

ORIGINAL RESEARCH

Evaluating the social-learning environment of a regional men in nursing conference

Jennifer Harrison¹, Guy Beck², Adam Voegele², William T. Lecher², Gordon Lee Gillespie*¹

¹University of Cincinnati, Cincinnati, OH, United States

²Cincinnati Children's Hospital Medical Center, Cincinnati, OH, United States

Received: January 3, 2018

DOI: 10.5430/jnep.v8n7p31

Accepted: January 17, 2018

URL: <https://doi.org/10.5430/jnep.v8n7p31>

Online Published: January 29, 2018

ABSTRACT

Barriers and challenges such as the lack of role models exist for men in nursing. Efforts are needed to provide opportunities for men in nursing to discuss, engage, and network with other men about issues of importance to them. To address this need, a regional conference for men in nursing was held. The utility of this conference specific for men in nursing was evaluated for its ability to provide a space and forum dedicated to men in nursing for socializing and learning with other men in nursing. An exploratory qualitative design was used to examine the experiences of conference attendees. Respondents (n = 62) anonymously completed a program evaluation tool. The qualitative data were analyzed using a constant comparative analysis method. Five themes were derived from the qualitative data: Conference Logistics, Effectiveness of Presenters, Key Messages from the Presentations, Men in Nursing, and Challenges Men in Nursing Face. Future conferences need to incorporate more clinically-oriented topics with speakers specifically discussing the importance of their content for men in nursing.

Key Words: American association for men in nursing, Challenge, Male support, Gender diversity, Program evaluation

1. INTRODUCTION

Only about 10% of the nursing workforce self-identify as male,^[1] indicating men are a minority occupational group in the nursing profession. As with any minority group, barriers and challenges exist such as the lack of role models from the minority group. Efforts are needed to provide opportunities for men in nursing to discuss, engage, and network with other men about issues of importance to them. To address this need, the Greater Cincinnati Chapter of the American Association for Men in Nursing (AAMN) hosted a regional conference. The purpose of this study was to evaluate the effectiveness of this conference to provide a social-learning environment for men in nursing.

1.1 Background

The Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing at the Institute of Medicine^[2] suggests the diversity of the nursing workforce should represent the diversity of the population it serves. With approximately half the U.S. population male, the gender distribution of the nursing workforce does not match the population it serves. The American Association of Colleges of Nursing^[3] states the “diversity of this nation’s population mandates an attention to diversity in order to provide safe, high quality care” (p. 6). Increasing diversity will allow patients to feel more welcome when surrounded by diverse healthcare workers. About 2.7% of registered nurses were men in 1970 compared with 9.6% in 2011.^[1] Although the percentage of

*Correspondence: Gordon Lee Gillespie; Email: gordon.gillespie@uc.edu; Address: College of Nursing, University of Cincinnati, Cincinnati, OH, United States.

men in nursing is rising, there remains a large disproportion of female to male nurses. This disproportion is not likely to improve until the barriers and challenges experienced by men in nursing are overcome. These barriers and challenges include gender stereotyping and lack of role modeling or mentorship.

Gender stereotyping is the predominant problem for men in nursing. Caring, or the altruistic desire to help others, is an inherent quality of nurses bringing both men and women into the profession.^[4] Evans explained that the expression of caring differs between male and female nurses, as males tend to use humor and build mutual trust with patients while women use touch.^[5] Men are less likely to use touch or self-select nursing specialties requiring less touch,^[6] because touching could be misconstrued as sexual.^[7] Gender stereotyping also presents with male nurses being perceived as medical students or physicians by their patients.^[8] Gender stereotyping extends to gender bias through the expectation of men being called upon to care for or assist with heavy patients and intervene with aggressive patients and visitors.^[4,9] MacWilliams, Schmidt, and Bleich explain “though it may be important to recognize the worth of the physical strength men can bring to the nursing profession, such stereotypes may limit a man’s ability to manage care in a way that’s consistent with his own values.”^[10] In contrast, being perceived as feminine, gay, or emasculated poses additional barriers,^[11-13] not to mention the derogatory implications this has for the gay and transgender community. Acknowledging perceived gender discrimination against men and working towards creating a gender-neutral environment will help limit these challenges facing men in nursing.

A lack of male role modeling and male mentors poses a particular challenge to the success of men in nursing. This challenge extends to men considering nursing as a career: some men note the difficulty of choosing a profession grossly lacking in male role models and therefore do not seek information about nursing as a career opportunity while in secondary school.^[4,12] The lack of role models in their profession was an important barrier for nursing graduates.^[4,9] This lack of mentoring and potential feelings of isolation can be overcome with mentorship programs. Zhang and Liu suggest male nurses as mentors can help new nurses transition effectively into professional nurses while helping these nurses abandon traditional gender stereotyping in the profession.^[14] This same-gender mentoring can lead to a sense of camaraderie within the profession for males and be beneficial to young male nurses and male nurses facing challenges within their workplace by affording them the opportunity to discuss their challenges with other men.

Before these identified barriers can be overcome and mentoring programs developed for male-male mentoring, sufficient numbers of men in the profession are required. Nursing school recruitment needs to specifically target the recruitment and enrollment of men into nursing schools.^[15] Some authors have strategized what this might look like. Stanley explains recruiting more men into nursing requires education in high school programs and finding new ways to attract men into nursing on a wider scale.^[4] O’Connor states while guidance from high school counselors about careers was not helpful, men attending “promotional talks” about nursing was influential to their enrollment in nursing school.^[12] Similar strategies were recommended by Stanley et al. and Villarruel et al.^[4,15] Changing the public eye, including guidance counselors, by breaking down barriers and stigmas about nursing can help attract more men into nursing. Zhang and Liu suggest to get more men into nursing requires nurse faculty and clinicians to educate the public about the importance of gender diversity in nursing.^[14] If the proportion of men entering the profession became equal to that of women, there might not be a nursing shortage, of course this also requires increasing the capacity of nursing schools. Nursing conferences tailored to men would bring awareness to the shortage of men in nursing as well as the general nursing shortage.

The purpose of the AAMN conference depicted in this paper was to provide a space and forum dedicated to men in nursing for socializing and learning with other men in nursing. No formal study is known to have been performed to evaluate the effectiveness of such a conference to determine its potential impact in achieving this desired conference outcome. Therefore this study will fill a scientific gap in examining the utility of such a conference to provide socialization and educational content tailored for men in nursing.

2. METHODS

An exploratory qualitative design was used to examine the experiences of attendees to the AAMN “MAN-UP” (Motivate, Advocate, Navigate, Unify, and Protect) conference. The conference was marketed to members of the local chapter of AAMN as well as local healthcare systems and state/regional professional organizations (e.g., Ohio Action Coalition members, colleges of nursing). The university’s Institutional Review Board deemed this study non-human subjects research.

2.1 The conference

This study took place in a large Midwestern U.S. college of nursing contemporaneously with the May 2017 conference of the AAMN Greater Cincinnati Chapter. There were five conference learning outcomes: (a) Evaluate methods to Motivate

men and women in nursing school and the nursing workforce to promote a more gender diverse and inclusive nursing profession, (b) Define opportunities to Advocate for nursing and a culture of health for Americans with an emphasis on men in nursing and men's health, (c) Discuss approaches for the younger generation of nurses to successfully Navigate nursing school and a nursing career pathway, (d) Describe methods to Unify nursing with inclusive excellence, holistic admission, and other approaches to recruit and retain a more gender and racially diverse student body and nursing workforce, and (e) Analyze strategies to Protect nursing students and nursing professionals from micro-aggression and horizontal violence. Each of the five conference sessions were held in the college's large auditorium. Registration, breaks, meals, and networking sessions were held in the college's open atrium space overlooking a roof garden. During the non-lecture periods, conference attendees had opportunities to speak and network with presenters and other conference attendees.

2.2 Instrumentation

The program evaluation tool consisted of multiple open-ended questions: (a) what participants liked or did not like with attending the MAN-UP Conference, (b) the key message learned by attending the MAN-UP Conference, and (c) any changes in knowledge, attitudes, and behaviors by attending the MAN-UP Conference. Attendees also were asked to self-report their demographic information: professional role (e.g., staff nurse, manager, educator, nursing student), gender (i.e., female, male, transgender), race (e.g., Black/African-American, Hispanic, White), and generational age (e.g., Generation X, Millennial). Responses for professional role were recoded as registered nurse, student nurse, and other. No participants self-identified as transgender. Responses for Black or African-American, Hispanic/Latino, and Native Hawaiian or other Pacific Islander were recoded as Person of Color to prevent potential identification of individual respondents.

2.3 Data collection and management

After completing the onsite conference registration process, attendees received the program evaluation so they could fill out the evaluation after each presentation. At the end of the conference, attendees deposited their form in a box outside the auditorium prior to receiving their certificate of continuing education. The members of the research team did not participate in collecting the program evaluations. Responses to demographic questions were coded and entered into a Microsoft Excel (Redmond, WA) spreadsheet. Hand written responses to the open-ended questions were transcribed verbatim into a Microsoft Word (Redmond, WA) document. The qualitative responses were further categorized based on

role and gender: male registered nurse, male nursing student, female registered nurse, and female nursing student.

2.4 Data analysis and trustworthiness

The study team members independently analyzed the transcribed data using a constant comparative analysis method to identify important units of information and cluster those units into themes deemed important.^[16] Next, team members convened to discuss their independent coding and come to agreement on a coding schema. The team members then independently coded the transcribed data according to the coding schema. During the next research meeting, each unit of information was discussed until agreement on coding for that unit of information was achieved. Finally, the coded data were aggregated by theme into separate Microsoft Word (Redmond, WA) documents. Team members reviewed each theme name, description, and units of information coded to that theme for "fit". No changes were recommended.

Trustworthiness for the study was enhanced through investigator triangulation. This was accomplished by having multiple researchers complete each stage of analysis. The discussions resulting from this process yielded findings representing the composite views and interpretations of the researchers. In addition, one study team member was a female nursing student which allowed for an etic (or outsider)^[17] perspective when analyzing the data in terms of the experience of being a man in nursing.

3. FINDINGS

The conference was attended by 92 men and women. Of the attendees, 62 (67.4%) submitted a program evaluation. The majority of the evaluations were returned by male RNs (n = 37, 63.8%). See Table 1 for additional demographic information of the study sample. Five themes were derived from the qualitative data: Conference Logistics, Effectiveness of Presenters, Key Messages from the Presentations, Men in Nursing, and Challenges Men in Nursing Face.

3.1 Conference logistics

This theme, Conference Logistics, describes the location and directions to the conference site, food options for meals and snacks, delivery format of the educational presentations (e.g., lecture, roundtable discussion), length of presentations, and option for continuing education contact hours for nurses. General logistics were reflected by two female RNs: "Need to start/stop sessions on time please" and "Like the type of information. Not liked the length of presentation." A male RN conference attendee commented on the conference presentation delivery methods: "Would like to see more round table discussion." Another male RN said, "Everyone had a

great attitude and provided a great venue for open communication and open thoughts”, indicating the relevance of the conference as a focus to discuss issues of importance to men in nursing.

Table 1. Description of the study sample

Demographic characteristics*	N (%)†
Gender	
Male	47 (77.0)
Female	14 (23.0)
Role	
Registered nurse (RN)	47 (77.0)
Nursing student	11 (18.0)
Other‡	3 (4.9)
Race/Ethnicity	
White/Caucasian	53 (86.9)
Person of color	8 (13.1)
Cross tabulation for gender by role	
Male RN	37 (63.8)
Male nursing student	9 (15.5)
Female RN	10 (17.2)
Female nursing student	2 (3.4)

*Demographic data missing from 1 program evaluation. †Columns may not add to 100% due to rounding. ‡Other represented 1 high school student, 1 licensed practical nurse (LPN), and 1 not identified.

3.2 Effectiveness of presenters

This theme, Effectiveness of Presenters, relayed the ability of the speakers to connect with the audience. Examples of the effectiveness of the presenters were highlighted by comments about the presentations being “excellent” and “thought-provoking”. Examples of the ineffectiveness of the presenters were reflected by comments about some presentations being too specific for a certain audience (e.g., administrators) rather than a general audience of staff nurses, nursing students, and college faculty members. Another example of ineffectiveness was the content not meeting the individual needs of attendees (e.g., not focused on nursing issues specific to men). For example, a male RN conference attendee said, “I guess I was under the impression that this was going to be geared towards issues men face in a female dominated profession. While the conference was informative, it left me wanting more.” However, other participants wrote they learned more about men in nursing: “To provide a message that men can be men and have a great place in nursing.” A male nursing student similarly wrote, “I enjoyed hearing the speakers talk about common issues and goals for men in nursing.” In addition, some attendees requested clinical care topics such as how male nurses could provide obstetrical nursing care.

3.3 Key messages from the presentations

In this theme, Key Messages from the Presentations, the conference attendees penned the key messages they learned or

“heard” during the conference. The key messages varied by each of the five conference presenters. For the first speaker, Dr. Greer Glazer, both male and female conference attendees commented on not having known about the lack of gender diversity in the nursing workforce. A female nursing student wrote, “I didn’t realize the percentages of men in nursing was so low.” The lack of gender diversity in nursing also made the lack of gender diversity in nursing academia known. A male nursing student relayed, “My university has 14% men in their undergrad nursing program. But we had no male faculty (undergrad).” For the second speaker, Dr. Daniel J. Pesut, participants commented on being a nursing leader through role modeling and active membership in AAMN. A male nursing student wrote, “To advocate for other nurses and everyone can serve as a role model for other men in nursing.” In addition, a female nursing student wrote, “How to motivate members to remain engaged.” For the third speaker, Dr. Reynaldo R. Rivera, the message garnered was the need to advocate for men in nursing: “We still have a ways to go and I need to work harder to be an advocate and role model for men in nursing.” In addition to advocating for men, advocacy was addressed for patients and the discipline in general. A female RN addressed this message: “As nurses we all know the importance of advocating for patients, but we often forget to advocate for our profession.” For the fourth speaker, Dr. Erik Martin, the key message was the need to interact professionally within a multi-generational workforce. A male nursing student wrote, “There are a number of generations that exist in nursing. Each one deals differently with work and family.” Similarly, a female RN wrote that understanding these generational differences can promote nursing retention. For the fifth speaker, Dr. Gordon Gillespie, the key message was the microaggression experienced within the nursing workforce. A male RN commented that work still needs “to be done with microaggression” as well as it “being relevant to the temperature of our country [United States] today.”

3.4 Men in nursing

This theme, Men in Nursing, conveys the complementary outcomes resulting from the conference being held. Examples included conference attendees learning that AAMN existed as well as the presence of opportunities for male support and networking within the profession. Several participants commented about not knowing AAMN existed. A male RN wrote, “I had no idea there was a whole group dedicated to the movement of male nursing.” Similarly, a female nursing student wrote, “This was my first time hearing about men in nursing.” More importantly, male camaraderie was often mentioned. For example, while a male RN said, “Networking, collaboration with other men in the profession,” a male

nursing student commented: "It was encouraging to interact with other men who are involved in the same world that I am." Attendees also commented on their positive mentality, empowerment, optimism, and confidence in the future of men in the discipline. This positivity included their motivation to join the local AAMN chapter; be a catalyst for change; increase the number of men in nursing; and be sensitive, aware, and responsible for this future change. This theme had the highest saturation of comments by the conference attendees. Additional examples included the desire to educate men at a younger age about nursing as a career option and promoting the strengths of being a male nurse to high school students. There were several examples of attendees expressing their commitment to future positive behaviors. For example, one male RN commented he would, ". . . use my role as a male nurse to influence the future of my profession." A second male RN wrote, "I need to do more in my community and in my workplace. I will advocate and try to mentor more male nurses in my workplace." A female RN after learning about the need to support men in nursing wrote, "I have learned about skills I can use when interacting with RNs (new grads, students, etc.) that make me better able to meet their individual, diverse learning needs."

3.5 Challenges men in nursing face

This theme, Challenges Men in Nursing Face, represents specific challenges to men in nursing identified by conference attendees. One challenge was men needing to prove themselves as RNs. A male RN exemplified this challenge as: "I have a lot of respect for other nurses and believe men are every bit as capable of being great nurses as women." For other men, there is a struggle with preserving their masculinity in a female-peopled profession. This challenge was communicated by a male RN who wrote:

To provide a message that men can be men and have a great place in nursing. Honestly, as a man in nursing for over 5 years now, I have felt comfortable as a nurse. I think I didn't know how a lot of men thought about being a man in nursing and had hardships attached. My attitude has changed to be more aware.

These challenges, many of which were simply described as "challenges" for men in nursing without specificity, when taken together can lead to a degree of perceived vulnerability as evidenced by a male RN: "We all feel the same barriers and see that men are vulnerable."

4. DISCUSSION

The aim of this study to evaluate the effectiveness of a conference to provide a social-learning environment for men

in nursing was achieved. Participants conveyed learning about the lack of gender diversity in nursing, existence of a specialty nursing organization for men in nursing, and challenges faced by nurses who are male. They indicated a positive outlook for and being encouraged by the future of men in nursing. They reported their intention to join the AAMN, plan to recruit more men into the profession, and commitment to serving as a role model for other men. These data reflect the conference's key purpose being met and will be discussed in relation to the themes of the study findings: Conference Logistics, Effectiveness of Presenters, Key Messages from the Presentations, Men in Nursing, and Challenges Men Face in Nursing.

4.1 Conference logistics

Conference planners need to assure learning outcomes are achieved. An optimal strategy for this is using active learning strategies.^[18] The course presenters lectured in a large auditorium throughout the day. One attendee recommended round table discussions as an alternative learning strategy to lecture. Round table discussions would not only promote active learning, they also would allow greater opportunities for conference attendees to engage in dialogue and relationship building, both being important strategies to support diversity in nursing.^[15] Additional active learning strategies that may be more feasible in a large auditorium space such as used in the current conference are think-pair-share^[19] and muddiest point.^[20] These strategies are commonly used in nursing school settings and promote greater interaction between lecturers and learners.

4.2 Effectiveness of presenters

The effectiveness of presenters could be enhanced by incorporating more clinically-relevant topics (e.g., obstetrical nursing) versus leadership focused topics. One strategy to increase the clinical relevance of the conference content is through the MAN-UP acronym. For example, "M" for Motivate could become Maternity and focus on strategies for men in nursing to provide care to obstetrical patients. While some nursing students and nurses commonly perceive women as being more appropriate to work in nursing or specialty nursing areas such as obstetrical nursing, school health, pediatric, and home health settings,^[4,21] men should not be relegated to specific care settings. "A" for Advocate can become Acculturation and focus on strategies in general for men in nursing to "fit in" to the greater nursing profession while maintaining one's individuality. Men should not feel pressure to be hypermasculine or hide their LGTBQ identification. "N" for Navigate can become Neonatal to allow for an additional clinically-oriented topic. A presenter for neonatal nursing can address how to use soft touch with neonates and in-

fants helping to eliminate the perception of men being too aggressive to work in pediatric nursing. Further the presentation could be workshop-based allowing learners' hands-on contact with simulation infants. "U" for Unify can become Underserved and provide strategies for men working in public/community health settings with marginalized populations such as home care, school health, and free clinic settings. Topical foci could address personal safeguards while being alone with patients (e.g., risk for violence enacted by patients, risk for accusations of inappropriate conduct due to male gender), being a social justice advocate, and reducing stigma of nursing as a pink profession. "P" for Protect can become Policy and address the need for micro policy to prevent bias against men in nursing (e.g., men obligated to respond to all violent patients by default) and macro policy to increase the number of men in the nursing workforce. Round table discussions could be leveraged with this presentation topic to strategize mechanisms for conference attendees to personally impact policy.

4.3 Key messages from the presentations

Several attendees commented on their surprise for the lack of gender diversity in nursing. This perception may be the result of attendees working in urban and critical care settings where the proportion of men in nursing is greater. It also may be a lack of awareness that nursing needs to be diverse in gender similar to racial diversity. This perspective highlights the importance to focus efforts in increasing gender diversity of the nursing workforce. Strategies to increase this diversity that could be reasonably accomplished by conference attendees are participating in high school career fairs so male adolescents would see nursing a career option and serving as a mentor to male nursing students.^[4,15] Roth and Coleman explained that by displaying the diversity, flexibility, and independence of nurses to young men, their interest in nursing would increase.^[22] In addition, men in nursing could obtain their doctoral degree and become a nurse educator and role model to undergraduate male nursing students.

4.4 Men in nursing

Underrepresented groups within the nursing profession, including men, need a safe space to discuss their challenges and network with each other. Given the low percentage of men in nursing, men might not interact with other male nurses during their work day. Conferences focused on underrepresented groups like MAN-UP provide this venue. This conference provided an opportunity for camaraderie with other men in nursing and females who can serve as allies to promote gender diversity and unification in nursing. This MAN-UP conference sponsored by the Greater Cincinnati Chapter of the AAMN led to a large number of attendees

learning that a specialty nursing organization dedicated to men in nursing existed. Villarruel et al. relayed that specialty organizations "help minority nurses and men in nursing to advance in the profession, and address social determinants of health. In addition, they provide minority nurses with critical leadership opportunities and experience, as well as mentorship and educational opportunities."^[15] Villarruel et al.'s desired outcomes were achieved as noted in the study findings.^[15]

4.5 Challenges men in nursing face

The lack of gender diversity and presence of gender challenges are not unique to nursing. For example, only 11% of women are police officers,^[23] a statistic close to the gender disparity for men in nursing. Schuck reported women in policing are challenged with poor efforts to recruit them, physical fitness requirements designed for male recruitment, and gender discrimination.^[23] Structural challenges based on gender also occur in nursing: the majority-gendered people in the profession make assumptions of the minority-gendered group based on their beliefs for what they can or should do (e.g., physical ability/inability for women in policing and nursing). For example, men in nursing are commonly perceived as more physically adept and as a result are assigned bariatric and aggressive patients. As women in policing mitigate the gender bias in their profession, future lessons can be garnered for how men in nursing can respond to their perceived biases (i.e., challenges).

4.6 Limitations

Several limitations were noted in this study. First, the data were collected from a single study site limiting the generalizability of the study findings. Second, the sample size was relatively small; however, the sample was large when compared to other qualitative designed research. In addition, the sample consisted of both men and women as well as RNs and students. Third, a Hawthorne effect could have occurred with respondents providing responses they believed were desirable. This limitation was minimized by collecting data anonymously. In addition, some responses were not positive indicating a Hawthorne effect was less likely.

5. CONCLUSION

A conference tailored to men in nursing was shown to be effective for providing a social-learning environment for men in nursing. Future conferences can incorporate strategies such as greater dialogue between conference attendees such that not only are conference learning outcomes attained but also the individual goals of conference attendees. Incorporating more clinically-oriented topics potentially will draw a larger audience thus making a potentially greater impact

for men in nursing. Requesting each speaker to specifically address the relevance and importance of the presentation for men in nursing can increase the educational value of attending a conference tailored to men in nursing. Future research is needed to determine if conference attendees are more likely to develop ongoing supportive relationship and social engagement with other men in nursing.

ACKNOWLEDGEMENTS

This study was supported in part by the University of Cincinnati's Women in Science and Engineering Program and the University of Cincinnati's Institute for Nursing Research and Scholarship. The sponsors had no role in the study design; collection, analysis, or interpretation of the data; writing of the report; or decision to submit this manuscript for publication consideration.

nati's Women in Science and Engineering Program and the University of Cincinnati's Institute for Nursing Research and Scholarship. The sponsors had no role in the study design; collection, analysis, or interpretation of the data; writing of the report; or decision to submit this manuscript for publication consideration.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare they have no known conflicts of interest.

REFERENCES

- [1] Landivar LC. Men in nursing occupations: American Community Survey highlight report. U.S. Census Bureau: Washington, DC. 2013.
- [2] Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing at the Institute of Medicine. The future of nursing: Leading change, advancing health. Washington, DC: National Academies Press; 2011.
- [3] American Association of Colleges of Nursing. The essentials of Baccalaureate education for professional nursing practice. Washington, DC: Author. 2008.
- [4] Stanley D, Beament T, Falconer D, et al. The male of the species: A profile of men in nursing. *Journal of Advanced Nursing*. 2016; 72(5): 155-1168. PMID:26799533 <https://doi.org/10.1111/jan.12905>
- [5] Evans JA. Cautious caregivers: Gender stereotypes and the sexualization of men nurses' touch. *Journal of Advanced Nursing*. 2002; 40(4): 441-448. PMID:12421403 <https://doi.org/10.1046/j.1365-2648.2002.02392.x>
- [6] Cottingham MD. Caring moments and their men: Masculine emotion practice in nursing. *International Journal for Masculinity Studies*. 2017; 12(3-4), 270-285. <https://doi.org/10.1080/18902138.2017.1312954>
- [7] Chiarella M, Adrian A. Boundary violations, gender and the nature of nursing work. *Nursing Ethics*. 2014; 21(3): 267-277. PMID:23981809 <https://doi.org/10.1177/0969733013493214>
- [8] Juliff D, Russell K, Bulsara C. Male or nurse what comes first? Challenges men face on their journey to nurse registration. *Australian Journal of Advanced Nursing*. 2016; 34(2): 45-52. <https://doi.org/10.1016/j.mnl.2015.12.012>
- [9] Carrigan TM, Brooks BA. Q: How will we achieve 20% by 2020? A: Men in nursing. *Nurse Leader*. 2016; 14(2): 115-119.
- [10] MacWilliams BR, Schmidt B, Bleich MR. Men in nursing: Understanding the challenges men face working in this predominantly female profession. *American Journal of Nursing*. 2013; 113(1): 38-44. PMID:23247678 <https://doi.org/10.1097/01.NAJ.0000425746.83731.16>
- [11] Brody AA, Farley JE, Gillespie GL, et al. Diversity dynamics: The experience of male Robert Wood Johnson Foundation nurse faculty scholars. *Nursing Outlook*. 2017; 65(3): 278-288. PMID:28363356 <https://doi.org/10.1016/j.outlook.2017.02.004>
- [12] O'Connor T. Men choosing nursing: Negotiating a masculine identity in a feminine world. *Journal of Men's Studies*. 2015; 23(2): 194-211. <https://doi.org/10.1177/1060826515582519>
- [13] Price SL, Hall LM, Angus JE, et al. Choosing nursing as a career: A narrative analysis of millennial nurses' career choice of virtue. *Nursing Inquiry*. 2013; 20(4): 305-316. PMID:23551958 <https://doi.org/10.1111/nin.12027>
- [14] Zhang W, Liu Y. Demonstration of caring by males in clinical practice: A literature review. *International Journal of Nursing Sciences*. 2016; 3(3): 323-327. <https://doi.org/10.1016/j.ijns.2016.07.006>
- [15] Villarruel A, Washington D, Lecher WT, et al. A more diverse nursing workforce: Greater diversity is good for the country's health. *American Journal of Nursing*. 2015; 115(5): 57-62. PMID:25906230 <https://doi.org/10.1097/01.NAJ.0000465034.43341.b1>
- [16] Lincoln YS, Guba EG. *Naturalistic inquiry*. Newbury Park, CA: SAGE; 1985.
- [17] Hoare KJ, Buetow S, Mills J, et al. Using and emic and etic ethnographic technique in a grounded theory study of information use by practices nurses in New Zealand. *Journal of Research in Nursing*. 2012; 18(8): 720-731. <https://doi.org/10.1177/1744987111434190>
- [18] Campbell CM, Cabrera AF, Michel JO, et al. From comprehensive to singular: A latent class analysis of college teaching practices. *Research in Higher Education*. 2017; 58(6): 581-604. <https://doi.org/10.1007/s11162-016-9440-0>
- [19] Fitzgerald D. Employing think-pair-share in associate degree nursing curriculum. *Teaching and Learning in Nursing*. 2013; 8(3): 88-90. <https://doi.org/10.1016/j.teln.2013.01.006>
- [20] Cha J, Kim HB. Flipping organic chemistry course: Possibilities and challenges. *IOP Conference Series: Earth and Environmental Science*. 2016; 36(1): 1-8. <https://doi.org/10.1088/1755-1315/36/1/012013>
- [21] Muldoon OT, Reilly J. Career choice in nursing students: Gender constructs as psychological barriers. *Journal of Advanced Nursing*. 2003; 43(1): 93-100. PMID:12801400 <https://doi.org/10.1046/j.1365-2648.2003.02676.x>
- [22] Roth JE, Coleman CL. Perceived and real barriers for men entering nursing: Implications for gender diversity. *Journal of Cultural Diversity*. 2008; 15(3): 148-152. PMID:19025203
- [23] Schuck AM. Female representation in law enforcement: The influence of screening, unions, incentives, community policing, CALEA, and size. *Police Quarterly*. 2014; 17(1): 54-78. <https://doi.org/10.1177/1098611114522467>