

# CONSCIOUS ENGAGEMENT IN UNDERGRADUATE MALE NURSING STUDENTS: FACILITATING VOICE THROUGH AN ACTION RESEARCH PROJECT

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## ABSTRACT

*Although women have made significant progress into traditionally male-dominated professions, such as medicine and engineering, the same cannot be said of men in the nursing profession. Utilizing a critical social theory perspective, an action research project was designed to encourage participants, current male nursing students and alumni of MacEwan University, to share their educational experiences through narratives. The significance of this action research project is threefold: (1) to understand the phenomena of the MacEwan male nursing student, (2) to develop strategies and coping mechanisms to address concerns voiced by participants' experiences, and (3) to create evaluative tools to assess effectiveness of such strategies.*

Over the last four decades women have made significant inroads into formerly male-dominated professions such as medicine or engineering (Richman, vanDellen & Wood, 2011). However, the nursing profession of today continues to be primarily female, both academically and professionally; males representing 6.6% of Canadian registered nurses (CIHI, 2012; Clementson, 2008). A tenured female faculty member (Principal Investigator), one male alumnus from the nursing program (Co-Investigator), and three currently enrolled male nursing students (Co-Investigators) met to discuss the lived experience of being a visible minority in a professional program and what potential strategies could be implemented to ensure a voice for males during and after academic life.

Therefore, the purpose of the AR project was to create a safe environment where current and alumni undergraduate nursing students had the opportunity to share their lived experiences of being a male in MacEwan University's BScN program. The initial phase of the project was an extensive literature review to determine themes experienced by male nursing students both in nursing education and during their transition to clinical practice to inform the development of guiding discussion questions for the current project. The second phase included two focus groups (one for alumni and the second for current nursing students) utilizing the affinity approach (Scupin, 1997; Spool, 2004); the co-researchers were also participants in these focus groups. The affinity method is a strategy to gather a vast number of ideas articulated by individuals who then group these ideas into themes. Utilizing the affinity approach facilitates ownership of both the ideas and themes as they are participant generated; reflecting a principle of AR "participative" (Scupin, 1997; Spool, 2004). The third phase had two parts. The first aspect was the opportunity to disseminate thematic findings to all participants who then determined strategies to address challenges faced by both groups and to foster capacity building. The second part, which has not been completed, is creating tools to assess the effectiveness of strategies introduced to foster the lived experience of male nursing students and graduates. Findings from this research, although not generalizable, may provide knowledge to facilitate other nursing faculty to address challenges for their male nursing students in their respective programs.

#### **LITERATURE REVIEW**

A literature review, utilizing the CINAHL database from the years 1948-2014 resulted in 256 articles; 64 of which were relevant. There were four primary themes identified by the researchers within nursing education and clinical practice. There were three main themes identified in nursing education. The first was "attracting males into nursing" which has proven difficult in a female dominated profession where the image of male nurses is associated with diverse stereotypes and feminization of employment (Evans, 1997, 2002; McMurry, 2011). "Barriers to entry" was the second theme and reflected a lack of male role models (Andrews, Stewart, Morgan, & D'Arcy, 2011), the softer side of nursing in conflict with male values of power, competency, efficiency and achievement (Brady & Sherrod, 2003; Stott, 2004). The last theme in nursing education revolved around "retaining male nursing students"; lack of gender neutral classrooms and content as well as academic and psychological needs different than females (Bell-scriber, 2008; Brady & Sherrod, 2003; Evans, 2002). A final theme has been labelled as "reasons men stay", including career advancement from bedside to administration and feelings of having committed too much time and energy to switch career paths (Andrews et al., 2011; McMurry, 2011). These issues first begin within academia, where there was a general consensus by authors within the literature that there is the perpetuation of societal stereotypes, lack of role models, role strain and misconceptions with respect to ways of knowing/caring (MacWilliams, Schmidt & Bleich, 2013). It is possible that these issues contribute to male students' feelings of isolation, powerlessness and dissatisfaction within their nursing program (MacWilliams et al., 2013; Stott, 2004).

At a time where we seek gender equality, it appears that a female-dominated environment may also play a role in the feelings of isolation. It has been expressed, that females and males have characteristic ways of relating to and communicating with one another (Haferkamp, Eimler, Papadakis, & Kruck, 2012). In an interview with senior undergraduate nursing students, Ellis, Meeker and Hyde (2006) found that men felt they were more 'to the point' compared to women when discussing a topic; suggesting that men may experience frustration while communicating with their female peers. Of additional concern is the suggestion by Kauppinen-Toropainen and Lammi (1993), that "[male] nurses socially distance themselves from [their] women colleagues to maintain 'erotic peace' and reduce sexual tension in the workplace," (as cited in Evans & Frank, 2003, p. 277). This was supported by Evans and Frank' (2003) subsequent study, in which respondents suggested that any casual conversation or friendships formed could be construed into a sexual manner, with the potential for allegations of sexual harassment. This is identified as an existing gender double standard by Evans and Frank, as participants felt their female counterparts have frequently "played sexually based practical jokes on men even though men often felt unsafe playing similar jokes on women ... without the fear of being accused of sexual harassment" (2003, p. 277). In conjunction to the differing ways genders communicate, this double standard may compound the isolation experience, especially when one feels they must think carefully prior to expressing any of their thoughts or actions.

Stressors identified by nursing students who study part-time include: academics, money, personal relationships, and health (Nicholl & Timmins, 2005); findings which may be generalizable to full-time students and may be compounded in males. As a result many male nursing students may feel isolated and powerless; issues of power may include political and social and therefore, a thorough understanding of the male nursing student lived experience is vital to understand how to facilitate capacity building within the MacEwan BScN program. Anecdotally, from the PI's experience, there are occasions where only one male student had been in a course with over 30 or more female students and was the only one in a clinical practicum. The nursing faculty at MacEwan is predominantly female with only two male science teachers for theory and approximately three male clinical nurse educators out of approximately 40 instructors. This lack of male support and role modelling may further enhance the feelings of isolation and powerlessness.

Moore and Dienemann (2014) described two themes as to why males enter the nursing profession; caring for others as well as factors which influenced their ability for a professional quality of life. These themes were certainly reflected in the narratives gathered from both alumni and current students at MacEwan University. However, there may be barriers to achieving a professional quality of life; most notably, the lack of inclusiveness during both the "recruitment into nursing school" and "retention" phases of professional life.

#### **AIM OF THE ACTION RESEARCH PROJECT**

This action research project was initiated following discussions between the primary author (a tenured female faculty member) and male co-researchers: an alumnus as well as

three currently enrolled nursing students. There were three purposes of this project. The first purpose was to understand the life phenomena of the MacEwan male nursing student. Developing strategies to address concerns raised by participants as well as enhancing coping mechanisms while in school was the second purpose. The final purpose was creating evaluative tools to assess effectiveness of strategies. An outcome of the research process was for the co-researchers to describe their lived experience of establishing and sustaining community participation and engagement after the initial action research project was completed; an oral presentation by the co-researchers at an international nursing conference facilitated meetings for this outcome.

The main objective of this project was to create a "safe" space to enable current undergraduate male nursing students and alumni to share their voices of being "male" in the BScN program. Findings from their narratives may corroborate existing literature regarding stressors and challenges of being a male in a nursing program and in clinical practice while informing the development of specific strategies, designed and agreed upon by participants, to facilitate capacity building of MacEwan undergraduate male nursing students.

## **METHOD**

### **Design and Setting**

*Design.* The relevance and significance of this project was in the design; an Action Research (AR) project "understood as co-researching or researching with rather than on people" (Reason & Bradbury, 2008, p. 5). An AR approach allowed the researchers to eliminate boundaries in time and space, thus ensuring a decrease in relations of power and ethical problems as participants and researchers interact (Aziz, Shams, & Khan, 2011). It promoted intersubjective reality as co-researchers became subjects, therefore, were able to study relationships and understand meaningfulness of the life phenomena while incorporating the values and beliefs of both the co-researcher and additional focus group participants (Heikkinen, Huttunen, Syrjälä, & Pesonen, 2012; Smith, Bratini, Chambers, Jensen, & Romero, 2010). As humans, we are part of the landscape we inhabit and therefore, it was vital to understand time (past, current, and future) while situating ourselves in the present day context; space ethics, power and values are inherent in this form of research (Heikkinen et al., 2012). As such, it is a relationship-based research; thereby it informs the creation of relationship building. It offered the co-researchers and additional participants an opportunity to engage in a project to facilitate change and empowerment where inadequacies may have been identified (Jacobs, 2010; Löfman, Pelkonen, & Pietilä, 2004); creating an opportunity for meaningful participation by a community (14 nursing students and alumni) to share their voices in promoting learning and knowing, both individually and as a collective, giving meaning and value to their experiences.

Questions for the AR project, utilizing a critical social theory (CST) perspective to inform the question writing process, were developed between the Principal Investigator and the Co-Investigators to encourage individuals to share their truths through their stories. Adopting a CST approach may facilitate the researchers' ability to examine the potential

oppressive effects of an organization on an individual or group of individuals; the micro-politics of power relations (Manias & Street, 2000). Identifying what the “male nursing student” requires for success in school and beyond reflects an ethic of care (Coghlan, 2011; Hynes, Coghlan, & McCarron, 2012).

**Setting.** MacEwan University, situated in Edmonton, Canada, is an undergraduate teaching intensive educational institution. The Bachelor of Science in Nursing degree is a four year program with approximately 1200 students enrolled at any given time. The program has been designed to have one term of theory followed by a term of clinical placements; knowledge acquisition prior to practice.

### **Sample**

The sample was drawn from all undergraduate male nursing students enrolled or graduates of MacEwan’s BScN program. The students varied in age but were all over the age of 18. Males in the MacEwan BScN program have ranged from a low of 8 (6.0%) to a high of 19 (16.0%) per academic graduating cohort; a total of seven current students and seven alumni - a total of 14 individuals participated in this AR project.

### **Data Collection**

Undergraduate male nursing students currently enrolled at MacEwan University and alumni of this same program were invited to attend two separate evenings to discuss their lived experiences. The rationale for two events was that although they may have shared similar experiences, the alumni were also invited to share their stories of transitioning from education to practice. A third evening for both groups to attend to hear from the researchers "themes" from the focus groups was also organized as a starting point for the community to determine if there were particular strategies to be created to address challenges and to facilitate capacity building.

Recruitment of current students consisted of email and posters distributed through MacEwan email addresses as well as postings on Blackboard Learn course sites (learning management system), and through a purposive snowball method (via social media) by the co-researchers. As alumni do not have current MacEwan email addresses, recruitment was via social media and word of mouth by both the PI and the co-researcher who was also an “alumnus”. The resulting sample (of both current nursing students and alumni) was a convenience sample and therefore, may not thoroughly represent the lived experience of being a male nursing student or alumni at MacEwan.

The survey and consent letter were distributed during the evening to all participants by the PI and CIs with the opportunity to ask further questions for clarification. As the PI was not eligible to participate in the action research project, she left the room to allow anonymity for completion of surveys; the co-researchers remained as they were active participants. Waiving of a signature was requested due to the special participation populations (nursing students). Completed surveys were dropped off in a box at the front of the room prior to initiating the focus group discussion. The data will be stored in a locked filing cabinet in the PI’s office with the conservation period beginning May 2015 and terminating April 2017

with data (hard copies of the survey) being shredded. As the data collection "survey" was a voluntary and anonymous process, individuals may withdraw or not participate at any time. However, participants were not able to withdraw their data after collection as the researchers were not able to determine which data belongs to which participant. Consent was implied with the completion of the survey; waiving of consent signature was requested.

Initial data collection utilized the "KJ Method" also referred to as the "Affinity Process" guided by researcher developed questions based on the literature review. This is a method that ensures all voices were heard quickly and efficiently; while setting priorities (Scupin, 1997; Spool, 2004). Fourteen individuals were divided into groups of three and four and provided with paper, stick it notes, and the guiding questions to offer input in a time limited manner; 45-60 minutes. Individuals wrote their responses on the stick it notes and placed them randomly on the paper. The group of three or four participants then determined which responses were similar and organized them into themes accordingly during this session. A week later the PI and co-researchers convened to review each of the group's (alumni and currently enrolled nursing students) themes and provided a further analysis and proposed themes representing all of group's voices. This final analysis became the basis for data dissemination back to the community (sample) for further discussion with respect to capacity building strategies.

### **Description of the Survey**

Questions for the AR project, utilizing a critical social theory (CST) perspective to inform the question writing process, were developed between the Principal Investigator (nursing faculty) and the Co-Investigators (alumni and current nursing students) to encourage individuals to share their truths through their stories. CST examines the potential oppressive effects of an organization on an individual or group of individuals; the micro-politics of power relations (Manias & Street, 2000). Identifying what the "male nursing student" requires for success in school as previously stated reflects an ethic of care (Coghlan, 2011; Hynes et al., 2012) by nursing faculty.

There were eight open ended-questions for the alumni: (1) What inspired you to choose a career in nursing? In retrospect, would you have done anything differently if given another chance? (2) From your perspective, did your gender have any benefits or disadvantages with respect to your academic life, clinically, and What about post-graduation? (3) From your perspective, what were your strengths and challenges being a male student in the program? How did you cope – resources, family, and/or friends? (4) What were your expectations of the program? (5) For those of you working, were there any difficulties in transitioning from the student to the graduate nurse role? (6) Do you think there are any stereotypes or misconceptions that still exist in regards to gender in nursing? (7) What would you like to see the program do differently to support you and/or the program? and (8) Would you recommend nursing as a career to your friends? Why or why not?

Similar questions were asked of the current students including: (1) What inspired you to choose a career in nursing? In retrospect, would you have done anything differently if given

another chance? (2) From your perspective, did your gender have any benefits or disadvantages with respect to your academic life and clinically? (3) From your perspective, what were your strengths and challenges being a male student in the program? How did you cope – resources, family, and/or friends? (4) What are your expectations of the program? (5) Do you think there are any stereotypes or misconceptions that still exist in regards to gender in nursing? (6) What would you like to see the program do differently to support you and/or the program? and (7) Would you recommend nursing as a career to your friends? Why or why not?

### **Thematic Analysis: Affinity Procedure**

Descriptive statistics were gathered on age, previous post-secondary experience, employment, sources of financial support, and status (full-time or part-time) to describe the sample/community at the beginning of each evening prior to the formation of discussion groups. These results have been provided in the description of the sample. Initial themes were identified in the smaller focus groups by the participants based on their responses. The PI and co-researchers then analyzed the smaller groups comments to reflect an overall theme; one each for the alumni and current students. Final thematic descriptions were assigned as the researchers analyzed the group's responses within the context of the literature review.

### **RESULTS**

Researchers spent three separate days for a total of 15 hours discussing responses of both groups. Dynamic discussion with challenges to individual researcher's assumptions occurred prior to consensus on the thematic findings. There were clearly unique findings between the two groups (seven currently enrolled nursing students and seven alumni) as well as many commonalities; both will be addressed below.

#### **Nursing Students**

There were three general themes identified in this focus group. The first theme was labelled, "*social justice issues*" and included responses which were both positive and negative in nature. Students felt that both nurse educators and healthcare personnel should receive educational training on male nursing experiences as they felt they were a unique population that had not been clearly identified as being vulnerable. This vulnerability often led to a perceived or actual prejudice from nursing faculty and/or healthcare personnel. The lack of male role models coupled with stereotypes and myths surrounding male nurses eroded confidence for the male nursing students in their professional role.

A second theme identified was one of "*social support*". As discussed previously, male nursing students often do not have role models on faculty or within the healthcare system. This absence of mentoring may affect their ability to remain in a nursing program where they feel isolated due to their gender which is reflected in the following student's comment; "Can't talk to most of my friends about 'nursing stuff' without being grossed out!" This lack of ability to connect socially with others to share their lived experience may in fact hinder their ability to remain in an academically challenging program. Many of the participants

spoke anecdotally about the significant loss in numbers of their male counterparts within the nursing program.

The last theme addressed “*stereotypes and misconceptions*” and how these erroneous assumptions affected their own self-worth as a nursing student. Students shared stories of having to justify why they chose nursing instead of medicine, which they felt occurred more frequently than with their female peers. If their reply was that they felt nursing was a more rewarding career, they were often labelled on a continuum as either being a homosexual or interested in the conquest of their female counterparts. Other assumptions experienced by this group included the myths that because of their gender, they did not have the capacity to care and that males tended to gravitate towards the “high adrenaline” clinical units: critical care, emergency, and/or trauma.

### **Alumni**

During a separate session with males from the alumni group, three unique themes emerged; the first being categorized as “*career preparation*,” which includes the aspects of preparing for employment interviews, and making the transition from a student role to that of a graduate/registered nurse. Alumni expressed making the transition to a registered nurse (RN) came with greatly increased expectations surrounding knowledge base, time management, and being able to practice independently without a ‘safety net’. Those alumni who reported former experiences in the capacity as either a nursing assistant, undergraduate nurse employee (UNE), and/or graduate nurse (GN) acknowledged that these positions made transitioning into the RN role easier. With respect to employment interviews, alumni expressed feelings of being ill-prepared for interviews.

The second theme further expands on the alumni’s acknowledgement of “*finding one’s voice*,” whereby one learns to speak for oneself which provides the individual with increasing independence and respect from other staff. Participants reported this as having a positive effect, where they found it was “less stressful because no instructor is supervising.”

Finally, “*societal expectations*” comprises the third theme, of which alumni reported feelings of conflicting societal expectations, from both members of the public, and hospital administration as well as staff. In the eyes of the public, alumni felt that the “bar to care” is set lower for male nurses (e.g. less caring), while they faced higher expectations to help with either complex nursing tasks or with transferring patients. Feelings of discrimination and hesitation from the opposite gender were also described, particularly pertaining to the area of obstetrics and gynecology – one participant affirmed that this is a rather unspoken rule, as they noted no male staff nurses on maternity awards, and anecdotally, their employment applications for a maternity position being rejected.

### **Commonalities**

Despite these unique differences presented by the alumni group, both groups shared a number of common themes surrounding: (1) desire to care and the opportunities for



career development/advancement, (2) having social support, and (3) program support for male nursing students.

***Desire to care.*** The first common theme shared by both students and alumni was the fundamental desire to care and make a difference in the lives of others. Equally important to both groups were the perceived beliefs that a career in nursing would offer career stability, flexibility, and adequate remuneration. Participants from both groups acknowledged facing conflicting societal expectations and stereotypes associated with being a gender minority in both the academic and workplace settings; however, it was also conceded that there is a largely unspoken and hidden societal valuations of males, whereby males may also benefit from hiring preferences, with a greater potential for career advancement (e.g. management). When researchers asked those individuals to elaborate, reasons provided included that men were typically more confident/convincing placing them in the spotlight for promotion. With respect to hiring preferences, one respondent stated they felt unit managers thought males came with “less drama” and were “more stable” since they were less likely to take maternity/childhood leave.

***Having social support.*** Another shared common theme is the aspect of social support, where students and alumni reported having significant others and family as key members for providing them with social support. As a method of coping, individuals partook in various non-nursing related activities such as social outings, recreational sports and games. Members also acknowledged that they expected some of their other male peers to discontinue from the nursing program, with one of the factors being that it is “tough to relate and have discussions you would normally have with friends outside out of the program.”

***Program support for male nursing students.*** When asked how the MacEwan nursing program could better support male nursing students, two sub-groups arose from both alumni and student groups, the first being program structure. Participants felt having an increased presence of male instructors while addressing preconceptions amongst program faculty may offer a gender neutral learning environment. Ensuring consistency within the core curriculum and marking guides was also suggested as respondents expressed their frustrations with such inconsistencies. Secondly, participants brought forth the idea of a male nursing club, encompassing all cohorts and alumni as a way to encourage group cohesiveness and retention of the male nursing student population. Additionally, respondents also felt this could offer the potential for alumni and students to interact and promote a network of role models and mentorship.

## **DISCUSSION AND RECOMMENDATIONS**

An AR approach creates an opportunity for meaningful participation by a community (current and alumni male nursing students) to share their voices, promoting learning and knowing for both the individual and the collective. The conversations, which occurred between the participants, offered the group reassurances that they were not alone; giving meaning and value to their experiences. During the dialogue phase of AR, researchers observed collegial relationships developing between current students and alumni; who

may facilitate academic and career growth as well as offering an opportunity to dialogue with other individuals on a wide range of issues/concerns. Individuals also anecdotally expressed the benefit from having multiple mentorships, seeking out others who addressed their diverse needs: academic, career, and potentially friendship.

Additionally, the mentors engaged in a mutually beneficial relationship, serving as important resources by providing insight, guidance, emotional support and a safe environment for mentees. Benefits for the mentors may include both professional formations, including leadership skills, and personal development as well as providing service to MacEwan. Benefits to MacEwan may address recruitment and retention, academically at risk students, those who identified themselves as isolated and/or powerless, or any student wishing to engage socially with his peers or professionally “networking” for future career possibilities.

The significance of this project was specifically targeted at ensuring the male nursing student’s success while enrolled in MacEwan’s BScN program. The outcomes of the project were achieved, as researchers captured the diverse lived experiences to substantiate the current literature. The participants and co-researchers have initiated preliminary strategies during group discussions, to promote capacity building for current nursing students and provide networking and advocacy for the alumni. Strategies to be implemented for the 2015-2016 academic year at MacEwan University include an event in the fall where current students and alumni can meet to form professional relationships and discuss the creation of a MacEwan Male Nursing group; supported by the MacEwan University’s STTI chapter, Chi Nu. Finally, co-researchers (the alumnus and three currently enrolled nursing students) described their lived experience as co-researchers in an AR project; a poster presentation at MacEwan’s BScN Program Scholarship Day (Edmonton, Alberta, May 2015) as well as an oral presentation at the 36<sup>th</sup> Annual Conference for the International Association for Human Caring (New Orleans Louisiana, May 2015). The relevance of this project was for those current students and alumni; however, the effectiveness of strategies created from this project should be disseminated to the global nursing community as a mechanism to nurture male nursing students.

### **Recommendations**

What became clear during the early May 2015 forum, when both focus groups met with researchers to hear the findings from the AR project, was the passion and commitment to ensuring the male voice was heard and supported during their academic years. Participants, both alumni and current students, were very vocal with respect to sharing not only preliminary findings with current students but to inform nursing faculty. As a result, participants will have the opportunity to address all MacEwan’s BScN students during their clinical orientation sessions as well as during the program’s first year theory courses; as part of a recruitment drive for membership. Participants intend to not only talk about the results from the AR project but also discuss engagement strategies for current students as described in the discussion section. Following the recruitment drive, an informal meet and greet, has been organized to facilitate dialogue between the volunteers. Finally a Facebook group has been created - the *“Males of Edmonton Nursing Society”*. The researchers chose

this particular name in order to be inclusive of male nurses (students and graduates) in the Edmonton area as possible. A grassroots club at MacEwan University will be the initial phase with the expectation there may be future expansion to other educational institutions and healthcare agencies.

### CONCLUSION

Nursing students who are male have to reframe their identity during their socialization process into a feminine profession, often leaving them living in ambiguity. Southwick and Polaschek (2014) refer to this ambiguity as “marginality” of exclusion by the dominant culture. The authors reiterate the importance of creating space to ensure the voices of the minority individual/group are heard which promotes, “...a dynamic site of social interaction that can generate not only difficult and painful experiences but also creativity and innovation” (p. 255).

This theme of marginalization is echoed by Sedgwick and Kellett (2015) who state that nursing students who are male still represent a small portion of the student body. They challenge both nursing students and faculty to examine their perceptions surrounding the concept of “maleness” in the nursing profession as a strategy to foster belonging – one which is necessary to foster quality clinical learning experiences. As educators and administrators, if we not only understand the rationale for males entering and staying within the BScN program, we are better positioned to implement strategies towards enhancing recruitment and retention. Subsequently, we would then be further enabled to then best address the issues surrounding marginalization (Wallen, Mor, & Devine, 2014) and thus promote inclusiveness and a sense of belonging.

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