

## ORIGINAL RESEARCH

# “Nursing is no place for men” — A thematic analysis of male nursing students experiences of undergraduate nursing education

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## Abstract

**Background:** Surprisingly, opinion about whether men are suitable within the profession continues to be a divided issue. Men enter the profession for a multitude of reasons, yet barriers whether emotional, verbal or sexual are still present.

**Aim:** The aim of this study was to examine the experience of men “training” to be registered nurses within a regional New Zealand context. **Design:** A Narrative Analysis approach was used. **Participants:** Five New Zealand men currently undertaking their bachelor of nursing degree at a regional tertiary institute were interviewed as to their experiences of what it meant to be a man in “training”.

**Method:** A thematic analysis was undertaken and guided by an understanding of the way personal narratives informs the human sciences especially within the context of nursing praxis. Four key themes were identified.

**Results:** Four key themes were identified: A career with flexibility and promise; perceived gender inequality in providing care; developing professional boundaries with female colleagues and being unique has its advantages.

**Conclusion:** The men in this study were attracted to the profession by career stability and advancement; the opportunities for travel also figured highly. At times they felt excluded and marginalised because of their minority status within their group and the feminine nature of the curriculum. The men attempted to dispel the myth around male nurse sexual stereotypes. Some of the students behaved in a manner to exert their heterosexuality. The students in this study sensed their vulnerability in choosing nursing as a career. However, all the participants saw nursing as viable and portable career in terms of advancement and travel.

## Key words

Men in nursing, Males nurses, Gender in nursing, Minority

## 1 Introduction

There is considerable debate about the effects that inclusion of men in the nursing workforce has on the quality of patient care and the profession itself. Whilst nursing is viewed as a predominately female orientated career, it has seen a resurgence of men back into the profession due to various reasons such as economics, career development, and job

variety<sup>[1]</sup>. This transition has, however, not always been seamless. Critics have often portrayed the male nursing figure to be unmasculine, effeminate, homosexual and/or the inability of showing or behaving in a feminine, nurturing way<sup>[2-4]</sup>. This misconception is often exemplified by those nursing specialties that are seen to attract men for example Intensive Care, Accident and Emergency or Operating Theatres where patient contact is based on technical prowess as opposed to the provision of nurturing, empathic care<sup>[5, 6]</sup>. Notwithstanding the phenomenon of the glass escalator, men because of their perceived masculine role within society are more likely to ascend to positions of authority and leadership in nursing quicker than their female counterparts<sup>[7, 8]</sup>. This image may be true in some cases, but it is now becoming more socially and professionally acceptable to see men providing more intimate care in clinical environments such as hospices, care of the elderly or in community settings. In addition, nursing is attractive because the variety of work enables an easy transition between specialties and the scope for career advancement is promising both clinically and academically.

What is significant is that much of the literature on this subject is resplendent with discussions, and often unsubstantiated, which express the pitfalls and hidden advantage that men are said to experience within the profession. Earlier work has focused on the educational experiences of male nursing students all of which highlight the gender role socialisation imparted by society as to expected norms for boys and girls – masculine or feminine behaviours congruent with their gender-role<sup>[9, 10]</sup>. More recent work from the United States and the United Kingdom, still echo's many of the findings from these earlier studies. For example, there are still some concerns amongst male students that the feminine nature of nurse education still centres on feminine approaches to care and often negates the role men can and often play in the provision of care<sup>[11, 12]</sup>.

However, what is less significant is work that looks at the lived experiences of male student nurses. To date there are only a few studies that have examined the experiences from a qualitative perspective. One of the more notable studies is that of Wilson<sup>[13]</sup>. Set in regional Australia this study explored the participant's initial decision to enter nursing. Identifying 4 key themes – becoming a nurse; remaining a nurse; the gender experience; and recommended recruitment methods for males, Wilson<sup>[13]</sup> found a dichotomy between being accepted and hindered. The hindrances came from a perceived anxiety around low self-confidence and proving heterosexualness; the former concern associated more with retention and wanting to do well. While issues of financial disincentives were discussed and could be equally applied to both sexes, for the mature male students in Wilson's<sup>[13]</sup> study the need to provide financial security for their family was a major issue, one that could only be suitably rectified when they were registered nurses. When it came to gender experiences, the male students appeared to receive mixed messages about their presence as nursing students. Although there were some positive responses to them being a nursing student there was nothing definitive to explain why. The negativity on the other hand appeared to be directed from older female patients and from nursing peers. It is understandable the age divide that older female patients present especially where they may have had limited exposure to male nurses caring for them. However, the responses from nursing peers centred around the supposed competitive nature men brought to the nursing programme and the perceived sexual threat that these male students unfortunately posed. There was appeared to be something nefarious in their motives to be nurses. Wilson's<sup>[13]</sup> (p230) respondents reported that areas of interest to them once qualified such as midwifery or paediatrics were greeted with anger and disdain - midwifery was considered "women's business" and "...a male nurse shouldn't be anywhere near kids". Not dissimilar to Kelly *et al.*'s<sup>[10]</sup> earlier work the key findings give a representative view of the motivators and barriers men commonly face during their nursing education – feminisation of the nursing curriculum, stable career path and the feminine image of the nurse. In Kelly *et al.*'s<sup>[10]</sup> earlier work for example many of the respondents in their focus groups suggested that nursing lacked autonomy, was mundane and nurses always worked under someone else's supervision and direction. Yet, there were some that were motivated enough to undertake their nursing education because the job of the nurse met with their philosophy of caring for others and wanting to give back to the community. However once within the educational setting many found the course content irrelevant and focused predominately on passing assessments. Interestingly, some respondents reported feeling isolated and lonely, attributed to being a male in a female world. This was amplified during clinical practice where the sparseness of male RN role models or indeed male academics was evident. Those that were fortunate enough to have other male students in their clinical group found the practice experience easier. Using the Inventory of Male Friendliness in Nursing Programmes, O'Lynn<sup>[14]</sup> found

that 92% (n = 111) of male students were made to feel unwelcome in the clinical environment, were worried about accusations of sexual impropriety when providing care (90%) and anti-male remarks made by academics (89%). These are no isolated incidences. Stott<sup>[4]</sup> suggested that role strain, minority status and male nurse stereotypes as being gay or a sexual predator posed unique conflicts for male nursing students. Likewise, Dyke *et al.*<sup>[15]</sup> in their ethnographic study observed that femininities heavily pervade the culture of nursing education – femininities with an emphasis on intuitive processes, personal reflection, psychosocial content and emotion. Therefore the social construction of nursing being female often inhibits men from entering the profession. The stereotypical image of a male nurse is one of being a “homosexual”, “effeminate”, a “sexual deviant”<sup>[16-19]</sup> or possessing a “crisis of masculinity”<sup>[11]</sup> and the feminizing of the nursing language possess both personal and professional challenges for the man considering a career in this profession<sup>[20,21]</sup>.

## Background

Typically New Zealand men are viewed as 6’ 2” rugby playing farmers with conservative, sometime chauvinistic, patriarchal views of gender specific role differentiation<sup>[17,22,23]</sup>. Whilst this is undoubtedly common in most areas of New Zealand life, it has been difficult to ascertain with any degree of accuracy as to why New Zealand men prefer to enter the profession given that nursing in New Zealand is seen as a less viable career option from a financial and economic viewpoint. Currently approximately 9% of the nursing work force in New Zealand is male and it is remarkable that in New Zealand male nurses represent a higher percentage of men in the profession than the USA, Australia or the UK. Some have suggested that the reason lies in that nursing allows men the opportunity to make a difference in someone’s life from an emotional perspective and not a purely financial one<sup>[24]</sup>. Yet other work has indicated that nursing offers both men and women alike job diversity and security and advancement within the profession; albeit men tend to rise within the profession quicker. Like the rest of the world, New Zealand is currently experiencing a nursing shortage. In global terms, this is causing some concern with estimates putting the total nursing population worldwide at a 20% deficit by 2020<sup>[24,25]</sup>. Moreover the reasons for this gradual decline are very evident – low morale, burnout, job dissatisfaction, increased workloads and an increase in non-nursing tasks.

## 2 Methods

This study draws upon the principles of thematic analysis as described by Guest *et al.*<sup>[26]</sup> in its search for narrative truths as opposed to historical truths in establishing individual meaning to events and life experiences<sup>[27]</sup>. The aim of this study was to examine the experiences of men training to be registered nurses within a regional New Zealand context.

### 2.1 Sample

A total population sample of 7 male nursing students currently enrolled in the under-graduate baccalaureate nursing programme leading to registration with the New Zealand Nursing Council were approached. Five male students from 1<sup>st</sup> and 3<sup>rd</sup> year agreed to participate. Two students from 1<sup>st</sup> year declined to participate due to personal reasons. There were no male students in the 2<sup>nd</sup> year of training at this time. The mean age of these students was 25 years old and all of them had either completed programmes of study outside of nursing or had decided to undertake nursing as a second career choice. All of them were currently single.

### 2.2 Data collection

Data collection took part in June 2012. Data was collected through an in-depth, semi-structured interview. An interview guide was used as prompts during the session and the sequencing and asking of the questions was flexible and used to help focus on possible topics and issues. The interview was conducted in private and audiotaped and supplemented by written field notes of observations between the participants and interviewer as a means of capturing both verbal and non-verbal activity, such as head nodding, hand gestures or facial expressions<sup>[28]</sup>. Participant verification during the interview formed part of the audit trail to ensure trustworthiness.

## 2.3 Data analysis

Information obtained from the interviews was transcribed and thematically analysed for common emerging themes using Guest *et al.*'s <sup>[26]</sup> method for thematic analysis. The responses were transcribed verbatim and read through to extract significant statements so that formulated meanings could be constructed. Descriptive coding of the aggregated meanings were then formed into cluster themes and it was these themes that were thematically analysed. Once performed by the primary interviewer the transcripts and themes were cross checked independently by another member of the research team where common themes from both researchers were identified and agreed themes were then used to re-code the original transcripts.

## 2.4 Establishing trustworthiness

Using Lincoln & Guba's <sup>[29]</sup> criteria for establishing trustworthiness in qualitative research - credibility, transferability, confirmability and dependability allowed for were applied. Because the nature of the study and the background of the researchers might influence the student stories a reflexive diary and researcher debrief were implemented to make explicit our role in the interview process and to be mindful of any bias. We also included as part of our audit trail which was included in our reflexive diary, decisions around the theoretical under-pining's of the study, data analysis and researcher checks with regard to the thematic analysis to ensure consistency in description.

## 2.5 Ethical considerations

This study was granted institutional ethics approval and adhered to the tenets of the Declaration of Helsinki. In addition it also observed the major principles of ethical research behaviour – autonomy, beneficence, non-maleficence and justice <sup>[30,31]</sup>. Approval to conduct this study in addition to ethics committee approval was sought from the Head of School for Nursing for permission to access the nursing students. To ensure participant autonomy and informed consent a comprehensive participant information sheet was provided for those students willing to participate. Those students who presented at the interview were deemed to have consented. The students were informed that their participation was entirely voluntary and they have the right to withdraw from the study at any time and that all identifier's such as transcriptions and audio discussions would be omitted from the final analysis. Students were also assured that any decision to withdraw from the study would not prejudice their progress in the nursing programme in any way. In accordance with these principles to protect the students' anonymity the names mentioned in the following text are pseudonyms.

# 3 Results

The main finding was the nature in which men are perceived within the profession and those factors which draw them to the profession. It was evident from this group that there is an element of hostility towards men in the profession more so from the female mature students within the programme. Whilst it appeared the younger female students were more accepting of the male students, there was still a feeling amongst these men that their presence on the programme was by invitation only – “like being given the “nod” so to speak” (3<sup>rd</sup> year male student). Yet for these men, nursing offered them something completely different to what they had been doing previously. They were unsure why nursing was attractive from what would be considered the female perspective - nurturing and caring, but they did acknowledge that there were a number of factors which drew them to the profession: financial security, travel and career opportunities.

## 3.1 A career with flexibility and promise

Nursing was not the first choice when contemplating a career path for the male students. Since leaving school, all of them had started out in “traditional” male vocations – the police force, farming, horticulture and computing. But faced with the harsh reality of the economic recession identified for these male students other than wanting to provide care that financial security especially played a major role in their decision to undertake the nursing programme. Whilst others felt that nursing offered them a career right through to retirement, others within the group also understood that nursing offered them an occupation that would allow them to travel.

Travel is an important consideration especially for most “young” New Zealanders because of New Zealand’s isolated position on the global map. Affectionately called the “big OE” (overseas experience) many young New Zealanders head for European destinations especially England for working holidays. Some cross the “big pond” (Australia), enticed by better working conditions and pay; some return to New Zealand; many don’t. Yet also the attraction of nursing was its portability and it offered a career with promise. The promise in this case was with regard to the differing specialities within the profession and the relative ease it allowed individuals to move within these specialties; there were no time restrictions as would be seen in their former careers like the police force for example. But it also allowed these men to move “in and out” of nursing as other opportunities presented themselves – they would always have nursing as a back-up.

However, the changing economic climate in this part of the country meant different priorities for others. For example, those students who had been working in the agricultural/horticultural sector commented on their changing work-patterns, the uncertainty of their job and the impact that the changing climatic conditions would mean for their financial well-being. Despite the financial rewards associated with this type of work:

“...it wasn’t going anywhere...so nursing offered me the opportunity for a career that would give me variety both within nursing and in other sectors outside of nursing.”[SNY1a]

One student who had completed a degree in computing with the expressed wish of finding a well-paid job in information technology, found that being regionally based often meant it was who you knew as opposed to what you knew when trying to establish themselves in this field. The alternative, a move to the city was not an option for him given the competition that would be faced from other graduates and his strong family ties in the region:

### 3.2 Perceived gender inequality in providing care

When delivering care whilst on clinical placement the male students were quick to learn and understand the implied, unspoken rules when it came to providing intimate care for certain female patients - the unwritten rule was “you just don’t”, especially if there was any chance that their integrity would be called into question. Yet, this is a non-issue when female nurses care intimately for male patients. Some of the male students felt challenged when providing even rudimentary care for female patients especially where competencies had to be completed as part of passing their placement:

“...inconvenience [that] I then have to go and find a male patient to practice my skills such as showering, mobility and stuff.”[SNY1a]

The male students certainly recognised that the provision of care is about maintaining patient autonomy, dignity and choice, yet they felt until such time they became registered nurses themselves their experiences of providing “physical naked” care across the age and gender spectrum was going to be limited and based only on gender specifics. It appeared that this was more attuned to their own level of comfort, especially when seeing women in a more expressed vulnerability than they would normally experience as part of their everyday life. Mostly they saw providing care for female patients as a negotiation with set limits and boundaries – “*can do this but can’t do that*”.

Yet the male students also felt there were elements of active discrimination towards them when it came to certain areas of clinical practice. For example, as part of his 2<sup>nd</sup> year Primary Care placement with the public health nurses one 3<sup>rd</sup> year had been assigned to visit the local girl’s high school. However, when he arrived alone he was not permitted onto the school grounds. Whilst not openly expressed, he felt that there was an uneasiness from the school’s head counsellor as to the reason why he was there; he certainly had a sense of being judged, but from a more deviant perspective. This was not the only incident; the 3<sup>rd</sup> year male students also found it difficult coping with their maternity placement – obstructive behaviours from registered colleagues, only being allowed to provide care to “male” new-borns, and exclusion from certain types of care such as assessing episiotomy wounds or supporting mothers with breast feeding. Mental health facilities also posed different challenges especially when it came to the physical assessment of female clients who on the whole tended to be young. Instructed by their clinical teacher that they were not to undertake any form of physical care for the female clients, the male students readily understood the reason and necessity to protect themselves from any untoward

accusations of impropriety from this vulnerable patient group. However, the male students certainly commented that this didn't appear to be the case for the female students.

### 3.3 Developing professional boundaries with female colleagues

The male students were acutely aware of some aspects of overt discrimination and labelling that appeared to have been unfairly put upon on them and within the profession in general. Questions about their sexual identity, deviancy and being a sexual predator made them easy targets for ridicule not necessarily amongst the female students alone but family and friends as well – thus, if you weren't gay you were a predator stereotype.

Some of the mature female students openly expressed displeasure that men were in the profession; it simply isn't their place to be here – one 1<sup>st</sup> year student commented that “*I have been told on a number of occasions that nursing is no place for men*” [SNY1a]. This stigma of being a predator was hard to shake off especially when the male students started to form close personal relationships with a number of fellow female students. Being a significant minority it was relatively easy to exclude them because of a relationship break-up. For some this created an awkwardness they had to negotiate and overcome. This sometimes extended over a prolonged period of time especially because of the smallness of these year groups (n = 50) – as one 3<sup>rd</sup> year commented “*...at times there was just no way of getting away from the ex*”.

Another 3<sup>rd</sup> year student was told by his female colleagues that “*he should be proud and hold his head up high that he wasn't a dirty old man*” [SNY3c]. Whilst this was meant as a figurative comment the male students certainly didn't see it that way and considered that if they weren't dirty old men now were they thought to be “dirty old men” before. Having to live with some bigoted views of a small minority of individuals made it difficult for the male students to openly discuss these issues. There appeared to be a sense of discomfort and uneasiness around them. Instead they were acutely aware that there was no question of who they were as a person, why nursing was important to them and they certainly did not conform to the image of being a nurse. For example one 3<sup>rd</sup> year commented in defining his heterosexuality that:

I would consider myself to be a typical Kiwi bloke – drink beer, chase women and have a typical bloke's job like the police, forestry, farming, or hunting – a guys' guy. I don't really conform to the image of being a nurse. [SNY3a]

Yet there was also a sense of mutual respect and admiration from the female students for what the male students were doing. In some cases certain male individuals were “*worshipped*”; a word used flippantly to denote their previous life experiences and strength of personality, which to the female students was an attractive quality especially when it came to completing course work. The male students freely admitted taking advantage of these situations to “*get an easy ride because they could*”, but were quickly brought back to reality if the female students felt they were over stepping the boundaries around workload allocation. Interestingly the female students took advantage of their generosity, generosity in this case referring to workload responsibilities such as that seen in group work in which the male students would often do more than what was necessary or required – behaviour's the male students saw as a way of inclusivity within the wider female group. It was acknowledged that the male students bring a different perspective to nursing that was sometimes over-looked by the female students. The male students themselves recognised they are often perplexed by the decisions their female colleagues make around the provision of care or how they would approach a certain nursing problem. There were also some interesting paradoxes drawn between the nature of the nursing curriculum and the provision of nursing care from a male perspective. The perceived feminisation of the curriculum challenged the male students not only in the practice setting but also by the way they felt certain theoretical activities were heavily weighted towards the female students. An example in point was reflective writing. This the male students found extremely difficult to engage with, because as a number of them stated “*it wasn't in their nature to share emotional stuff...it's not a bloke thing*” – something the female students it appeared from the male students perspective found relatively easy to do.

Moreover, the absence of topics related to men's health contributed to this feeling of isolation and feminisation of the curriculum especially where topics around maternal and child health were in abundance. They certainly felt that the

number of female tutors contributed to the feminine nature of the curriculum and this might impact on the way theory units or indeed placement experiences were conducted and the implications of this for their own learning. As a result it was their registered male colleagues in placement who became unwitting role models for them which enabled the male students to help identify with the role and bring a sense of maleness to what they were trying to achieve – they felt they didn't need to prove themselves in this context. Yet when back in the classroom there was a feeling that they had to excel at times to be accepted and at a personal level, they certainly felt the need to prove themselves without appearing to be conceited and to “*show that I've earned my spot and I'm not here because I'm male*”.

### 3.4 Being unique has its advantages

As an adjunct to choosing nursing as a career the male students were adamant that an increase in men applying for the current nursing programme in this region would seriously ruin their chances of easily moving up the career ladder, or even more importantly getting a job after graduating. This was a startling revelation; not so much about getting a job but the fact the perception was that more men in the profession would challenge their status – they would no longer be a minority:

...as more men come into nursing it loses its rarity it loses its value and at the moment as male nursing students we have that value of being rare and therefore it makes us unique.[SNY1a]

One 3<sup>rd</sup> year student commented from a different perspective when it came to more men being in his group and what the impact of this might be:

...if there were a few more guys it would certainly take the heat off me... I feel like I'm in a bit of a fish bowl.  
[SNY3a]

Therefore this image of being conspicuous was evident based solely on their gender, sometimes it was a hindrance as this student identified above but at other times it was an advantage especially as third years just about to qualify, they felt being a man gave them an edge over their fellow female students – they stood out:

...we've all been told that we won't have to worry about getting a job because we're guys... I'm the one who is going to get noticed on the wards, it's almost like the female students are invisible because there are so many of them, but I'm remembered. [SNY3b]

It was this rarity and uniqueness and being noticed that reinforced the perception amongst the students where they felt their maleness would put them in good stead for career advancement within the profession. The male students certainly recognised that it was less about men versus women when it came to career advancement but they brought a different perspective – a male perspective, they were there at the right time, they didn't need to take time out from nursing to raise a family – provide for the family yes but not raise a family as a female nurse would typically do.

## 4 Discussion

Conservative views of gender specific careers was clearly evident in this part of New Zealand to the extent that some mature female nursing students believed that men have no place at all in nursing – this was a place for women only. All of the participants in this study had been well established in what would be considered “typical” male careers before deciding upon nursing as an alternative career choice. Like Ellis *et al.*<sup>[16]</sup> and Ieradi *et al.*<sup>[12]</sup> the reasons for choosing nursing were around establishing a stable career base; in Ellis *et al.*'s<sup>[16]</sup> case some of their students saw nursing as a stepping-stone to medicine. The participants in this study recognised that nursing offers this and more but given the conservative nature of this New Zealand region their choice of nursing as a career often challenged all those preconceived notions of maleness and nursing. Whilst they did freely acknowledge that they want to nurse because they wanted to provide care it was evident that they saw aspects of the programme such as clinical placement as an extension of their nursing personality inasmuch they were “allowed” to be caring and empathetic. The difficulties arose when supposed “*feminisation*” of the curriculum

potentially marginalised these male students. Evidently this type of discrimination is not uncommon and it has been suggested the root cause is the image of nursing itself in that it symbolises the essence of femininity<sup>[14]</sup>.

Certainly when it came to issues around intimate touch, these students were consciously aware of the boundaries when providing certain care for female patients. MacWilliams *et al.*<sup>[32]</sup> (p41) indeed identified these boundaries in certain situations for example in the obstetric unit where – “*male nursing students who had completed their obstetrics rotation reported fearing that their touch would be perceived as sexual rather than professional and said they tended to seek help from female colleagues when performing intimate assessments.*” This was undoubtedly the impression Isaacs & Poole’s<sup>[2]</sup> (1996) earlier work discovered. The perception that men are incapable of providing the type of care only a female can provide justified to their participants that there was a strong anti-male diatribe present. The participants from this study certainly experienced one if not all of these barriers but some felt it was normal, almost like an initiation or a rite of passage that one had to experience to be accepted. Yet when it came to career advancement, in what Wingfield<sup>[33]</sup> and Williams<sup>[34]</sup> coin the “glass-escalator” men certainly do and will move through the nursing ranks to positions of power and influence relatively quicker and easier<sup>[2, 35, 36]</sup>. Something these male students readily identified with when choosing nursing as a career – it offered flexibility and advancement something they weren’t going to get in their pre-nursing jobs at least for a very long time.

It was considerably challenging when discussing the notion that they may be considered homosexual or a sexual predator by colleagues, friends and the general public. Why this was the case was difficult to ascertain, but perhaps the basis of it stemmed from embarrassment or awkwardness given the group dynamic or perhaps fear of disclosing sensitive information about themselves. Isaacs & Poole’s<sup>[2]</sup> (p44) study certainly suggested this – “*...their occupation makes them more conscious of their heterosexuality than may have otherwise been the case*”. Needless to say it did raise some consternation within the group in that they were aware of the stereotype of the male nurse possessing either of these traits. Harding’s<sup>[17]</sup> earlier work in New Zealand indeed reinforced the male nurse stereotype as being gay. It was interesting to note that many of the “straight” participants in his study went out of their way to prove their masculinity, for example playing senior rugby, mountain climbing or at the extreme, wearing a wedding ring despite being single – behaving more overtly heterosexual than they would normally<sup>[2]</sup>. Certainly one student expressed those sentiments when he considered himself to be a “guys-guy” and deliberately portrayed himself in this light – “*chasing women*” for example. Whether this, as Harding<sup>[17]</sup> suggests, is a strategy to protect ones sexuality is hard to differentiate, but it may have naturally afforded these male students a way to reduce the potential harassment they might encounter.

There was one notable difference that has not been explored by other studies and that is nursing as a means to travel. The male students in this study saw nursing as a means to escape the isolation that New Zealand’s position on the world map occupies. Nursing is seen as a financially productive way of seeing the outside world and therefore, for these students travel and the portability of nursing enables this to happen. Apart from career, travel appeared to pervade every aspect of the decision to undertake nursing and given the global shortage of nurses the relative ease of gaining registration in foreign lands is extremely tempting. The male students readily agreed that had they stayed in their previous jobs, the opportunities for extended travel would be almost impossible given the expense and distance and if able, affordability would mean that their travel range would be limited to within 5-8 hours of New Zealand. Whilst this notion of the “travelling nurse” could apply equally to female nursing students there is little evidence to suggest within the literature that this is a key driver – for female students it appears to be that nursing is an extension of their feminine role within society and what it means to care<sup>[37]</sup>.

#### 4.1 Implications for further research and practice

The implications for further research and practice are such that:

- Men can make a significant contribution to the profession and more should be done to entice significantly more men to applying for nursing programmes.



- Every effort should be made to review the way nursing is taught so that an environment of inclusivity and equality are evident, more so than what is currently being experienced by male nursing students.
- Further studies could review and evaluate the way that nursing programmes are male friendly in terms of positive male role models, health issues relating to men are more appropriately covered in nursing curriculums.
- In addition, the development of male nursing support groups and their effectiveness at transitioning men into the profession more seamlessly could be evaluated as a model of inclusivity.

## 4.2 Limitations

We accept that the small sample size from this study would be difficult to form any generalisations to metropolitan regions in New Zealand given the variations in regional populations and cultural diversity seen here. It is also questionable as to whether this is replicable in like-sized institutes because of admission numbers and the dispersal of cultural identities within these regions. In this study the predominate culture was white middle class (Pakeha) and therefore any generalisability and transferability to non-white New Zealanders would be challenging considering the sensitivities of regional Maori *Tikanga (customs)*. However, what this study has demonstrated for us is that there are some significant aspects that as academics we need to consider in supporting this student group. In addition, acknowledge the admission numbers into the programme at this institution are always going to be small ( $n = 50$ ) because of its relative isolation on the New Zealand map and contractual obligations as stipulated by the New Zealand Department of Education in terms of programme viability and regional necessity.

## 5 Conclusion

It was evident that the challenge for men to be accepted into the profession in this area of the world varies little when compared with other western countries, yet the same problems experienced by these men appear to have changed little. But added to this is the steadfast conservatism that is often present in all facets of “Kiwi” life. This is also applies to occupations. There are at times very distinct gender roles that men and women occupy in this country and that is especially true of nursing.

However, this study does confirm aspects of other work around the experiences of maleness in nursing, but it also gives a different insight into what New Zealand men experience during their nursing education given the universal gender barriers within nursing. Unlike other studies these students saw nursing as a way out, as a means to try something different and to prove they were good enough to nurse on an equal footing with their female colleagues. Clearly with the global shortage of nurses predicted to get worse, an alternative labour source is required – ideally men can fill this gap if given the incentive and equality that is necessary in the profession for it to replenish its ever decreasing ranks.

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