willingness to accommodate his situation indicated that he had not received similar support in the past, nor did he expect to receive this level of support. His story related to an incident during lab testing;

And I knew my clinical year and my grades are counting on this and I look at the instructor and I go, “I’m not going to perform well this morning. I want you to know now I’m probably going to tank this and it’s going to be horrific.” I did it and she looked at me and she opens the door, checks in the hallway, closes and goes, “Who was that guy?” I was

like, “Who do you mean?” She goes, “That wasn’t the person that I’ve been teaching for four months. Who was that person?” I’m like, “I told you, I had an argument with the Mrs.” She goes, “That’s ridiculous. Come here.” She gives me a number and a day and she goes, “You’re going to come back on this day and do it again. And this time don’t answer your phone.” (Daniel, Lines 1103-1112)

This instructor, showing a level of understanding of life circumstances and allowing Daniel to repeat the lab test, displayed compassion and support for the student’s success, not just the need to conform to the rules with no ability to adjust for the situation. This act had a significant impact on Daniel’s outlook on the educational setting, the instructor and allowed him to regroup, clear his head and subsequently pass the test. The impact on the student and the perceived educational environment this support created was instrumental in the student’s success and sense of belonging. For those who did not perceive that they were provided with an adequate level of support during their educational experience the result was frustration and a sense that they were not given support because of personal or gender related characteristics. The provision of support (or lack thereof), as an educational strategy, ultimately affected the education and socialization experience of the student(s) involved. They perceived that these strategies were used with the ideal image of the nurse as a focus, the intent of which was to shape students into that ideal. In their view, the result of these efforts was a fear based educational system

### ***Fear Based Education***

A significant concept that emerged from participants’ stories was that many perceived their nursing education process was based in fear: fear of failure, fear of retribution for speaking up or attempting to challenge, fear of not meeting the desired image. Many participants spoke to this fear being imbedded in the actions of the

professors, the pressures felt within clinical and the systemic procedures that existed within the program. Others spoke of a more direct approach taken by professors when speaking to the class, often threatening students with failure if they did not conform. These direct verbal reminders resulted in students feeling stress and extreme pressure to meet expectations. The fear also resulted in a more compliant group of students. It was only after graduating that some were able to appreciate the nursing role, free from threat. Some participants indicated that even after graduating they continued to experience stress reactions to clinical situations as a result of their experiences during the educational period.

Cameron related his experiences within the nursing program and what he perceived as a very threatening, fear based approach nursing education. He used the phrase “toe the line” frequently in his descriptions of his experiences in the program, pointing to an expectation that students conform to requirements with no resistance. He also discusses his frustrations with a lack of acceptance of any creativity or personal interpretation of the nursing image; which he felt was very prescriptive and rigid in its structure.

One thing I will say about nursing curriculum is, is extremely fear based. Everything is motivated out of fear and toeing the line. It was all toe the line or else. And it was very much, “There’s a certain number of students every year that don’t make it and I’d be happy to walk you to the door if you don’t meet my expectations.” (...) Every year at the start of the year, we would get the don’t F it up speech by a very high person in the program. “I’m not going to bail you out, I’m not going to help you if you mess up here and take it very seriously and don’t think that because you’re fourth year we won’t fail you because we sure will.” That kind of speech at the start of every year. So it was very much fear based. It wasn’t encouraging, it wasn’t fostering, it wasn’t positive. It was a very negative punitive, fear based style of leadership in the program. And that, I will die saying, that was really unnecessary. (Cameron, Lines 748-766)

Graham also described experiences during his program of study that were similar to Cameron's. He spoke of professors delivering, what he perceived as, fear-driven speeches, meant to ensure that the students conformed out of threat of failure.

Multiple times, teachers would say, "Oh, we've had lots of people fail in fourth year. Just because you're here doesn't mean you made it, we've had lots of people that failed in fourth year. Just because you graduate doesn't mean you're going to get anywhere. We've had lots of people graduate and not pass the test three times. All the time, all the time, all the time. It was shocking that they took that approach. (Graham, Lines 1227-1232)

Doug echoed the feeling of being threatened, indicating that it created a culture of fear within the class.

It was that constant threat of failure that seemed to be used by certain faculty members that just left the entire class in a state of constant fear. (Doug, Lines 278-280)

Karen reflected on her time within the nursing program and how unsupported she felt throughout the program by her professors. She felt that professors had a responsibility to support students and create an environment conducive to learning, as opposed to an environment based in fear of failure.

I think it is hugely a responsibility of the professors. They don't realize that they're not making people feel supported, they're making people feel scared. (Karen, Lines 468-469)

Doug also described the clinical and lab instruction as being very rigid and ideal based. There was no ability to be an individual; on the contrary students were expected to behave in a prescriptive, idealistic, way. His perception was that this approach determined which students were able to meet the ideal image and which were not. He saw it as a way to ensure compliance and uniformity in the graduates and thus the profession.

If you fail to do this skill exactly the way we taught you, using the same language basically, taking a page and memorizing every word and repeating it verbatim, if you fail to do this, you're going to fail. If you fail, that's it, you're done. And we will not take you back and you will be done, you will be gone. It means that you're not competent, ready to be a nurse. (Doug, Lines 811-815)

Patricia reflected on her time in a clinical placement as being stressful; she feared not only failure but also having chosen the wrong career path. She felt that the instructor was unduly critical of her performance in the clinical setting and as a result she questioned her ability to complete the course. Of interest is the effect a supportive clinical instructor had on her the next rotation and how this perception of acceptance and support changed her view on the profession and her ability to succeed.

I didn't fail or anything. She just gave me a really hard time and it definitely made me second guess wanting to be in nursing, because I hated clinical, I dreaded it. And I was like, "Why am I doing this profession if I hate going to clinical? This is what I'm going to have to do every day as my job." And then the next semester when I had a new teacher, it was just like night and day. I started liking doing what I (was doing). She [the first instructor] was instructing by fear. (Patricia, Lines 389-395)

Travis experienced similar stresses in clinical and stated that he continued to be affected by the approach taken by one of his former instructors. Although at the time of the interview he was with a different instructor, he continued to be apprehensive in the clinical setting. He argued this hesitancy affected his ability to grow into the role, develop his critical thinking skills and his own approach to providing nursing care.

I still find it hard to feel really comfortable, because I find it difficult to give care without having to think about what you're missing and what your clinical instructor is going to say. (Travis, Lines 603-607)

Karen had difficulties within the educational setting, however she said that after graduation she was able to move forward, find her own style of nursing and feel

comfortable in the role. None-the-less her perception of her nursing education and strategies used by instructors remained very negative.

I love working now. I absolutely hated school, never thought I would like nursing based on my experience in school, but I'm glad where I am now.  
(Karen, Lines 919-921)

All education and socialization strategies, including perpetuation of stereotypes and images and educational practices are utilized to further the construction of the ideal nurse. Participants perceived many of these strategies as negatively affecting them and that the overall experience was one of fear and isolation. Participants spoke of these education and socialization processes as being key in creating the ideal nurse and also that they experienced certain pressures during these processes that impacted their ability to conform.

### **5.2.2: Pressures**

Through the analysis of the interviews it became clear that several pressures were experienced by participants during their education and socialization process. These pressures were both internal and external. Some pressures were explicitly described by the participants and clearly articulated to them by professors or members of the profession. Other pressures were framed by the perceptions of the participant, based on experiences and the meaning assigned by them to the experiences. Pressures could be organized into three categories; performativity, conforming and academic.

#### **5.2.2.1: Performativity**

The concept of performativity refers to the need felt by participants to perform in a gendered way, most often feminine, and suppress more masculine gendered attributes. This concept was discussed frequently by participants. It included discussions with Tim

on his taking on a “gay persona” which he attributes as being more feminine in nature, in order to better fit into the class. He described the success of this approach by stating that he believed it was due to this that he was accepted by female students into study groups, as part of the larger class and included in extracurricular activities with the female students. He believed that, had he not taken this approach, he would not have achieved this level of belonging.

I felt if I were to take on more of a gay persona per se, I could get along on a more friend level with the girls in the class instead of being interpreted as me hitting on them. I didn't go all crazy or anything, but just again taking on more female interests, (Tim, Line 587-589, 591-592)

Even though he attributed his successful integration into the group to this strategy he described the need for it as “ridiculous” and was disappointed that he felt he had to take this approach to belong and succeed.

I kind of wished nursing would have been more gender neutral. (Tim, Line 630-631)

Tim also described the strategy he took within the clinical setting, changing his natural personality to be what he perceived as more feminine gendered in his approach to colleagues and interactions with them.

Sitting around the nursing station and seeing the same nurses there for a while I would ask them how their kids are (Laughs) because I remember when I was here them talking about their kids. I feel that's more of a female role, asking, talking about, your kids or how things are, and one of them was in trouble, so there's a conversation topic. Just kind of sitting around the nursing station kind of doing some work, talking about the home affairs with other people there. Maybe more of a female kind of related aspect. (Tim, Line 737-748)

The issue of changing one's persona when one entered the clinical setting or in the classroom was referenced by several participants. Cameron discussed his perceived need to change his demeanour within the clinical setting because his masculine gendered viewpoint was dismissed.

I find myself changing when I enter a shift situation and I'm the only male staff on, my demeanour changes, the way I carry myself changes. I'm much more self aware, I'm more self conscious. I feel judged more. (Cameron, Lines 367-369)

I felt that my male take on things was overshadowed and obfuscated by the nursing paradigm. It was like it doesn't matter that you're a male, what matters is that you toe this level of performance. And how you see things as a male doesn't count, doesn't matter, [they are] not interested to know. (Cameron, Lines 1004-1007)

Corey discussed the pressure he had experienced to behave in a way that was contrary to his normal personality. His comments implied that, given his strong identification as a heterosexual male, he felt pressure to perform in a feminine gendered way, taking on a gay persona, while in nursing environments.

There are times when you can be yourself but most of the time for a male, especially for a male heterosexual like myself, I kind of feel a pressure to definitely act a certain way that I'm really not. (Corey, Lines 731-735)

Daniel reflected on his perception of the need to perform in a more feminine way. He felt this was in conflict with what he perceived as his natural, very stereotypical, masculine persona. He discussed attributes that he associated with himself, that presented as masculine gendered and he discussed his need to change his persona in a nursing setting, taking on a more feminine, softer persona that he perceived would be more acceptable to the profession.

I can't go in as a man, full of energy because... [discussed work life, sporting activities and heterosexual status]. So when I walk in a patient's room, I've always had the mentality of, "Let's be a little softer, let's be a little bit more gentle." And what ends up happening is that I find myself being softer spoken when I'm around a patient because I'm a man. And then, when I'm with my colleagues, I get all boisterous and goofy, but I can't be like that with a patient, because I'm a really imposing presence. I'm a strong personality, I'm a male and I have a lot of energy. So, I have to really go with the kid gloves and be gentle and delicate. And it's weird as a man because I've got this power in me, and I'm strong, and I want to do good and I can't because I have to be gentle and caring. And that's fine, I'm okay with that. It's an aspect of the job. (Daniel, Lines 800-819)

Participants felt a pressure within the educational setting and within the workplace to perform in a feminine gendered way both with colleagues and with patients. This pressure was based on the desire to belong, to meet expectations and to conform to the ideal image as much as was possible given their gender. Accompanying this pressure of performativity was the corresponding pressure to conform.

#### **5.2.2.2: Conforming**

Conforming was discussed by many participants, particularly in regards to clinical expectations or expectations related to assignments or skills. There was a strong sense that to do well one must conform to the desired ideal of one's instructor. Participants voiced concerns regarding this pressure to conform, citing a lack of independent thought, a lack of creativity and a lack of individuality within the education system. They felt that the processes were very prescriptive and varying from the ideal would result in negative outcomes.

Graham discussed the confusion students felt because of these pressures to conform to individual instructor desires. He indicated that it became difficult to constantly adapt one's methods and approaches.

They wanted you to act and speak the way that clinical professor was, right. Which, which was tough sometimes, because, if you switched clinical placements, you were adjusting, because each clinical professor would want you to do something differently. (Graham, Lines 514-519)

Cameron also felt the profession did not prepare students for the expectations that would be put upon them and the pressure to conform to those expectations, regardless of their own personal style.

I don't think that we as a profession and we in academia do a good job early on of telling people, "Okay, these are the expectations of the profession. Are you on board with that? Because if you're not and you're a highly creative individual person, an artistic person, individuality is not encouraged in the nursing profession. In fact, it's discouraged." I think that you are not encouraged to be an individual as a nurse. (Cameron, Line 475-489)

Cameron noted that female students were able to adapt to the restrictions put on them within the program with greater ease. He perceived that this was due to their socialization as women to be less challenging and more compliant.

I think women, there's that saying in psychology, tend and befriend. Women do that. They're accustomed, they're socialized – I shouldn't say "accustomed" – they're socialized to being compliant and adherent to social conventions and to the standards of the profession. Women are not as generally as outspoken as men in terms of socialization. Women can be very outspoken but I think it's discouraged in terms of feminism. So I think women did have an easier time with the expectations of the profession and of the program. (Cameron, Lines 704-710)

Dave described his experiences within the nursing program as functioning within a bubble and that to succeed one had to be able to function within that bubble.

So you're required, at least while you're a student, to behave within that bubble, I mean, with all the norms that come down and all the rest. There is a way in which a nurse has to be. (Dave, Lines 882-885)

Doug spoke of the difference in learning styles and strategies between men and women and that this difference was felt within the nursing classroom. As a result of the difference he felt pressure to conform and adapt to an alternate learning style.

If you have that minority of males into a majority of females, you teach the majority. And the minority unfortunately sometimes just has to conform and adapt. And I think it's that conforming and adapting that can be very difficult. (Doug, Lines 41-43)

Justin reflected on his experiences, particularly during consolidation, where he was buddied with a female staff nurse as his preceptor. His communication style was very different from the preceptor's style leading to misunderstandings and misinterpretations. During this time he was counselled by his academic advisor and through some personal reflection, he concluded that he would need to conform to be successful. He spoke of how difficult this was for him, changing his persona, and his natural way of being but also always needing to be cognisant of his female colleagues and how they would perceive his comments.

And I think maybe in relating to female nurses around me, there's a similar thing going on where it's not that I need to conform, change who I am, but I need to keep in mind that there are differences in the way that they're communicating and the way that they're understanding things that I'm saying. So, so I don't need to change fundamentally who I am, but I do need to be cautious and aware that there are differences between men and women and it's not wrong, it's not that girls are off the rock or... I mean, they communicate their crazy needs, but just that they're different, they're made different. (Justin, Lines 579-586)

Jeff was articulate in summing up the need to conform and what the outcome would be if he did not conform. Although many participants alluded to the need to conform or suffer the consequences, Jeff was clear in his perception of the environment in which he was studying.

I would say that nursing for some reason has adopted this mindset very similar to the military. And, and that way, if you don't fit the perfect soldier mentality, then you're out. (Jeff, Lines 798-800)

Tim was also very clear in his perception of the environment and what he was required to do in order to complete the program.

Me going into nursing I really liked that kind of sense that nurses took on. But then again nursing is very female and it's always been that way. So I kind of take it that if I'm going into this kind of field, then I shouldn't expect them to conform to me. I should adapt a little, if you know what I mean. (Tim, Line 640-643)

Participants discussed pressures related to their educational experience and the need to meet the ideal image constructed by the faculty. The perceived need to conform was evident in many stories and often referred to behaviours in the clinical setting. There were also pressures felt related to academics.

### **5.2.2.3: Academics**

Students felt pressure related to academic performance during their nursing program. Dave spoke of the pressure to meet academic expectations and his own internal pressure to attain high academic standing, which he felt would reflect a strong knowledge base suitable to the seriousness of the nursing role. He also reflected on the general workload of the program and indicated that this caused some distress as he was unable to maintain a job with adequate income due to the workload.

I find it very difficult but it's more based on the volume of material, that you need to know all of it all the time. So if you pull a 70 on a test, it's not like, "Oh, I passed that test, I can move on." It's, "I didn't know 30% of the stuff. I really need to know that stuff." (Laughs). So from a volume perspective and especially with clinicals and the amount of hours you have to put in, I worked almost full-time hours straight through my first degree. Like I averaged between 25 and 35 hours a week, almost all the way through plus volunteering, plus other things. I can barely hold down a part-time job at this degree. (Dave, Lines 1023-1031)

Corey also discussed the level of workload and the pressure he felt to meet all deadlines and expectations. He was overwhelmed and at times unable to manage all the conflicting priorities. When he spoke there was a sense of panic.

It's just... it's a constant, just when you think you're done, something comes up, something else. (Corey, Lines 520-521)

Travis described his academic pressures within the program and the impact on his confidence. He found that he was required to work harder to attain marks that in the past he was able to attain with little difficulty. He also discussed his shift in self-image, from above average to average, based on the difficulty level of the program.

It's different from when in high school I was really into science and stuff I could, ace stuff. I could ace that test if I studied really hard. But now, if I study really hard, I can get, it's hard to just get right over an 80, which is what I always wanted, tried to do, but sometimes you can't, (Laughs). It's tough, it's a lot different ...

Researcher: than what you expected.

Yes. (...) I was used to being a little more above average. I found when I got in I was just pretty average. (Travis, Lines 487-538)

Jeff reflected on fellow male students who were unsuccessful in the program and postulated as to the reasons for their failure or withdrawal. His opinion was that they had succumbed due to pressures in the program related to academic and performance expectations. In bringing up these pressures, he revealed that he too became very stressed about academic and clinical performance.

They just couldn't handle the academics I don't think. They couldn't handle the rigid demands of nursing in regards to clinical and being like extremely prompt at handing things in on time or having severe penalties. (Jeff, Lines 304-306)

I didn't sleep well before going in for clinical because you were worried that you would sleep in, or your car would break down, or something would happen and you wouldn't make it to clinical; or you just wouldn't

meet the exact demands within clinical where you had to be able to recall all your meds with the teacher beside you. You wouldn't have time to look them up or you couldn't just like rip out the paper, you were expected to know what they were, know what they were for. And when you're already sleep deprived because you're stressed out and you're not sleeping well, it's just a really stressful event, really stressful experience. (Jeff, Lines 347-354)

Cameron reflected on his educational experience and indicated that he felt pressure throughout the program to perform at a high level, both academically and clinically. As mentioned in previous sections, he held himself to a higher standard and also felt that he was held to a higher standard by clinical instructors and professors. He mentioned that due to these perceived pressures from others he worked very hard within the program and achieved an overall high academic level. As a result of this academic proficiency, he subsequently felt pressure from family, after graduation, to continue his education.

A lot of pressure from relatives and family members like keep going, go into medical school. Especially when they learn that I did well in the program. (Cameron, Lines 229-230)

Travis experienced similar pressures, not from family or friends but from professors within nursing when he was approached several times regarding his pursuit of graduate studies. He felt pressure to pursue graduate studies and perceived that he was approached not only because of his academic standing but because he was male. He perceived that additional pressures were put on male students to move forward with more education directly out of school. He believed this was the expected path and that choosing not to pursue graduated studies was seen as a failure by professors.

I know other guys that just sort of go right into the master's program and stuff. I don't know, I find that there's really a push for the guys to be more academic and excel. (Travis, Lines 277-281)

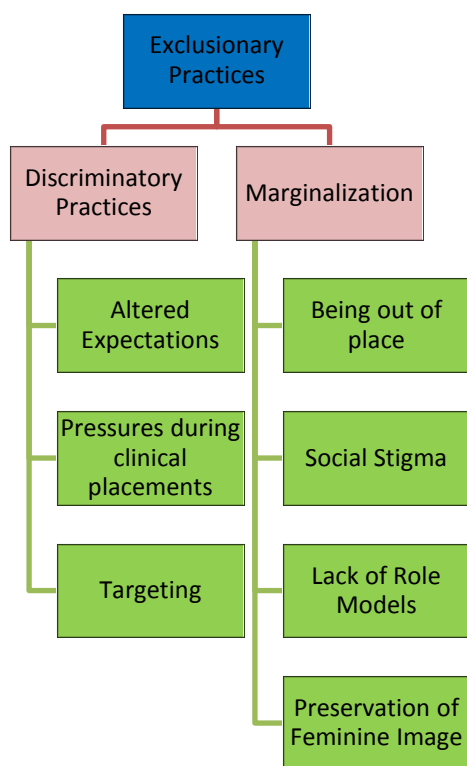
I feel there just seems like there's a path that's sort of set out there.  
(Travis, Lines 328-329)

Participants described stories related the ideal image of the nurse throughout their interviews. Often these stories had a significant amount of emotion associated with them. They described pressures to conform and perform in prescribed, often gendered ways and the impact of the academic pressures they endured. The education and socialization processes encompassed the perpetuation of stereotypes and images of nursing and pedagogical approaches were employed to achieve the ideal construct of the nurse. The results of the education and socialization processes used and the pressures the participants felt will be discussed in the third theme: Exclusionary Practices, which describes the practices that the participants perceived as being utilized to assist in achieving the goal of the ideal nurse.

### **5.3 THEME THREE: Exclusionary Practices**

The third identified theme focuses on the exclusionary practices used by faculty, members of the profession and fellow students' towards the participants. The experiences of the participants were analyzed for commonalities and the meanings underlying those experiences. Many participants spoke either directly or indirectly of their experiences related to interactions with others. These interactions are categorized as discriminatory or marginalizing. These practices resulted in the participant feeling excluded in some way from the profession or the educational setting and experiencing a lack of belonging, which impacted their mental health, their ability to succeed within the program and their ability to identify as a nurse.

Figure 5.4 Theme Three Concept Diagram



### 5.3.1: Discriminatory Practices

The first category of exclusion was the use of discriminatory practices towards the participants. When they told their stories it often was emotionally charged due to the hurt felt by these students and graduates towards members of the nursing profession, which in their opinion, had taken action to treat them in a discriminatory manner. When speaking of discriminatory practices, participants described incidents that made them feel that they did not belong, they were treated in a manner that differed from their colleagues, in their view because of their gender, and they were made to feel that they

were not welcomed within the profession. Participants stories were analyzed for this theme of discrimination and discriminatory practices and key concepts were identified that related to this theme. They frequently described what they perceived as altered expectations, particularly for the male students, and the clinical pressures they endured, which they felt were used as methods of discrimination. Many male participants described in detail incidents during their educational experience that made them feel targeted by their professors.

#### **5.3.1.1: Altered Expectations**

Participants recounted stories of experiences both in classroom and clinical settings that they perceived as situations where they were subjected to altered expectations. The sentiment regarding these situations was that the altering of the expectations resulted in a form of discrimination and this practice was done with the intent of either excluding them or enhancing their ability to succeed. These altered expectations included preferential treatment resulting in improved grades or ability to succeed; raised expectations of clinical and academic performance, thus resulting in stricter adherence to rules and a more severe approach to evaluations; judgement of actions based on accepted norms and the feminine ideal and gender based assumptions regarding behaviours within lab and clinical. Jessica described the preferential treatment that she and her friends received in class, based on their gender and appearance. She recognized that as a result of these altered expectations she was able to not only avoid punitive consequences to the breaking of rules, but as a result attained higher academic standing. She also recognized that others did not have this advantage and were subject to the prescribed consequences.

I think they (females who fit the desired image) were getting favouritism. Because I was friends with them in the get go and they would hand projects in late and not get docked the 10%. And then other people that I knew and weren't necessarily friends with at that time would get docked the 10% for handing it late. (Jessica, Lines 120-129)

Cameron discussed his experiences in the clinical setting and indicated that he felt he was subject to increased scrutiny, compared to his female counterparts.

I feel like the decisions I make are held to a higher standard of critique if you will, a higher standard of criticism. (Cameron, Lines 371-372)

Rob indicated that he felt there was a different expectation of male students/nurses within the clinical setting, particularly related to workload. He felt that males were expected to take on additional work and assist the female nurses with cares and lifts, in addition to their own workload. He noted that this was an expectation regardless of the male's workload requirements. He did not feel that female staff were expected to assist others with heavy cases..

I don't know exactly how it is different. I think there seems to be a, "Oh, the male nurse is going to be able to do more stuff than I'll do" sort of thing and, "They can always help me" (Rob, Lines 85-88)

Dave felt there was an expectation within lab that male students would buddy together. He found this frustrating because there was an assumption of who he would want as a lab partner that was being based purely on gender, rather than compatibility or similar academic approach.

It's just one of the weird things actually I found almost discriminating in labs is always the assumption that you're going to partner with a male. Which, depending on their ability or who I know and all the rest, I don't necessarily want to be partnered with the other male student just because we both happen to have the same genitalia. Obviously, again, just based on gender dynamics, most of my friends in nursing happen to be female. So I'd much rather be with one of them. (Dave, Lines 656-665)

Doug spoke about the differences between males and females and the gendered differences in their approach to coping with stressful situations. He perceived that as a male his reactions were not accepted as reasonable manifestations of stress whereas reactions, in female students which tended to be more emotional rather than physical, were considered an acceptable reaction. This supported the feminine gendered approach used within the nursing program and supported the male students feelings of exclusion and not being accepted.

If a girl was crying, it was an expression of her feelings; but if a guy was getting frustrated and punching the wall in the corner or the locker, which was an expression of anger that wasn't acceptable. You could go to the gym, for example, and if you grab the soccer ball and kick that soccer ball as hard as you could against the wall or kept giving it just to get your frustrations out, well, that was viewed as a no, no, because that's a physical manifestation of your frustration in an aggressive state versus a physical manifestation that appeared to be sort of a state of sorrow. And they were different. (Doug, Lines 314-322)

The use of altered expectation resulted in participants feeling excluded or different than other members of the group. Participants also discussed clinical experiences as a prime area for discrepancies in treatment.

### **5.3.1.2: Pressures during clinical placements**

When participants related stories of their clinical experiences many described negative situations that affected them beyond the clinical setting. These clinical experiences led several participants to consider withdrawing from their program. Jeff spoke of his perceptions of clinical instructors' attitude towards males in their clinical groups. He felt that clinical instructors tended to observe and scrutinize male students, because they were few and there seemed to be some trepidation regarding their purpose or intent on pursuing nursing.

I think just in regards to clinical, I did kind of feel like the clinical teachers kept a closer eye on the male students in comparison to the females at first at least just to kind of see where we were coming from. I don't know if maybe that's because there's a lot less males in nursing so maybe a clinical teacher is a little bit unsure of how we're going to react. (Jeff, Lines 529-533)

Dave also spoke of the reaction by clinical instructors and the staff of having a male as part of the clinical group. He felt that there was a bond created because the staff and students were all female and the insertion of a male into the mix somehow disrupted that bond and as a result the male was subject to some form of negative treatment. He indicated that there was nothing overtly said or done, but that he sensed that the atmosphere was slightly negative due to his presence.

It's just the lack of a bond, for lack of anything else, like it's hard to click with some because they are used to that power dynamic of having all females with them and when there's a male thrown in the mix, it just... some clinical instructors, some nurses on floors are clearly thrown as soon as that's gone. Most, the vast majority, it's never an issue. And even the ones where it seems like it might be an issue; it's never an explicit issue. It's never stated as such, it's more looking back on the day, "Oh that was a little weird. I wonder how that happened." (Dave, Lines 134-141)

Dave indicated that he also felt that clinical sites were generally unprepared for the presence of men and this resulted in situations as described below. He felt the lack of lockers was a form of systemic discrimination and this type of situation left him feeling isolated and not welcomed.

As soon as you're the minority in the environment, there is discrimination, even if it's unintentional, systemic discrimination. Things as simple as when I've had placements at the hospital, there's never any lockers for men. There's male nursing students. There's always more than enough for the girls, never one set aside for the guys. (Dave, Lines 58-62)

He described his experiences in clinical with some noted frustration. He was often sought out for stereotypical masculine roles such as fixing things or lifting, and he found this demeaning his role as a nurse.

If something is broken on a floor I guarantee you I will be asked before any of the other female nurses if somebody's fixing it. Anytime there's somebody heavy who falls down, I get called. I'm reasonably strong, but I guarantee you there are female nurses and nursing students who are stronger than I am, like guaranteed that there's somebody in better shape to do a lift or a transfer but easily guaranteed that I'm the one who's going to be asked, almost every time. (Dave, Lines 86-88, 96-99)

Camron also spoke of his experiences in clinical regarding the workload assigned.

He felt that he was given heavier (physically and care wise) patients than his female counterparts.

Clinically, there was definitely heavier patients, like total care patients, patients that were difficult mobilizers. Definitely there were instances where I received a more challenging assignment. (Cameron, Lines 272-274)

Lisa reflected on her clinical experiences and made an observation that echoed the stories of several participants. She observed that the experience that one had in the clinical setting, and thus one's potential for learning and mastering skills was very much dependent on the clinical instructor and one's relationship with that instructor. Lisa spoke of different treatments by different instructors toward different students, even within clinical groups. This difference in exposure to clinical experiences potentially would have an impact on the students' confidence and ability to meet clinical requirements. Lisa perceived these inconsistencies between clinical experiences as instrumental in creating an atmosphere that left some students feeling excluded or less capable than others. The result was increased stress and pressure to meet clinical expectations within a restricted setting.

Because clinical instructors can be so different for every person. So other people get to experience different things that you won't even get to see or other clinical instructors are very strict. So when others would kind of almost bend the rules for certain students, not everybody else gets to have those experiences. (Lisa, Lines 17-22)

Graham discussed his frustrations with the perceived differences in treatment that he received in one of his clinical rotation. He described an incident where the instructor observed a female student completing a procedure one day and the next week observed him completing the procedure. Based on the female student's report on what occurred during her session there was significant difference in supervision and expectations. Graham felt that the instructor was favouring the female student or on the contrary unduly scrutinized him.

I know that there was a female student that the week before had put an NG tube in and we asked, "Oh, so how was that kind of thing?" Because we had never done it on a patient. "Oh, it was fine. She – the clinical instructor at that time – she – the student said – she didn't even watch me, she just stood there while I did it, didn't say anything." And then, the next week she's just all over me, down my throat over it. (Graham, Lines 345-351)

Graham expressed frustration over another clinical incident where the female students were given the opportunity to float to a maternity ward and experience care of a postpartum patient as well as witness a birth but he was denied the opportunity based on his gender. He felt this was discriminatory but also affected his ability to do well in the program. At the time they were taking maternity theory and having the opportunity to witness a birth and put into practice some of the concepts and assessments they were taught in class put the female students at an advantage.

We had maternity that year and we had tests and things like that coming up. And every single one of the girls, I was like, "Oh, so how's the day? How was it in maternity?" "Oh, man, you know this in class, like it makes so much more sense now." And all this stuff like that. So I went to

the teacher and I said, “Hey, why can’t... can I do it? Like, why haven’t you asked me? Can I do a day in maternity?” “No, because you’re a man, no.” Flat out no. That was that. (Graham, Lines 750-755)

Several participants described in their interviews situations within clinical settings that they felt were discriminatory in nature, particularly a difference in the treatment of some students, resulting in those students being disadvantaged. The result of all these experiences were feelings of decreased self-worth, frustration, a sense of not belonging, a sense they were not wanted within the profession and a questioning of their career choice. Many participants described the use of exclusionary practices as targeting of specific individuals or groups.

### **5.3.1.3: Targeting**

Participants frequently discussed situations that they experienced, both in class and in clinical settings, that they perceived as being targeted by the instructor. When speaking of being targeted, participants referred to being treated in a manner that differed from their colleagues, an experience that was negative because it appeared to be grounded in the intention of positioning the student to be unsuccessful in the clinical placement or the program. Travis reflected on his clinical experience and felt that he was subject to enhanced monitoring and assessment because of his gender. He felt he was singled out with this approach and thus treated in a manner that differed from that of his female colleagues.

I’m not sure exactly if it’s because I was a guy, but I think it was kind of a trend though, because it seemed like I was the only one that she was really being tough on. (Travis, Lines 37-41)

Brad believed that his professors did not want him in the program and to that end treated him in different ways than other students. He felt the actions of the professors

were driven by their desire for him to withdraw from the program, because his academic standing was such that he would not fail.

I felt like I was kind of discriminated by my profs, I just felt like it just sort of came across that they didn't want me there. (Brad, Line 80-84)

They were just very rude to me, very unprofessional. I don't know. I felt like they were trying to get me to drop out, but without failing me, you know. Because they didn't have any grounds to fail me. (Brad, Lines 405-407)

Doug told of an interaction he had in first year with a third year student that he roomed with. He indicated that this roommate warned him not to continue in the program because he would be targeted for his gender. The roommate also told him that he felt he was being targeted in his upcoming clinical.

I had a roommate when I lived in Residence first year first semester and my roommate was a third year nursing student. And he turned and looked at me about a week and a half into the program and he said, "Get out now. Go to another campus, go somewhere else. This is not somewhere that you want to be because they will... you will be failed out or they will try to push you away because you're of your gender and because of who you are. "I've been here for two years. I'm going in my third and I'm telling you right now, I already know going into my placement I've got the target on my back." He failed first semester. (Doug, Lines 994-1004)

He continued to describe his perception that he was targeted to fail and as a result of this he received unequitable treatment from professors and clinical instructors. He did admit that his personality and his behaviours might have contributed to the perceived negative response by his professors. He described being challenging, standing up to professors, and taking up his fellow students' issues. He also discussed his gender and the effect he believed that it had on his status within the program. In his view he did not meet the ideal nurse image and therefore was deemed unacceptable to continue.

I think I was marked. I think my personality, being stubborn and sometimes sticking to my guns maybe a little longer than I should or playing maybe a more active role when I should be giving people just advice and avenues that they can go and seek out to better themselves instead of saying, “Don’t worry, I’ll fight this battle for you” or, “I’ll be right there beside you when you’re standing up” and not backing down. That definitely didn’t help me. I don’t think my gender helped me. I got the sense unfortunately that there was an image that this particular campus wanted. When I started, there were different ethnicities in my program. I think my program graduated, it was predominantly white and predominantly female. (Doug, Lines 535-565)

Graham recalled his experiences in the nursing program of feeling targeted by professors for not meeting the desired persona of a nurse that was being supported. He described a lack of encouragement and a use of subjectivity to enable professors to differ their treatment of students and put some students at a disadvantage.

The two main teachers for that whole semester...if you weren’t blond hair, blues eyes, Ha! Ha! Then you were a target.

Researcher: And when you say you were a target, what kind of things would happen?

Oh, lots of them were failing papers, because they’re more subjective. You just wouldn’t get any support. Whereas you’d see girls in the class, “Oh, can I get an extension?” “Yes, sure, take ‘til next week” or, “Oh, this, that and the other thing. Don’t worry. Don’t worry about it.” You could email the teacher and you’d get nothing back. Or you’d get a... “Oh, research this and that’d be it.” Whereas, I know for a fact, because you’d talk to them, these girls would email and they’d get like articles sent to them. (Graham, Lines 932-943)

When asked if he truly believed that the perceived targeting he described was directed towards males in the program and not based on substandard academic performance he became agitated.

If you look at the statistics of the numbers from our class, of course the males were targeted. You can’t say, in our group, at least, I don’t think you could say that they weren’t being discriminated against when 10, 11 of them are out within the first year, first to second year. (Graham, Lines 1001-1004)

Jessica supported the perceptions of several of the other participants when she made the following observation about her nursing education;

I found a lot of the visible minorities seemed like they were targeted, the males seemed like they were targeted and the girls that weren't quite, I guess, stereotypically pretty, were targeted. (Jessica, Lines 29-31)

When asked if she witnessed students being treated in a manner that she perceived as exclusionary, she indicated that she had witnessed the difference and what she perceived as targeting treatment of other students. When asked why she did not support her fellow students and challenge the professors on their actions or submit a complaint to someone in authority she responded;

Because I didn't want to get a target put on me, which is what I thought I would be doing. (Jessica, Lines 318-319)

The perceived discriminatory practices described by participants included: altered expectations, clinical pressures and the concept of targeting. Throughout the interviews participants expressed their frustrations regarding the utilization of these practices and the sense of exclusion felt. The sense of isolation and marginalization was prevalent in many participants' descriptions of their experiences, contributing to their feeling of exclusion.

### **5.3.2: Marginalization**

Participants interviewed described experiences related to their education and socialization within nursing that resonated with the concept of marginalization.

Marginalization can be understood as inhibiting access by individuals or groups of individuals to opportunities or inclusion in the normal proceedings of the group they are attempting to assimilate to. It is a form of social exclusion and results in the individual

being relegated to the fringe of the desired group, losing the opportunity to integrate on a social level. Marginalization can occur through the use of policies, decisions within an organization, exclusion from activities or advantages and lack of social acceptance into the desired group. Participants' experiences often included descriptions of situations that included the use barriers that effectively excluded them from being socialized into nursing at the same level as others. These descriptions included the concepts of; lack of inclusivity, social stigma, lack of role models and preservation of the feminine image.

### **5.3.2.1: Being “out of place”**

When participants were interviewed and asked to describe their experiences in the nursing education system they often related situations that diminished their sense of belonging, specifically demonstrating a sense of being “out of place” within the profession and the social collective as a whole.

Tim reflected on his early days within the program and his sense of trepidation with being a minority (male) within a large class of female students. He felt uncomfortable and unsure how to assimilate into the group, particularly on a social level. He felt that he was centered out due to his gender, had difficulties making friends and did not have a sense of belonging to the group. He felt isolated, only making a few real connections on a social level after a full year in the program.

You kind of feel like eyes can be on you. And I still feel everyone knows me in class and I don't know all of them. (Tim, Lines 287-289)

I would also look out to see the people I did know and make sure I sat with them. So I didn't kind of feel like I belonged. Because at the end of the day, I don't want to sit by myself. (Tim, Lines 561-563)

So in about 100 people, I made two friends maybe. (Tim, Line 1033)

Cameron indicated that he felt female students had an advantage because they had peer groups with whom they could form alliances who were supportive of each other, and therefore instilled a sense of belonging. Cameron did indicate that being the only male in his class left him feeling ostracized and alone. He also perceived that the female students excluded him, possibly because they felt he was unique and received attention from the professors that they did not.

I felt a sense of jealousy, judgment and hostility for standing out. It was discouraged and it was frowned upon and I feel that, because of it in certain ways, I was ostracized. (Cameron, Lines 78-80)

I think the female students were at a benefit because they could relate to each other and they definitely had more of a peer feeling than I was left with being the only male. I think that they could align themselves well and there were cliques that formed, social cliques and protective of each other. (Cameron, Lines 241-245)

Nicholas spoke at length about his experiences in the nursing program and the difficulties he experienced with the socialization aspect of the process. In his view, the difference in gender affected his ability to become assimilated into the group. The lack of inclusivity in social events left him feeling isolated and marginalized, which led to him struggling within the program.

I kind of felt because I'm a guy, it just changes the group dynamic. It does feel a little bit different in terms of what I get invited to and how much included I am, mostly in the context of outside, with mostly beyond the classroom it made a difference. (...) I find it's difficult, the socialization, it's just different bonding with guys than it is with the girls. (Nicholas, Lines 109-134)

I didn't have a lot of peer support outside of nursing, which is my mistake. I should have taken time off to make a solid foundation... a lot of pressure was put to form peer support network within the program. And I did find that difficult in such a predominantly female body, just in terms of interests and sexual dynamics. (Nicholas, Lines 228-236)

Dave reflected on the nursing education experience as unique in his view as it placed him in what he viewed as an unfamiliar state of being the minority within a group. He articulated that as a white male he was typically seen as the majority in most settings and was familiar with that role. In this case he was the minority for the first time and he felt this experience allowed him some insight into the experiences of others who are faced with that status daily.

As a white Anglo-Saxon protestant male, I generally through life have been considered the majority. But it's been my first true experience of being that much of a minority in a classroom. (...) It truly has been an experience of understanding, to a certain extent how other minorities probably feel. (Dave, Lines 26-43)

Dave continued to discuss this lack of inclusivity within the program and the sense of social isolation he felt. He stated that "it has been difficult to get in, be part of the group" (line 676) and that he felt like he was "outside of the group" (Line 698) and "not really part of the team" (Line 728) during his education. He did postulate on the reasons for this lack of belonging and surmised that it was related to the lack of opportunities to bond as a group, outside of the classroom. He felt that, due to his gender, he missed many of the usual opportunities afforded to students to bond.

I've personally experienced an odd dynamic but I'm sure males (who are) nursing also have that. Even as simple as if you're going on a clinical placement, a lot of the talking is outside of the earshot of the professor when you're in a change room before or after your shift, just like any other sport..... anything in life, that's when that bonding happens. So if I'm the only male, I never really get that bonding time. (Dave, Lines 711-717)

Dave discussed his relationships with the other males in his class. He did admit that there was a certain level of bonding between the males in the program but he differentiated this type of social inclusion from what he perceived as actual social

inclusivity to the program, by framing the male group not as friends by choice but as friends “by default”.

That’s the commonality, we happen to not be able to make the other connections. (Dave, Lines 749)

Daniel also related his experience being a white male in the nursing program, feeling that this made him more of a minority, increasing his sense of being an outlier within his profession.

When I walked in a clinic, the big joke is, “Oh, my God! A boy!” There was a lot of Haitian women there, they go, “Oh wow! A boy and he’s white!” It’s just a big joke. I didn’t take any of it personally. I got a really thick skin. I thought it was funny because it was true; I was the only white male on the entire floor. (Daniel, Lines 161-167)

Justin reported that he was not included in social activities outside of the classroom because of both his gender and marital status but also because he did not share the same interests as his female counterparts. He postulated that if the composition of the class were different, more balanced in terms of gender, he may have bonded with other males in the class and this may have resulted in a different experience in the program.

I’m sure I could have hung out with some of the girls, but, you know, it didn’t happen, maybe... also because I was married, but, I think just in terms of... maybe there’s a different sense of camaraderie among women as opposed if I was in a... if a program with a lot of other guys my age or something. (Justin, Lines 331-335)

Karen was conscious of the difficulties facing the males in her program and the feelings of isolation they felt. She described examples of situations that occurred in the educational setting that resulted in male students feeling uncomfortable and, in addition to being excluded, having a sense that they were not wanted within the program.

I think it was that it was harder for them to connect to what was being spoken about because of the “she” and because of even just the fact that everyone else in the room is female and sometimes topics would go in that direction where it’s obviously a group of females talking about something which could sometimes come off as being anti-male. Or talking about like our periods or pregnancy from a personal perspective which ... there’s nothing wrong with those conversations happening, but when it makes somebody feel like they can’t participate, that’s when they start to feel marginalized. (Karen, Lines 438-448)

The descriptions given by participants spoke to a lack of inclusivity into the broader group and at times into the profession. There was a described inability to effectively socialize into the group which resulted in a sense of marginalization. Participants also discussed the social stigma associated with being a male within the nursing program.

#### **5.3.2.2: Social Stigma**

Social stigma refers to the labelling of someone with characteristics or stereotypes that separate them from the norm of the group. These characteristics are often put upon an individual whether they are based in reality or not. The result of this is a sense of marginalization or lack of belonging within the group because of the deviation from the accepted norm for the group, the reaction of others alters the person’s normal identity (Goffman, 1963). Several participants described incidents that illustrated the concept of social stigma. For example, they spoke of comments made by family or friends in relation to their choice of career path and the assumptions associated with that choice. They also spoke of hesitancy in telling people outside of the profession that they were in a nursing program, fearing the stereotypes that might be applied to them. Tim disclosed that many of his friends, who were also students at the university, did not know he was in the nursing program and that he avoided disclosing the information if possible.

I don't even know if any of them know I'm a nurse. I've been here for four years. So I don't know, but I definitely am kind of iffy almost in terms of saying it. Like I have been known to say, "Yes, I'm in health sciences" instead of saying, "I'm in nursing." Because it's just to avoid anything further from that. So like it's nothing I should be ashamed of, but I think it just makes it easier for myself. (Tim, Lines 1108-1113)

Graham described his interactions with members of the public regarding his choice of nursing. Unlike Tim, he did not hesitate to say he was in nursing but he did receive negative responses from friends. He felt he was subject to the social stigma associated with men in nursing, particularly the stereotype involving his sexual orientation or his sexual prowess. Whereas his female colleagues received a positive response, he perceived that people seemed unclear on how to react and somewhat uncomfortable discussing his career choice. He recounted an interaction with a friend from high school as follows:

He also said, "I don't know what the heck you're thinking, how you could ever do anything like that." So I was a little, I thought it was kind of funny that, he basically automatically aligned it with woman's... he said, "That's kind of like a, you know, a girl's job kind of thing. What are you thinking?" In the school itself, I also had friends in other programs in my same school, doing economics and things like that. Again, all they had to say was, "Oh, there's lots of hot girls in there, son, you're lucky." (Laughs). But most other people, they automatically assumed, the majority of guys in the class were... you had to be gay to be a nurse or something like that. (Graham, Lines 34-43)

The reaction from the general public is definitely different. Once I started dating a female classmate, when we would be together and we would see somebody that we didn't see in a while, if she said that she was in nursing, their reaction was, "Oh, that's great 222lab la bla." And then, when I would say, "Oh yes, I'm in nursing too", the reaction was just different. (Graham, Lines 149-153)

Jeff also reflected on the reaction he received to revealing that he was a nurse. His perception was also that the general public was uncomfortable with the idea of a male nurse and were unsure what their response to such a declaration should be.

I just noticed at social settings, as soon as you say that you're a nurse and you're a male nurse, it just seems to be a conversation stopper. I don't think people really know where to go and what to ask about. (Jeff, Lines 48-50)

Justin indicated that he felt female students were not subject to the same level of discomfort and social stigma when declaring that they are a nurse. He contended the feminine gendering of the profession makes being a male nurse an anomaly to the accepted norm – a view that he himself continued to hold.

I don't think there's any gender issue for a girl to mention that she's a nurse whereas with guys I think . . . . .in my own reckoning, I still, when I think nurse, my mind kind of switches to thinking of a girl. (Justin, Lines 617-620)

The public perception of nursing includes assumptions related to the difficulty of the program and the status associated with being in such a program. Tim discussed his experiences with not only the general public but other students within the university. He was frustrated by the assumptions that the nursing program was seen as less rigorous than other professional programs and that the value placed on attaining such a degree was diminished because of the public perception of the role. Of interest is that the comparator professions Tim chose in his discussion regarding the devaluing of nursing were male dominated traditionally masculinized professions.

I think it's more looked down on. You say you're an engineer and it's "Oh, good for you." You're in medicine, "Oh, good for you." You're in nursing, "It's nice." So ... I don't think it's as valued. (Tim, Lines 1116-1118)

I know one guy and he says that he considers nursing to be a trade. He doesn't say it in a negative way, but a trade as would be maybe like an electrician, or a plumber, it's a job you do. And I'm like, "Well, it's a sciences program." He's like, "Well, no, I'm in biology and biology is a science." And nursing, well, it's a health science. It's just not, in an academic sense. (Tim, Lines 1145-1155)

The stereotypes and assumptions associated with men in nursing and the level of discomfort experienced by male students when disclosing their educational path to others were reiterated by multiple participants. The social stigmas associated with being male in the nursing profession left the participants feeling marginalized, isolated and feeling the need to defend their choice of career path. They perceived that the stereotypes associated with being a male nurse framed how the public viewed them and their intentions. The result was a sense of being “out of place”. One of the more concrete recommendations that came from participants was the need for an increase in role models for male nursing students.

#### **5.3.2.3: Lack of Role Models**

Throughout the interviews a common complaint came forward, that of lack of role models for male students. The lack of role models was described specifically as the need for more male clinical and lab instructors, because male professors in the program were seen as ‘academics’ and therefore did not constitute models of a male practicing nursing in a clinical setting. The need for role models was associated with the need for belonging and the need to see that men have successfully navigated the education process and do have active careers in the field. Participants expressed that being exposed to role models through the course of their education and socialization process would reduce feelings of marginalization and lead to greater sense of inclusion within the profession. It would also increase male students’ confidence in their ability to succeed and assist with their construction of a new self-image as a nurse.

Tim recalled his encounter with a male nurse during one of his clinical placements and the positive impact this had on him. He indicated that having a positive

male role model, which had masculine characteristics and was accepted by staff and patients as a male but also as a nurse, was helpful to him in understanding that once graduated it was possible for him to be himself and still be accepted as part of the profession. In his description of the nurse, Tim seemed to imply that it was an anomaly that he had such masculine characteristics and that if one didn't know his profession one would not have assumed he was a nurse.

He kind of is more of himself or he's more of a guy's guy actually. He has a wife and kids and whenever he is on he'll watch SPIKE TV[male oriented programming station], you know, man TV. And on night shifts, if we have a bit of down time, he pulls up like the hockey game. So this is a good male role model knowing that, you know, he's a regular Joe. If you didn't know any better, I mean, he may... he's friends with all the porters and all the other staff in the hospital and he's like a regular guy. So he kind of portrays that. He doesn't pretend to be anything he's not and he gets accepted for who he is, which is good. (Tim, Lines 1189-1197)

Graham stressed the importance of having more male professors, especially during clinical placements.

More male teachers, not necessarily in class. It would have been nice to maybe have one in class, but even just clinical instructors or lab people or anything like that, we didn't have one male, not one, not clinical, not anything. (Graham, Lines 1161-1166)

Karen recognized the need for role models for male students and articulated the rationale for that requirement. She explained that in her view the need for male role models related to the sense of belonging and that would increase retention and success within the program. She felt that female students had an advantage because they could more easily relate to female professors and instructors.

For the male demographic, I think the more you can relate to anyone in your program, the more you're going to stay in it. My profs or my clinical instructors, if I felt like I could relate to them in one way or another, it made my experience better. So I think having more male clinical

instructors and more male profs would probably help retain the males as well. (Karen, Lines 775-784)

Doug recommended that male instructors or professors be visible and present within the first two years of the educational process; in order to give male students an immediate sense of belonging and a person they could relate to, see themselves as. He was also quick to specify indicate that it was important that the person be related directly to nursing and active nursing care.

I think that the best thing for male students entering this program was right at the hop would be give them a male nursing instructor. Make sure that you have a male teaching a course in at least the first two years. And it can't be the guy who's teaching them the anatomy and physiology. He needs to either do labs or he needs to do a component of their (clinical) learning. Because if they don't get that, that leadership from someone that they can relate to, then, they're lost right at the gate. (Doug, Lines 1167-1175)

Jeremy expressed frustration with the lack of males represented in the lab and clinical setting. He perceived that the lack of male instructors made it difficult for him to identify with the image of a nurse, resulting in his feelings of marginalization and lack of belonging. He did acknowledge that there were male professors on faculty but indicated a desire to see the image of a male nurse in practice.

I mean there's no one to identify to. And I did not have a single instructor that was a male, whether lab, whether in clinical, there are no male role models to look at. It would be like, "Oh, there's a male nurse, that's cool." There are faculty, yes. But that you see practicing. (Jeremy, Lines 438-444)

Travis reflected on his consolidation and his experience of being buddied with a male nurse, which was the first time he had worked with a male nurse during his education. He found that they could relate well to each other and he felt a level of comfort and comradery that was new to him. He also believed that because they were

both male they had similar communication styles and he was able to be a more authentic version of himself. He perceived that there was an ease to the relationship that had not occurred before with female nurses.

I found you could just go talk to him and he would sort of understand. You wouldn't have to say anything. I wouldn't have to say "Oh, this is how I feel". You'd sort of just be "Yes, that's..." We both sort of know what's going on. (Travis, Lines 1095-1098)

Brad had previously described his educational experience as being very negative and he had indicated that now that he had graduated he would not be practicing as a nurse but pursuing graduate education in a related field. When asked what his future plans were in regards to nursing, he reinforced his desire to help future male students and his perception that a role model would have had a positive impact on his view of the profession.

I do hope to teach nursing. (Laughs). Just because my experience has been so bad, I want to go back in, be a role model almost. (Brad, Lines 601-602)

Daniel reflected on his strategies to cope with the lack of role models. He indicated that the lack of role models had a significant impact on the retention and success of male students and because of the lack of it, he ascribed to a self-encouraging approach, acting as his own role model. He also discussed his goal to act as an exemplar and mentor in the future, in an attempt to address the gap he had experienced during his education.

So to me there is a lack of role models in that sense. And it's kind of a shame, but what I try and be is I try to be my own role model. I'm "Listen, I'm going to do it. I'm going to enjoy it. I already do enjoy it." And my goal is to work at the hospital and to mentor other young men. (Daniel, Lines 254-257)

The lack of role models seemed to increase the sense of marginalization felt by the participants. Most males interviewed did not identify the possibility of a female nurse being a role model for them; the association was clearly tied to gender rather than any other supportive characteristics. The lack of males involved in the education system for nursing was interpreted as the result of a need by faculty to preserve the feminine image of nursing.

#### **5.2.3.4: Preservation of the Feminine Image**

The participants discussed their experiences related to feeling unwelcome or not accepted within the profession. When discussing these feelings they identified many situations where they felt either judged and treated as an outsider within the nursing profession or they felt they were forced to take on a more feminine persona to be accepted. Both Graham and Cameron spoke of situations at work in which they were in a charge position and felt a level of resentment and lack of acceptance by the female staff. In Graham's case he felt that a lack of respect manifested by another member of the care team was accentuated by his age and his status as a Registered Nurse.

I was charge one day and that person wouldn't even look at me, would not look at me once when I was giving report. I was giving report and she had her back to me the whole time. Everyone else was looking and listening, because I work with those people often. I think it's got to do with the fact that I'm young male and an RN. I think those three factors take effect there. Because I've heard her doing the same thing to other young male RN's. (Graham, Lines 655-668)

Cameron's experiences focused on the role of charge nurse and his perception that female nurses have some difficulty with being "managed" by a man. In his perception this was a systemic issue within nursing and fit with the desire to maintain nursing as a feminine dominated profession. He perceived that women within the

profession valued their status and did not want to work in an environment where a male was in a leadership role.

In practice, I have found being in a supervisory role or being in a managerial role more challenging being that I'm a male nurse. Because there are certain personality types, shall we say, in the profession, who do not take well to being subordinate to a male. What I would say is the profession is unique in the sense that women are more accustomed to taking orders and direction from a female superior in nursing. And when they're in a situation where it's a male RN in charge particularly a BSCN holder who is more of a recent grad and let's say the individual is an RPN with 10 to 20 years' experience, which is sort of a recipe for insubordination at times. And I have dealt with that and it's been ugly. (Cameron, Lines 291-307)

He elaborated on his perception that some female nurses felt that males did not have a place within nursing because they lacked the feminine characteristics that are seen as desirable for the ideal.

I felt that sometimes some of my female peers felt that men should not be nurses, that males did not make good nurses because they lacked the sensibilities and empathies that females are naturally imparted with. That was the impression I got from several female peers, which I resented. (Cameron, Lines 456-460)

Dave described his experiences with some female professors and the perception that they objected to his presence in the program. As seen in Theme One, he postulated that this was based on the desire to maintain the profession as female dominated and therefore his presence was seen as a threat to that image. The result was a feeling of marginalization and lack of acceptance.

I have had that perception when talking to professors in some courses. Wherein almost not questioning my abilities necessarily, but for lack of a better term, it doesn't truly do a justice, a chip on the shoulder about... Because a lot of nursing is about female empowerment, it is something they've gone forward and made a name for themselves in a health field that was dominated by male doctors compared to female nurses. So there is some of that historically and that makes perfect sense to me. But

coming up as a male, I've often received not even... it's not even a treatment, it's too strong a word, just the tone in reception such that it almost feels like a discourteous welcome, if that makes sense? Like the words were there and they're clearly doing what they need to do but there's just kind of almost a, "Why are you here or why..." (Dave, Lines 249-265)

Corey reflected on his feelings when he saw a traditional picture of a nurse and the self-doubt he experienced when he was faced with that image. He regarded the image as a stereotypical, historical view of nursing and went on to discuss that he felt he was reinventing nursing, to include himself, that he felt there was a place for a male in the profession that perhaps was just different.

I was looking at a picture of a nurse wearing their white, then the cross at the chest, and then the. I'm like, "Is that really what I'm about to graduate to become?" (Corey, 482-483)

Jessica discussed her experiences in the nursing program, specifically her perception of the class division. She explained that there were some groups that did well in the program and others that did not. Her view was that the girls who met the desired image, which was a female that would be seen as stereotypically attractive, were at an advantage within the program, were able to assimilate well with the expectations of the professors and appeared to be more accepted by the professors and staff nurses than the others.

The one group seemed to be the stereotypically pretty and popular and all that. And they seemed to do well in the program. And then, there is another group of – I don't want to say "outcasts" – but what you would stereotypically think of as that. And they didn't fare out so well. (Jessica, Lines 47-61)

Karen felt that the desired image of the profession was that of an acute care, female, nurse and that was the basis for the program of study and the lens to which the professors taught.

I found everything always goes back to the medicalized bedside nurse. I think that's what the majority of our professors were also taught to become. (Karen, Lines 65-67)

Dave reflected on direction he was given, during his education, regarding image, which incorporated behaviours, appearance and thoughts, which were prescribed by the professors. He felt that the ideal being supported was not based in reality but that the education processes were very rigid and prescriptive. He felt that minimal deviation was allowed and therefore little room for diversity or self-expression.

There was a very specific way that nurses are supposed to behave and they emphasize that's the way you want to be and anything else is not really acceptable. Some of which I agree and some of which I don't. (Dave, Lines 873-875)

When asked if he would meet the expectations regarding the ideal nurse when he graduates, he responded;

No, I don't think I will be that picture but I think that picture is awfully narrow and utopic and like many other things we learn in school, the very idealized and typified. (Dave, Lines 939-941)

I think that that role that they have defined for us is very narrow, does not truly allow for the adaptation and reality to set in. (Dave, Line 944-946)

Dave also mentioned that his perception of the ideal image of the nursing student was a young, white female, an image that was unattainable to him but not one he was concerned with conforming to.

I will never be that. I'm pretty okay with never being that. (Laughs). (Dave, Lines 1169-1171)

One of the frequently discussed aspects of the desired image of nursing was the preferred gender, which was female. Many participants discussed this preference within the profession to maintain nursing as a feminine role and as a result of this preference the difficulties they experienced. Karen discussed her male friends within the program and

that they had verbalized to her the feelings of marginalization they experienced as a result of the promotion of this feminine image. Karen also spoke of the frustration she and other female students had with the image and how they were sympathetic to the struggles of their male counterparts.

Every time you see a picture of a nurse, it's a woman, or every time they talk about a nurse, it's a woman. So they often verbalized that they felt marginalized because of that. (Karen, Lines 215-217)

Lisa felt if the profession was serious about recruiting more men into it, then there should be a concerted effort to adapt educational approaches including textbooks and videos to reflect a more diverse portrayal.

It should be a completely gender neutral thing if we're trying to introduce more men into our program. (Lisa, Lines 182-183)

Daniel expressed frustration with his perception of the focus on the feminine and the restrictions he previously discussed regarding clinical placements and responses from the public to a male nurse. He was quite animated when he discussed this topic and felt strongly that a person's ability to be a successful nurse should be based on their skills and abilities rather than their gender.

I feel that it's a job. It's kind of like Martin Luther King, who said you shouldn't judge somebody by the colour of their skin. I don't think you should judge someone by their reproductive organ or their chromosomes. That's ridiculous. The person's skill set is what should come in a question. (Daniel, Lines 306-308)

Jeremy felt quite strongly about the apparent lack of effort on the part of the nursing profession to recruit more men. He postulated that this was driven by the members of the profession, whose desire it was to maintain nursing as a female based profession. He perceived that the profession gave lip-service to the need for more

diversity within nursing, when in fact there was no real desire to broaden the professions diversity base. He found this idea particularly disturbing and during the interview became quite angry when discussing it.

I do find it odd that there doesn't seem to be a push to try and recruit more males, maybe try to portray males in CNA documents and stuff like that, but I don't actively see an effort to recruit more men in nursing. It's like it's a non-issue that there are no men in nursing is how I perceive it. (Jeremy, Lines 28-31, 34)

I think... my perception of it is that women want to keep this, they want to keep the profession as being ... it's one of the few professions that's highly respected that's dominated by females so, you know, perhaps – well, that's my perception of it – is that they want to keep nursing a female profession, because they are so proud of it. (Jeremy, Lines 266-271)

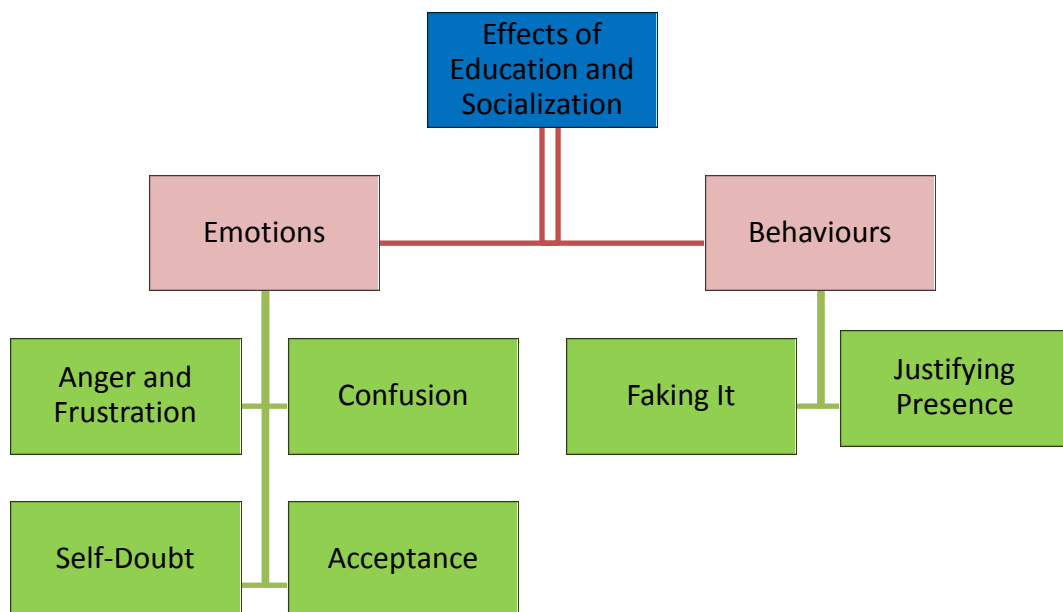
The images prescribed to by the profession and the public both affected the education and socialization of prospective nurses and new graduates. There was continued pressure to meet those ideal image expectations. Male participants perceived that the ideal image was feminine gendered, which they felt made it an unattainable image.

Participants experienced being “out of place”, and acknowledged the existence of social stigmas, the lack of role models and the preservation of the feminine image were marginalizing. These marginalizing experiences excluded them from the profession and the educational setting through a sense of lack of acceptance and belonging. Practices and strategies used in the education and socialization processes and the pressures felt added to this perception of exclusion. Other effects were identified in the accounts which will be discussed in the fourth theme: Effects of Education and Socialization.

#### **5.4 THEME FOUR: Effects of Education and Socialization**

The fourth theme identified focuses on the emotional and behavioural effects of the education and socialization processes to become a nurse. When the participants' experiences were analyzed for common themes, and an attempt was made to understand the lived experiences they had described, various effects were identified that multiple participants discussed specifically, or alluded to in their recounting of the experiences. These effects were categorized as either emotional responses to the situations or their behavioural responses to challenging circumstances. These effects have a commonality of being negatively skewed, exposing the difficulties experienced by the participants and the negative impact on their education and socialization. The education process should be informative, supportive and ultimately fulfilling to the student, however these participants perceived a system that was just the opposite. Participants spoke of or exemplified such emotions as anger, frustration and self-doubt and emulated such behaviours as "faking it", conforming out of fear and feeling the need to justify their very presence within the system and, ultimately, the profession.

Figure 5.5 Theme Four Concept Diagram



#### 5.4.1: Emotional

Several participants discussed various situations that resulted in strong emotional responses, many of them negative. A common thread in the recounting of experiences was the sense that the process of becoming a nurse went beyond an educational endeavour, constituting a life altering experience. This experience manifested itself in the participants through emotional responses that included frustration, anger, and confusion regarding expectations, self-doubt and the feeling of acceptance (or lack thereof).

##### 5.4.1.1: Anger and Frustration

The prevailing emotions displayed were anger and frustration. These emotions were either explicitly discussed by participants' or became evident through analysis and reflection upon the meaning of the discussion. Frustration was expressed through

discussions of stress related to; the contents of the program, interactions with faculty and other students, and inequality of treatment towards male participants.

Travis discussed his experience in clinical and how the level of stress impacted not only his performance at that time but continued to affect his performance and emotional state long after that clinical experience was over. Throughout the interview he referred back to an incident that affected him significantly, stressing the importance and impact it had on his educational experience as a whole.

I was the only one that she was really being tough on. It was really stressful for me. Just missing that one thing would set it off and it made me really discouraged and it kept going on like that. And then it came worse because I would get freaked out. I'd be scared of missing something. So I would just get really ... sometimes I knew the answer and I just couldn't get it out, because I was so scared. It's too bad sometimes because those experiences kind of ruin part of my clinical experience. Just because of those experiences, sometimes, I still kind of get stressed out. (Travis, Lines 41-42, 72-79, 166-167, 600-601)

Brad brought forward his frustration with the content of the program and how it impacted his ability to enjoy the experience. Primarily he was frustrated with the extent of the content that he felt was not concrete, science based.

I feel kind of robbed of what I should have learned in this course.... So I feel like a lot of my time was robbed for uselessness. (Brad, Lines 636 - 650)

Jeff echoed this frustration in his interview. He indicated that he considered dropping out of the program on a regular basis and, when asked why, his response was;

Frustration around there being so much emphasis on fluffy stuff. (Jeff, Lines 755-758)

Cameron also expressed frustration because of the content of the program, feeling that the content was too diverse, and too rigid in its structure, with not enough emphasis on science.

I was extremely frustrated because I'm naturally a very creative, verbose, articulate person and if felt like at every turn, my self-expression was trying to be stymied by... the philosophy of the nursing profession in the academia setting. (Cameron, Lines 481-483)

I felt extremely frustrated by the depth and breadth of the BSCN program. I felt like it was trying to be too many things to too many people. (Cameron, Lines 638-339)

Nicholas experienced a level of frustration associated with the rigidity of the program and the rules associated with it. He related an example of missing a class and his frustration with the penalty given for the absence. The comment is also interesting as it shows a potential lack of understanding and appreciation for what should have been an important learning opportunity, as well as a strong self- confidence in his abilities and knowledge.

I didn't go because I felt like we had notes on this, we had PowerPoint notes, I could ask other students if there's anything I missed. And it was hand washing. I mean, just reviewing my fundamentals, it's... I don't need to sit through those classes. She was not an exciting prof. And it was a long class and I just, "I've other things to do. (Nicholas, Lines 627-631)

Doug spoke of his experience within the program and how emotionally draining he found the interactions with professors, particularly in the clinical setting. He discussed feeling like he had no options but to tolerate the situation and felt he had no support from faculty if he needed additional help with content or did not understand. When explaining these feelings and experiences, Doug's overarching emotion expressed was that of frustration.

Road blocks. For me, it was... I felt like I was getting three steps forward and then having to take four steps back just to try and get any headway. It was jumping over hurdles and running into red tape. (Doug, Lines 342-344)

You just feel like you're the most insignificant student or person in the world and go home and try and put it together and figure it out on your own. And you're just... you're out of energy...(Doug, Lines 988-990)

Jessica relayed her experience of observing a male student interact with a clinical instructor and how frustrated she was, feeling powerless because she was not in a position that she could help or intervene.

You could see the student getting frustrated because he was made to look like an idiot. And like his hands were shaking and he was getting frustrated, and he... she just... yes. It was awful. (Jessica, Lines 737-739)

Graham recounted an incident after being questioned multiple times by the clinical instructor, with no feedback or assistance when he could not answer the question to her satisfaction. He felt frustrated with what he perceived to be an inappropriate approach to education of a student.

I couldn't believe it. She couldn't have just said, "Okay, maybe he's not understanding what I mean by what am I going to do first" and just kind of... give me some guidance, she just kept essentially attacking me in front of the mother. I was shocked. I was like, "Oh, man." And then I was rattled, I was all frustrated and upset. I ended up doing it fine. And then I just... I said sorry to the mom because of how the clinical instructor was acting. And I just bailed out of the room. I went for a walk down the hall. (Graham, Lines 332-338)

Cameron seemed to sum up the frustrations of many of the male participants when he stated:

I just wanted to be thought of as any other student. I would have preferred not to be looked at or treated differently, but just as a competitor just like the others. And it wasn't like that. (Cameron, Lines 44-46)

Incorporated in the frustrations expressed by participants was an underlying anger. Many expressed anger related to their treatment within the education process by faculty or staff, some expressed anger with the apparent discrimination against male nurses by some patients, based on what they perceived to be invalid reasons, and some expressed frustration related to the perceived inequity in treatment of male and female students based on the stereotypically male expressions of emotion versus the stereotypically female expressions of emotion. Jeff explained his feelings when he overheard patients and family discussing their hesitance in having a male nursing student care for them.

The incident of overhearing the people talking about not wanting a male nurse, I was, you know, feeling kind of perverted and then being really furious on the inside. (Jeff, Lines 14-25)

Doug spoke of the difference in the expression of emotions between the female and male students, and his perception of how this difference was tolerated by the faculty. Doug not only discussed differences in expression of emotion, particularly anger, between students, but also expressed anger in the situation described and that he felt the differences were penalized, rather than not acknowledged.

I found that female students were more apt to be teary eyed and to be more open about their expressions of frustration with the scenarios and their fears. But I find the guys typically used humour, would get very frustrated and angry and maybe walk off and take a breather and collect themselves. (...) If a girl was crying, it was an expression of her feelings; but if a guy was getting frustrated and punching the wall in the corner or the locker, that was an expression of anger and that wasn't acceptable. (Doug, Lines 294-316)

Graham recounted many situations that in his view resulted in a level of anger towards faculty, other students and the education system as a whole. He spoke of

perceived inequalities within the system, preferential and biased treatment of female students, and the use of subjective evaluative factors as a method of targeting male students.

With skills and lab and clinical and things like that, they [the male students] were doing fine and great in lab and clinical. And would do all right on tests, but they seemed to always not do well on their paper or something like that. Whereas these girls that cry when they have to give an IM injection and things like that, they couldn't do it and then they end up getting higher marks than some of these guys. (Graham, Lines 276-281)

Previously, Graham's difficulties regarding an additional maternity experience during his medical / surgical rotation were discussed. He was told by his instructor that he was unable to participate in this additional experience because he was male. He felt this inequitable treatment ultimately resulted in a disadvantage within the theory class setting because he was unable to put into practice the skills and knowledge taught.

I just was more ticked off that she just flat out said no and everyone else was getting that benefit and going to get... and eventually did get better than me on the test because they were there and they got to see it and they got to hands-on it. (Graham, Lines 788-791)

His anger regarding his educational experience, and what he perceived as subjective grading by certain faculty in an effort to wean out males, was palpable during the interview.

How can I write a paper that high in three of my classes and then in two of my classes, I'm getting 60's? Like, clearly, you're being a jerk, you know? And I'm getting very mad, very mad. (Graham, Lines 974-977)

Several of the participants relayed feeling they had to restrain themselves and the expression of their emotions, particularly anger, in fear of being penalized or targeted as

a result of such expression. Travis indicated that he felt he could not express his anger towards a clinical instructor out of fear of failure.

I didn't want to fail clinical, Sometimes I just wanted to get really angry but I knew that I couldn't do that because I didn't want to get in trouble. (Travis, Lines 82-86)

Tim also expressed feeling anger towards a staff nurse, wanting to "call her out" out of frustration regarding her criticism of his work, but feeling that he could not express his true emotions due to threat of penalty.

I kind of wanted to call her out on and be like, "Oh, what, what don't you like about it?" But I know better. (Tim, Lines 763-764)

Doug also experienced anger towards treatment of some of his fellow students by faculty and rather than suppress his emotions he chose to stand up for what he believed in and express his anger. Unfortunately, he felt that this advocacy resulted in him becoming a target, and ultimately led to his failure within the program.

So, when I was seeing these problems, I was a student that would turn around and say, "That's not right." And I'm standing up. And I know that standing up whether it was just for myself or standing up for my peers, it labeled me as a troublemaker. (Doug, Lines 520-523)

#### **5.4.1.2: Confusion**

Participants also expressed confusion, specifically confusion regarding expectations within the program and with individual faculty. Some students also expressed confusion regarding their role within the profession, where they fit and what was expected of them as male nurses. These feelings of confusion resulted in disillusionment with the program and the profession. Travis felt confused with regards to the clinical instructor's expectations and his apparent inability to successfully fulfill these

expectations. From his account, he was not able to translate enjoying the role and working hard to succeed into a positive experience.

That was tough, that was really tough. It's just really discouraging, you know, because I, I knew that I could, I liked what I was doing, I was working hard at it and it just wasn't really paying out. (Travis, Lines 882-885)

Graham expressed confusion related to the demands of his clinical instructor.

When asked for an answer he gave several, none of which were correct, and in the end he still did not understand what response she might be looking for. This resulted in embarrassment, and a feeling of hopelessness as well as confusion.

My clinical teacher's, "What are you going to do? What are you going to do? What are you going to do?" I was like... I finally just...I didn't yell or anything, but I finally just said, "I don't know what you want me to say. Like, what do you want me to do? I've told you 10 different things and everything that I've told you, you don't give me any feedback. Just tell me, what am I going to do?" (Graham, Lines 325-330)

Cameron expressed his confusion related to the general expectations of the program as a whole and how unprepared he was for these expectations. He felt that the expectations for the program and the profession should be clearly delineated to students at the beginning of the program, if not before entry, so that students had a clear vision of what would be expected of them over the following four years and beyond.

I don't think that I was prepared enough myself entering the program, what it means. And I don't think the program itself does a good job at preparing students for what it means to be a professional practising nurse and the standard of behaviour and conduct that is expected of every nurse. That was not communicated well enough early on in the program. And I really think that should be put at the beginning because if you don't have relatives or somebody that's a nurse in your personal life, you really don't have an appreciation for the amount of responsibility and the standard of expectation of performance and, self-sacrifice that the nursing profession has of its members. (Cameron, Lines 435-447)

Rob also discussed the need for a clear vision of the nursing role and corresponding expectations early in the program, citing the attrition of the majority of his fellow male classmates because of a lack of understanding of the role.

We only have four left from 20, I think we had 20 guys in our class to start. But as soon as clinical started, they kind of dropped right out. A lot of them didn't understand exactly what a nurse's job was going to be. (Rob, Lines 105-114)

Nicholas expressed confusion regarding the very essence of the profession and his perception of the motivation and actions of those within the profession being contradictory with the principles and tenants of the profession.

Nursing to me always felt like this double-edge sword where it was a profession that's dedicating, committed to taking care of people. Then you had nurses that that's not why they were there. It was a very competitive and it's very almost cut-throat against each other. (Nicholas, Lines 411-414)

Jessica also experienced this conflict between the "ideal" of the profession and the reality of it. For her, this resulted in confusion and frustration over the direction of the education provided and how she was to navigate the role post-graduation.

I think that they teach you a perfect world but they don't prepare you for the non-perfect world that you're going into. (Jessica, Lines 254-255)

Justin expressed his confusion related to what he perceived as the demeanour expected of a student and what the profession requires of its members. He felt there was a contradiction whereby nurses were expected to be critical thinkers in the clinical setting but were discouraged from expressing this trait in the classroom.

Even though, I have a lot respect for the professors and their pedigrees and they have a lot of experience, I don't like having my brain crammed without kicking back a little bit. I think nurses ought to be critical thinkers

and that means being critical even in the classroom. (Justin, Lines 910-914)

#### **5.4.1.3: Self-Doubt**

Participants recounted experiences fraught with self-doubt and feeling of inadequacy. They doubted their ability to succeed in the program, to meet clinical expectations, to feel that they belonged, and to conform to the ideal nurse image. Nicholas spoke of the level of difficulty within the program itself and his ability to meet academic expectations. The reality of academic expectations seemed to far exceed his perception of what these would be.

For me, the one thing I realized about nursing is I didn't appreciate how hard it was. I just thought it'd be easier than this. And just the level of critical thinking, and the amount of knowledge, and the time commitments and the energy requirements, were much higher than I would have originally thought. (Nicholas, Lines 962-964)

Travis also expressed surprise with the level of academics expected within the program and his ability to meet those expectations. He seemed to feel that his previous academic achievements did not reflect what his performance within the nursing program would be.

I find I was just surprised that I was so, once I got in, I was so average, because I was used to being a little more above average. I found when I got in I was just pretty average. (Travis, Lines 533-538)

Corey described his approach to class and how his self-doubt limited his participation.

I don't ask that many questions in class or I'm not the first to raise my hand and answer a question. So, yes, I guess I lay low more in class. I think I would be more open to answer questions if I was in a male dominated class, that's for sure. (Corey, Lines 583-588)

In relation to clinical performance, feelings of self-doubt seemed to be very common among all participants. Karen indicated the stress associated with her clinical placements and doubt in her ability to complete each rotation.

Every clinical experience I had, I found very negative, I was always extremely stressed out, it wasn't an exciting experience for me. It was like, "Oh my God, I, I hope I get through this okay. (Karen, Lines 75-77)

Doug described a clinical incident that resulted in him being compelled to complete additional lab skills as a form of remedial and how this increased his self-doubt. He noted that the lab staff identified his lack of confidence and attributed this to his negative experience within the clinical setting.

The staff noted that it appeared my confidence and skills had literally been stripped away. And the confidence wasn't there because of being told to do one thing and to express yourself and then being torn apart for it or reacting to a situation, trying to advocate and do what's best for your patient and then being told, "Well, that's wrong." (Doug, Lines 168-175)

Alex spoke of male students being questioned regarding their presence in the program and the effect on their self-confidence. He felt this created low self-esteem, resulting in the students blaming themselves for the poor treatment they received from staff, faculty or patients and fueled their self-doubts related to remaining in the profession.

It's really hard, because they hear that mentality, "Oh, you're not at the right place." So some, based on that will say, "Oh, it's my fault if I'm here if people do this or do that to me. So why would I participate in something that will not change?" (Alex, Lines 685-690)

Murray told of his experience and the feeling of doubt surrounding his 'place' in the profession and his sense that he would not be able to meet expectations, thus questioning his suitability for the profession. In the end, these doubts triumphed.

I just felt when I was in class and I felt kind of miserable inside, because I'd know... I just felt the sense that I didn't belong there, because I looked around and I felt like everyone was paying attention, "These are all my class mates, they're all going to be wonderful nurses." I just didn't see me fitting in that picture. And that's why I withdrew. (Murray, Lines 557-561)

#### **5.4.1.4: Acceptance**

One of the most prevalent emotions that were experienced by participants was a sense of acceptance. Often what was discussed was the lack of acceptance in relation to the profession and the social aspect of the educational environment. This concept of acceptance encompassed both the male students' feelings of acceptance (or lack thereof) by their classmates, faculty and public into the profession and into their cohort within the education system, specifically related to the social aspects of the process and bonding among students. Cameron discussed his experiences with some of female students within his program and his perception that he was not accepted as a viable candidate to be a nurse. He indicated his sense that they would be willing to employ strategies that would result in him failing or quitting the program. Though not able to provide concrete examples of this attempt to "sabotage" him, he was left with feelings of not belonging to the group and questioning his acceptance into the profession.

I found that female peers would definitely have enjoyed to see me fail and they definitely would have enjoyed to see me fall on my face. And I think that if they could have set me up for failure, I think they probably would have. There would have been some sabotage. I felt that sometimes some of my female peers felt that men should not be nurses. I definitely got that impression from some of them, more of the... conservative individuals and/or that males did not make good nurses. (Cameron, Lines 426-456)

Dave also spoke about the "discourteous" welcome he felt he received from some faculty, leaving him feeling that he, as a male, was not accepted into the profession.

Just the tone in reception such that it almost feels like a discourteous welcome, if that makes sense? Like the words were there and they're [faculty] are clearly doing what they need to do and they're in their jobs and there's just kind of almost a, "Why are you here?" (Dave, Lines 263-265)

Daniel explained that initially he felt a lack of acceptance within the student group but once the female students had an opportunity to get to know him within a small clinical group context they were more accepting of his presence.

And a lot of the girls that wouldn't talk to me ended up being in my clinic group, we were all in the same batch together. And they got to know me and like, "He's a really nice guy." And I remember like overhearing some conversation, like, "Oh yeah, I had clinic with Daniel and, you know, he helped me out. (Daniel, Lines 119-123)

Tim echoed Daniel's in that he felt more accepted by females in class once he was able to develop a one on one rapport with them. He stressed the importance of the bonding achieved from small group work in clinical and lab.

But second year, doing the first labs and having, you know, that one on one time, you partner up in lab and then you do assessments and you actually get that time to actually connect with somebody else. And you can kind of see more. I think it's more just kind of, um, I want to say coming together in a sense. (Tim, Lines 280-283)

Cameron discussed this phenomenon of bonding between female students and how their ability to bond early in the program was an advantage that he did not have because he lacked a corresponding male peer group. He felt that these bonds gave them a sense of acceptance that he did not feel.

I think the female students were at a benefit because they could, they could relate to each other and they definitely had more of a peer feeling than I was left with, particularly before I transferred, being the only male. Uh, I think that they, uh, could, could align themselves well and there was, you know, cliques that formed, social cliques and protective of each other and, and that sort of thing. So I do think they were at a, at a benefit

whereas I was at a more of a disadvantage at times. (Cameron, Lines 241-246)

Nicholas echoed these sentiments, describing his experience within the social dynamic that he felt excluded from social activities, and thus lacked a sense of acceptance as part of the group.

I felt like just because I'm a guy, it just changes the group dynamic. It does feel a little bit different in terms of what I get invited to, and how included I am. (Nicholas, Lines 109-111)

Dave referred to the pre and post clinical change room environment, when students shared their fears or recounted their experiences of the day, as a time of bonding. He indicated that he did not have the same opportunities to bond, being in a different change room than the rest of his group, and so never felt that sense of comradery or acceptance.

That's when that bonding happens. So if I'm the only male, I never really get that bonding time. So you're not really a part of the team. (Dave, Lines 716-728)

Dave continue by discussing his experiences with fellow male students and the bonding or sense of group by default that occurred, rather than from a desire to bond or real bonding experiences. In his perception the comradery between male students primarily existed as a result of searching out others who also were struggling and feeling disassociated from the group.

Some of the friends I've made in courses, most of the ones that I've made happen to be male because we all have difficulty. They had a hard time relating to anybody else. So it's not even that we necessarily made a big connection. It was just more of a like, "Well, there's nobody else." That's the commonality, we happen to not be able to make the other connections. (Dave, Lines 740-749)

Tim recalled how important it to make connections with fellow students and doing so changed his perspective and comfort within the program.

So in about 100 people, you know, I made two friends maybe. Then, second year, you have labs, you have clinical together. And then I felt I knew almost half the class. Just having that sense of belonging. (Tim, Lines 1033-1036)

Jeremy brought forward the importance of acceptance to succeeding within the program. He was feeling very conflicted regarding his place within the profession and whether he would continue as a nurse. However, an experience with a supportive, inclusive clinical instructor and the acceptance into a research group made Jeremy feel that he could continue within the profession and make it his own.

I felt like I was one of the strongest in my group and she made me feel that way. She asked tough questions at first and then she didn't really ask that many questions, because she felt like I knew. So that was a really positive experience. It was kind of like, "Okay, I've got this, I can go and just keep doing what I'm doing and it'll be fine." Then, in third year I started working with a research group... just kind of having that whole group of people and this was a very supportive environment. And I guess ever since then I really have been like attached to the school and really wanting to continue, pursue my studies and feeling really supported in the school and academically and personally as well. (Jeremy, Lines 681-690)

The emotional responses to the education and socialization process undertaken by nursing students can be taxing, frustrating, stressful and result in disenchantment with the profession. This can create a feeling of disconnect that results in withdrawal or failure from the program. If the student perseveres to completion they are often disenfranchised and may not remain in the nursing profession. In concert with the emotional responses of participants, there were also behavioural responses to the education and socialization process and the emotions being experienced.

## **5.4.2: Behavioural**

Within the recounting of their experiences, participants described behaviours they undertook as a response to the education and socialization experiences and the emotions associated with those processes. These behaviours included the concepts of “faking it” and justification of presence.

### **5.4.2.1: Faking It**

Participants described behaviours that included altering their approach to faculty and students, taking on persona that differed from their typical behaviour, and denying feelings of stress while falsely reassuring friends and family they were coping well with the education process. There were also several participants that discussed the relief they experienced or hoped to experience upon graduation, when they were free to return to their natural persona. Upon analysis, these behaviours all reflected a desire or requirement by participants to “fake it”, putting forward an alternate persona or behave in such a way that was unnatural to them. Through recounting of their experiences, participants seem to feel that this approach was necessary to their success and survival within the educational environment. Corey described the need to change his persona in class, to take on a more “attractive” approach, indicating his desire to impress his classmates and faculty. He also indicated that this change in persona extended to the clinical setting, where he felt he was not true to his self.

I definitely feel a need to want to impress people more in class. So dress with more swag or to walk a certain way or to socialize with a certain person. And being more, trying to be more funny than I usually would be. And, sometimes in clinical, I was being fake and not being true to myself and who I really am. (Corey, Lines 593-639)

Corey went on to say that he felt pressure, within the clinical setting, to act in a way that went against his natural self. In his statement he speaks of being a heterosexual male and that the pressure to perform in a certain way goes against that identity.

So yes there are times when you can be yourself but at times, for a male, especially for a male heterosexual like myself, I kind of feel a pressure to definitely... I feel in a way some pressure to act a certain way that I'm really not most of the time. (Corey, Lines 731-735)

Nicholas discussed the need for male students to take on a "low-key" or "laid-back" persona within the nursing education environment. He was given this advice by a male student from an advanced year in the program. During his interview he indicated that result was an attempt to embody less stereotypically masculine attributes, to become more gender neutral.

That was kind of a consistent way I've heard of how guys survive in nursing is that you just kind of sit back and you don't get involved, and you just, you play it low-key. He just learned to play it very low-key and very laid-back. (Nicholas, Lines 199-210)

Cameron reiterated this concept of not being true to yourself, to "make it through" and indicated that he found it difficult to change who he was to meet expectations.

I felt that the experience was personally enriching, but it was also humiliating at times and it really dug away at what made me an individual. I felt like I couldn't be me. I couldn't be me; I couldn't be the Cameron that I've always been. I had to change who I was in order to succeed and to reach that finish line. I could not be my true self. (Cameron, Lines (1042-1048)

He also discussed his experiences as a gay man within the nursing education environment and the unique difficulties that presented. His behaviour changes were partially attributable to the environment as a whole but also partially the result of this sense of

minority within a minority and how that made him feel an even greater sense of isolation and need to adapt to survive.

I'm gay and there is this inaccurate perception in the public that a lot of male nurses are gay. It's quite the contrary, 99% of male nurses I've met have been straight. So I'm in an interesting position because I'm not a woman and I'm not a straight man. So I'm a minority within a minority. I'm in my own niche and I've had to nuance my personality in ways to get, to make it through. I've had to be charming and I've had to... yes, I've had to dig deep. (Cameron, Lines 878-885)

Jessica also felt that she had to change her persona to do well in the environment. She described feeling the need to be less challenging, less questioning than she typically would have been and how she has returned to her natural state once she graduated.

I didn't really act like myself when I was there. I was quiet and listened, and I did the work, and I asked the teachers questions, but I didn't ever argue anything or... not necessarily argue but like debate to get a better understanding. I kind of tried to fly under the radar the whole time. Whereas now that I'm working, I'm always asking, "Why are we doing this?" Like, "What's the purpose?" (Jessica, Lines 308-313)

Jessica indicated that she changed her demeanor in the classroom and interaction with faculty out of necessity, but in her discussions she reiterated that she did not feel required to make drastic changes to her natural personality, unlike the males in her class. Her perception was that they had to make significant changes to be successful. She also felt that some of the women in the class, that did not fit the ideal image, were also required to conform. Again the concept of laying low to avoid being a target was discussed.

You had to do that to survive in the program. You were good if you made it through. Keep your head down until then. I found it with some of the women too, "Keep your head down until you get through". And I think they were all miserable doing it. (Jessica, Lines 408, 412, 417, 426)

Tim told his story of taking on a feminine (gay) persona during his program, which he felt assisted with his assimilation into the class and acceptance by his classmates. He indicated that though he believed it was necessary and was not self-depreciating because of this strategy, his desire would be to not have to be something other than his natural self in order to succeed.

I didn't go home at the end of the day and kind of hate myself for it. I kind of wished like nursing would have been more gender neutral. (Tim, Lines 629-631)

Travis indicated that he had changed his demeanour and natural approach to interactions with clients in order to conform to the desired approach and meet expectations. After observing male nurses in a clinical setting, he had hope for post-graduation and his ability to return to a more natural approach, which reflected his true personality.

I hope that, when I graduate, I'll be able to start to make my own sort of unique, not unique, but just my own way of doing things and, yes I think I'm hopeful for that, because I can see these male nurses that they have found their own way of doing it. (Travis, Lines 1074-1077)

Karen echoed these sentiments and hopes for post-graduation freedom of expression and ability to find her own niche.

The more I went through clinical and I got to interact with other working nurses, I realized that I could still be myself within the profession, but it took me that exposure. I didn't learn that in school, I learned it when I was working and realized you don't have to say everything a certain way, you can still be who you are and connect to each patient differently. (Karen, Lines 128-132)

Corey spoke of his desire to work in an environment in nursing that allowed him to be himself. He was hopeful that male nurses could be accepted for who they were. He

was proud of the opportunity to change the perceptions of what a nurse looks and acts like, seeing this as a challenge and opportunity.

I feel like I'm sort of reinventing the general idea of what nursing is. That's how I see it. Because I realize that there's definitely a need for me somewhere where the typical white female cannot necessarily fit. So I see myself as... like even when I'm surrounded, I actually feel a sort of pride to that, because that is not something that you conquer every single day. (Corey, Lines 489-493)

Nicholas was most articulate when he described survival as the goal and his need to do what was necessary to make it through while not allowing others to know that he was struggling. This exemplified the need to "fake it".

I just kind of kept getting through it, I was just surviving. (Laughs). And just putting on ... People would ask me, "How are you doing? Are you feeling stressed out?" And I would say, "No, I'm not stressed out, I'm doing fine." I wasn't, I wasn't handling it really that well. (Nicholas, Lines 285-295)

#### **5.4.2.2: Justifying Presence**

One of the most frequent behaviours discussed was the need to justify one's presence. This included not just the participants' presence within the educational setting but their presence within the actual profession. Often the justification took the form of responding to questions and puzzled responses from patients, regarding the concept of a male nurse. Participants indicated that this was common, particularly with older patients, and could be uncomfortable but tolerable. The other form of justification that was frequently reported occurred as a result of comments from friends, family and patients in regards to male students and their choice of nursing over medical school. The participants found this line of questions tedious and frustrating. There were a few who felt that they had to justify their presence to faculty, who were perceived as less than supportive of males in the nursing program and often questioned their motivation. Alex

related an experience with an older patient and her surprise at having a male nursing student. Though he seemed to take it in stride, it did make him uncomfortable and ultimately shortened his interaction with the patient, as he was anxious to remove himself from what he perceived as an awkward situation.

And the client kept asking me questions, questions that were not related to the care I was giving. And that's when I said "Are you a nurse?" And she was like, "Yes, I'm a nurse." And so she said to me, "When I started to practice, there were not many boys in the profession." And I was like, "What's the point?" And then, she was, "Ah, no, I say that only because things are different, from women, from men." I just left. I did not continue the conversation. And I was uncomfortable. (Alex, Lines 303-313)

Alex did indicate that the questioning of his presence was not limited to patients and occurred within his program as well.

If you talk to people, even to people who are in the program, you talk to them, "Oh, you're a man, you're a nurse, oh, oh, why, why?" (Alex, Lines 534-536)

And those are the kind of reactions that would have more emphasis when you are experiencing the same kind of problem in your own program. When you are in the program, let's say a teacher says, "Oh, men in nursing, oh!" (Alex, Lines 735-745)

Jeff expressed understanding when his presence was questioned by an elderly patient but found it difficult to be questioned by patients that he felt should be more receptive and understanding.

It doesn't bother me really so much with elderly patients or people that are respectful. But certainly it really bothers me when it's people that are not very understanding of my choice. (Jeff, Lines 190-193)

Jeremy felt he had to justify his presence to his clinical instructors and staff on the floor and he did this by proving his abilities, feeling that this would make his presence more acceptable.

So I always felt like early on in the clinical, I had to like prove myself and saying, you know, “I’m as good or better than anyone else in this group.” (Jeremy, Lines 311-313)

He also identified that being gay put him at an advantage, in that he was more readily accepted, as he fit the stereotype. He recognized that a straight male would be required to defend his choice and have more self-esteem to be able to endure the questioning.

You have to be comfortable, I think, to be a straight man in nursing. You have to have that self-esteem or that, you know, “I don’t care what people think, this is what I want to do” (Jeremy, Lines 116-118)

Cameron recounted an experience on the maternity floor where not just his presence, but the presence of any male student was questioned. This type of negative reception taints the student’s experience and can impact their long term sense of belonging and acceptance within the profession.

A staff member at the maternity clinical placement said, “Why did they bother sending men here? It’s not like you’re going to get a job here anyway.” (Cameron, Lines 91-92)

Along with the need to justify their presence within the clinical and educational setting, many participants recalled situations where their career choice was put into question. Several stated that they needed to justify their choice of nursing over more stereotypically male career choices, primarily but not limited to, medicine. Often their choice of nursing was seen as a failure, their inability to be accepted to medical school or at times their choice of nursing over medicine was met with suspicion. There was frequently an assumption by patients, staff and the public that the male student was a physician. Participants felt that in some respects it was advantageous for them, but in other respects it became an irritant and a symbol of their separation from the norm and ultimately from being accepted as part of the profession.

Dave described his experiences in the clinical setting with being mistaken as a physician by patients and that; as a result, patients gave his comments and directions more credibility compared to those of other nurses.

If I walked in with doctor scrubs, they would listen to everything I had to say. (Laughs). So it's a weird stigma and that's where almost the prejudice where they think I might be a doctor or something else seems to play in my favour. (Dave, Lines 172-175)

Jeremy indicated that he was also mistaken for a physician in the clinical setting. During the course of the interview Jeremy's frustration with this became apparent. It served to reconfirm his sense that being a male in the nursing profession was seen by the public outside of the accepted norm.

I always, always, always had to correct people because they thought I was a physician. "Oh, you're a medical student." "No, I'm a nursing student." (Jeremy, Lines 238-239)

Jeff reflected on his experiences with this particular social stigma and the frustration he felt related to being identified as a physician, regardless of the fact that he had clearly identified himself as a nurse. The outcome of these assumptions was not his feeling privileged or superior to his fellow nurses but his feeling marginalized and somehow misguided in his career choice.

I've walked in and, and introduced myself and said my name and my designation, quite often, they pick up the phone or turn to talk to somebody and they'll refer to me as the doctor, even though I've already clearly said that I'm the nurse.

Researcher: And how does that make you feel?

Out of place, I guess. Just kind of... yes, I guess, out of place. Going against the grain, that's for sure. I definitely see it on a shiftly basis. It doesn't bother me really so much with elderly patients or people that are respectful. But certainly it really bothers me when it's people that are not very understanding of my choice. (Jeff, Lines 186-193)

Brad took issue with questioning by a patient about his choice of nursing and became defensive at what he felt was a slight towards his choice and the profession.

Because I get asked that, “Oh, you’re a doctor? Are you going to be a doctor?” “Well, no, I’m going to be a nurse. I am a nurse, just waiting to pass my exam.” And they go, “Oh, you don’t want to be a doctor?” “Well, no, if I wanted to be a doctor, I’d be in med school. (Brad, Lines 317-320)

Justin recalled a recent incident where a patient questioned his choice, not only putting into question his abilities but implying the only reason he would have chosen nursing is as a default to medicine. He felt he had to not only defend his choice but his ability to care for this patient in a competent manner.

There was a guy today, he said ... I forget what brought it up but he was like, “Let me guess, you tried to be a doctor, but you didn’t make it.” (Justin, Lines 307-309)

Cameron experienced frustration with questioning from his family regarding his choice to become a nurse and not pursue career in medicine. He had to justify to them why his choice was a valid one and why it did not reflect poorly on him to be “just a nurse”.

(I experienced) a lot of pressure from relatives and family members like keep going, go into medical school. And especially when they learn that I did well in the program. It’s frustrating because it’s like this accomplishment isn’t good enough for them. Like this is not enough and medical school is where it’s at. And anybody who’s anybody would keep going. (Cameron, Lines 229-235)

Nicholas expressed frustration with being subjected to multiple situations where he felt his decision was being questioned and he was forced to justify his presence, not just in nursing but defend his choice not to pursue medicine. He felt that it was necessary

to defend the profession as a viable option for men and that the public perception of the role was influencing what he perceived as a negative image of a male choosing nursing.

That's what I want to pass on to guys who ever tell me "Oh, you're in a room with a bunch of girls there. Why don't you become a doctor?" Anything like that, what I would tell them and it's like, "This is really a hard job, and we work really hard, and we're really smart. (Nicholas, Lines 1084-1087)

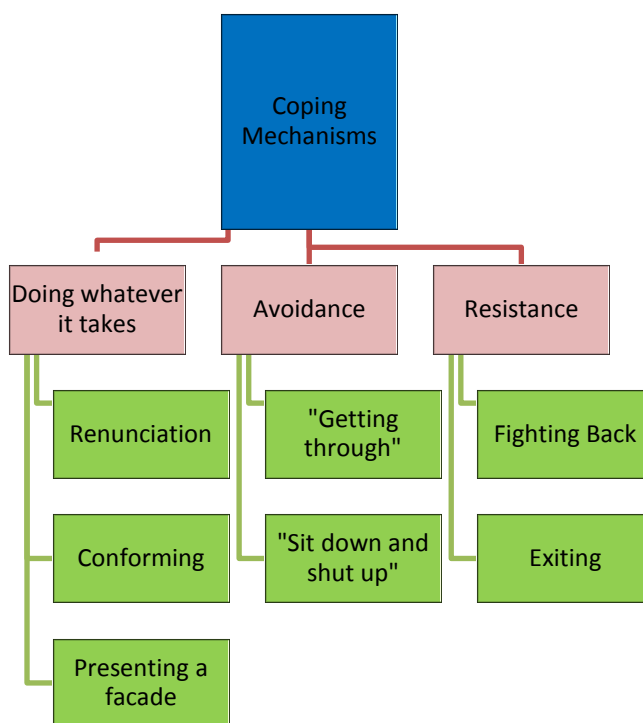
These behaviours exhibited by the participants, faking it and justifying their presence, where in response to the educational and socialization processes they experienced and the emotions those experiences evoked. As a result of this analysis, effects of the education and socialization processes have been identified and can be delineated into emotional and behavioural responses. It is important to understand these effects as we begin to examine the fifth theme identified; Coping Mechanisms, which uncovers the participant's responses to these effects.

### **5.5 THEME FIVE: Coping Mechanisms**

Throughout this analysis the experiences of the participants have been discussed, with each theme identified building on the previous theme. All themes have been based on the participants perceptions regarding the strategies, practices, processes and underlying beliefs that contribute to the overall education and socialization of nurses, with the desired result being the ideal (image of the) nurse. This attempt to construct the ideal nurse had significant effects on the participants. Participants used various coping mechanisms in order to navigate these processes and weather their effects. These varied mechanisms were revealed through the analysis of their stories and the descriptions they provided. The term "coping mechanisms" relates to strategies employed by participants

to successfully navigate the situations they faced and the perceived inequity of treatment and experiences, and to do so in a way that resulted in positive outcomes for the participant, regardless of the manifestation of these positive outcomes. The coping mechanisms can be subdivided into three categories: Doing whatever it takes, avoidance and resistance.

Figure 5.6 Theme Five Concept Diagram



### 5.5.1: Doing whatever it takes

Many participants were overwhelmed by their experiences and this resulted in negative effects. Many attempted to maintain their own sense of person through the process but found it increasingly difficult to resist pressures they felt were being exerted

on them to conform and meet the ideal image. As a result, many chose to surrender, to do whatever it took to survive the experience. The surrender took three forms; renunciation, conforming and presenting a facade. The choice to do whatever it took was made in an effort to lessen the pressures and achieve their goals of acceptance and, ultimately, of graduation and practice.

#### **5.5.1.1: Renunciation**

Participants described their experiences and corresponding coping mechanisms in a variety of ways, one of which was through renunciation. For purposes of this analysis the use of the term renunciation refers to the act of abandoning or surrendering one's beliefs. In this case the participants abandoned their resistance to the ideal and felt it was to their advantage to adapt or "toe the line". Many indicated that it was a temporary renunciation of themselves and their view of their role as a nurse. The goal was completion of the program and graduation, with as minimal distress as possible.

Tim reflected on incidents in class where he felt that professors or other students were making comments that could be perceived as negative towards males, either in general or in the context of the profession. His perception was that the professors felt they were somewhat insulated within the nursing program against any backlash from these comments. He indicated that the male students did not "speak up" against these comments but chose to accept them as an unavoidable aspect of being in nursing.

I feel they can push the envelope a bit more than other areas. And I don't think – again... I speak for myself – I'm not really going to speak up and be like, "Well, you can't say that because that's sexist and I take offense to that." You don't really see guys standing up for that in a sense. I think you almost have to take a grain of salt when you go into the nursing world. (Tim, Lines 795-798)

As previously discussed, Graham felt he received an unjust grade on one of the final assignments in fourth year. He had the ability to appeal but opted not to appeal, accept the grade and “move on”. He made that decision based on his perception that the appeal process would be biased and a non-productive use of his time. He forfeited his right to question the grade and surrendered to what he perceived as an untenable situation.

I was very close to appealing, but at that point, I just figured, we were out of school when we got the marks back. And we were like a month away from attending the graduation. We didn't have any more exams, no more classes, no more nothing. Essentially, I was done with the school. And to have to go back and deal with all the headache of appealing and it's very subjective. So I could have gone through that whole thing and the person running the appeal is the director who is against me. It was just going to be a waste of time. So I decided whatever, I'll take my 62, I'll take my degree and I'll be on my way. I had survived and I had got what I think is probably going to be a high enough GPA to further my education if I chose to do so. So whatever. (Graham, Lines 1069-1085)

Doug reflected on his strategy of coping with pressures he was subject to within the nursing program, and indicated that his approach was “put your head down” and attempt to avoid any confrontations or difficult situations. He felt that much of the need to adapt was based on the faculty and their approach.

It is about getting through it. It's not knowing, right? It's showing up and you get your course syllabus and that's great and you get the information, that's great but you have no idea what that instructor's like or you may even know what that instructor's like and you know it ain't going to be pretty by the time you're done. It's putting your head down and just grinding through it and if you need to step out of the way, stay out of the way of the fan. (Doug, Lines 1239-1244)

Both these participants expressed frustration with the processes in place and had a sense of injustice towards them, resulting in their need to back down and capitulate to the inevitable. Though these feelings were expressed by male participants, similar

perceptions could have occurred with any student, regardless of gender. The feeling of hopelessness and fatality, related particularly to the appeal process and likelihood of being successful, is not unique to male students. It is possible that there is a conflation of issues on the part of the male students, resulting in assumptions regarding barriers unique to male students. However, based on the comments made by all participants, the sentiment appears to be felt more acutely by this population.

During the interviews many participants discussed this concept of renunciation, describing situations when they realized that the most effective strategy was to limit confrontation and attempt to adapt in order to navigate the system and graduate. This included interactions with professors, patients and fellow students. The strategies used to accomplish this renunciation include self-talk to encourage compliance.

I would say that to kind of make it through nursing school, you have to kind of be compliant. (Jeremy, Lines 144-145)

I think that a lot of the students just don't care about ulterior motives ..... the vast majority just want to get out and get their licence and be a nurse. (Brad, Lines 624-626)

In my mind, I was like, "No, this is not going to have effect." I leave that behind. (Alex, Lines 557-558)

I think, to be a guy in this program, you kind of have to be "okay, well that's going to be like that, I'm not offended by it." (Travis, Lines 207-210)

I tell myself "Look, dude, you just got to accept it. You're not going to change it." (Daniel, Lines 610-611)

This coping mechanism was perceived as necessary lessen the impact of the practices that they felt were causing stress and frustration. Although it appears to be submissive in nature, this approach was an active strategy that allowed them to reach

their goal. It was an exercise in letting go and choosing one's battles. Other participants described coping mechanisms that involved conforming to the desired image.

### **5.5.1.2: Conforming**

Participants discussed other strategies in which they did what it took to survive. Rather than choosing to relinquish control and just “get through”, some indicated that they felt the most effective manner of surrender was to conform to the requirements of the program. Here, conforming as a coping strategy is understood as conforming to the desires of the professor or instructor, while being consciously aware that the change in oneself was temporary and only with the intent of achieving graduation with minimal stress.

Jessica indicated that she transformed her natural persona into one that she felt better emulated the desired image of a nursing student. She became quiet, attentive, and non-argumentative in an attempt to avoid targeting.

I was quiet and listened, and I did the work, and I asked the teachers questions, but I didn't ever argue anything or... not necessarily argue but like debate to get a better understanding. I kind of tried to fly under the radar the whole time. (Jessica, Lines 310-312)

She felt this was a learned behaviour that was necessary for success within the program, and that it was imperative that a student learn this strategy as quickly as possible to avoid some of the negative effects discussed previously.

I figured it out early on. Don't argue anything. Don't ask questions, just do what they want. (Jessica, Lines 453-459)

Tim discussed his strategy to cope with the female atmosphere within the class and enhance his sense of belonging. He adapted his approach to conversations, changed

his natural personality slightly, in an effort to conform to what he perceived as more suitable, “feminine” topics. He expressed that as a man within nursing, recognizing that it is a female based profession, the onus was on him to conform to the (feminine) ideal rather than expect the profession to adapt to a masculine perspective.

I think of myself kind of dealing with a class of girls I kind of slightly adopted more of that kind of sense. I’m the kind of guy who’ll go with the crowd and kind of adjust myself to maybe fit in more, more of a self-monitor, I think, they say in psychology. So, I’ll find what the interests are more of the group and kind of go with it. So if it means talking more about, TV shows that are oriented toward females, or music. It’s a bit of a different personality, not a huge difference, but very subtle changes. (Tim, Lines 147-157)

Nursing is very female and it’s always been that way. So I kind of take it that if I’m going into this kind of field, then I shouldn’t expect them to conform to me. I should kind of adapt a little. (Tim, Lines 641-643)

Graham took a fatalistic approach to the need to conform. He expressed his feeling that conforming to the requirements without resistance was a reasonable response to his situation and that he felt it was in the best interest of self-preservation to do so.

That’s the way it is. So you did. You just conformed to what they told you because those were the rules set out by the school. When a paper’s due, I’m going to hand it in on time. (Graham, Lines 545-547)

Interestingly, Graham associated conforming to the rules as a necessary attribute within nursing, when in actuality meeting program expectations, respecting due dates and rules / policies are not specifically related to nursing or the gender of the student. The rules being referred to reflect regulation set out by the university and are based on standards and evidence. There is a conflation of issues on the part of the student, misdirecting the grievance to appear that it is related to nursing being female dominated when in fact the issue is grounded in university regulations and applies to all students.

Doug described the education process like basic training and that to “make it through” you were required to conform, adapting yourself to the desired image by adjusting behaviours and appearance. He perceived this temporary relinquishment of control as necessary to meet your goal, while avoiding conflict and succumbing to pressures.

It’s like basic training. (Laughs). It’s going to stop. There are days that are going to be worse than others. But if you keep your head down, you do what you’re told and you wear the uniform and you look and sound nice and pretty at the same time, and you move like a cow when they wanted you to move like a cow. If you can conform to those things and do those things and keep your head down, stay out of trouble, then you’ll get through. (Doug, Lines 1254-1261)

Participants’ descriptions of the use of conforming and renunciation exemplified the concept of surrendering as a coping mechanism. The use of these strategies allowed the participant to navigate and complete the education process, while decreasing the opportunities of being targeted or subject to increased scrutiny or pressure. An alternative to surrender was the use of evasion as a coping mechanism.

### **5.5.1.3 Presenting a façade**

Participants who utilized the coping mechanism of doing whatever it took to get through the process chose various strategies to accomplish this. One of these strategies was presenting a façade. In some ways their actions could be perceived as deceptive but these students saw their actions as a positive approach versus the negative connotations associated with deceptions. In their view, their actions were justified as necessary to successfully navigate the education and socialization processes and survive the environment and stigma’s attached to men who enter nursing.

Graham recounted the strategy of another male student who took a more active approach to avoiding potential difficulties with faculty acceptance. He described the student's efforts to avoid being centered out or targeted by being complimentary and flirtatious with the professors. He explained that the student took this approach, feigning interest and admiration for them in an effort to secure safety and in some cases leniency regarding rules and deadlines. Graham indicated that the strategy was successful and out of his graduating class this student was the only male not to be subjected to threats of failure or the need to appeal a failure to remain in the program.

They liked one guy. It was because he sucked up and, you know, almost hit on them. (Laughs). So he would just be all sweet talk and tell them stuff like that and they just laughed and giggled, "Oh you!" kind of thing and away they went. And he was all right. (Graham, Lines 994-997)

In an attempt to avoid awkward discussions regarding his choice of nursing as a career and some of the stereotypes associated with men in nursing, Dave discussed his approach with patients, regarding his status as a nursing student. He indicated that he did introduce himself as a student nurse but was frequently mistaken for a resident or physician and when this occurred he was not quick to correct the mistake. His perception was that in avoiding this clarification he was accepted by the patients and able to complete the required work without additional stress or conflict.

I sometimes am not as explicit as I can be to correct them in their assumptions. I clearly introduce myself, I'm not misrepresenting who I am but I don't go out of my way to truly emphasize that I am a student nurse, I just, "Hi, I'm Dave, I'm a student nurse. I'm doing this now." It's introduced, it's there, but you don't dwell on it, because that seems to have a negative effect. (Dave, Lines 177-183)

Tim experienced difficulty fitting in with the female students in his class. He felt marginalized by the group as a result of perceived sexual tension and found it difficult to

be accepted into study groups or establish friendships. As a strategy to address this sense of isolation he discovered that in allowing his classmates to believe he was gay negated these tensions and allowed him to be accepted. This façade was not meant to be a deception in the negative sense but meant to create a positive learning environment that would lead to his success. He continued this façade through the course of the program and felt that if he had not done this he would have withdrawn due to the feelings of isolation and marginalization he experienced at the beginning of the program.

..... almost homosexuality and kind of taking on that media sense role almost, I don't watch Grey's Anatomy or any shows like that, but apparently, the guy nurses that are on TV are supposed to take on more of – quote, unquote – gay persona. And I kind of have almost that. I felt if I were to take on more of a gay persona per se, I could get along on a more friend level with the girls in the class instead of being interpreted of me hitting on them. So I would never talk about this with my guy friends. But I found again, not going flamboyant but kind of being more kind of... Taking on those, those... It, it helped in the sense making friends again in class. (Tim, Lines 580-602)

### **5.5.2: Avoidance**

Participants described their strategies for coping with the effects of a nursing program and many of these strategies resonated with the concept of avoidance. The concept of avoidance refers to the participants consciously taking steps to circumvent unwanted situations or confrontations with the goal of advancing through the process in a more positive way. In contrast to the strategies employed in the subtheme of “Doing whatever it takes”, these strategies did not involve active adaptations on the part of the students; alternately they assumed a more passive, submissive approach to the strategies utilized. They related the concepts of “getting through” and “shut up and sit down” as methods to traverse the educational system and its perceived barriers.

### 5.5.2.1: “Getting through”

Participants described the use of various strategies to “get through” the program of study, most of which had the effect of allowing them to avoid confrontation or stressors. Strategies varied from compliance, to flattery of the professors, to acquiescence, to dependence on self as the only source of support.

Jessica discussed her perception of the strategies used by the males in her class, indicating that they learned not to challenge or even ask questions in class but to wait and discuss the issues and questions with fellow students after class. She felt this approach prevented them from being chastised or targeted by the faculty. She expressed sentiments similar to those of many other participants when she indicated that the goal was to ‘get through’ and accomplishing that was all that mattered.

I think they found it easier, not necessarily to conform to it but to not... there’s a place and a time and it wasn’t the classroom. (Jessica, Lines 338-339)

You were good if you made it through. Keep your head down until then. (Jessica, Lines 412)

Graham spoke of his approach to the program by indicating his compliance with all requirements and rules. He felt that adopting a more submissive approach allowed him to avoid detection and thus scrutiny.

I just didn’t rock the boat. I just did my papers and did my test, and away I went. (Graham, Lines 955-958)

Doug reflected on his experiences in clinical settings being particularly difficult and the strategies he used to avoid the stressful situation. He indicated that he would feel depressed and demoralized after some days in clinical, not planning on returning but would take the approach of surviving “one more day” to get through the rotation. He also

explained his philosophy of evasion related to post graduation, the concept of moving on and not looking back; in essence, forgetting it had occurred.

Some of my clinical experiences were the best experiences of my nursing program. I got to learn and do some really cool stuff. And then, there were, others that were just shattering, and you'd go home at the end of your shift and you'd want to do nothing. You just want to sit down and veg and you'd go, "Oh, I'm not going back, I'm never going back." And then the alarm clock goes off at 5:30 in the morning because you got to get up and you got to go to your clinical. You're like, "Well, maybe if I can make it through one more day..." And it was just that one more day. (Doug, Lines 414-421)

On the other side, you don't look back. Okay, now, I'm working, okay, I don't have to worry about that anymore. (Doug, Lines 1263-1264)

Jeremy reiterated the concept of evading to "get through it" when he described his approach to the program. He did not support the concept of conforming and totally changing who he was, but felt that in order to survive, the most effective strategy was to avoid confrontation by meeting expectations to the level possible.

I think that's the attitude in general is just how you have to get through the program. To some extent you can question things and I'm not saying you have to do just everything you're told, but, in general, I would say that. (Jeremy, Lines 173-176)

Daniel reflected on his attitudes towards patients in clinical being resistant to having a male student provide care. He adopted the approach that he attempted to participate fully in clinical and provide care to all patients assigned. If he was refused, he accepted it was the patient's choice. In such situations, he chose not to be confrontational but accommodated their request, though he did not agree with the discriminatory attitude. This self-talk allowed him to cope with the negative response from the patient and navigate the situation.

I'm the type of person, I'm really team oriented and I'm goal driven. I want to participate; I want to be part of it. And when I don't get to be, I really sit down, I go, "You know what? It's because I'm a boy. They don't want a boy, it's cool." Usually, what I tell myself is, "They're stupid, I don't care, it's an archaic way of thinking. (Daniel, Lines 582-586)

When describing his experiences in clinical, Daniel also reported a certain level of frustration but indicated that it was at these times, through the use of self-support, that he would refocus on the important aspects of the role and the program. He spoke of his feelings of accomplishment and fulfillment from the care he provided. The comments were fatalistic in tone, reiterating the "get through" attitude described by so many other participants.

But in terms of ever wanting to drop out, every now and then, I'll hit a boring patch. I'm like, "Jesus Christ, what am I doing this for?" And then, I have to go back and remember, "Okay, you remember that warm fuzzy feeling when that patient thanked you just for doing something trivial as putting their slippers on, you know how good that felt? Yes? Okay, remember that feeling and hold on to it. That warm fuzzy feeling you're going to get in your whole career, just get through the next four years and then you're done." (Daniel, Lines 1495-1501)

When the concept of "getting through" was analysed it became apparent many of the participants' approaches were based on avoidance of the issue or the situation. Participants also described avoidance as a coping strategy to evade difficult situations.

#### **5.5.2.2: "Sit down and shut up"**

When participants described their experiences in the education system many recounted incidents where they took actions to elude situations that they perceived would result in confrontation, discomfort, increased scrutiny or in them being targeted. These strategies resulted in a mantra of "sit down and shut up".

Jessica spoke of her observations of the males in her class adopting this strategy by not actively participating in class discussions. She felt this was done in an attempt to avoid detection and being singled-out.

We only had four guys that I can remember answering questions in class and actively participating.

Researcher: And the others what did they do?

I think they just sat back and quietly listened. (Jessica, Lines 139-142)

She also enacted her own version of this mantra when she discussed her lack of involvement in what she felt was mistreatment of the males (and some females) within her class. Though she perceived they were being subjected to discriminatory treatment, she chose to focus on her own situation and not advocate for her colleagues. She adopted this strategy for coping as a result of a desire to avoid being subject to similar treatment, for self-preservation.

But I also realize I'm one of the lucky ones. I thought it wasn't right the whole time. It just was easier for me to just worry about me. (Jessica, Lines 301-304)

Nicholas reflected on his experience as well as experiences of other males within the program. He indicated that they utilized coping mechanisms that resulted in an avoidance of confrontation and distress, by avoiding active participation in classroom discussions, by complying with requirements and adopting a passive, nondescript, non-threatening persona.

And that was kind of consistent way I've heard of how guys survive in nursing is that you just sit back and you don't get involved, and you just play it low-key. (Nicholas, Lines 199-201)

When Doug was asked about his approach to the nursing program he indicated that his philosophy and approach were to avoid being noticed and avoid any opportunity for confrontation, disagreement or scrutiny.

Just sit there, shut up, read the textbook when you get home. (Doug, Line 711)

The use of this mantra as a coping mechanism that reflected the concept of avoidance was described by participants and resulted in participants feeling stifled during the program. They perceived that if they were themselves or express their true thoughts they would be subject to punitive measures. The perceptions went to the extreme of believing that merely being noticed within the class would result in negative outcomes and so they opted to progress through their nursing education as anonymously as possible. The coping strategies utilized by participants were not consistently submissive as the concept of avoidance would indicate. The final concept that was revealed was resistance.

### **5.5.3: Resistance**

The final concept that came to light was resistance. The descriptions given by participants of the actions taken and strategies used spoke to the need to challenge the system. The participants described defiant and challenging behaviours and attitudes that unfortunately resulted in some negative outcomes, including the removal of the participant from the program or the profession. The approach to resistance could be seen in two ways; fighting back and leaving the program.

### 5.5.3.1: Fighting Back

Some participants described the use of more assertive, aggressive strategies to cope with the pressures of the program and perceived inequitable treatment. Approaches taken included; advocating for themselves or other members of the class, standing up to what they perceived as discriminatory practices and challenging faculty when they perceived an injustice was occurring. Some participants wanted to fight back but ultimately acquiesced in fear of retribution and acknowledgment that doing so was not truly possible regardless of the inequity of the situation.

Graham described his feeling related to a clinical situation he experienced that has been discussed previously. He was not able to participate in an enhanced opportunity in his clinical placement that involved a visit on a maternity unit and was told it was because he was male. He was told by his clinical instructor that it was unnecessary for him to obtain experience in that specialty because men do not work in maternity. However, at the same time he was enrolled in a mandatory maternity theory course. His response to this situation reflected both his frustrations levels and desire to fight back, and the admission that he could not.

I wish I could have gone back to the class and said that to her, “Oh, well, my clinical instructor said males don’t do this so I get 100% on the test, see you later.” (Laughs). But that’s not how it works. (Graham, Lines 807-808)

Tim did not speak of his own ability to fight back but expressed his admiration for a fellow male student who embraced an advocacy role regarding a potential maternity placement. This other student believed that nursing should be gender neutral, had an interest in maternity and therefore requested it as his preceptorship placement. Tim

admired this student's willingness to fight for what he believed in and challenge the system. He felt he would not have the confidence or fearlessness to do the same thing. He reported that, though the student sought to challenge a stereotype within nursing, ultimately he was placed in the stereotypical male nursing setting of mental health.

One guy in our class, he felt that there weren't enough men in maternity or in obstetrics. And so his second pick for consolidation was to go to the mother/baby unit. And he had the philosophical, "Why not?" You know, there should be more guys in that. Or there should be equality. And so I think he would be one who would fight for the things I would probably walk away from. (Tim, Lines 900-905)

Cameron reflected on an incident in clinical when he had a male instructor who, in his perception, subjected him to a higher level of scrutiny and had higher expectations of his performance. Cameron took exception to this treatment and rather than avoiding confrontation or conforming he chose to fight back against the perceived inequality. He indicated later in the discussion that the instructor reflected on his comments and changed his approach and expectations. This is Cameron's recollection of the discussion he had with the clinical teacher;

I have been finding that you're a little tougher on me and your expectations of me seem to be out of line with the others. Like they're higher. And it's a lot of pressure to put on myself. And I am just at the same point in the program they're at and you need to remember that when you are addressing us and that you don't have higher expectations of me than you do the others, because that's a lot of pressure to put on me when I'm here." (Cameron, Lines 201-205)

Throughout his interview Doug related stories of his attempts to stand up for himself or other students. He reported having a strong sense of right and wrong and of not being intimidated by the professors or the potential for retribution. He felt that his role was to advocate for students that faced what they perceived as injustices. However,

he did fail out of the program and upon reflection his perception was that he was targeted as a result of his advocacy.

I was seeing these problems, I was a student that would turn around and say, "That's not right." And I'm standing up. And I know that standing up whether it was just for myself or standing up for my peers, it labeled me as a troublemaker. (Doug, Lines 520-523)

Brad indicated the education process should be a discussion versus a lecture. He felt that it was his role to challenge the professors in class and that in return they would challenge him to broaden both their horizons and thoughts. He did indicate that taking this approach met with resistance from the professors.

I kind of put myself out there to sort of challenge them and hope that they challenge me back. (Brad, Lines 277-278)

And because numerous times I would correct them and, challenge them, I don't think they liked that at all. (Brad, Lines 446-447)

Justin also had the opinion that the classroom should be more discussion based and he took exception to the approach used by professors. He felt he should be able to challenge what was said and that this would contribute to his growth and critical thinking.

I have a lot respect for the professors and their pedigrees and they have a lot of experience. I don't like having my brain crammed without kicking back a little bit. I want... I think nurses ought to be critical thinkers and that means being critical even in the classroom. (Justin, Lines 912-914)

Daniel spoke of fighting back but not in regards to the professors or the educational system but in regards to the structure of the class, the attitudes of the other students and the hierarchy that he perceived existed within the class, that left him and others that were considered outliers excluded from the group. In this regard he adopted

an approach in which he strived to fight against the cliques and the hierarchy, creating his own group and endorsing a dismissive attitude towards those who strived to exclude.

People get left out. And what I did is I took that as a challenge and I took all the people that got left out and like, "You guys can be part of my group." And that's how I made a lot of my friends. I was like, "You're all going to be part of my group. Fuck these other people. They want to be in their cliques and they want to stay,..... Look, none of us are friends, we don't sit next to each other, let's become friends. (Daniel, Lines 1050, 1053-1057)

Some participants stated feeling they could fight back against the system, the perceived injustices and even against other students as a coping mechanism. Other participants indicated that though they might have tried to fight back, or even attempted to surrender or avoid as part of their coping strategies, ultimately they were unable to resist any further and they left the program.

### **5.5.3.2: Exiting**

Though most participants were successful in identifying coping mechanisms that resulted in their successful completion of the program and subsequent entry into the profession, there were some participants who were not able to find a path that resulted in success. Of those two identified as failing out of the program, one returned to the same program at another campus and was successful in graduating from that site, and the other restarted at an alternative university and was successfully entering second year at the time of the interview. The third participant withdrew mid-semester in the fall of second year. Though these were the only three participants that did at some point leave the program many others indicated in their interviews that they considered leaving at various points in the educational process.

Graham indicated that almost every semester he thought of leaving the program.

I was very, very, very close. And it was second and third year. And I was getting so frustrated at all the crap that was going on with teachers. (Graham, Lines 929-931)

Jessica recalled the males in her class and that they frequently discussed withdrawing from the program due to the interactions with the faculty.

I know they even thought about not finishing the program, even in the 4<sup>th</sup> year because it was so bad, because they were having such a difficult time with the teachers and with the marks and everything. So even in 4<sup>th</sup> year, they were considering leaving. (Jessica, Lines 665-667)

Cameron also considered withdrawing from the program, in his case it was due to the pressure he experienced due to what he perceived as unjust treatment by his female classmates. He believed they did not accept him and felt he did not possess the required characteristics to be a nurse.

There were moments I thought of dropping out. It was usually out of frustration with peers, female peers. I felt like they saw me in a bad light and I could not course correct that. There was nothing I could do or say to make that right. There was nothing I could do or say to change their opinion of me. I felt, particularly because they felt that I was more of an outspoken person that automatically made me a bad nurse. That was hard and that was probably the primary reason if any that I wanted to drop out is that pressure. (Cameron, Lines 727-736)

Nicholas contemplated withdrawing from his program throughout his education.

Researcher: Did you ever consider leaving the program?

Oh yes, constantly. Every year. Every semester. (Nicholas, Lines 476-481)

Karen considered withdrawing throughout the program but ultimately made the decision to continue until completion because she had vested extensive time, energy and money into her education. She did continue on to practice.

So if anything for me, it was like, "I have to finish, I just need a degree out of this and then I'll think about it later. (Karen, Lines 84-85)

Brad discussed his decision to continue with the program though he did not like the culture of the profession. He expressed that each year he planned on leaving but continued on by default.

I was always indifferent to nursing. And I kept facing grief from professors and from the course and every year, I had applied to a different program, been accepted and just sort of chickened out at the last minute. So I came very close numerous times to leaving the program just because of the stuff that I don't like. But then, towards the end, I was like, "Well, I'm already basically halfway there." And also I want to prove to these crazies that I can put up with their stuff. (Brad, Lines 390-397)

He emphasized that though he has graduated he does not see himself continuing to work in the profession. He feels strongly about the profession and values the work done, but does not feel that he can work in the nursing environment because of the culture.

Like I do care about the profession, I do love nursing, I do. I just can't stand what goes on in nursing. So I have a lot of hope for the profession, really, I do. I just can't do it. (Brad, Lines 614-615)

As a result Brad is pursuing a graduate degree in another health related field. He discussed his experiences so far within that setting and reported that he felt accepted and valued and that he noticed a significant change in the gender related practices in the new environment. He had experienced gender bias within nursing but stated that though in his new field he was working primarily with women, he did not feel the same sense of exclusion as in nursing.

I've deviated, I'm not continuing in nursing. I have a thesis director at a different university in a completely different master's program. I wanted to do my masters in nursing originally, but I'm not enjoying my experiences. I don't like the culture associated with nursing. (Brad, Lines 336-348)

Doug battled throughout his program, perceiving that he was a target from the beginning. He failed several classes and was reinstated through appeals but eventually

failed and was withdrawn from the program. He felt worn down and demoralized by the time he left the program. He took a year off to regroup and reenergize and then returned to another site and successfully completed his degree.

So I think that I left because I couldn't do it anymore. I couldn't keep defending myself and I couldn't keep defending anyone else. I had no energy. I would go home and I would try and read something but I couldn't focus. And I would go to bed. And then I'd get up and I would go to bed at like 8 o'clock at night and I'd get up at 6 o'clock in the morning to get ready for school, I'd been asleep for 10 hours, I feel like I haven't slept a wink. (Doug, Lines 971-976)

Murray withdrew into his second year when he realized that he did not have the passion for the role that he saw in other students. He felt that to be an effective nurse he should be experiencing the sense of satisfaction that others did from their clinical and he should be anxious to learn the information that was being provided. He did not feel this way, and therefore made the decision to withdraw. When interviewed, he was happy with his decision and was pursuing alternative career path.

They got so excited and started talking about it. And then, in my head, I'm thinking "This isn't for me. Look how passionate they are. I'm in it for pay check, the benefits, everything that comes with the nursing job." I just realized it wasn't for me. (Murray, Lines 127-131)

Not all participants chose to leave the profession. Jeremy entered the profession with the intent of leaving, using it as an entrance to medical school. Through the course of the program Jeremy experienced difficulties and felt excluded and marginalized but was able to adapt, develop relationships with some professors that chose to mentor him and made the decision to complete the program. He opted to stay in nursing rather than proceed to medicine because of the role that he observed physicians play and his desire to be more actively involved in patient care.

My plan was to do nursing as an entry point to medicine. But then I saw what doctors did. I didn't want to see patients for five seconds. I like the interaction and getting to know the patients. So that's why I decided to, to stay. (Jeremy, Lines 560-563)

Jeremy was ultimately one of the few able to find balance and fulfillment within the nursing education environment, discovering acceptance and a sense of belonging that resulted in his successful completion of the program and transition into the profession.

### 5.6 Summary

Through this research process participants were able to relate their personal stories, resulting in a deeper understanding of the lived experience of male nursing students. Their stories revealed a pattern of frustration, anger and stress that resulted from pressures to conform, perform and meet expectations related to the ideal (feminine) nurse. They strived to cope with these stressors by resorting to coping mechanisms but the effects were evident in emotional and behavioural responses. Ultimately, the lived experience was one of marginalization and isolation. The analysis of the participants' words, behaviours, stories and recollections led to the identification of five major themes. Those themes were; Governing Gendered Bodies, Construction of the Ideal Nurse, Exclusionary Practices, Effects of Education and Socialization and Coping Mechanisms. These themes have been discussed in depth to reveal the meanings behind the experiences shared by the participants.

'Governing of gendered bodies' involved two subthemes; gendering and governing. The gendering of students was manifested in several categories including sexual orientation, sexual tension, feminine discourse of nurses, competing masculine gendered discourses and gender dynamics. Sexual orientation was discussed by several

participants in regards to two subcategories; homophobia and gay advantage. The issue of male student's sexual orientation consistently arose during interviews with all participants and reflects societal stereotypes of the 'gay male nurse'. As a response to this stereotype several men verbalized homophobic comments and demonstrated hyper-masculinization of their behaviours in an effort to solidify their heterosexual status. Male participants who self-identified as gay expressed a perceived advantage because of this orientation. They felt that being gay allowed them to more easily fit in with the predominantly female student population. They were perceived as less threatening and seemed more at ease with meeting behavioural expectations.

The category of sexual tension manifested in two sub-categories of promiscuity and sexual predator. Participants perceived that their intentions regarding female students or patients were judged wrongfully by peers, faculty and patients. It was assumed that either they were pursuing nursing as an avenue to meet women and were thus viewed as a 'player' or they were using their status as a nurse to have ready access to vulnerable female patients they could take advantage of. In particular the label of sexual predator was the most disturbing for the male students and resulted in their taking extraordinary steps to ensure they would not be subjected to any false accusations regarding patients and in particular children during their pediatric rotation. This perception that they were being seen in this light was very stressful for the students and resulted in feelings of anger and shame.

All participants felt the feminine discourse of nursing. This included the use of a feminine mantra and the focus on a feminine perspective. The feminine mantra was described by many participants as a 'feminist' basis for the program but what they

described was not a feminist approach but a feminine focused approach, one that focused on feminine learning styles, dominance of feminine gender within nursing and the importance of maintaining it as such and the female perspective related to content. This discourse resulted in male participants feeling isolated, marginalized and not wanted within the profession. They perceived little effort and concern regarding male perspectives or that male presence was limited. When they did feel that their presence was desired it was seen as tokenism and they were needed for their strength and size.

There were competing masculine gendered discourses at play in the gendering of students. These included the socially accepted male persona and expectations assigned to male nurses. Male students perceived that the socially accepted role of men within society conflicted with that of a male nurse and as a result they felt conflicted within the program and sensed that others judged their choice based on this. They also found that their 'masculine' persona, which had developed through their socialization within society, was in conflict with the desire feminine persona of the nurse. This resulted in confusion and at times over-masculinization of their behaviours. The expectations of male nurses were a result of these socially acceptable male roles and included assertiveness, leadership and exerting a male presence within the healthcare setting.

Gender dynamics between male and female students and nurses was an interesting component found through analysis. These dynamics differed between studying together, playing together and working together. The studying environment was fraught with tension and resulted in limited interaction, with the exception of the gay male students, who seemed to successfully integrate into the female dominated classroom environment. Interestingly male students did not report forming their own subculture

within nursing and in fact often chose to study alone. From a playing together perspective, the students did not seem to interact between sexes well and there was minimal interaction outside of the classroom between male students as well. Female students seemed to create support groups outside of the classroom setting that they used for social as well as academic purposes. Male students generally did not report being included within these groups for various reasons. When the experience of working together was explored, all participants reported that working in an environment that included male nurses enhanced the experience and created a more stable, enjoyable work experience.

The second sub-theme within the governing gendered bodies theme was that of governing. Participants discussed various strategies used by instructors and administrators to govern their behaviours, shape them into the desired image and control for deviations from that image. These strategies included use of norms, use of authority and an internalization of these norms resulting in a form of self-government.

The use of norms included the teaching and enforcement of systemic rules and processes that dictated everything from dress code to acceptable behaviours in class. It also included restrictions placed on male students in regards to participation in some clinical settings, specifically maternity. The students voiced their concerns regarding these rules and restrictions and felt they were primarily gender driven and discriminatory towards men. However, some of the rules and processes applied to all students equitably and all students felt that they were used in an effort to control and shape students. Several also felt that they were used to identify students who could not conform, and who would be subsequently eliminated from the program as a result. There was also concern over the

lack of consistency with which these rules were implemented and that there was preferential treatment given to female students. The use of norms also included the reinforcement and use of the desired image of nurses to set the expected level of performance, behaviour and appearance for a nurse. This image was feminine gendered and based on historical, media and societal images of nursing. It was felt that the image was unrealistic, did not reflect the contemporary reality of nursing and was in effect unattainable as a male. Norms related to professional codes of behaviour were also used to set the standard for behaviour and to reinforce the need to conform. The standards are reinforced throughout the education and socialization process, either explicitly or implied, in an effort to establish the authority of the College of Nurses. The fact that the school and faculty stressed the standards and enforced them within the school environment was a point of issue for several participants. There was resentment that the professional standards were being applied to students' personal lives as well as academic settings. There was also some frustration with the inequity in the way standards might have been applied to students and the sense that faculty expected 'professional' behaviour from the students but did not always uphold and fulfill the professional standards themselves in their actions towards students.

The use of authority was prevalent in the stories told by most participants. Several discussed the use of authority in the utilization of sanctions or punishments if they failed to meet standards or expectations. They discussed the sense of surveillance that occurred and the feeling that the sanctions, or threat of sanctions, accompanied with the perception of constant surveillance, resulted in a culture of threat within the educational environment. In participants' view these mechanisms were all utilized by faculty in an

effort to control students and shape them accordingly. The somewhat seemingly constant threat of punishment or failure resulted in students adapting their personas, behaviours and appearances to meet the desired norms, in an effort to successfully navigate the education and socialization experience. An interesting consequence of this use of authority and norms and the systemic culture of threat was the subsequent internalization of these rules and images, resulting in a form of self-government. Students ultimately adapted their behaviours and in some cases adopted alternate personas to survive the process. They self-monitored to avoid any variance from the expected, conforming whenever possible to ensure success and safety within the environment. Many students took the position that they would not allow faculty to view them as unable to cope. They strove to ensure that they were not perceived as weak or at risk of failing, not wishing to demonstrate any bending to the pressure. They did not want faculty to 'see them sweat'.

Governing gendered bodies was about framing the gendered environment in which nursing exists, delineating the mechanisms used to shape and most importantly control the students as they entered their education and socialization. The ultimate goal of both these strategies was the 'construction of the ideal nurse'. This construction was achieved through various education and socialization strategies and resulted in pressures applied and felt by students. Strategies used by faculty involved the reinforcement of stereotypes and various educational practices. Stereotypes that were most prevalent were those of caring, communication strategies and the feminine gender of nursing.

Participants discussed several educational practices such as being singled out, difference both in treatment and in learning approach, the need for support and lack thereof, and the implementation of a fear based education environment. Participants discussed feeling

subjected to various pressures such as the pressure to conform, academic pressures and the pressure of performativity, again associated with the feminine gendering of nursing.

In light of this nursing ideal and the processes put in place to construct this ideal, participants reported the existence of exclusionary practices, grounded in discrimination and marginalization. Discriminatory practices included altered expectations, clinical pressures and targeting. These were primarily reported by male participants but some female participants did indicate that they were either aware of this possibility or were also subjected to these practices if they did not meet behavioural expectations. Marginalization was achieved through students feeling 'out of place', stigmatized, not having proper role models, and needing to uphold the feminine image of nursing. As a result, many male participants expressed feeling disenfranchised from the profession and their fellow students. At best they felt unwanted; at worst they believed there were active efforts to exclude them from the program and the profession.

The resulting effects of the education and socialization of these participants was both emotional and behavioural. Participants expressed anger and frustration, confusion regarding expectations, self-doubt and acceptance but in most cases lack of acceptance. These emotional responses to their educational experience made continuing within the program or the profession difficult and in some cases impossible. Behaviours exhibited by participants included 'faking it' in which they adapted and changed their approaches in order to best navigate their time in the educational setting. Also seen was the need to justify their presence within the nursing program and profession. Participants indicated they were frequently required to explain the choice of program and justify why it was an appropriate choice for them as men. This was particularly true in regards to choosing

nursing versus medicine. The stereotype of men being physicians and women being nurses continues to be prevalent even in contemporary society and students were often challenged by family, faculty and patients regarding their choice and what that implied regarding their abilities, intentions/motives, sexual orientation..

The government and gendering of students, the subjection of students to strategies employed for the purpose of constructing the ideal nurse, the exclusionary practices utilized by the education system and the profession as well as the effects of these education and socialization practices resulted in students developing coping mechanisms. These coping mechanisms allowed them to continue (for the most part) within the nursing program and ultimately succeed. These mechanisms covered a gamut of reactions to their education and socialization process. Some chose to do whatever it took to cope with the pressures experienced, others chose to avoid the conflict and situations that would potentially have a negative impact on them and their education and still others chose to resist, fighting back against what they perceived were injustices and inequities within the system. Regardless of the coping mechanisms employed, the intention was to find a strategy that allowed the student to succeed within the program, if that was their goal. However, there were those who could not find a workable coping mechanism that allowed them to succeed and subsequently left the program, either voluntarily or otherwise.

The analysis of the data from the 20 interviews resulted in a rich expression of the lived experience of a nursing student, particularly male students. It allowed the researcher to have an intimate view into this phenomenon, creating a better understanding of the pressures and challenges that the students faced. Overriding

concepts emerged through analysis and contemplation of participant experiences. These are examined within the discussion in Chapter 6, in relation to the existing literature and the theoretical framework associated with this research study.

## CHAPTER 6

### DISCUSSION

The following chapter provides a discussion of the major themes imbedded within participants' narratives. The data analysis allowed for a deeper understanding of the lived experience of the male nursing student. Through this process significant common elements were exposed and are discussed. The overarching themes are; Constructing the Ideal, Enforcing the Ideal and Surviving the Ideal. These are discussed in relation to current knowledge related to nursing student experiences, particularly related to male nursing students, as outlined in Chapter two (Literature Review). As well the findings are discussed in relation to the research questions and the theoretical underpinnings on which this work is based, as outlined in Chapter three (Theoretical Perspectives). As previously discussed, the tenets of Queer Theory do not support the use of identifiers such as *man*, *women*, *masculine* and *feminine*. Throughout this discussion I will continue to utilize this language, not with the intent of ontologizing individuals, but for ease of reading and understanding. Following the discussion of the significant common themes, the limitations of the study, future implications of the findings and potential next steps in research are outlined.

#### **6.1: Constructing the Ideal**

Nursing is a profession that is proud to be female dominated and has strong political and public influence. It is well respected by the public, garnering trust and societal acceptance as an influential and knowledgeable partner in ensuring the health of the public. Nursing organizations have used this position of trust and respect with the

public to attain political voice in healthcare and societal decision making. These organizations portrait nurses as strong, intelligent, well-educated women and have fought for a shift in public image from the “doctor’s handmaiden” who only followed orders, to an image of a leader in healthcare who works collaboratively with the multidisciplinary team. Feminist discourse is a strong influence towards this image, based on empowering women to discard the previous paternalistic healthcare system and display the abilities necessary to not only provide competent care to clients but to also be leaders within the healthcare setting. This approach assists in the establishment of nursing as an independent profession, separate and distinct from the traditionally male gendered medicine. This feminine discourse for nursing empowers women as the dominant group within nursing but creates an exclusionary culture that can result in feelings of marginalization for men entering the field.

An example of such marginalization is the labelling of men who enter nursing. In the English language, men are often labelled as the ‘male nurse’. Interestingly, female members of more ‘trades’ based careers that are male dominated, such as firefighters, police officers or soldiers, are identified in a similar way (e.g., ‘female officer’). The use of the “male nurse” title further segregates male students / graduates and highlights their difference. This distinction can be thought of as a consequence of the construction of the labour market and the systematic gender based segregation that occurs, rather than nursing actively excluding or (dis)qualifying men within the profession. For many participants however this is interpreted as not being part of the collective, not being accepted as part of the profession, and not being on the same level as their female counterparts (Ierardi et al., 2010; Meadus, 2000). Some participants noted that the use of

this qualifier made them feel disjointed from the other students and not truly accepted within the profession. They saw this additional label as a reminder of their ‘difference’ and resulted in feelings of marginalization and discrimination. However, some participants welcomed the distinction, as they felt that the feminine association to the title of nurse was so strong that they preferred to be segregated, labelled differently, in an attempt to reclaim their “masculine” status within a “feminized” environment.

The construct of the ideal nurse, which is established based on societal expectations, norms and reinforced behaviours, is perpetuated in an attempt to preserve the image. What is perceived as reality is the result of repeated and reinforced performances stemming from the perceived ideal. This concept is echoed within the literature, which discusses the gendered attributes that are based on societal norms and result in prescribed male and female accepted behavioural norms (Fisher, 2011). Within the nursing literature the expectation for male students to demonstrate traditionally masculine attributes including assertiveness, leadership and confidence is documented (Christensen & Knight, 2014; Evans, 2004b; Sedgwick & Kellett, 2015). Though some participants indicated that these types of behaviours were discouraged within the classroom by faculty, many indicated that within the clinical setting they were expected to display masculine gendered attributes and within their peer group they were often looked to for leadership or to be assertive representatives of the class, an expectation that actually reaches beyond the profession of nursing, and is common in many, if not most, educational and professional environments.

The perpetuation of the feminine within nursing can be seen within the language used; the overwhelming references to “she” in regards to nurse, the feminine approach

within the text and educational materials, and the common language used to describe nursing attributes (Cude & Winfrey, 2007; Kermode, 2006; Mohamed & Mohamed, 2015). Participants frequently commented on the over-use of the feminine pronoun both in text and by faculty. They also felt that the emphasis on female health issues and the female perspective to nursing and health was a direct attempt to perpetuate the feminine ideal of nursing. They viewed these strategies as feminist in nature and often felt that as men they were not only marginalized but that many faculty and staff were against the presence of men within the profession, wishing to maintain the female dominance and seeing the addition of men into the profession as a male attempt to “take over” or re-establish a paternalistic strong- hold on healthcare.

The creation of an ideal through the repetitive use of behaviours, language and appearance mirrors the concept of performativity as discussed by Butler (1990). She discussed how gender is performative, based in the language used to quantify it. In this she relied on Derrida’s linguistic theories to base her gender identity theories (Butler, 1990; Salih, 2002). Within *Gender Trouble* Butler explained her perspective of gender identity formation; “[w]ithin the inherited discourse of the metaphysics of substance, gender proves to be performative, that is, constituting the identity it is purported to be” (pp. 24-25). She went on to further explain that without language, gender would not exist; that it is within the language that gender is constructed and perpetuated, making gender effectively “performative” (Salih, 2002). The gendered identity (Butler, 1988, 2004) constructed within nursing is the result of repetitive performances of desired behaviours that meet the expected social norms associated with the profession. Nursing perpetuates the feminine gendered image through repetitive use of examples related to women,

images, language and stereotypical behaviours. To overcome these constructions and thus expectations of the ideal, male nurses must resist the need to conform to the desired performativity, making small changes in the ideal to demonstrate the possibility of variance within the profession. The performativity of nursing is not restricted to the gendering of the profession but also is used to instil within students and perpetuate within the profession the desired behaviours, attitudes, communication styles and persona of the profession, under the guise of 'professionalism'.

Gender performativity is based upon social sanctions, knowledge of norms and deviations and the consequences of such deviations. The ideal nurse is constructed based on societal images of the ideal. This image is stressed to students during the education and socialization process. The student must master the performance of an ideal nurse in order to succeed within the system. Participants discussed the use of several strategies within the education and socialization process that contributed to the construction of the ideal. They spoke of stereotypes that were reinforced, including caring and what was perceived as acceptable approaches to caring within the role. Many males participants reflected on their approaches to caring and how, in their view, this desired ideal did not consider their masculinization of the role. When they shared this with faculty, for example, they appeared to receive negative responses and they verbalized feeling discriminated against or lesser than their female colleagues because of their inability to conform to the desired image.

At the same time, some male participants appeared to perpetuate the very stereotypes that offended them. In examining their comments one participant stated that he thought nurses were "just supposed to wait at your bedside and be compassionate".

This shows a distinct lack of understanding of the role and the complexities involved in “caring” for a patient. The insinuation reverts back to a nurse not being an educated person who can effect change and assist the patient in progressing towards health. Instead, it reiterates the notion of the traditional handmaiden, whose role is to provide the stereotypical “mothering” associated with nursing, holding a patient’s hand, mopping their brow. Another male participant indicated that he did not feel that he was compassionate, that he was “centred on concrete knowledge and the application of knowledge”. He purposely separated the attainment and application of knowledge from the development of relationships with the patient and the traditional view of “caring”. These comments were made in the context of this participant stating that he was not able to meet the requirements of the role, that it was his character that was flawed. However, he separated the two attributes; knowledge and caring/compassion, indicating that having one precluded you from embodying the other. This statement strongly suggests/ supports the modern view that the superior attribute was knowledge acquisition, though he attempted to frame it as a negative by indicating that this focus on the knowledge acquired resulted in his inability to adequately fulfil the nursing role of caring.

Another male referred to the more nurturing attributes that are fundamental to the ideal as “touchy feeling, wishy washy stuff that is ingrained in nursing”. He went on to say that he did not agree with it and felt that he was scientific and evidence based in his care. The implication was that the ideal female nurse’s care is based not on science and evidence, but on “softer”, more intuitive feelings. His comments conveyed that what he perceived as typical nursing care, was not valuable or worthy of his time. By making these distinctions he is actually adhering to another, more recent, ideal in nursing, evident

in the dominant “evidence based medicine” discourses, which are precisely grounded in paternalistic view of science and rationality. These comments perpetuate the stereotypes of the strong intellectual male and the softer, more subordinate female.

Both these participants, as well as several others, viewed aspects of traditional nursing and the concept of caring, not as a holistic approach to care but separated these dimensions, delineating a dichotomy of attributes that are on one hand based on science and intellect and on the other, based on emotion and nurturing. The roots of the nurturing ideal are based in what has been historically framed as the accepted nursing reality, that nursing is a female role and that women are ‘naturally’ the ideal nurse because of their feminine attributes.

The assumption of gendering of the profession establishes dominance and allocates power to women within the profession, as they claim what is perceived as their natural place. Butler disagrees with the binary of men and women, believing that it is a constructed reality based on heteronormative beliefs and societal acceptance. This binary is perpetuated to allow for the heteronormative to maintain a power structure within society (Butler, 1990). The norms constrain the performance, within acceptable limits, but there is the ability to vary from the norm through personal interpretation. These variances are restricted to the boundaries of ‘normal’ that are set out by the profession and variance outside of these boundaries can result in sanctions. One participant illustrated their point by suggesting that the nursing education and work environments were very female oriented and underpinned by a “hard core feminist culture” that was dismissive of men. Some participants felt that they were penalized within the health care environment if they displayed traditionally masculine appearance. They mentioned being

mistaken for physicians, to the point of patients arguing with them that they must be because they were male; to having patients, specifically female patients, refuse care from them because they had strong male characteristics (size, facial hair, etc.). One participant summed up the need to conform within the normal limits of the ideal image by stating that there are specific expectations on behaviour and an ideal 'picture' that he admitted he would never fit into, one he felt was very 'narrow and utopic, not allowing for adaptation or reality'. A female participant agreed that these expectations existed and that she felt that the profession should be gender neutral.

The literature supports the participants' perceptions. Studies show an expectation placed on diverse students, including men, to conform and adopt the norms of the dominant group (Ierardi et al, 2010; O'Lynn, 2009). It is because of the societal and professional desire to meet these gendered norms related to nursing that some countries have established admission restrictions related to men entering nursing. For example, Jordan increased the number of men within the profession, challenging the established norms. However, the response from the public and healthcare institutions was dismissive and resistant to the change. This resulted in a political decision limiting the number of men that can enter the profession (Abushaikha et al., 2014).

Reinforcement of the feminine within nursing can also be seen as a source of power used to dictate the use of specific vocabulary and thought construction. The prescriptive methods of communication that many participants discussed echo the concept of stereotypical communication and that nursing education is not grounded in reality but in these images based on the constructed ideal. Desired behaviours and attributes of the student nurse are based on pre-existing expectations that have been

reproduced and internalized to such a degree that they have become reality. The role of the nurse is seen as submissive and subordinate within the healthcare system, to the male dominated medical professionals. However the male student, in conflict with the expected nursing attributes of caring, submissiveness and humility, is attributed with masculine characteristics including leadership, aggression and assertiveness, not typically seen as nursing qualities. Male students and nurses who were interviewed discussed experiences of being attributed with such characteristics. Some participants perceived an expectation for them to assume a leadership role regarding group work, to be a spokesperson for their fellow students when there was an issue with the professor or an assignment and felt that others looked to them to challenge any inconsistencies or areas of concern within the class. Of interest is that participants who brought forward these concerns and expressed these perceptions actually discussed their desire to exhibit these stereotypically masculine attributes and in further discussions it became clear that the class did not expect them to take on these roles but they desired to be seen as the strong advocate/saviour. Perhaps these actions were an effort to maintain their masculine attributes within the feminine environment and be perceived by other students as important and valuable additions to the group.

The literature reports on faculty's perceptions of difficulties with men in the classroom and that exaggerated masculine behaviours are troublesome and disruptive to the class (Dyck et al., 2009). Male students also indicated that they often felt they were punished or that faculty exerted their power and control by segregating male students, referring to nurses using female pronouns, making anti-male comments, and stressing the importance of conforming to the expected feminine gendered behaviours (Cude &

Winfrey, 2007; Ierardi et al., 2010; Kouta & Kaite, 2011; Mohamed & Mohamed, 2015). Foucault (1995) situated power's fundamental operation in producing and regulating practices within a domain. Power establishes regulated behaviours and courses of action. The use of normalizing techniques through disciplinary power has at its goal the "making" of individuals. According to Foucault (1995), normalization "compares, differentiates, hierarchizes, homogenizes and excludes" ( pp. 183), allowing disciplinary power to shift the locus of control from the external to the internally invoked (Deacon, 2002). This hegemony within the social group, in this case nursing, results in the subordinate group (men) allowing the dominant group worldview to take precedence (Mumby & Stohl, 1991).

Dyck et al., (2009) discussed examples given by male students of challenging a theory instructor in regards to what was taught in class conflicting with what was seen in clinical. When the male student stated that nurses in the clinical setting did not perform a certain task in the way described within the text, the instructor defended the staff person. Even when the student provided evidence of the practice to the instructor, she refused to admit the difference and continued with the class as if it had not occurred. The student viewed this as dismissive and the instructor classified this as the student having a challenging viewpoint (Dyck et al., 2009). This was a clear exercise of power on the part of the instructor and a micro-punishment towards the student, dismissing his comments and observations as invalid. Though this was not expressed explicitly, this was the student's understanding of the sub context of the instructor's actions. In a personal account published in New Zealand (O'Connor, 2003) a recent male graduate nurse discussed his experiences in the nursing program. He recounted situations where he felt

isolated and feeling that male students were not considered when assignment requirements were determined. In one instance he described an essay in which all the readings were from a female perspective. He found this isolating and difficult to learn from but the faculty refused to alter the assignment, all male students failed the paper (O'Connor, 2003). In another example he cited the experience of discussing breast examination, which was stressed as very important and serious by the instructor and testicular self-examination, in the same lecture, which was joked about and made to seem insignificant (O'Connor, 2003). Both are examples of misuse of power by the instructor in an effort to perpetuate the feminine focus of nursing.

The resulting construct of an ideal nurse is based on the societal accepted norms of the profession and the desired behaviours instilled by the faculty to reflect those norms (Bell, 2006). Considering gender, one can delineate two aspects of power related to it; the actual dichotomy of gender and the historical attributes associated with it and the power relations between men and women (Amigot & Pujal, 2009). Through Butler's theory, performativity has become a method of analysis of practices that sustain lines of power when there is differentiation within a group (Bell, 2006). There are inherent positions of power related to gender but the dichotomy historically has subordinated women. It is therefore interesting that within a female dominated profession the apparent discrimination and marginalization of male students mirrors the historical treatment of women. Discrimination can be defined as

“a distinction, whether intentional or not but based on grounds relating to personal characteristics of the individual or group, which has the effect of imposing burdens, obligations, or disadvantages on such individual or group not imposed upon others, or which withholds or limits access to opportunities, benefits, and advantages available to other members of society” (Supreme court of Canada, 1989, pp. 144).

Are male students actually discriminated against based on the constructed ideal of the nurse or is it perhaps that they perceive their experiences as discrimination because they were faced with situations and societal (group) status that they were unfamiliar with? Kellett et al. (2014) discussed this phenomenon and label it the Patriarchal Paradox, in which men struggle with their role and station within nursing because of their status within a patriarchal society. They argued that the performance of their hegemonic masculinities is “inconsistent with society’s perspectives on nursing care” (p. 83) and thus have difficulty rationalizing their place within the nursing profession that the patriarchal lens has placed in the feminine context.

The image of a male nurse is often associated with societal constructed stereotypes of either homosexual or sexual predator (Burton & Misener, 2007; O’Connor, 2003). Participants verbalized concerns of being judged related to these stereotypes. They spoke of female students being hesitant to study with them because of the assumption that the interest was more personal than academic. Some participants indicated that during clinical placements they were very cognizant of perceptions related to their care of female patients or children. One participant indicated that he was so concerned about the potential negative acquisitions that may occur if he was alone with a female patient providing personal care, that he insisted that a female colleague accompany him. He found this discriminatory because, as he pointed out, the female student was not subject to the same restrictions or suspicions when she was caring for a male patient.

Participants also experienced frustration with the questioning of their sexual orientation. Many spoke of patients, staff and at times family and friends questioning their sexuality because of their career choice. Participants stated they did not care that

there were assumptions being made regarding their sexual orientation or if people thought they were gay; they had nothing against being gay. However, they subsequently went into detail regarding their heterosexual status and stereotypically masculine activities.

Ultimately the result of the interviews was that many were affected by the labelling that occurred and did present as homophobic in their comments.

From a queer theory perspective these negative feelings towards society framing the male student as a homosexual can be viewed as a response to the societal association of 'male nurse' with homosexuality. Once the student is tied to this group, which is not the dominant group and therefore considered outside the norm, there develops a conflict between the homo/ heterosexual identities of the student. This conflict, and the association of the student by society into the marginalized group, results in the 'queering' of the student (Jagose, 1996). As a result of their association with this group, they are considered 'different', and are thus marginalized. This categorization and labelling of the male nurse into a societal constructed role is based solely on preconceived notions of gender and sexuality and what is an acceptable role for a heterosexual man. This attempt by the male to contravene accepted gender roles, based on historical constructions of the nurse, positions the male nurse outside the margins of normality and thus can be considered queer (Britzman, 1995; Burdge, 2007). It can be argued that the association of the male nurse with homosexuality constitutes an effort of the heterosexist discourse to maintain stable gender roles that are framed within the heterosexual politics of society. The assignment of a sexual meaning to a gendered role, such as nursing, is a way to maintain heterosexual privilege (Halperin, 1995). The need for the heterosexual construct

to maintain its privilege and be seen as normal is an attempt to maintain its power as the dominant group (Jagose, 1997).

The stereotype of a male nurse includes the assumption that the male nurse is gay. Though this appears to be untrue based on anecdotal evidence (Harding, 2007), it is important to explore how this stereotype has been constructed. In this study, participants who self-declared as being homosexual, for the most part did report that their experience was 'easier' than a 'straight' male's. However, on further reflection they explained that they struggled in different ways. Several indicated that they experienced reprimands and the need to conform to the 'ideal gay man'. It seemed that members of the profession were accepting of their homosexual status and participants felt it resulted in a more inclusive attitude, because their orientation negated any assumptions or fears that they were a 'threat' to female colleagues or patients. However, the gay men indicated that there was an assumption that they would maintain a masculine persona. Participants who were more 'flamboyant' in their actions were subject to controls and asked to attempt to behave in a more masculine way. To take such a position outside of the norm (Hocquenghem, 1978) was seen again as a marginalized status and treated in a manner that was exclusionary.

Boundaries of sexual identities are culturally constructed and based on the power and dominance of the heterosexual norm and desire for all to conform to this norm regardless of sexual orientation (Namaste, 1994). Fisher (2011) discussed the need for men and women to act in ways prescribed by sex role norms based in what is socially acceptable behaviours. The literature indicates an expectation that all male students will demonstrate traditionally masculine characteristics (Evans, 2004b; Fisher, 2011;

Sedgwick & Kellett, 2015). Sedgwick and Kellett (2015) suggested that difficulties men experience in socializing into the profession may be due to a conflict between the feminine attributes of nursing and the need to adhere to the hegemonic constructs of masculinity. Baker (2001) found that male students who affectively identified as androgynous experience less role strain associated with their role as a nurse. Ultimately diverse students are expected to conform to the constructed ideal of the nurse and adopt the norms of the dominant (feminine) group (Ierardi et al., 2010; O'Lynn, 2009).

## **6.2: Enforcing the Ideal**

The education and socialization processes, and the pressures felt by the students were described as the result of an attempt to mold students into a preconceived vision of a nurse, based on prescribed appearance, thoughts and actions. Nursing students, particularly male students, are subject to strategies of government that attempt to mold the student into the ideal nurse. There is an endeavour to control behaviours, produce desired outcomes and, through the use of discipline, provide a framework for the ideal, as well as ensure compliance with the rules and procedures that are supported by the profession and academia. The controls represent a use of power and discipline within the educational system and the profession to ensure that members conform to the desired construction of a nurse.

Disciplinary power is seen in the examination of the socialization practices and educational environment created within nursing. The structure of nursing education exemplifies the exercise of disciplinary power, where the expectations to memorize and replicate the procedures taught and the need to conform to the desired behaviours (Mumby & Stohl, 1991) result in students performing the desired image. This also

applies to the socialization process of nursing, which incorporates strategies that include surveillance and examination. As seen in Foucault (1995) this attention to detail regarding conformity to behaviours and actions incorporates not just broad procedures and techniques of power but also the training of the student to mimic minute movements and gestures that fit the construct of the ideal nurse. Examples of this training and need to adhere to strict procedures would include: the teaching of sterile technique, medication administration and components of physical assessments. Strict adherence to these procedures is framed in the context of patient safety. Non-adherence could result in adverse patient outcomes and thus this disciplinary surveillance and compliance with norms is seen as productive, producing a safe environment for patients and improving outcomes.

Many participants discussed the use of standardized communication techniques taught within the education process. These communication strategies were often perceived as constraining and prescriptive in nature. This prescriptive need to conform to the norms and expectations may be perceived by students as a negative force but it also incorporates a productive component. It is through this training and mimicking that the ideal nurse is produced, one who can effectively communicate with patients and family members, who has the ability to develop and therapeutic relationship with their patient and who, in complying with expectations, maintains the desired environment, conducive to positive patient outcomes. Participants felt pressure to conform to the communication techniques, not just broadly in style, but on a narrower, almost mimicking basis. One participant, referring to the ideal image of a nurse, said there was a right way to talk, a right way to answer. Another observed that female students seemed to have an easier time

of meeting this ideal communication approach and that as a male he had to have a script to follow. He felt this made him a bad communicator. This demonstrates the need to conform and internalize the desired approach to feel adequate and part of the group. Butler (1997) discussed the use of language as a source of power for the dominant culture and as a way to perpetuate gender performativity. In this case the feminine gendered approach to the communication style and language that was desired made performativity by the male students necessary to succeed. There were perceived and actual punishments associated with deviation or improvisation from the prescribed script (Butler, 1988; 1990).

This training of students to talk and answer in specific ways reflects the use of disciplinary power to shape the student into the ideal. The training that occurs is productive in that it develops the student's communication strategies to meet the ideal and results in functional, productive nurses who are able to successfully integrate into the profession upon graduation. It also was punitive in that to not conform and meet the expectations could result in lower marks, being chastised and failure. Within the literature, males expressed that they had difficulties with meeting the expectations, particularly related to communication strategies, as those strategies did not meld well with how the male students typically communicated, thought and reacted to situations. It was reported that differences between how men and women think, react, communicate and interact were not acknowledged and were in fact discouraged within their respective nursing programs (Anthony, 2004; Stott, 2007). Little effort has been seen to change or adapt the education strategies or expectations to accommodate for men's perspective(s) or

their unique learning styles. The result is an overtly discriminatory environment that negatively impacts male students (Kermode, 2006; Mohamed & Mohamed, 2015).

The government of students is exhibited through the use of norms, the use of authority and through self-government and internalization. The result is government by surveillance and control, incorporating the use of punishment or sanction to ensure compliance, creating a culture of threat. Within the processes used to govern nurses, one of the most effective methods is the use of self-government and internalization of norms, rules and consequences. The use of self-government relates to one of the tenets of nursing's governing bodies and being a professional. Nurses are asked by their governing bodies to self-reflect and monitor their own practice, identifying areas of weakness or opportunities for improvement. The expectation is that the nurse will engage in this self-evaluative process, engage others as well to assist in identifying areas for improvement and develop a learning plan to address the deficits. There is an expectation within the profession that a nurse will subscribe to the principle of life-long learning and will endeavour to continue throughout their career to identify areas for growth and pursue appropriate education to meet expectations. This process is a form of discipline and surveillance to ensure that all members of the profession not only continue to meet the desired behaviours but that should they not meet the expectations, the nurse will self-identify this shortcoming and put in place a plan to ensure compliance.

Self-monitoring exists and is successful due to the perceived threat of reprisal if the nurse does not conform to the requisite monitoring processes. The culture of threat is initiated within the education setting but is based on and perpetuated by the profession and its governing body. Should a nurse not conform and meet expectations, they may be

subjected to, or believe they will be subjected to, a form of sanctions that could have a negative impact on their career. Therefore, the decisions made by nurses to continue on the path of life-long learning and self-government to maintain compliance to professional standards, occurs not as a result of a higher level of professionalism but as a result of fear of reprisal.

Within the education system, students are expected to self-reflect, for example through the process of reflective journaling. This reflective journaling allows the student to 'confess' their mistakes (Foucault, 1995), their inner feelings and fears, and identify areas of improvement. Participants discussed this process of personal reflection as difficult and 'unnatural'. It was counterintuitive for male students, who were not accustomed to discussing their feelings and examining their shortcomings. They perceived this exercise as feminine gendered and exposing them, their vulnerability and weaknesses when completing these assignments. In the use of reflective journaling and the requirement to confess one's feelings and expose one's shortcomings it is necessary for pastoral power to be exercised. Pastoral power creates a need for self-examination, delving into the student's personal thoughts and feelings in an effort to shape them into the ideal (Foucault, 1995). The purpose of this power is the maintenance of public safety (Foucault, 1995; Welch, 2010) which is of concern not only to the educational institution but also to the nursing governing body that requires practicing nurses to complete similar self-evaluative processes. The nursing governing body uses pastoral power through their yearly registration process, as well as the initial application process. There is a need, on the part of the applicant, to disclose any past wrong-doings to the governing body, in the hope that in doing so they will not be restricted but seen as self-exposing and self-aware.

In addition to the personal monitoring that is expected, every nurse is taught, through their membership with the governing bodies and during their education and socialization process, that it is their responsibility as a professional to monitor others within the profession and report them as necessary for infractions of practice standards or behaviours that would be considered inappropriate for a nurse. This peer surveillance and culture of self-exposure results in a lesser need for a superior entity to monitor individuals. One female participant indicated that she was instructed by the director of the program to monitor the actions of some of the male students and report to her if there were issues. Though this request was made early in the program, the female student felt that there was constant supervision of her actions and an ongoing expectation that she would ensure proper behaviour by all students throughout the program. The enforcement of the ideal was thus achieved through self-government and peer surveillance with a reflective reporting mechanism in place. This need for constant surveillance and the concept of visibility reflects the Panopticon as described by Foucault (1995). This use of disciplinary power creates a situation that allows for control to be achieved through self-surveillance and fear of not meeting established rules. Panopticism is based on visibility being the key to social control.

Meadus and Twomey (2011) found that male students had a sense of being invisible/visible. There is a conflict experienced between the need to be visible through panopticism and the invisibility achieved through the use of normalization and the creation of a docile body. All students must navigate the need for visibility within the educational environment. Male students indicated a need for their unique learning needs to be considered when structuring assignments and in the delivery methods used within

the classroom. They voiced concerns related to the focus on the feminine attributes of nursing and female health issues and advocated for nursing to include male issues and re-evaluate the ideal to include men in the image of nursing. Men wish to have a voice within nursing and be seen as a valuable asset to the profession. However, men also indicated that they wish to keep a 'low profile' within the nursing educational environment and remain unnoticed. They take exception to being singled-out for their opinions, and view this as discriminatory or tokenism. They are faced with a paradox of being visible within the profession; while at the same time fearing that visibility, and wishing to remain invisible. One must question if being made visible is dangerous to them and thus many remain ambivalent to the apparent discrimination.

All participants alluded to the culture of threat that existed within the nursing education environment. This culture of threat is grounded in the extensive policies, rules and regulations associated with nursing education and nursing practice. They gave examples of feeling threatened by faculty, having the possibility of failure repeatedly brought forward if they did not meet expectations, perform as required and conform to the desired image. Participants spoke of faculty starting semesters by reminding all students that they "weren't afraid to fail them" and that "they could still fail" even though they might be in an upper year. When rules and regulations were explained often the focus was on the methods of evaluation and the necessary grades needed to pass the course. Each course outline contained references to academic integrity policy and professors reviewed the consequences of breaching this policy. Each outline also contained reference to any regulations regarding minimum grade to pass and consequences (failure and withdrawal) if the student were unsuccessful in more than two

courses or if the minimum grade point average was not maintained. This review of these regulations and policies were seen as threatening to students. However, there appears to be a lack of understanding by students that the inclusion of these policies into course outlines and the review of such regulations by faculty are mandated by the university and not unique to nursing. Though it may be perceived as threatening by students, it is done to ensure students are informed and knowledgeable about academic regulations that may impact their educational progress. Again, this appears to be a conflation of issues on the part of the students, assuming a systemic, fear based culture within the profession, when in fact it occurs across programs.

Clinical settings were described as “stressful” because of the focus on potential failure if not all expectations were met. There was a perceived pressure experienced by students to meet expectations, conform to each individual instructor’s unique approaches, and to be seen as competent. Male students stated that they felt they had to perform at a higher level than their female counterparts to be seen as equal. The literature supports these feelings of “being under a microscope” and that because they were a visible minority within the program they were scrutinized more closely (Anthony, 2004). However, this is not unique to nursing but occurs to females in male dominated professions (Demaiter & Adams, 2009; Germain, Herzo, & Hamilton, 2012) and to men in other female dominated professions (Michael, Hays, & Runyan, 2015). There is a perception that the nursing environment is more severe in regards to this apparent discriminatory behaviour. This may be due to the nature of nursing and being a ‘caring profession’ it is assumed that members of the profession would be more ‘caring’ towards other members. O’Lynn (2004) found that male students felt being held to a higher

standard and were evaluated based on different criteria because they were not conforming to the socially accepted roles for men by becoming a nurse. Disciplinary power incorporates the use of examination, surveillance and normalization (Foucault, 1995) in the endeavour to construct identity and produce knowledge (Deacon, 2002). This exercise of power focuses on the individual and their ability to normalize their performance to meet specific expectations (Foucault, 1995). Bell (2006) posits that a body that is subjected to disciplinary power must perform in such a manner that they mimic the normalized ideal.

Participants believed that when enforcing the ideal, it became necessary at times, to make an example of an individual student, to reinforce the previously discussed threats. One participant discussed his experience with being centered out and subject to ridicule from the faculty member. He was forced to fold laundry for an entire shift, visible to all other students and staff, where the result of not meeting the clinical instructor's expectations was made clear. Sovereign power can be seen as extensions of the King's will (Foucault, 1995; Singer & Weir, 2006). It was used to display ultimate authority and often involves shows of force, punishment and pain in an effort to stop undesirable behaviours (Lilja & Vinthagen, 2014; Singer & Weir, 2006). Foucault (1995) argued that the purpose of sovereign power is to exercise control over the subjects through the use of threat or open violence (McHoul & Grace, 1998). Often the punishment comes not from breaking a known rule or law but from the whim of the 'sovereign' who has the power to set the rules at will.

The student in the above situation was faced with a form of violence through this punishment, which he found humiliating. This was a result of a decision by a clinical

teacher, based on her assessment that the student was not 'safe' to practice, who imposed punishment in an effort to teach the student a lesson for not being adequately (in her eyes) prepared for clinical and set an example for other students who may choose to come to clinical unprepared. Experiences of feeling humiliated as a result of observation and evaluation were discussed within the literature. The evaluation process, particularly related to clinical, was seen as punitive and had little connection to the goals of the coursework (Vaismoradi & Parsa-Yekta, 2010). Students felt a fear of reprisal and adapted when necessary to ensure they conformed and adopted the dominant cultural behaviours within the clinical setting (Reid-Searl et al., 2010). Examples, such as the one outlined above, are based on the desire to construct an obedient, docile nurse through the use of violence, under the guise of training (Allen, 2006; St. Pierre & Holmes, 2008).

This use of power, resulting in violence towards the male student, is seldom discussed or reported by the male student. This concept of 'female' violence against men is treated as a taboo and is silenced within the profession possibly because of the stigma associated with a male victim of a female perpetrator. The profession must examine this culture of violence and provide support to men who are victims as a result of efforts made to protect the feminine domination of nursing. Unless it is acknowledged and discussed openly, there will be no change and victims will continue to be silenced. The experiences of men within nursing are not unique and are seen when men attempt to enter other female dominated professions, but this does not negate the need for the issue to be addressed within nursing. Incidence of violence experienced by male students would not be tolerated is similar incidents were perpetrated by men against women in a male dominated profession. Why then are such activities tolerated within nursing? Is it perhaps

that society is unaccustomed to men being victims and discriminated against? Perhaps violence by women against men is seen on a societal level as unimportant, unlikely and thus is overlooked.

In an effort to enforce the ideal, faculty were seen to use their authority and power when interacting with male students. Participants reported being asked to act as demos in the laboratory setting. In these cases they were asked to remove articles of clothing or expose areas of their body so the faculty could use them as an example for the skill being practiced or physical assessment techniques. Often this was not a request as much as a directive from the faculty member. The male students were objectified and instrumentalized by the faculty for teaching and learning purposes. The student was asked but told that 'of course' a female student could not expose herself because a male was present. Participants who reported such incidents stressed that no consideration was given to their feelings, the possibility that they were uncomfortable exposing themselves, or that they felt targeted by this request. The general feeling associated with this was one of violation. They felt humiliated and embarrassed, and perceived that they were seen as a token member of the group whose purpose was to assist others. They reiterated these sentiments around other situations, including being asked for their 'male perspective' in class, being centered out in class and clinical for their 'token' opinion, and when they were required to assist with providing care to the 'heaviest' patients on the floor. Many male participants indicated that they were used frequently in clinical to do other students' lifts or help with violent patients. In all cases they felt used, belittled and marginalized because of their gender. These comments reflect a paradox that is difficult to navigate. In previous discussions, male participants expressed concern that their perspective was not

being considered and that male issues were not being given equal attention within the program. In their view, this invisibility of men within nursing resulted in feelings of marginalization and non-inclusiveness. However, when directly asked for their opinions and perspective, they felt discriminated against and singled-out, taking issue with the increased visibility put upon them. This paradox creates an untenable situation for faculty, who are seen as perpetuating a discriminatory environment in either case. No participant suggested an acceptable approach to these issues and it is unclear how to navigate the two complaints successfully. The actions of the faculty towards the male students were a misuse of their power and authority. It could be viewed as an attempt to control the male students, ensuring their acceptance of the feminine dominance within the profession, perhaps reinforcing their place within the profession.

It is in this positioning of the male students within the profession that their true status as a marginalized group is seen. As a marginalized group, Queer within nursing, they are subjected to violation by the dominant group. This violation also can be seen as the penetration of the male student. The concept of the penetration of the male body is discussed in terms of queer theory and by Deleuze. The binary of gender can be understood related to the subjectivity of a gender based on sexual positionality. Therefore, regardless of gender, the act of penetration (or violation in the case of male nursing students) results in that body being seen as female as a result of societal hierarchy related to gender status (Kemp, 2009). When the male students experienced these incidents of violation, they were relegated to being the female subject, which positioned them as subordinate or lesser within the profession. This perpetuates their status as marginalized and unwanted. They take on the position as the 'other'. Being positioned as

the 'other' creates another paradox for men, because being identified as such is unfamiliar, particularly in the patriarchal society. Men therefore require assistance and guidance on how to assimilate into these unfamiliar social contexts and performances (Kellett et al., 2014). It is important to note that within Western nursing environments, men are not the only members of the "other" category, which encompasses anyone who does not meet the ideal, and they may ultimately be positioned more favorably because of the patriarchal context of the broader Western society.

Many participants commented on the perception that there were altered expectations for male students. The sense was that there was a systemic approach towards male students and a global intent within the faculty to target males and attempts to fail them or force them to quit. Many participants alluded to this type of orchestrated approach to males within the educational setting and within the program. There were recurring feelings that what faculty did towards male students had intention, a method, that it was calculated and had a distinct purpose of 'weeding out' the students, to which all faculty partook. This came through in interviews and multiple examples of incidences were described that resulted in students feeling that their experiences, particularly in clinical, undermined their confidence and ability. However, there were also many incidents that spoke of students having positive experiences and faculty providing guidance and support. Lisa spoke of having difficulty in clinical settings but admitted that each person's experience was different, depending on the assignment, the instructor, the buddy nurse and the other students in their group. She admitted that, though she was female, she struggled in clinical and experienced many of the same issues described by males that were interviewed. Patricia and Karen also indicated that they had situations in

clinical where they felt subjected to punishment, surveillance and examination beyond that of their colleagues. There were also some male participants that reported varying experiences within the clinical setting, dependent on the clinical instructor and their perception of her acceptance of their presence. Some males actually reported feeling they had an advantage in some cases, again dependent on the clinical instructor's attitude and, as they described it, need to exert her/his power. As a result, it is not possible to say that there is systemic discrimination towards a particular kind of student within nursing education. However, it can be demonstrated that some faculty and instructors use their position of power over the students to create a culture of threat and set an example with some students in an effort to reinforce that threat.

Utilizing a critical perspective allows for an alternative analysis of the participants' experiences. This allows a shift away from the words and perceptions as absolutes and situates them in light of my theoretical framework, problematizing them through closer examination. Considering the signifiers and manifestations of power dynamics and internalization of gender expectations, a confrontation can be seen between program expectations and some male students' own expectations regarding the education process and profession itself. It is clear that many male participants felt that they were victimized and subjugated within nursing. However, when considering, with a critical lens, the experiences of all participants, and the literature related to nursing students' experiences as a whole, it becomes apparent that all students are subjugated within the nursing education process. The pervasiveness of norms within nursing education is congruent with the concept of performativity. Mechanisms of control are pervasive and invest the entire curriculum. It appears that similar expectations toward female students

go unnoticed and as a result it is less likely to be perceived by them as a dominant discourse related to feminine behaviours and attitudes. Female participants did voice complaints that were similar to those of their male counterparts, but to a lesser degree whereas, male participants generally perceived these as significant and problematic. Female students viewed the problem as entrenched for men but not for themselves. They consistently overlooked their own subjection but systematically defended their male counterparts. Female students did not consider their experiences as an oppressive, let alone violent, process of identity shaping and construction, whereas they described by male students' experiences in this way. Through this stance, they (re)produced a similar victimization discourse but did not consider that it applied to them. This supports the entrenched norms around gender roles. All students were subjected to similar mechanisms of control and expectations of performativity that could be oppressive and violent. However, because those norms are so entrenched, they were viewed as problematic for male but not for female students. Female participants did identify issues with clinical and lab instructors, but did not identify such issues as being underpinned by gender-based expectations; rather they explained them as being the product of individual traits of professors or instructors that were too rigid or unfair in their treatment of specific individuals. They did not see these incidents as reflective of a gender-based systemic phenomenon.

### **6.3: Surviving the Ideal**

Throughout the interviews one of the overwhelming sentiments expressed by participants was that of survival. The program and the whole process of socialization into the profession were viewed as an experience that had to be endured rather than enjoyed.

Comments such as ‘just get through it’ and ‘learning to just take it’ were indicative of their renunciation and acceptance that they could not change the discourse of nursing and therefore had to endure to survive. These sentiments were echoed in the study by Ellis et al. (2006), where those interviewed felt that if they were able to conform to the requirements in the educational setting, they would succeed. They recognized that the educational environment did not reflect professional reality, indicating that post-graduation they would be free to perform in a more ‘natural’ way. Reid-Searl et al. (2010) found that students adapted their behaviours within a clinical setting to ensure a satisfactory evaluation and out of a need to ‘fit-in’. This desire to assimilate was enhanced by the fear of reprisal if they failed (Reid & Searl, 2010). Dyck et al. (2009) found there was extreme pressure on male students to conform and remain within the accepted construct of the nurse. Often, in response to these pressures, male students accept the need to embrace the required performativity of the role. This includes gendered aspects. In an effort to succeed they attempt to perform the role of the nurse in a feminine gendered way, irrespective of the unnaturalness of this performance. The performance is undertaken in an effort to be included, feel less isolated and with the understanding that the necessity to continue this performance will not be extended into practice. Participants spoke of self-monitoring and ‘checking’ themselves to ensure compliance and thus success. Through disciplinary power and the internalization of the desired construct, students ensure compliance and produce docile bodies that meet the desired ideal. As such the training is complete (Foucault, 1995).

The term socialization refers to activities whose purpose is to attempt to shape the participant on a personal level in order to reflect the behaviours and image that is deemed

acceptable within the profession. These activities can include role modeling, pressures to conform, and indoctrination into the profession through experience and education. One of the many manifestations, of the use of power and discipline with nursing students within the educational and socialization environment, is violence. This creates fear but can also inspire resistance, which was one approach to survival. The results of non-conformity and resistance are evident in the experiences discussed by the participants. Cameron discussed confronting his clinical instructor when he felt he was being held to higher expectation. Doug recounted many incidents where he attempted to be the advocate for members of his class and stated he was not intimidated by the faculty. His resistance to the perceived injustices by faculty towards himself and fellow students was based in his strong sense of right and wrong. He admitted that he felt targeted as a result of this resistance and ultimately failed out of the program.

These participants felt marginalized and outside of the norm within the nursing environment. Using the concepts from queer theory, the experiences of these men resonated with the label of queer. As such they are not only positioned outside of normalcy (Britzman, 1995) but chose to fight against assimilation and gender based performance (Butler, 2004; Jagose, 1996). They chose to be critical of the norms that were being put forward as the ideal. This approach to the politics of nursing through confrontation and critique supports a queer perspective and give rise to resistance to societal norms that are based in history and sexual identities (Rudy, 2000; Stein & Plummer, 1994). Kirsch (2000) spoke of refusing to conform as exercising personal political power and Halperin (1995) spoke of resistance as a tool against the dominant discourse with the purpose of altering the construct to be more inclusive. Within the

literature are references to male students taking on more 'masculine' traits within the class, presenting as challenging and aggressive. This type of behaviour came with the risk of being evaluated more strictly and potentially would impact their success (Dyck et al., 2009). Stott (2004) found that 40-50% of male students fail or withdraw as a result of stress, isolation, minority status and inability to conform to the gendered nursing role (Stott, 2007).

The participants who made overtly 'macho' statements, referring to their sexuality, their participation in sports, their activities related to martial arts and other masculine stereotyped activities also made statements that indicated they felt they were discriminated against, resented the emphasis on feminine issues and perspectives, and felt the profession and its education processes should be more gender neutral. Yet these contradictory statements perpetuated exclusionary discourses and reproduced the gender binary. Tim discussed a male nurse he encountered and seemed impressed with him because of his strongly stereotypical masculine characteristics. His comments outlined what he perceived as the epitome of masculinity; married with kids, playing sports and watching male oriented television shows. He went on to say that no one would think he was a nurse. These comments perpetuate the heterosexual masculine stereotypes that contribute to the feminine nursing role. Justin discussed his feeling of being an anomaly and outside the norm, complaining that society treats male nurses in this way because they assume that nurses are female. However he also went on to state that he himself feels the same way, not seeming to realize his active participation in the perpetuation of this stereotype.

The demonstration of masculine attributes within the class setting and faculty's' perceptions of male students taking on 'macho' persona reinforce competing discourses. A masculine seeming persona, accompanied by the macho comments, becomes oppressive in nature. These comments can be construed as an attempt to maintain these participants heterosexual male dominance in keeping with what is deemed to be the basis of society. In an effort to remain in a position of power, when their environment indicates they are not, they revert to parodies of the masculine, to reassert their dominance through oppression, violence and aggression.

The literature suggests male nurses being hesitant to identify themselves as nurses in public (Evans & Frank, 2003; Mohamed & Mohamed, 2015). Men perceive that they will be judged negatively for assuming a female gendered role. Men are more likely to discuss their role if they are involved in a specialty that is perceived as more dangerous, technical or high acuity (Armstrong, 2002; Moore & Dienemann, 2014). Evans and Frank (2003) suggested that this is an attempt by the male nurse to limit the femininity of the role and be perceived by others as masculine. Brown (2009) found that male nurses distanced themselves from feminine attributes of the work, gravitating to more task-oriented, non-intimate care situations.

Within participant's' comments, it became apparent that male students compartmentalized portions of their education as well as situations within clinical in an effort to create 'safe' zones in which they were able to maintain a sense of masculinity. Many participants discussed their frustration with some of the course work and assignments within the program. The most common word to describe these areas was "fluff". Participants used this derogatory term to describe the topics and courses that dealt

with what they thought to be ‘feminine’ attributes of nursing, discussions on caring, reflective journals, and the emotions associated with nursing care. Male participants expressed a desire to focus more on the ‘concrete’ or ‘science’ based aspects of nursing and felt that the inclusion of the ‘fluff’ was to the detriment of the program and contributed to the role being stereotyped as female.

Participants who had graduated and were actively working in a nursing role also discussed their hesitancy to disclose their profession at public gatherings. Most were quick to clarify that they were employed in specialized areas including Emergency, ICU and mental health. They indicated that when asked about their jobs they always disclosed the specialization and felt this made the role more acceptable to others. From comments made by several male participants, it appeared that they felt less self-conscious of their role when they were able to create distance from the stereotypical bedside nurse image. The specialization made their work more technical, higher acuity and thus more masculine in their view. Cooper (1996) suggested that the dominant culture has the ability to create a feeling of ‘queer’ for those who are not able to fit the image required by the dominant culture.

The inability to conform to the ideal results in those who are part of the marginalized group suffering stigmatization (Kirsch, 2000). While exposing the heteronormative construct that the nursing identity is based upon, participants attempted to separate themselves from this construct through forms of resistance (Green, 2002). The performativity of the feminine gendered nurse is based on a societal construct and perpetuated through the socialization processes (Butler, 2004). Performativity occurs through repetition of acts (Butler, 1988). The participants’ actions reflect their attempt to

meet the ideal image through 'being' a nurse, while resisting the established performativity of the ideal nurse by pursuing more masculine gendered images and specialties and distancing themselves from the so-called feminine gendered 'fluff'. Nursing is a political system and as such the participants do not wish to dismantle the system completely but ask to have a place in it. Their actions perpetuate the very thing that is oppressing them. By rejecting the 'fluff' they cling to the stereotypes that are foundational to the system and thus perpetuate the system that they condemn.

One participant discussed his dreams of a gender neutral profession. Another participant felt that he was 'paving the way' and his goal was to come back and teach and be a mentor to other males entering the profession. Yet another felt that if he fought against the image, attempting to show there were other ways to be a nurse, then this would lead to a more inclusive profession. Butler (2004) suggested that this type of questioning of the current reality and the performance of gendered behaviours can lead to a creation of a new reality. This new reality can change the accepted performance and result in the creation of an alternate but equally acceptable performance.

The need to conform to the desired performativity associated with the dominant culture is a form of social survival but can result in a loss of self (Butler, 2004). When Butler (1993) discussed the practices of drag or gender bending she explained it is not done in an effort to conform but to allegorize the way reality can be reproduced. Gender bending is considered the act of bending or disrupting accepted gender roles. Because Butler (1990) considered gender to be performative and based on societal norms, bending gender, then, is to resist these norms and explore their illegitimacy. Bending gender can also be seen as a political act, as it serves to disrupt power dynamics within society.

Lorber (1994) argued that this is not enough, that drag perpetuates the binary that Butler argued against. Lorber supported the removal of all gender based performance, taking on a more androgynous non-gendered persona. Doing so would force society to see the person as they are and not a performance of a gender. A study by Baker (2001) suggested that male nurses who display more androgynous qualities have less role strain, while a study by Liminana-Gras, Sanchez-Lopez, Saavedra-San Roman & Corbalan-Berna. (2013) indicated that male nurses, who are viewed as successfully integrating into the nursing culture and advancing within the profession, show below average conformity to traditional male gender norms.

Often those who practice drag are labelled unreal and as a result feel marginalized and oppressed. In an attempt to survive they tend to live in communities that allow them to see themselves as real and feel accepted (Butler, 2004). There is evidence in the literature suggesting that male nurses tend to gravitate to specialty areas of nursing. In these areas, working with other men, they are able to perform nursing in such a way that it is within the 'normal limits' of the accepted image but with a masculine gendered performance associated with it. Some participants who were practicing as graduates indicated they were working in areas that were specialized and there were a greater number of male nurses working in those areas. They expressed their comfort with working with other men and indicated that they felt they could be more 'themselves' and felt less pressure to assume the feminine gendered performance that was expected in settings with a majority of women. Many felt that the ability to temper the gender performativity required by nurses with a masculine performance resulted in a greater

satisfaction and comfort level with their role. The melding to the masculine and feminine attributes created a more gender neutral nurse.

In summary, experiences of the participants revealed educational and socialization processes that supported an ideal image of nursing not based in reality but in the gendered social construct of the ideal nurse. The construction of the ideal is based on the historically feminine attributes of a nurse, which is a political construct to maintain heterosexual masculine power over women. The gendered construct of society is the foundation of how we perceive and experience our reality and the nursing ideal is just one example of how that perception is tainted by the binary. There are indications that various forms of power are utilized to construct and control nursing students to meet the desired gendered performativity of a nurse. The enforcement of the ideal is achieved through the creation of a fear based education system and the perpetuation of the feminine ideal. Male students feel marginalized and have a sense of 'being out of place' within the nursing profession and they strive to find a place in which they feel both part of the profession and yet still maintain their masculine attributes. The experiences of the participants brought to light their desire to conform but simultaneously their desire to resist assimilation and loss of self. The ultimate goal is survival of the ideal.

#### **6.4: Implications of Study Findings**

The findings of this research study are important for those responsible for the education of future nurses. It also has important implications for practice and can impact future research related to the education and socialization of nurses.

**Implications for Education & Academia.** The results of this study show the significant impact that the education and socialization processes have on males and other marginalized persons. There are several areas that the educational process could be altered to improve the experiences of male students.

One of the most significant findings was the sense of isolation and marginalization felt by the participants. Students often spoke of being the only male, feeling like a token male in clinical settings and the lack of male role models. Meadus and Twomey (2011) found that male students had a sense of being invisible/visible. They were a minority that was forced to conform with little attention paid to their unique needs and yet were often centered out by faculty. Moore and Dienemann (2014) called for recruitment of men highlighting specialized areas and utilizing male role models. The employment of this strategy would have to be done carefully, to ensure that males did not view their presence as tokenism. Educational settings should examine the gender mix of their faculty and clinical instructor pools, and ensure that there are nursing male role models available for male students to work with and observe in a nursing role. These faculty members could act as mentors for the students, to assist with navigation of the educational process. It was also suggested by Sedgwick and Kellett (2015) that the mentors should be from a variety of specializations. Particularly the introduction of men currently working in specializations that are typically associated as female, such as maternity or pediatrics would be helpful in bridging the gender barriers and encouraging a more diverse and gender neutral workforce.

Educational systems must assess their tools and approaches to teaching to ensure there is no gender bias. Many participants commented on the frustrations with textbooks

and faculty referring to nurses as 'she'. Most educational videos used portray the nurse as female. Approaches used by faculty are based in the education of women and focus on feminine aspects of health care as well as feminine approaches and strategies to learning. Teaching strategies used in the classroom and clinical should be evaluated for possible differential treatment of male students (Mohamed & Mohamed, 2015; Sedgwick & Kellett, 2015). Additionally strategies and tools should be evaluated for gender, as well as cultural bias, and adjustments made to be more inclusive and gender neutral in presentation and approach.

The reported focus on female health issues and the lack of acknowledgement of the contribution of men to nursing is of great concern. For the profession to transform and become more inclusive and accepting of diversity within its ranks, we must change curriculum to reflect the historical value of men to the profession (Moore & Dienemann, 2014). Curricula must be assessed to determine if it is being delivered through a feminine lens; if so adjustments should be made to include male perspectives where appropriate (Meadus & Twomey, 2011). Educators must adapt curriculum to include important male healthcare issues. They must ensure an enhanced masculine emphasis on health issues that affect men, such as prostate and testicular cancer, as well as mental health issues, domestic violence and teen pregnancy. At present these areas are discussed from a primarily female perspective with minimal, if any, reference to men immersed in the situation or acknowledgement that the men involved may be experiencing distress.

Participants' experience of isolation and the feeling of not belonging was significant and caused distress. Educational facilities can implement strategies to limit these feelings. Male students should be placed in clinical and lab groups with at least one

other male, where possible (Meadus & Twomey, 2011). This strategy will allow male students to feel less alone, have a partner in lab that they feel comfortable with while practicing personal assessments and cares, and will allow a sense of belonging and comradery to occur when male students have others within their group that can relate to their concerns, learning styles and communication strategies. Some participants indicated that in the clinical setting they felt isolated and not part of the group, specifically before and after the actual clinical shift. They referred to the bonding, sharing and commiseration that occur between students in change rooms, out of view and supervision of the instructor. Male participants indicated they did not have the opportunity to bond and share with fellow students because they were often alone at these times. This disadvantaged them as they were unable to engage in discussions with others experiencing similar frustrations and fears and helping each other work through them; all important factors for student retention. A concerted effort to ensure at least two males in each clinical group would address this problem and barrier to success. Many male participants discussed feelings of isolation and marginalization within the classroom setting. They mentioned female student cliques or groups that were resistant to males joining due to sexual tensions and concerns re motivations of the male students. This phenomenon is not unique to nursing and may reflect a conflation of issues as it most likely occurs in all programs that are single gender dominated. Faculty and administration should attempt to prevent it's occurrence through purposeful group assignments and raising awareness of the feelings of marginalization that are experienced by students when it occurs.

Although this study focused on male nursing student experiences it is important to note that changes in the educational strategies and curriculum reflected above can be applied to any marginalized group. Research shows that other marginalized groups within nursing, those based on culture, religion, sexual orientation and race, are also affected by the heterosexual feminine Caucasian image of nursing and experience similar barriers and frustrations during their nursing education (Allen, 2006; Love, 2010; Lynn, 2006; Pacquiao, 1996). Changes must be made to eliminate bias within the programs and establish a system that is more accepting of diversity.

Study results have also identified gaps within nursing academia related to their approach to male students. Participants reported a lack of understanding regarding male students and the differences in learning styles, communication strategies and manifestations of caring between male and female students. Particularly, participants discussed their difficulties meeting expectations related to the femininities of caring as it is desired within the nursing program. They spoke of a lack of acceptance of variations in caring, including the use of humour and the lack of touch as a support mechanism. Male students struggle with providing personal cares to female patients and are not instructed in the use of therapeutic touch. They often feel they must protect themselves from perceptions of impropriety (Christensen & Knight, 2014; Wolfenden, 2011).

Faculty should make it a priority to educate male students about appropriate touch techniques and personal care. They must endeavour to understand the difficulties male students face when attempting to navigate this aspect of nursing care (Evans, 2002; Sedgwick & Kellett, 2015). The establishment of policies and guidelines that support diverse caring approaches would likely impact students' feeling of belonging and limit

their need for gender performativity (Kellett et al., 2014). It is possible that even with such changes, male students may still be uncomfortable with instruction they consider ‘fluff’. Effort should be made to incorporate male nurses into the educational environment, not just to act as role models for students but also to act as resources for female faculty. Nurse educators must embrace diversity in approaches to caring and be educated in the differences between genders and cultures (Sedgwick & Kellett, 2015). Nurse educators should understand the sociopolitical and historical basis of nursing and examine their own practices and institutional policies and procedures for evidence of gender bias.

The culture of threat and concept of fear-based education were significant findings that have implications for academics. Institutional leaders must work with faculty to change the culture of the nursing education and socialization process. This will require honest examination of personal attitudes and education regarding the experiences of male students. Understanding experiences and barriers that these students face will allow faculty to change their practices and create a more accepting culture. Faculty must not only understand the historical basis of the current nursing ideal but be willing to admit that ‘old school’ approaches to nursing education, based in military and religious training, are still present, yet antiquated. Traditional values associated with nursing, such as altruism and advocacy, remain fundamental to nursing practice; however it is imperative that the approach to the education of these concepts be updated to reflect a more diverse image. The educational environment should be student centered, collaborative and interactive, focused on engaging learners and creating a positive, success oriented learning environment. This transformation is only possible if academics

recognize and accept that some approaches from the past are obsolete. They must be willing to make significant changes to educational delivery that will require leadership and collaboration with students.

**Implications for Research.** This study shed light on the lived experiences of male nursing students bringing a greater appreciation and understanding of the barriers and challenges affecting this population within nursing. However, it has also brought to light additional areas within nursing that should be explored through research.

Further investigation into the educational practices reported by participants would increase acceptance of the findings. An ethnographic, observational approach would confirm (or refute) the participants' reports. If confirmed, this research approach would provide more 'objective' data on which to base findings. Some faculty are hesitant to make changes based on data from phenomenological studies as this data is very personal, has no generalizability and accounts can be construed as biased. If it were possible to obtain data supporting the reports of bias towards male students in a more objective, generalizable way, it is more likely that faculty would accept the findings.

Additional research is warranted into the experiences of other marginalized groups within nursing. There is some research available (Mills-Wisneski, 2005 & Pitkajarvi et al., 2013) that speaks to minority students' experiences within nursing, as well as the effect of teaching strategies and the presence of minority teachers on the educational experience. Specific research is related to the experiences of African American nursing students (Love, 2010). However, much of the current literature on other marginalized groups within nursing is not Canadian-based and is quite limited. For

example, there is very limited research available on the experiences of gay/lesbian/trans nursing students, or Aboriginal students. It would be beneficial to determine if these diverse students also experience the expectations associated with gender performativity and the misuse of power. Based on the results of the interviews, with participants who identified as other than Caucasian, it is possible to postulate that the results with these other groups would be very similar. For example, participants who self-identified as homosexual reported varying experiences, and the apparent difference in experience was related to their ability to locate a support group or not (either faculty or student). This group requires further investigation as it is unclear from the limited data if their experiences are altered based on sexual orientation or if they more closely resonate with their identified gender or culture. An intersectional analysis would assist with this question.

This research included four female participants, which provided a good but limited indication of the experience of male nursing students. However, all female and male participants reported the concept of fear-based education and the culture of threat, so it would be beneficial to explore these allegations. This topic would be controversial and potentially not well accepted by faculty, so a broader based study, incorporating multiple sites with a large number of participants (both male and female) would lend credibility to the results. In this case, the use of Foucault, related to power, and the use of Tom Mason, related to violence, would help identify common themes that contribute to this perceived violent culture. This research would be a key component to stimulating the needed change in the culture of nursing education and socialization, assisting the transition to a more inclusive, supportive, success oriented environment.

Finally, a research study that would incorporate the initiation of interventions that address problematic issues identified in this study would further the work of this study. Ideas and strategies identified by participants could be implemented and evaluated. Such interventions may include but are not limited to the establishment of a support group for male students, begun in first year and continuing for the duration of the program. The support group would be facilitated by a practicing male nurse who had previously graduated from the institution. The purpose would be to allow students to vent frustrations, work together to develop solutions, and receive guidance and strategies for navigating both the educational and clinical environments. Topics such as use of therapeutic touch, provision of personal cares, coping with feelings of role strain and isolation could be discussed. A second intervention could be the establishment of a mentorship program where a senior year student would be buddied with a junior year student and act as a resource for similar issues. A third intervention would be the buddying of male students within the lab and clinical setting, ensuring that, if at all possible, male students always had another male student within their lab and clinical group. It is hypothesized that these interventions would decrease the perceived need to meet gendered performance expectations and would assist with bonding, developing a sense of belonging, and ultimately improve retention and success in the program and profession.

Suggestions for research noted above provide direction that would impact nursing education and improve the experience for all students. It is only possible to achieve a more diverse, accepting profession if the education and socialization processes become more supportive and success oriented. Such a shift within nursing education could result

in a change to the desired image, creating a more diverse, gender neutral image that is achieved through a supportive and collaborative educational process. This would negate the pressures experienced related to gender performativity and the stress related to the use of power to ensure compliance with the ideal. Further research is necessary to support and facilitate this change.

**Implication for Practice.** The results of this study have implication for practice, particularly related to hiring and promotion policies and practices. It will also be important for employers to work on institutional culture and acceptance of diversity within the nursing staff.

Within in healthcare organizations employers must examine their hiring policies and procedures for any possible biases against males and other marginalized groups. They must also work with female nurses to foster a greater acceptance of male staff. An examination into current demographics of units should be done to determine if there are systemic biases at play that may restrict males from working in certain areas. Part of this culture shift should be a public education program regarding male nurses, their equality to female nurses in regards to training and professionalism, and the need to accept diverse nursing staff on all units. The employer should have a zero tolerance policy in place regarding harassment and discrimination by managers, staff and patients towards men and other diverse members of the health team. Education is also needed for staff to increase awareness of the barriers felt by male nurses and the need to move away from the constructed ideal of a nurse towards a more inclusive, diverse image.

**Implications for Policy.** The results of this study have implications for policy, particularly related to admissions and hiring. It is important that administrators are made aware of the experiences of male nursing students and nurses, and the impact that policy has on their recruitment, retention and career.

University recruitment strategies should be examined for biases. Beyond this there must be a structured effort to have recruitment materials appeal to men, as well as other marginalized groups. An assessment should be made of nursing student populations to determine if they reflect the population they represent, and if they do not there should be an assessment of recruitment strategies, materials and locations to determine if there are systemic biases that deter these groups from applying to the program. Abushaikha et al. (2014) called for new policies that facilitate student registration and scheduling that decrease accessibility bias. They advocated for admission policies of male students to be re-evaluated. The experience in Jordan should be remembered as a caution to making drastic changes in the nursing workforce too quickly. That experience of men becoming the majority of graduating nurses caused push-back on a societal level, resulting in new limitations being applied to the number of males admitted to the programs. However, perhaps nursing needs to consider reserving a percentage of admission numbers for men, for a period of time, to build capacity within the profession.

Universities wishing to increase recruitment of males into nursing programs would benefit from increased focused recruitment. Recruitment materials should be reviewed for formatting, type face and illustrations, to ensure that those in use appeal to a more masculine audience. Including pictures of male nurse actively working in areas that are high acuity, high adrenaline and contain an element of risk will appeal to the male

recruits. Ensure colour schemes of promotional materials are gender neutral if not masculine gendered is also important to dispel the preconceived image of the nurse as feminine. The use of language that appeals to masculine attributes could also increase recruitment. Focusing on attributes such as leadership, decision making and portraying nursing as a strong, critical role in saving lives will appeal to the male applicant. An effort to create gender neutral recruitment materials that diminish the femininity of the profession will increase recruitment of men (Allison, Beggan & Clements, 2004).

The onus to recruit and retain more men into nursing falls not just to the universities to make changes to their approach and policy but to nursing organizations and unions as well. Educational institutions should work with nursing organizations to decrease the feminization of nursing and portray the profession as more gender neutral (Meadus & Twomey, 2011; Rajacich et al., 2013). Here too recruitment and advertising materials must be examined for appearance and femininity. The primary colours of the Ontario Nursing Association are grey and pink. Nursing apparel that can be purchased anywhere, including those through nursing organizations and education institutions, are often oriented to the female preference. Promotional materials often reflect the female dominance within the profession. These organizations must be conscious of the impact displays and signage have when the images they portray do not resonate with much of the population. A recent review of pictures in a university nursing department that were meant to act as marketing for the programs revealed that all pictures were of white, young, attractive female students and faculty. This type of advertising not only limits applicants but creates a sense of marginalization for anyone not fitting those images. It perpetuates the very stereotypes that we as a profession should be attempting to negate.

Contributing to this issue is the public or lay person images of nursing, which also perpetuate the image described above. Nursing as a profession must take steps to dispel these stereotypical images of nursing seen in the media.

Finally, universities must look to internal policies related to harassment, discrimination and hiring to ensure that the work and learning environment is a safe one (Reid-Searl et al., 2010). Students and faculty who experience discrimination or harassment on the basis of difference of gender, culture, race or sexual orientation should feel that they can report these incidences without fear of retribution or negative repercussions. Hiring policies should be examined for systemic bias and members of marginalized groups should be encouraged to apply. Nursing programs should take steps to ensure that the faculty are diverse and representative of the population of students. Selection processes and interview tools should be examined for potential biases that would put some groups at a disadvantage. Policies for advancement should be examined under a similar lens and committee membership, advancement decisions and workload assignments should consider inclusivity and diversity.

### **6.5: Limitations of the Study**

The use of the participants' narratives as a source of data was a strength of the study. Using a subject's narrative, by allowing them to tell their story and bring to life their experiences, allows a deeper understanding of their lived experience, in this case of being a male nursing student. The Queer theory framework, with a focus on power and performativity provided guidance and informed the analysis throughout the study. The research questions were based on the experiences of the researcher, the literature review

and on the identified need within the profession to identify factors that affect the recruitment and retention of male nurses, specifically to determine the factors that impact their success within a nursing program. The study had many strengths, but there are some limitations that must be discussed.

The sample size was adequate for a phenomenological study with an N of 20. However, the purposeful sampling for current students was limited to one program and one site for the program due to the researcher's affiliation with the other sites. As a result the current students interviewed were all experiencing the program in the same context. The context therefore may have skewed the data from those participants. Different experiences may have been obtained if a variety of schools had been used for the current student population of participants, as the contexts would have varied. It is important to note that the graduates interviewed were from a variety of programs and locations and they reported similar experiences to the current students. It would have also been potentially beneficial to interview a greater number of females and students that either failed or withdrew from their nursing program. This would have added further dimension to the data and perhaps resulted in better understanding of the factors contributing to withdrawal or failure. A greater number of women would have furthered the understanding not only of the female perspective in relation to male students but also their perspective into nursing education and socialization processes in general.

The methodology used was appropriate for the research questions posed. However, due to the small numbers of female and participants who had failed or withdrawn for a nursing program, the acceptance of the findings may be marred and this may threaten the impact of the findings. A greater number of participants who fit the

‘incompletes’ category may have added to the depth of the data and findings and enhanced the impact of these findings.

Related to methodology is the fact that the researcher was unilingual. Participants were recruited in both official languages from both the French and English programs. Each participant was offered the opportunity to be interviewed with a French interpreter but all declined. A limited number of participants from a French program came forward. One participant declined to be interviewed in French but during the interview often answered in French. This did make the interview more challenging. It is possible that had the researcher been bilingual and participants been able to communicate in their primary language the data would have been richer. In the case mentioned above the researcher was unable to understand fully what the participant was saying and therefore potentially missed opportunities to follow a thought or comment to reveal deeper meanings to their experiences. It is important to note that the interview was translated by fully bilingual administrative personnel and the contents of the interview were utilized in the analysis and reflected in the findings. Though the language used by the interviewer is a limitation, it is important to include participants who have the interview language as their second language as it enables the researcher to hear these participants’ unique perspectives and experiences (Marshall & While, 1994). Had more students from the French program come forward to participate, it may have added another dimension to the data. Their context in nursing and within the educational system may be different and that context may have an impact on their experiences and perceptions of the phenomena in question.

The data collection method used was one on one interviews that lasted sixty to ninety minutes. Although interviewing is an accepted method of attaining data and

developing an understanding of the experience there are issues that must be considered (Seidman, 2012). It is possible for the researcher to take advantage of the participant for the purpose of scholarship and that the true benefits of the research are not to the participants but to the researcher through recognition of the work, monetary benefits, and professional advancement (Seidman, 2012). Interview data can also be tainted through problems with recall, personal bias on the part of the researcher and the participants, and skewing of data collected or interpretation of data collected due to the interviewee reacting to the responses of the interviewer or vice versa (Patton, 2002).

Participants in this study volunteered through purposeful recruitment and snowballing techniques. This may have impacted the diversity of the sample. Participants who came forward were very homogenous regarding race and ethnicity. Each participant was asked to self-identify in terms of their ethnicity; only two identified as persons of colour and two as “other”. This is very limited and not reflective of the demographics of the program population. It is likely that data collected from students or graduates who reflected a broader diversity of race and ethnicity would have revealed greater variations in the experience.

Given that the experience of being a nursing student, whether male or not, is impacted by the learning environment, the gender make-up of the faculty must be taken into consideration. In this study the gender make-up of the faculty, related to the current students who were interviewed, may have had an impact on the experiences of these students. The program that the current students were attending has one of the highest populations of male faculty in the country in a nursing program. This potential advantage might have impacted their experiences, skewing the data for that group. Although many

experiences related by both current students and graduates were very similar, the current students primarily discussed difficulties with clinical faculty, female students and staff nurses. Graduates who were interviewed discussed similar issues but also relayed negative experiences with faculty within their program to a greater extent than the current students. Most interviewed graduates did not graduate or fail/withdraw from the same program as the current students. They therefore had a different educational context in which to frame their experiences, because of differences in curriculum and faculty.

The theoretical frameworks for this study included Queer theory and the concepts of power (Foucault) and performativity (Butler). These frameworks have been used extensively across disciplines, but using these theories to frame nursing research is not considered mainstream. The lack of use of nursing theory in this study and the critical nature of the theories selected may impact the acceptance within nursing of the findings of the study. It may also limit the ability to secure publications within nursing journals and thus disseminate the findings widely within the profession. If the publication and dissemination of the findings are restricted to academia the impact of findings and ability for them to influence awareness and change within the profession is limited.

## **CHAPTER 7**

### **CONCLUSION**

The nursing profession is based on a historical ideal of a nurse; a white, young, heterosexual female. Since the beginning of the 20<sup>th</sup> century males have been minimally present within the profession, which is in contrast to the historical beginnings of the profession in which most nurses were men. There has been little change in the

demographics of nursing since the early 1940's with the current male nurses representing only approximately 6% of the total nursing population in Canada. For the profession to move forward and not only maintain our place but grow into a powerful force within healthcare we must address both the pending shortage that is projected and the inequitable representation of men in our ranks. It has been identified in the current literature that there are barriers to recruitment and retention of men within the profession. Many of the reasons for this are related to their experiences within the education and socialization processes. These barriers include sexual orientation and promiscuity stereotypes, isolation and marginalization, the strong feminization of the profession and the role strain associated with attempting to fit within a female dominated profession, assume feminine attributes while maintaining their sense of masculinity.

The aim of this study was to gain a more in-depth understanding of the lived experience of the male nursing student, particularly related to the use of power and if the need for gender performativity impacted the male students ability to succeed. An interpretive phenomenological design was used, the participants sharing their stories and allowing their voices to bring the phenomenon into the light. This approach allowed participants to delve into their experiences, exposing the barriers they faced and creating a deeper understanding of the meaning of being a male nursing student. The use of queer theory, power and gender performativity as a framework in which to not only frame the questions asked but provide a lens through which to analyze the data allowed for an understanding of the power dynamics experienced, the implications of gender to the life of a nursing student and how these students navigated the status of marginalized in an effort to survive.

The findings of this study reveal an education and socialization system that is focused on the construction of the ideal nurse. This construction is accomplished through the government of students and the reinforcement of the feminine gender of nursing. Students sustain pressures to conform and perform and are subjected to exclusionary practices that enhance feeling of discrimination and marginalization. The students who endure these processes are faced with both emotional and behavioural effects. Students develop coping strategies in an effort to navigate the education process. These strategies vary with each student but include surrender to the pressures, avoidance to just ‘get through’ and resistance. Ultimately the student either determines a strategy for survival or leaves the environment.

The study identified that through the construction of the ideal, students are pressured to conform to desired attributes and meet expectations. The ideal is feminine gendered and thus gender performativity is expected of male students to meet these feminine ideals. The feminine perspective is stressed and variations from the ideal are met with discipline and punishment. The ideal is enforced through aspects of disciplinary, sovereign and pastoral power incorporating such strategies as surveillance, examination and evaluation, as well as self and peer monitoring. Faculty use their authority and power to set examples of some students in the attempt to establish a culture of threat and fear and ensure compliance by all other students. This is not however unique to male students. There appears to be no systemic intentional targeting of male students, the object of this punishment is selected based often on individual preferences of faculty based on personal biases of unknown origin. It does appear to be a more common occurrence within marginalized groups that don’t meet the desired image. The primary

objective of male students, and possibly all students, has been identified as the survival of the ideal. Either through forms of resistance or acceptance students attempt to navigate the process.

This research study questioned if male students were subject to feminine gendered performance expectations and enhanced use of power and discipline to enforce said expectations. Through the analysis of the participant's stories and the identification of themes it has been identified that male students are subject to feminine gendered performance expectations in the construction of the ideal. The use of power and authority is clear in the enforcement of this ideal. It is somewhat questionable, based on the data, if men are subject to enhanced use of discipline and power in an effort to force compliance with the ideal but there is some evidence of that phenomenon. There is also evidence that this misuse of power is not limited to men but all students are subject to this fear based educational environment. The final question looked at the high attrition rates of men and if it was related to the expectation of gender performativity. It has been shown through the analysis and discussion that male students struggle to succeed in the program because expectations related to performance and conforming to the ideal.

The findings of this study have implications for research, education, policy, and academia. There is great potential to make significant changes to the current culture of both the educational system and health care as a whole. Further research will be the key to discovering the impact of the education system on other marginalized groups within the profession. Dissemination of the results of this study, as well as future research, has the potential to have far reaching impact on the profession. It is imperative that as a profession we embrace this knowledge and make changes to our constructed ideal to

allow for diversity. Ultimately the focus should be on a person's ability to provide competent, respectful, compassionate, holistic care and not what gender, colour, religion or sexual orientation they represent.

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## APPENDIX A- Recruitment Letter



uOttawa

Université d'Ottawa  
Faculté des sciences  
de la santé

École des sciences  
infirmières

University of Ottawa  
Faculty of Health  
Sciences  
School of Nursing

### Recruitment for a nursing study (grads and failures/withdrawals)

Hello, my name is and I am a PhD candidate in the School of Nursing. Professor Dave Holmes my thesis supervisor for my doctoral research titled **Gender Performativity in Nursing; Men, Power and the Construction of the Ideal Nurse**. I am studying the educational experience of male nursing students, particularly related to gender performance expectations. This research is meant to provide a better understanding of the issues facing male students within the nursing program and profession with the hopes that this will result in improved recruitment and retention of males into nursing. Findings from this study may be used toward the development of strategies that address the national shortage of nurses.

If you volunteer as a participant in this study, you will be asked to write a short reflective description of a significant event that exemplifies your nursing school experience. You will also be interviewed, either once or twice, by me, for a maximum of 1 hour each time. You will also potentially have the opportunity to participate in a focus group later in the study as well.

This study has been reviewed and has received ethical clearance from the Office of Ethics and Integrity. However, the final decision about participation is yours. Participation is entirely voluntary.

If you are interested in participating, please contact me by email or phone. Participants will be accepted into the study on a first come / first serve basis. I am interested in interviewing male students who are no longer in a nursing program due to failure or withdrawal, and graduated male nurses who attended a nursing baccalaureate program within the last 5 years. If you or someone you know fits these criteria, or if you would like more information about this study, please contact me.

Thank you.

School of Nursing  
University of Ottawa  
Phone:  
Email:

Director  
School of Nursing  
University of Ottawa  
Phone:  
Email:

613 562-5473  
613 562-5443

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Ottawa ON K1H 8M5 Canada

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de la santé

École des sciences  
infirmières

University of Ottawa  
Faculty of Health  
Sciences

School of Nursing

### Recruitment for a nursing study (current students)

Hello, my name is and I am a PhD candidate in the School of Nursing. Professor Dave Holmes my thesis supervisor for my doctoral research titled **Gender Performativity in Nursing; Men, Power and the Construction of the Ideal Nurse**. I am studying the educational experience of male nursing students, particularly related to gender performance expectations. This research is meant to provide a better understanding of the issues facing male students within the nursing program and profession with the hopes that this will result in improved recruitment and retention of males into nursing. Findings from this study may be used toward the development of strategies that address the national shortage of nurses.

If you volunteer as a participant in this study, you will be asked to write a short reflective description of a significant event that exemplifies your nursing school experience. You will also be interviewed, either once or twice, by me, for a maximum of 1 hour each time. You will also potentially have the opportunity to participate in a focus group later in the study as well.

This study has been reviewed and has received ethical clearance from the Office of Ethics and Integrity. However, the final decision about participation is yours. Participation is entirely voluntary.

If you are interested in participating, please contact me by email or phone. Participants will be accepted into the study on a first come / first serve basis. I am interested in interviewing current male students, male students who are no longer in the program due to failure or withdrawal, and graduated male and female nurses who attended this program within the last 5 years. If you or someone you know fits these criteria, or if you would like more information about this study, please contact me.

Thank you.

School of Nursing  
University of Ottawa  
Phone  
Email:

Director  
School of Nursing  
University of Ottawa  
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## APPENDIX B- Consent and Information Sheet

### Consent and information sheet for interviews and journaling

Researcher:

Faculty of Health Sciences, School of Nursing

Supervisor:

Faculty of Health Sciences, School of Nursing

Funding body: Social Sciences and Humanities Research Council of Canada

#### **Title of the study: Gender Performativity in Nursing**

You are invited to participate in a research study conducted by from the School of Nursing at the University of Ottawa. The results of this study will contribute to the Doctoral thesis of this student. If you have any questions or concerns about the research, please feel free to contact, thesis supervisor, at.

#### **PURPOSE OF THE STUDY**

The purpose of the study is to understand the lived experience of male nursing students and to determine the impact, if any, of gender and gendered expectations of behavior for a male nursing student. It is hoped that participants' descriptions of their experiences will lead to an understanding of the impact that such expectations may or may not have had on male students' experience within the program.

#### **PROCEDURES**

If you volunteer to participate in this study, you will be asked to write a reflective description of a significant event that reflects your nursing school experience. You will then be asked to expand and discuss this event, along with others that may be relevant to this study. Participation will consist of participating in 1 or 2 interviews, each lasting a maximum of one hour. During these interviews you will be asked to discuss your experiences while attending an undergraduate nursing program. The interviews will be scheduled at a mutually agreeable time and location during the winter / spring 2013. Participation may entail a commitment of 2 to 3 hours. You may be asked to attend follow-up focus groups to review the information gathered (A separate consent form will be provided to you should you be interested in participating in focus groups). Interviews will be digitally recorded unless you refuse (in which case hand-written notes will be taken). All recorded material will be transcribed by the researcher, after which it will be deleted. All identifying information mentioned during the interview (e.g.



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Sciences

School of Nursing

name of students, instructors, educational setting, etc.) will be eliminated from the transcript. A code will be used instead of your name.

### **POTENTIAL RISKS**

Minimum risk is expected from your participation in this study. Your participation in this study will entail that you volunteer personal information and describe experiences, and this may cause you to feel uncomfortable, exposed, stressed or angry. The researcher will make every effort to minimize these risks by creating a safe, confidential environment. All interviews will be held in a private setting and the identity of the participants will be kept confidential.

### **POTENTIAL BENEFITS**

Your participation will not have a direct benefit to you. However it will give you an opportunity to express your opinion about issues faced by male nursing students. It will also serve to raise awareness about concerns you may have as a nursing student. It is hoped that the information learned from this study will be used to sensitize and improve educational setting with regards to gender issues. It is hoped that it will also shed light on the societal issues associated with gender dominated professions.

### **CONFIDENTIALITY AND ANONYMITY / CONSERVATION OF DATA**

Every effort will be made to ensure confidentiality of any information that is obtained in connection with this study. As a participant in this study you are assured that the information you will share during one-on-one interviews will remain strictly confidential. Participants are thus expected to share only the information they are comfortable disclosing.

The research data will be used for the purpose of this study only. Data will be protected in the following way: electronic data (interview recordings, electronic transcripts) will be securely stored on the researcher's password protected external hard drive. This hard drive will be stored in a locked filing cabinet in the supervisor's office at the University of Ottawa along with hard copy data (journals, questionnaires, printed transcripts, consent forms, research notes). Only the researcher and her thesis supervisor will have access to the password protected or locked files. The research data will be kept in this way until July 2020. After this time, all data will be destroyed; electronic data will be deleted and paper data will be shredded.

Anonymity will be protected by the assignment of coded identifiers to all participants. All data will be referred to by the codes assigned in the event of publications. Only the principal investigator and her supervisor will have access to the code/participant list.

### **DISSEMINATION OF THE RESULTS**

Results will be published in a scientific journal and will be presented during a research conference. Results may also serve as teaching material to sensitize students about diversity issues. In all cases, you will not be identified. When needed, the code you were assigned will be used.

### **COMPENSATION**

All participants will be provided with \$20 to compensate for their time. Compensation will be provided to participants even in the event of their decision to withdraw from the study.

### **PARTICIPATION AND WITHDRAWAL**

You can choose whether to partake in this study or not. If you currently are a nursing student, your decision will not affect in any way your studies or your relationship with your school. If you volunteer to be in this study, you may withdraw at any time without justifying your decision and without consequences of any kind. You may exercise the option of removing information provided during interviews. You may also refuse to answer any questions you do not want to answer.

If you have any questions about the study, you may contact the researcher or her supervisor at any time.

### **RIGHTS OF RESEARCH PARTICIPANTS**

You may withdraw your consent at any time and discontinue participation without penalty. Your signature on this form indicates that you understand the information in this consent form and that you agree to participate in the above-mentioned study. By signing this form, you are not waiving any legal claims, rights or remedies. This study has been reviewed and received ethics clearance by the University of Ottawa Research Ethics Board. If you have questions regarding your rights as a research participant, you may contact:

The Protocol Officer for Ethics in Research, University of Ottawa,  
 Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, ON K1N 6N5  
 Tel.: (613) 562-5387  
 Email: ethics@uottawa.ca

### **CONSENT**

I, \_\_\_\_\_ (name in print), have read and understood this consent form. All my questions and concerns were addressed to my satisfaction. I may contact the investigators of the study at any time for further information.

I accept to have my interview digitally recorded: Yes  No

I accept to be quoted directly (any identifying information will be removed): Yes  No

I accept to partake in focus groups: Yes  No

I agree to participate in this study entitled *Gender Performativity in Nursing*.

There are 2 copies of this consent form, one of which is mine to keep.

Participant's signature: \_\_\_\_\_

Investigator's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPENDIX C- Demographic Survey****Gender**

- Male
- Female

**Race/ethnicity**

- First Nations, Inuit or Métis
- Asian/Pacific Islander
- Black, Caribbean or African American
- Caucasian
- Arab/Middle Eastern
- Hispanic
- Other: \_\_\_\_\_
- Would rather not say

**Age**

What is your birth year? \_\_\_\_\_

**If you are currently enrolled in the U of O BScN program, which year are you in?**

- 1<sup>st</sup> year
- 2<sup>nd</sup> year
- 3<sup>rd</sup> year
- 4<sup>th</sup> year

**If graduated from U of O BScN program, what year did you graduate in? \_\_\_\_\_**

**If you withdrew from the program before completion, at what time in the course of your studies did you do so? \_\_\_\_\_ (e.g. after 1<sup>st</sup> year; after fall semester of 2<sup>nd</sup> year)**

**APPENDIX D- Interview Guide****Interview Guide – Gender Performativity in Nursing – Questions for Male Students / Graduates**

Having reviewed your critical reflection prior to this interview, could you highlight for me the most important points of that incident. Is there anything further you would like to add about the incident or its impact on your educational experience?

1. Tell me about being a male student in a nursing program?
2. In your opinion, does being a nursing student imply something different when you're male or when you're female?
3. Have you faced challenges as a male nursing student: at school? In clinical settings? At home or elsewhere?
  - a. Do you attribute those challenges to the fact that you're male?
  - b. Do female students experience similar challenges?
4. What experiences did you have with faculty and other students with regards to your gender (e.g. partnering up during labs; choosing a field to work in)?
5. When did you feel most at ease/supported during your program? The least at ease/supported?
6. Did you feel pressure or expectations to perform or behave in a particular way?
  - a. If so, have you ever felt conflicted about such expectations?
  - b. Do you think you can "be yourself" (as a male) in the program? Why, why not?
  - c. Has this ever led you to consider leaving the program? (Or did this contribute to your decision to leave the program?)
7. Are there any specific incidences that you would like to discuss that exemplify your educational experience in nursing?
8. What you improve (would have improved) your experience as a nursing student?
9. Is there anything else that you would like to discuss in relation to your nursing educational experience or your role as a nurse?

**Interview Guide – Gender Performativity in Nursing – Questions for Female Graduates**

- 1. Can you describe your experience with male nurses in your work place?**
- 2. Were there males in your nursing undergrad program?**
- 3. Do you feel their experience in nursing education differed from yours?**
- 4. If yes, why?**
- 5. As a female nursing student / graduate what are your feelings regarding men in the profession?**

## APPENDIX E-Ethics Approval

File Number: H11-12-03

Date (mm/dd/yyyy): 01/10/2013



**Université d'Ottawa** **University of Ottawa**  
 Bureau d'éthique et d'intégrité de la recherche Office of Research Ethics and Integrity

### Ethics Approval Notice

#### Health Sciences and Science REB

#### Principal Investigator / Supervisor / Co-investigator(s) / Student(s)

<u>First Name</u>	<u>Last Name</u>	<u>Affiliation</u>	<u>Role</u>
Dave	Holmes	Health Sciences / Nursingy	Supervisor
Barbara	Leblanc	Health Sciences / Nursingy	Student Researcher

**File Number:** H11-12-03

**Type of Project:** PhD Thesis

**Title:** Gender Performativity in Nursing: Men, Power and the Construction of the Ideal Nurse

<b>Approval Date (mm/dd/yyyy)</b>	<b>Expiry Date (mm/dd/yyyy)</b>	<b>Approval Type</b>
01/10/2013	01/09/2014	Ia

(Ia: Approval, Ib: Approval for initial stage only)

#### Special Conditions / Comments:

N/A

File Number: H11-12-03

Date (mm/dd/yyyy): 01/10/2013



**Université d'Ottawa** **University of Ottawa**  
 Bureau d'éthique et d'intégrité de la recherche Office of Research Ethics and Integrity

This is to confirm that the University of Ottawa Research Ethics Board identified above, which operates in accordance with the Tri-Council Policy Statement and other applicable laws and regulations in Ontario, has examined and approved the application for ethical approval for the above named research project as of the Ethics Approval Date indicated for the period above and subject to the conditions listed the section above entitled "Special Conditions / Comments".

During the course of the study the protocol may not be modified without prior written approval from the REB except when necessary to remove subjects from immediate endangerment or when the modification(s) pertain to only administrative or logistical components of the study (e.g. change of telephone number). Investigators must also promptly alert the REB of any changes which increase the risk to participant(s), any changes which considerably affect the conduct of the project, all unanticipated and harmful events that occur, and new information that may negatively affect the conduct of the project and safety of the participant(s). Modifications to the project, information/consent documentation, and/or recruitment documentation, should be submitted to this office for approval using the "Modification to research project" form available at:  
<http://www.research.uottawa.ca/ethics/forms.html>

Please submit an annual status report to the Protocol Officer four weeks before the above-referenced expiry date to either close the file or request a renewal of ethics approval. This document can be found at:  
<http://www.research.uottawa.ca/ethics/forms.html>

If you have any questions, please do not hesitate to contact the Ethics Office at extension 5387 or by e-mail at: [ethics@uOttawa.ca](mailto:ethics@uOttawa.ca).

**Signature:**

Riana Marcotte  
 Protocol Officer for Ethics in Research  
 For Daniel Lagarec, Chair of the Sciences and Health Sciences REB

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### APPENDIX F- Thematic Concept Diagram

