

Men on pre-registration programmes of nursing in Scotland: an exploration of reasons for attrition and possible ways of improving retention

FINAL REPORT for the Scottish Collaboration for the Enhancement of Pre-Registration Nursing (SCPREN) and commissioned by NES



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Executive Summary

Aim and Objectives

The study aimed to explore the reasons for higher attrition of men from pre-registration nursing programmes in Scotland and ways of improving retention. The objectives were to:

- interrogate the data about possible reasons male pre-registration nursing students leave programmes of nursing education in Scotland.
- explore the views and experiences of male students who have left a programme of pre-registration nursing about their experiences while on programme and strategies that might have helped them to complete the programme.
- explore the views and experiences of current male and female nursing students on programmes of pre-registration nursing about their experiences while on programme and reasons why male students might leave programmes early.
- explore the views and experiences of higher education nursing lecturers about reasons for higher attrition of male pre-registration students from programmes of nursing and ways of helping students to complete the programme.
- develop strategies to address the issues.

Methods

The study was carried out in five phases:

1. Data was sought from NES and individual partner institutions about factors that might affect retention on programmes of nursing education in Scotland.
2. Three telephone interviews were carried out with men who had left a programme of nursing education in Scotland in the past five years.
3. Four focus groups and one interview were held with 13 current male students on a programme of nursing education in Scotland.
4. One focus group and two interviews were held with 5 current female students on a programme of nursing education in Scotland.
5. Three focus groups were held with 12 nursing lecturers.

Ethical approval was gained for all phases of the study. Analysis of the qualitative data followed the phases of compiling, disassembling, reassembling, interpreting and concluding. Confirmation of the final themes was through discussion with project team members who all participated in the data collection.

Findings

Data from NES found that male students of nursing are older than female students when they start the programme. They are more likely than women to discontinue and this is regardless of field of nursing. The data identified that men who discontinue the programme are younger than those who complete. There is a lack of reliable and robust data available to investigate other factors that might affect retention and attrition.

The qualitative findings identified that male students feel isolated and somewhat vulnerable on programme. They face challenges in gaining access to learning opportunities, are stereotyped in terms of their masculinity, physical attributes and feel that they stand out as different in both the classroom and in placement. An accumulation of many minor issues contribute to emphasise these differences. Financial pressures may disproportionately affect male students. Male students require resilience and maturity to cope with these challenges. They appreciate the breadth of opportunity and the rewards of a career in nursing and feel that they bring many valuable assets to the clinical environment in terms of empathy with patients and a different communication style. Female students did not acknowledge the challenges faced by their male colleagues. Proactive measures are needed to support male students to help them complete their nursing education.

Recommendations

Regarding data:

- More robust and more comprehensive data is needed about students in order to identify factors affecting discontinuation.
- More robust data needs to be collected about the reasons students leave programmes of nursing education, including fitness to practise reasons.

Regarding the image of nursing:

- Publicity about male role models in clinical nursing and academia is needed to provide positive examples of success in nursing.
- National recruitment strategies are needed to change societal perceptions about the female nursing stereotype.
- Outreach work in schools is needed to challenge gender stereotypes of nursing.

Regarding the University environment:

- Support opportunities are needed for male students to minimise feelings of isolation, such as 'buddying up', ensuring that there is more than one male student in a class (where possible), or arranging male student mentors or a male student nurse support group.
- Staff training is needed about unconscious bias to ensure that learning materials, such as in case studies, include gender diversity (of practitioners and patients) and there is careful avoidance of gendered language.
- Staff should encourage and enable opportunities for students to seek support when needed, such as perhaps using a tool to measure student support requirements.
- Provide training for staff to recognise the potential isolation and vulnerability of male students and put in place 'assertive' support for male students.
- Acknowledge the financial pressures faced by students and recognise that the (relatively) low income of nurses may be a factor influencing male students dropping out.
- Treat all students equally and as individuals in the classroom (and the clinical area) by moving away from binary assumptions about gender.

Regarding clinical placements:

- Emphasise to mentors and clinical staff the need to give students who are men the same breadth of learning opportunities.

- Encourage mentors and clinical staff to avoid introducing the student as male and not to specifically seek permission for a male to be present.
- Encourage mentors and clinical staff to avoid making assumptions about male students and their ability to carry out 'manly tasks'.
- Encourage clinical areas to support students in the provision of intimate care regardless of gender
- Prepare students for the potential challenges of accessing all learning opportunities
- Identify clinical placements where the facilities (such as changing rooms) may not meet the needs of all students
- Identify clinical 'buddies' who are men to provide additional mentorship to male students of nursing

Introduction

In the UK, for 2019 compared with 2018, the number of applications to nurse education programmes increased; with 9% more applications received in Scotland, and an increase in the number of first-time applicants, re-applicants, and across most age ranges (CODH, 2019). Compared with female applicants, in Scotland, there was also a slightly higher increase in the number of male applicants (12% increase in male applicants; 9% increase in female applicants), bringing the number of male applicants in Scotland back to pre-2017 numbers (CODH, 2019). The number of current nurse registrants who note their gender as male however has remained relatively static over the last few years at around 11% (NMC, 2019).

National data from NHS Education Scotland has shown that male pre-registration nursing students have lower completion rates than female students at all time points after starting their course (for both ordinary degree and honours degree programmes). They are slower to complete and are more likely to take time out of their course than females (Whitford et al, 2018).

This finding has been previously reported in Northern Ireland (McLaughlin et al. 2010). A number of factors may contribute to higher attrition including negative staff attitudes (Bell-Scriber, 2008; O'Lynn, 2004), gender stereotyped language (Anderson, 2014; Bell-Scriber, 2008; Christensen and Knight, 2014; DeVito, 2015; Ellis, 2006; Ieradi et al, 2010; O'Lynn, 2004; Smith, 2006), the requirement for reflective writing (Christensen and Knight, 2014), lack of male role models (DeVito, 2015; Ellis, 2006; O'Lynn, 2004; Stott, 2006; Smith, 2006) and lack of other males on the course (Anderson, 2014; DeVito; 2015, O'Lynn, 2004). Male students may feel more conspicuous in class and under pressure to answer questions (Anderson, 2014; Christensen and Knight 2014; DeVito, 2015; Ellis, 2006; Meadus and Twomey, 2011). Financial pressures may affect male students disproportionately (Ellis, 2006; Smith, 2005; Wilson, 2005) and homophobic or gender stereotyped remarks may be a barrier for some male students (Bell-Scriber, 2008; DeVito, 2015; O'Lynn, 2004; Wilson, 2005).

However in the context of nursing in Scotland, these suggestions warrant further investigation as the reasons for the differences in retention and completion in Scotland are not clear. By understanding the reasons for higher attrition, measures can be put in place to provide support relevant to the needs of male nursing students, both in theory and in practice.

Aim and Objectives

Aim:

- To explore the reasons for higher attrition of men from pre-registration nursing programmes in Scotland and ways of improving retention.

Objectives:

- To interrogate the data about possible reasons male pre-registration nursing students leave programmes of nursing education in Scotland.

- To explore the views and experiences of male students who have left a programme of pre-registration nursing about their experiences while on programme and strategies that might have helped them to complete the programme.
- To explore the views and experiences of current male and female nursing students on programmes of pre-registration nursing about their experiences while on programme and reasons why male students might leave programmes early.
- To explore the views and experiences of higher education nursing lecturers about reasons for higher attrition of male pre-registration students from programmes of nursing and ways of helping students to complete the programme.
- To develop strategies to address the issues.

Methods

The project included five phases.

Phase 1: Data about retention and attrition of men from programmes of nursing education in Scotland

Data was sought from NES nationally and for individual partner institutions about possible factors that might affect programme completion using any available currently recorded data.

Phase 2: Interviews with former male nursing students

One-to-one phone interviews were planned with 10 male nursing students who left programmes of nursing in Scotland within the previous five years. Recruitment information was distributed through social media including Facebook, Messenger, Twitter and student nurse forum websites during January – May 2019. Legacy contacts were also used to request participation from known contacts. Anyone interested was asked to contact the research assistant directly. Participants were asked about their experiences on programme, reasons for leaving and support options that might have improved their experiences and helped them to complete the programme.

Phase 3: Focus groups with current male nursing students

Focus groups (or interview if preferred or more convenient) with current male pre-registration nursing students were planned throughout Scotland during January – March 2019. Invitations were sent by email and interested participants responded by email. The focus group or interview was held in a room on University premises and all were recorded and subsequently transcribed. The focus group or interview moderator was a nursing lecturer. Consent was sought before the start of the focus group or interview. Participants were asked about their experiences in the classroom and on placement and possible support that might improve their experience and reduce attrition.

Phase 4: Focus groups with current female nursing students

Focus groups (or interview if preferred or more convenient) with current female pre-registration nursing students were planned throughout Scotland during January – March

2019. Invitations were sent by email and interested participants responded by email. The focus group or interview was held in a room on University premises and all were recorded and subsequently transcribed. The focus group or interview moderator was a nursing lecturer or the research assistant. Consent was sought before the start of the focus group or interview. Participants were asked their views about reasons for higher attrition of male pre-registration students from programmes of nursing and possible support that might improve the experiences of male students and reduce attrition.

Phase 5: Focus groups with University nursing lecturers

Focus groups with University nursing lecturers were held throughout Scotland during January – March 2019. Invitations were sent by email and interested participants responded by email. The focus groups were held in a room on University premises and all were recorded and subsequently transcribed. The focus group moderator was a nursing lecturer colleague. Consent was sought before the start of the focus group. Participants were asked their views about reasons for higher attrition of male pre-registration students from programmes of nursing and possible support that might improve the experiences of male students and reduce attrition.

Qualitative data analysis

All data from focus groups and interviews was recorded and transcribed verbatim. The data from each participant group (phases two to five) were analysed separately and then commonalities and differences identified.

The analysis of the qualitative data was driven by common processes in all qualitative data analysis: compiling, disassembling, reassembling, interpreting and concluding (Yin, 2016), although progress through these phases was not linear or unidirectional. In the compiling phase a data base using NVIVO 11 software was created. Four data clusters were created: Leavers; Male Student Nurses; Female Student Nurses; Academic Staff. The data clusters were disassembled or coded using NVIVO 11: this iterative process continued as more data became available. The use of NVIVO 11 mind maps helped to visualise and formulate the links between codes and therefore helped progression to the reassembling phase where themes and sub-themes were identified. In this stage patterns within the data from each data cluster were discerned. Mind maps were used to represent these patterns as hierarchical array. In the interpreting phase all the data was brought together and comprehensively interpreted whilst still ensuring a fair representation of the data. This interpretation sought to describe and where possible explain the emergent themes (Yin 2016). Finally an overarching conclusion was reached bringing together all the qualitative data.

The rigour or trustworthiness of the qualitative findings was derived from the breadth and depth of data collection. Open questions were asked to prompt discussion in the focus groups but not to lead the responses. Triangulation was achieved by gathering data from four different data sets and the analysis thereafter identified similar themes. The transcription of all data and the diligent constant comparison process from which the themes emerged also ensured the validity of the findings. The emergent themes were then refined after debriefing and exposure to critical discussion by the entire project team who had all participated in data collection.

Ethical approval

Ethical approval was gained for all phases of data collection:

- University of Edinburgh: STAFF127 (All phases)
- University of Dundee SREC number: 2018019_Whitford (Phases 2 - 5)
- University of West of Scotland Ethics committee reference number: 2018-6508-4759 (Phases 2 - 5)
- Robert Gordon University SERP Reference number: 18-49 (Phases 2 - 5)

Results

Phase 1: Data about retention and attrition of men from programmes of nursing education in Scotland

Phase 1 of this study sought to identify data on possible factors that might affect male students' completion of pre-registration nurse education programmes. National data, as well as data for individual partner institutions, to support this was sought from NES. No data was available that allowed for analysis of factors associated with Scottish Index of Multiple Deprivation (SIMD) or postcodes, factors associated with marital or parental status, or whether students were carers. Data focusing on reasons students withdraw, such as exam failure/ academic assessment failure, clinical practice failure, issues of conduct or health, or at the personal request of the student, were considered. These were explored for a single HEI to identify where this data could be analysed for all participating HEIs and at a national level. However, incompleteness of data with regards defining discontinuation and challenges extrapolating data to include other HEIs or provide a national picture prevented further exploration of this. Limited data, however, was available from NES for some analysis by age. Additionally, when considering gender difference with regards completion of studies, findings beyond those reported in Whitford et al (2018) were also identified.

Age at onset of pre-registration nursing programmes

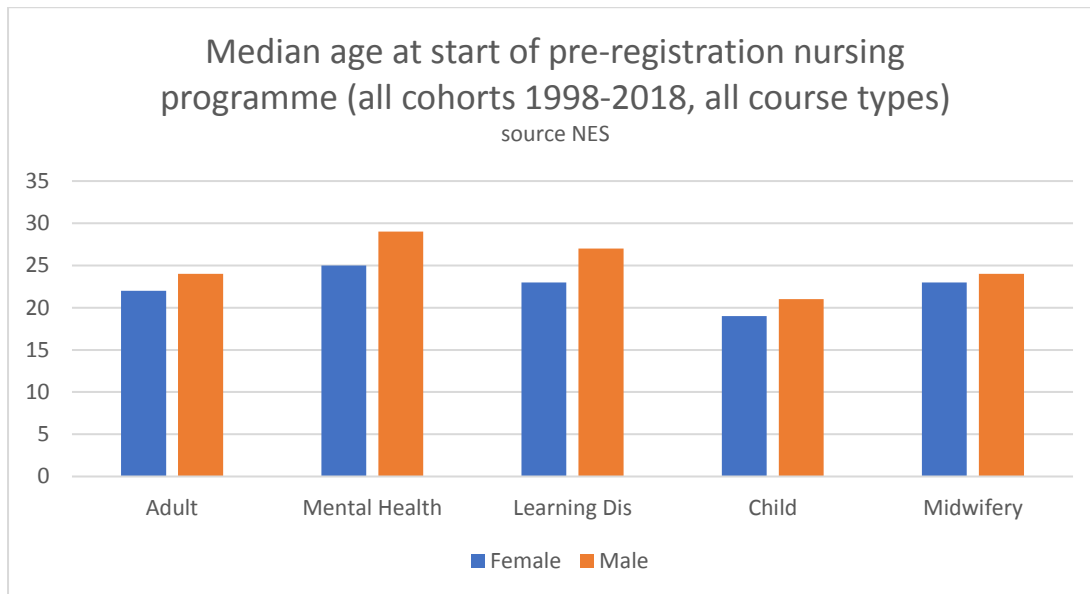
At a national level, when combining all fields of practice (3-year programme, Female mean age 24.7 years, Male mean age 27.7 years, $t(3462) = -17.5$; $p < 0.05$: Honours programme, Female mean age 20.5 years, Male mean age 24 years, $t(294) = -8.3$; $p < 0.05$), and when separating fields of practice as shown in Figure 1, female pre-registration nursing and midwifery students, for the twenty-year period between 1998 and 2018, started their programmes of study at a younger age. This was also mostly consistent for each of the field specific programmes at each of the HEIs included in this study, with males commencing their programmes of study at a slightly older age (for example, median age for commencing the Adult Nursing programme at the University of Edinburgh - 18 years of age for females and 20 years of age for males; Robert Gordon University - 19 years of age for females and 22 years of age for males; University of Dundee - 22 years of age for females and 25 years of age for males; but for UWS the median age for both males and females was 25 years).

Where the data suggested the alternative – the median age for male students being younger at commencement – these were for programmes with very small numbers of male students, e.g. Midwifery or Children and Young People Nursing. Additionally, student ages at onset of study tended to cluster around late teenage years to the early twenties (see Figure 2 for national data from 1998 – 2018) with very slight differences noted between genders. Again, this was evident for each participating HEIs data.

Information was available for one participating HEI that allowed the comparison of median age by gender and discontinuation of studies: data collated over a 12-year period suggested that men who did not discontinue tended to be slightly older than females (median age 28

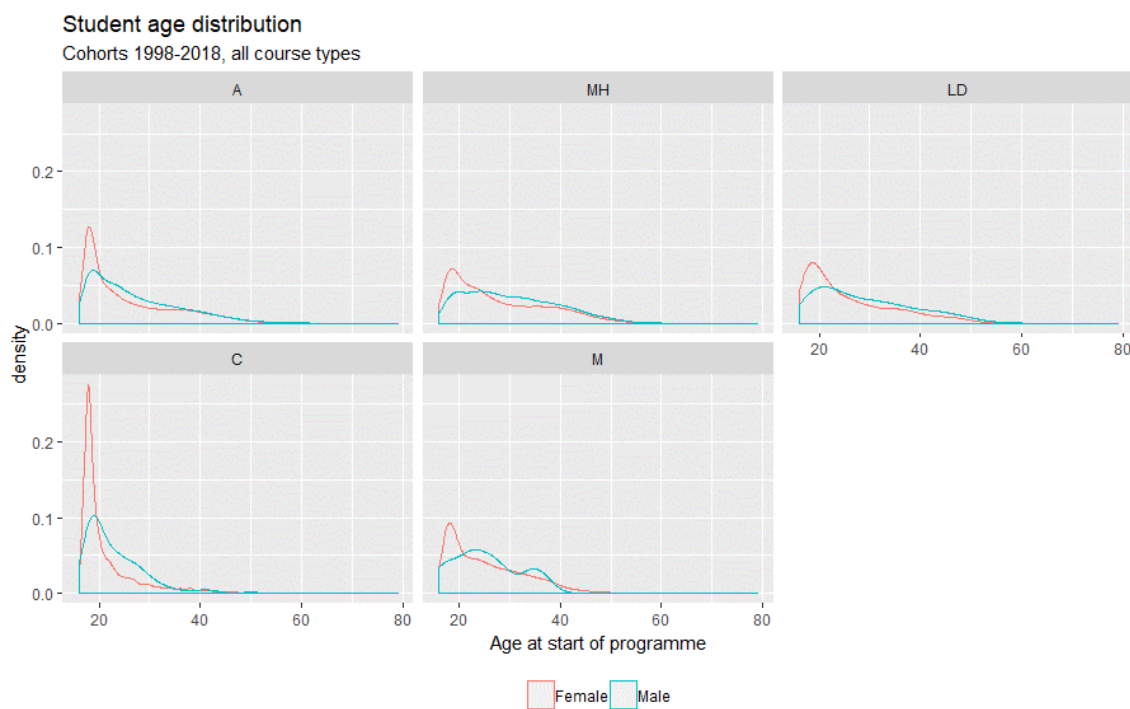
years for males, 26 years for females). Where students discontinued from their studies both genders were in their early twenties (median age 23 years for males, 22 years for females).

Figure 1: Median age at commencement of programme of study (1998 – 2018)



Source: NES

Figure 2: Age distribution of students by gender and nursing field of study (1998 – 2018)



Source: NES

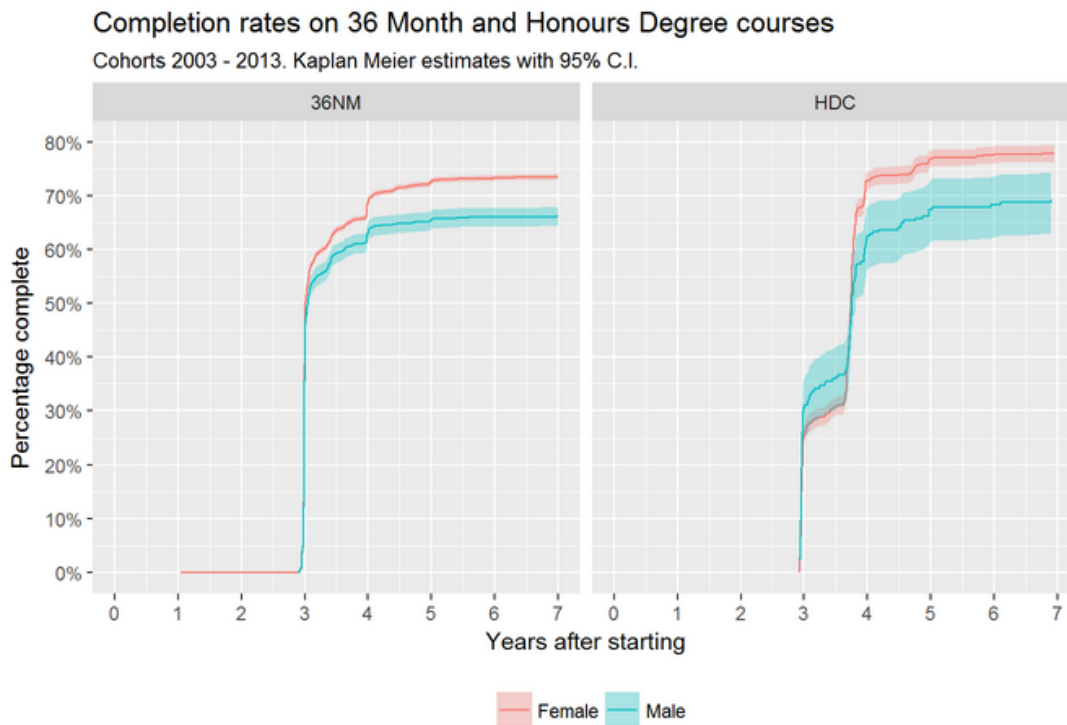
A=Adult; C=Child; LD=Learning Disability; M=Midwifery; MH=Mental Health

Gender differences influence on completion

Whitford et al (2018) reported on differences in completion rates between genders for 3-year and honour nurse pre-registration programmes but did not discuss whether this

difference was statistically significant or examine data at a field specific level (Figure 3). Further review of the original national data (student nurse cohorts between 2003 and 2013) using log rank tests on male vs female Kaplan Meier estimate curves on completion probabilities, indicate a statistically significant difference at the level of 0.5 for both 3-year and honour degree programmes.

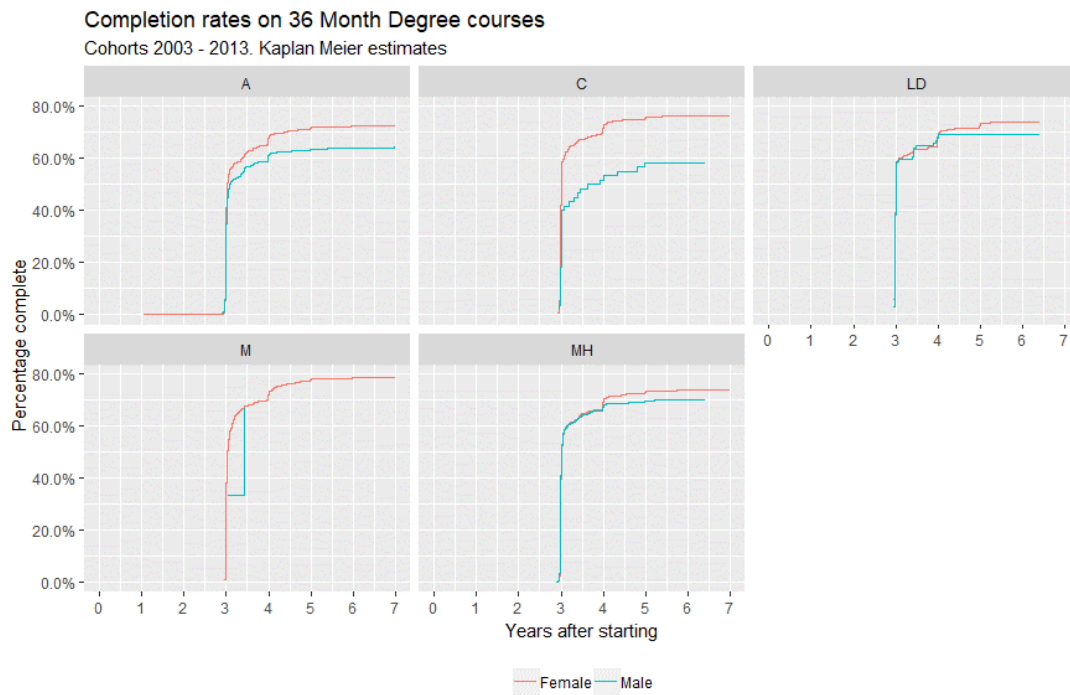
Figure 3: Completion rates for all programmes (2003 – 2013)



Source: NES

At a field specific level, Figure 4 provides a visual representation of completion rates compared by gender for each pre-registration nursing programme and the pre-registration Midwifery programme for 36month degree courses, i.e. without honours. As would be expected for both genders no students complete before the 36-month period. However, for each of the four nursing fields of practice and for the Midwifery programme there are differences in when male and female students complete their programmes of study. For both the Child and Adult pre-registration nursing programmes this difference is most noticeable, both in terms of when completion occurs and the percentage number achieving completion. For example, by year 6 less than 60% of males have completed the Child nursing programme compared with approximately 75% of female Child nursing students, and only 40% of male students complete by year 3 compared with 60% of female students. There is similar but less pronounced pattern for Adult nursing – less than 10% of a difference at year 3 and 7, however there is a clear difference in completion rates when comparing male and female Adult pre-registration nursing students. For Mental Health and Learning Disability pre-registration nursing students there is little gender difference for completion at years 3 and 4 although this does increase to around 5% more female students completing both programmes by years 5 through to year 7.

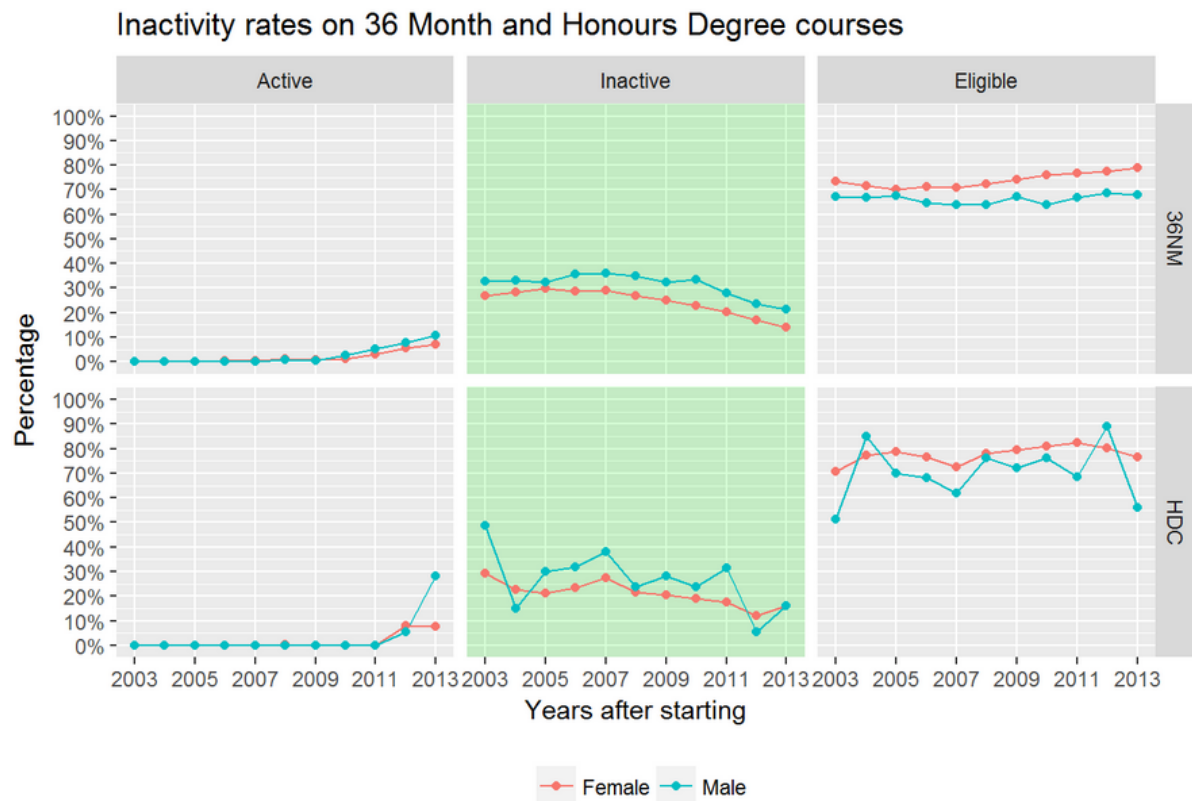
Figure 4: Completion rates on three-year course by gender and nursing field of study (2003 – 2013)



Source: NES

A=Adult; MH=Mental Health; LD=Learning Disability; C=Child; M=Midwifery

Figure 5: Inactivity rates on 36 month and Honours Degree programmes by gender (2003 – 2013)



Source: NES

Data for each of the four HEIs included in this study followed a very similar pattern for 3-year and honour nurse pre-registration programmes. Nationally, the data for Midwifery also suggests a gender difference at 36 months and that male students who complete their study (just less than 70% who start) are likely to do so 42 months after commencing. However, given the very small number, over the last two decades, of male Midwifery pre-registration students in Scotland the data should be considered with a high degree of caution.

Furthermore, there is a difference in 'inactivity' rates between genders (Figure 5). Inactivity rates can be used as a proxy measure for discontinuation rates. Calculating discontinuation rates is problematic as, despite appearing to withdraw from a pre-registration nurse education programme, it assumes that a student will not return to a programme of study. Using inactivity rates makes no assumption about what a student's future intentions are with regards returning to complete a pre-registration nursing programme. It only records students who have discontinued from their course and not yet returned. At a national level for 3-year courses, inactivity rates are consistently higher for male students compared with female students for the period between 2003 and 2013. There is a downward trend in inactivity rates for both male and female students in more recent cohorts (2010 onwards) but this is generally due to improvements in completion rates (eligible panel on right of figure) and at the time of recording the data some students were still active in their training and education (active panel on left of figure). There is a similar pattern evident for the Honours programmes, albeit there is also more pronounced variation between cohorts, and for two cohort years males had a slightly lower inactivity rate than females. There is an absence of evidence to examine why this is.

Phases 2 – 5: Qualitative results

The qualitative results are presented separately by participant group. Quotes use 'L' for former students who have left a programme of nursing education, 'M' for current male nursing students, 'F' for current female nursing students and 'S' for University staff and 'I' is used for the interviewer. Identifiers relating to the area of Scotland are not included to preserve anonymity.

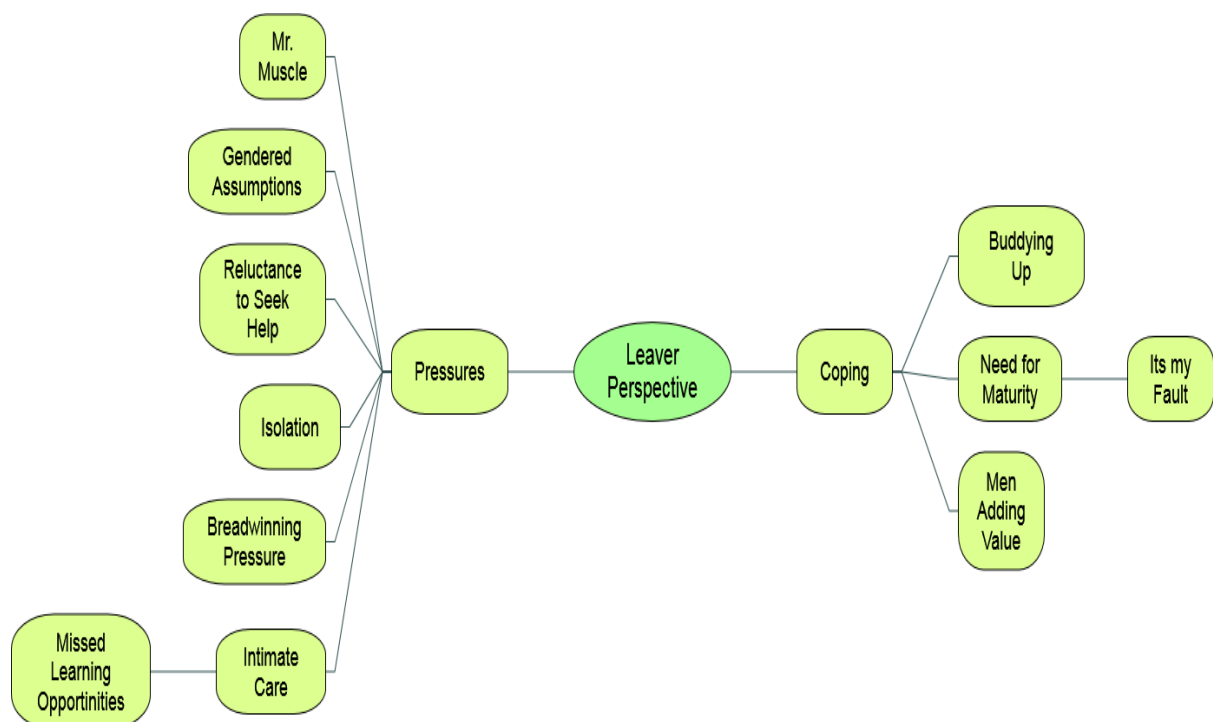
Phase 2: Interviews with former male nursing students

Introduction

Recruitment to this phase of the study proved very difficult. In total, three telephone interviews with former nursing students from two Universities were carried out.

From the perspective of men who have left pre-registration nursing programmes before completion, the two themes which emerged from the data are Pressures and Coping (Figure 6). Interestingly however these men ultimately blamed themselves and their lack of maturity for leaving the programme before completion.

Figure 6: Summary of results from former male nursing students



Pressures

There are several sub-themes which relate to the pressures which led to these men leaving the programmes before completion.

Isolation

These men found it hard to become integrated with their peers on the pre-registration programme. They found the women formed cliques and this resulted in them having a profound sense of isolation and difference.

I: Yeah. All the course that's really non-placement side. Was there anything within the classroom or lecture theatres or the environment with the other students that might make it particularly difficult?

L2: I guess I would say it's a bit harder to socialise with the class because it's very cliquey. So, I never really made friends with a lot of people on that course just because it was such a small class as well. It was forty people to start off with, now it's down the like thirty. It's really small. So, I guess it can be a bit intimidating for a boy to go into that environment. I definitely did find it intimidating.

The sense of isolation felt by men whilst on the programme is compounded by the sense of difference they may feel even in their social life because of the stigma still attached to men in nursing.

L1: That's the only thing I would maybe add as well, sorry, just the way you were speaking there made me think, just that wee bit of stigma was still going about. Like my group of friends predominantly work within manual labour, electricians, and there was sort of ribbing that went on about being a male nurse. And, again, because maybe you are a wee bit immature at that point, it probably didn't feel that comfortable. And I wonder at times for some men, do they feel comfortable going into that profession because maybe they've got that stigma within their head already even though it's the 21st century and we shouldn't really think that way. But because obviously the town I come from, I remember getting all the jokes about it, and when I had my uniform on they used to slag me and things.

Mr. Muscle

There seems to be an assumption based on gender that men in nursing would be more naturally suited to management of aggression and violence or tasks associated with physical strength.

I: So, looking back to those times and from what you've just told me, did you see a difference between how you were treated as a man compared to how women were treated in the pre-reg program?

L1: Yep. I would say there's probably two parts of that, the fact that obviously I was fairly young, I wonder if that was partly the reason I was treated slightly differently. But, yeah, I would say being a man, because we're so few in numbers. Like even getting shifts outside of work, it was because you were a man you were more inclined to get the shifts. Because obviously we're supernumerary, I remember them looking at me for management of violence and aggression at one point, thinking "he's a man, he's there." Obviously I kind of stepped back and knew my place. So, yeah, I probably was treated slightly differently.

Intimate Care

Problems associated with the provision of intimate personal care for female patients by male nurses emerged as a pressure for the men who did not complete the pre-registration programme. It seems that this could have been motivated by the desire for mentors and nurses allocating duties to protect both the student nurse and the patient, as it was assumed that both may be uncomfortable. This in turn implies that it was expected that the patient would see the nurse as a man rather than a student nurse. This would then consequently have the effect of narrowing and limiting the practice based learning opportunities for men.

I: Okay. What were the differences compared to you as a school leaver man compared to the school leaver women?

L1: I think expectations. Like I say, some people had overestimated the fact that there's things that you should potentially be looking to do, rather than a female being involved in that. And then probably people underestimated as well. Like I say, they almost seen it as a sort of protection, I would say. Don't put you into that sort of task in case it makes you feel uncomfortable. And probably at that time I was fairly immature and probably didn't do the same thing I would do now; voice up my own opinion of things, I just fell in line and went along with it a wee bit.

I: So, can you tell us more about those uncomfortable things they didn't allocate to you?

L1: Yeah, I think more personal care. I remember a thing like they were doing bed baths for an elderly lady, and I suppose part of the decision might have been for the person themselves, for dignity and respect, thinking a young guy, maybe they don't feel comfortable with that. But, like I say, I think there was an element of protection for myself as well, in case that made me feel uncomfortable. Obviously, like I said, now I would try and voice my opinion and reassure them.

Missed Learning Opportunities

The reluctance of mentors to involve male nursing students in the care of female patients can limit and narrow the care that they are able to take part in.

I: Okay. Moving on, with a particular focus on your experience at practice placements, can you please discuss more about any issue which may make it particularly difficult for men to complete the nursing program?

L1: I think it's very much about the practice placement. I remember being within a nursing home, and a lot of my time was spent within the kitchen helping the cook. And, again, I think that was probably because there was a high proportion of female residents. I can't read people's minds, I don't know if it was them thinking about the residents or thinking about me, but it just seemed easier once I had done the couple of guys to get up, then to go to the kitchen and help setting up for breakfasts and things like that. Whereas the female student who worked the same kind of time as me, I think she probably kept working at the personal care side of things.

Gendered Assumptions

Low expectations did not seem to be limited to the provision of personal care but were more generalised and could become a frustration for men in nursing who may feel to be marginalised and not treated seriously.

I: Was it the way you were spoken to?

L1: Yeah. It was the way, almost like I was a daft lad. There was no listening to my opinion, why were you doing this, or anything. They jumped to conclusions. And, again, it's probably not helpful for yourself because it's difficult to decipher is that because of preconceived ideas about men that some nurses maybe have?

Reluctance to Seek Help

Each leaver interviewed spoke about a reluctance to seek help and therefore waited until their initial discontent with the programme became a firm decision to leave before seeking support from a nurse academic or mentor. They had firmly held views that men would be more reluctant than women to seek help.

I: And was there any particular type of help that would be particularly focused on men? Would men need different help, or help in a different way?

L3: I wouldn't say they would need any different help, but they could maybe have more access to help there. Maybe more access to help would have helped men. Because men don't like asking for help, and I didn't like asking for it. I was just sort of getting on with it and not saying anything, whereas I should have maybe asked a lot more. Maybe that's a big problem, because the men will actually rather fail than ask for help.

Breadwinner Pressures

The men who had left the programme said they felt under financial pressure: this may be associated with a decision to leave.

I: Absolutely. This is an aside, really, but I think if I'd started directly leaving school, I wouldn't have coped.

R3: Yeah, well, I didn't cope. I've got to admit I didn't cope. What happened with me is I was with a girl and she ended up getting pregnant, so when I started my course I was twenty-one years old and I ended up I was going to be a dad. And I didn't want to be a father at the time, just naïve, just because I was the first one out my friends and I was really worried about it, and thought my life was over, and blah, blah, blah. But it was just one of those things, obviously wouldn't change it for the world now, but all I'm saying is I had that to cope with at the time and I wasn't coping with it very well.

Coping

The sub-themes associated with coping relate to ways that men attempted to deal with the pressures they faced, or began to rationalise their decision to leave the programme.

Buddying Up

These men admitted to seeking support from other men in their cohorts as a way of coping with the pressures of being a man on a nursing programme. They found solace in this way because their male colleagues were going through similar issues and understand how they felt.

I: So, what was it about being alongside other men in the class that made that better?

L1: Just that support. The fact that people were probably in your own shoes going through the same sort of things. Because one of the guys on my course, I went to school with him and we were very close within age. And I think he had the same things about being mothered and certain pressures put on him as well. Like this almost expectation that you weren't going to be the most forthcoming with looking to do tasks and information. And, like I say, it's obviously quite an intense course, emotionally as well, because I had a fairly sheltered life, and you're going out and seeing things that I didn't realise were kind of on my doorstep, I was very immature at that point. So, having other guys there to talk about other things, like football and different things, to change the subject a wee bit. Whereas when I was in classes with the females, and it's the same as wards, it's predominantly female chat that goes on. So I can tell you about different diets and things. But I think being able to offload, I've always been a bit of a kind of man's man, talking to men just felt a wee bit more comfortable.

Need for Maturity

The need for a man to be particularly mature to cope with the pressures of a pre-registration nursing programme and the particular gender based issues emerged strongly from the leaver data.

I: Obviously there's an implication there, what you're kind of implying is maybe men mature a bit more slowly.

L3: I would say that, without a doubt. Without a doubt. I felt as if some of the girls were head and shoulders above me in lines to matureness, I've got to admit. They were taking it in their stride, and a lot more mature. Whereas I was thinking about my weekends. Honest to God that was my mentality at the time, my mentality was all wrong. Looking back, I just wish I had approached it... but I can't change, I can't turn back time

Men Adding Value

Despite blaming themselves for ultimately making the decision to leave the programme the men did express the view that men can have a beneficial effect in nursing.

I: Okay. So, is there anything further you would like to add? I've finished my set questions. Anything further you'd want to add about this whole topic, either about what caused you to leave or what could be done to help? Or just your overview perspective of it all.

L2: My perspective is I don't think a lot of people understand the importance of male nurses. Because a lot of patients feel a lot more comfortable with male nurses. Especially young male nurses. Like if you're a twenty year old boy, you just want

someone your own age who is a nurse. And it's such an essential part of what makes nursing so important.

It's my Fault

Each of the men interviewed ultimately blamed themselves for leaving the programme and all found ways to acknowledge that nursing is still a good career that they respect.

L2: Absolutely. And it's more this century, you know? It's more this century, that's how it should be going forward. I also want to say this as well, I was just thinking. Even though I had a negative experience, that was because of me, that was because of my personality. So many men, the men on my course, even, love this course and want to be nurses for the rest of their lives. So, I would definitely not use my experience to discourage any male nurses. I totally encourage male nurses to do this, because there's male nurses who are meant to be doing this, it's just not me.

Phase 3: Focus groups with current male nursing students

Introduction

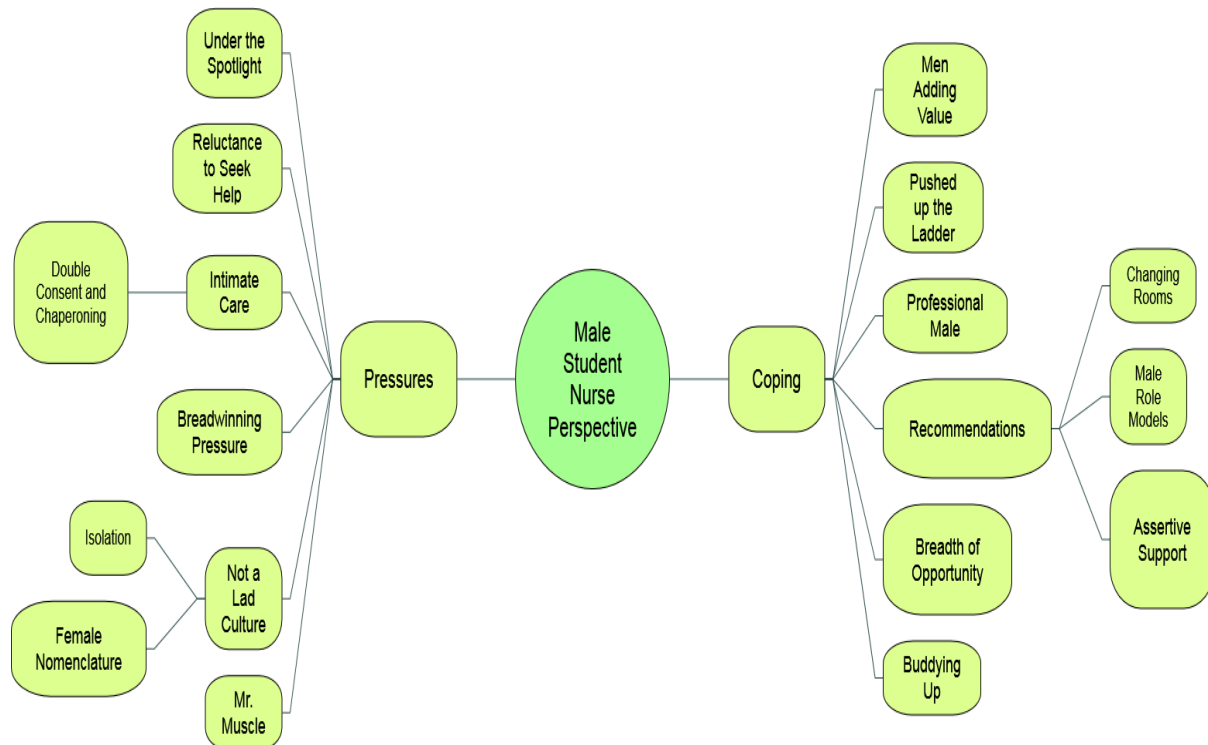
A total of 13 students participated in 4 focus groups and one interview. Table 1 gives details of numbers and locations.

Table 1: Focus groups with male pre-registration students - number and location of focus groups and students

	Number of Focus Groups	Number of Students
University A	1	4*
University B	1	2
University C	1	4
University D	1	3

*Including one individual interview

Figure 7: Summary of results from current male nursing students



The themes emerged from the current male student nurse data were Pressures and Coping. These show an acknowledgment that with a learned ability to cope, nursing can be a great career for men but there is a dichotomy with an inherent culture clash and pressure for men in becoming socialised into a profession with a female stereotype (Figure 7). The participants went on to give recommendations to help overcome the barriers to men remaining in pre-registration nurse education and therefore reduce attrition.

Pressures

The theme of Pressures contains five sub-themes which all relate to the challenges these men faced in their pre-registration nurse education which they felt originated from their gender and the culture clash they experienced in entering a profession so closely associated with femininity.

Under the Spotlight

This theme was strongly represented in the data. Being in the minority the men felt that they were more memorable to academic staff who tended to know their names and therefore would be asked more direct questions in classroom activities. In addition to this the men expressed the view that were more interactive and vocally engaged in class than their female colleagues and would for example provide feedback from work groups disproportionately more.

M5: *Well, I've enjoyed it so far. I'm quite... not outgoing, but I'm not shy. So, sticking me in a room with thirty girls, I'll be fine. I won't be sitting shaking in the corner. But I do feel we have to often talk out to be... not noticed, we're obviously noticeable, but*

sometimes I feel we do get... not picked on, but we're an easy target when asked a question. Whether it's because the lecturers remember the one guy's name in the class, I don't know.

I: So, just to highlight that point, you're saying that you might get asked more questions in a class?

M3: *We feel so, yeah. I feel so.*

M5: *Also feel like we have to talk more because a lot of the other students don't want to, or they're very quiet. So, we end up answering a lot of the questions, or liaising with the tutors at the times, because the other students are just holding back or being quiet. Like we were saying earlier, there's some students we don't think we even heard talk in some of the lessons, because they've just been quiet. It tends to be more of the younger ones tend to be a bit quieter. I don't know if being mature...*

Mr. Muscle

Male student nurses felt that they would be more likely to be asked to carry out physical tasks that depended on strength and lifting ability than their female colleagues. This assumption was based on gendered assumptions that did not seem to take account of the abilities or wishes of each individual man and which may also serve to limit and narrow their overall learning opportunities.

I: Are there any other issues you think about placement-focused, that might make it hard for men to finish their training?

M9: *I get scared as well, I'm don't know what this is, I'm not really well off physically lifting heavy stuff, it's just not me, I struggle lifting heavy stuff. And my biggest fear in placement is one day I go and get told to move boxes or equipment that's heavy.*

M11: *Aye, because they'll assume because you're a guy...*

M1: *Because I'm a man and I'm tall. It's a big fear of mine as well.*

I: Big pair of arms.

M9: *Yeah.*

I: Do people think that? Do you think that's one of the experiences you're going to have on placement?

M11: *I felt that was the case when I was on placement, because there were mattresses and stuff coming up and the porters weren't in, and it was "get [name removed] to do it, get [name removed] to do it."*

I: So, you physically had that experience?

M11: *Aye.*

Reluctance to seek help

Although it was acknowledged that men need support to complete their pre-registration education and they had discussed some gender specific difficulties which would benefit from specific support they agreed that they would be less likely than female students to assertively seek it out.

M6: *Well, it's amazing how different the college experiences are, because mine was quite positive again. I actually had to go to X College. I was a week late starting the course, and was one of only three men on the course, and the only guy that actually finished the course, for various reasons. But I felt the college room was small, it was*

more like this, a bit more intimate. And not that you're forced to speak to people, but it was easier because you were there. And everyone was in the same age bracket, we were all parents. It was the younger students who actually did leave that course. At that stage, the Access course, it just seemed to be the older ones that did complete it. Again, it was very positive. But coming to uni, you were sitting in a lecture theatre with four hundred-odd strange faces, thinking "god, this is very different." And in terms of the difficulties I think men could have, as we were discussing before you arrived, perhaps a sweeping generalisation here, but I think males might find it more difficult to seek support from their peers and tutors, anybody that's around, maybe the make-up that men have, less likely to look for support. And that could be again a general reason why some men don't succeed in the course, because you do need support, it's difficult.

Intimate care

Gender related expectations around the provision of intimate care by male nurses to female patients caused difficulties which do not seem to be shared by female nurses providing intimate care to male patients. Again these expectations may serve to limit and narrow the learning opportunities made available for male student nurses.

I: *So, would you say then there's different expectations on what tasks or what roles you'd be asked to do in a clinical area, if you're male?*

M3: *Yeah.*

M5: *Can be.*

M3: *My first placement is a surgical ward and we did a lot of cosmetic surgery, maybe boob-jobs, etc. and I wasn't allowed to go into rooms because I wasn't allowed to check a wound or remove a drain.*

I: *They just wouldn't let you because it's breasts.*

M3: *So, I argued and argued, "if we've got twenty rooms and it's twenty boob-jobs, I just clean machines all day? Or do I not see anybody? I'll happily take the salary when you're paying me, I'll just sit down and drink tea and eat cake all day. Am I a nurse or am I an ornament?"*

Even more fundamentally however there seems to be a societal expectation that the provision of any physically intimate care is associated with femininity and is anathema for men. When men do provide this type of care it can attract stigma and this emerged from the data.

M3: *I've had a passing comment, someone going "you're a bum wiper." I've had men say that to me, "you're a bum wiper", it's like that's not all I do. That is part of my job, but that's not all I do. Yeah, I've had that.*

Double Consent and Chaperoning

Although patient consent is a professional imperative for male student nurses caring for female patients this consent seems to be amplified. Firstly consent is sought for the procedure to be carried out and secondly consent may then often be sought for a man to provide this care. This is the concept of Double Consent which was articulated by one participant but which was strongly emergent in the data. Again this may contribute to the

limiting and narrowing of learning opportunities made available for male student nurses as well as incrementally contributing to their sense of difference and alienation from their chosen profession.

I: Yes, definitely. Well, actually in the next question we'll delve a bit more into practice placement. There's obviously things that can happen within the classroom and things that can happen within clinical practice, and as you'll know our courses are 50-50 split, so the grades awarded to you in clinical is really important for us helping to understand what some of the challenges might be. But you mentioned there about it's almost like an assumption that it might be intimate care for a patient, and because you're a male student that barrier is put up.

M4: It can be in some cases. I know on my very first ward there were actually ten students on that first ward and a lot of them got to go see catheters being done, but most of them were female, so the female students went in, and not myself. I don't get that that much, and again working as a support worker in oncology, very rarely have I actually had patients saying "no, I want a female to help me." That tends to be quite rare. But this tends to be more of the nursing side, the actual mentors.

I: Okay, that's an excellent point, thank you. Shall we have a chat about placements in particular then? Because we can get some good discussion going on about placement. The next question I have for you, with a particular focus on practice placements, please tell me about any issues which may make it particularly difficult for male students to complete their nursing program. So, X, you made a really good point there about potential obstructions to learning opportunities for you because it's a female patient and it might be what others deem as quite an intimate procedure to be done. So, just for clarity, who is it that's saying to you "no"? Was it the patient, was it a member of staff?

M4: Both of them was a member of staff.

I: Okay. Any of you?

M4: I don't actually think while I've been in uni on placements I've actually not had an actual patient say "no, I'd rather have a..." I've had it before as a support worker, but that was in oncology, and that's only a couple of times over two years. But with actually being a student, I've not actually had a patient say "no, I don't want a male student."

I: That's really interesting. So, it's the members of staff that said no. I wonder if they asked the patient.

M3: What I don't get is we have to get consent to do any procedure, so I don't see why that isn't sufficient to do a procedure. We seem to get double consent. "I've got X here who is a male nurse, you need to get the catheter sorted out, but are you happy for a guy to be doing it?" and they make a big... But, on the flip side if I was a male patient and a female nurse was changing my catheter I wouldn't get the same duty afforded to me, "are you comfortable with..."

When male nurses are allowed to provide intimate care to female patients they are often accompanied by a female nurse as a chaperone. This again incrementally may serve to alienate men from their chosen profession and inevitably narrow and limit learning experience as chaperones may not always be available.

M3: *It's a double-edged sword, if it happened in any other industry there'd be TV programs about it. The patient I did a journey with was an ex-doctor, a female doctor, and they would ask her "are you happy for X to be here?" and she was more than happy, and went through everything, the mammogram, the cysts, we did absolutely everything, this girl was topless for the whole six hours I was with her and she didn't have a single problem about it, or me with her. But every single step of the way we had to almost get consent, consent, consent, chaperone, chaperone...*

Breadwinning pressure

Although financial pressures are not unique to nursing students nor nursing students who are men, they are perhaps experienced disproportionately by these men. This may originate from societal expectations of the male role and also because male student nurses tend as a group to be older than their female counterparts and therefore have accrued more financial responsibility with the family.

M6: *Which would make that time of our lives quite difficult. Again, if we go back to males wanting to be perhaps the breadwinners and protectors of the family, then there's very little opportunity to make more money than their bursary. I know the bursary is increasing, so that will help in future years.*

I: *Yeah. Sometimes it seems that the men that come to do nursing are often older, do you think the financial pressures are greater for them?*

[TALKING OVER EACH OTHER]

M5: *...I still stay at home and everything, so I don't...*

M7: *Being older, yeah, I think it is. Because if I was younger and I lived at home I wouldn't have to pay all the rent and the amenities I had, do you know what I mean?*

Not a Lad Culture

The men in nursing lamented the lack of 'laddish banter' and found the feminine communication patterns alien to that found in male dominated work environments. Sometimes they incurred censure from other men for being in nursing at all.

M7: *I don't know, I've come from a workies kind of family, like builders and joiners and plumbers, and I have had some stick off people, and you do get the odd passing comment because they do a typical man's job.*

I: *What kind of comments?*

M7: *I don't know, it's a bit poofy, a poofy job. I've had that comment a couple of times. Or I've been in the pub a couple of times and I've had passing comments. But I work on a farm as well, so I do a male sort of job as well. But I have had that before in passing comment. And there's not maybe that sort of lad culture in nursing, so to speak. Any of you find that, there's not really that lad banter?*

M8: *No, nursing's all females.*

M7: *Yeah, because it's all females it's not that typical lad sort of group.*

Maturity seems to be helpful in overcoming the culture clash that men in nursing face and allowing them to move on successfully with a nursing career.

I: *Do you think there was a maturity, an age, issue there? He was just too young?*

M6: Yeah, of all the younger people, not just him, but all the people that just came straight out of high school and even Access course to do HNC, they were wanting to do HNC and then go straight into second year, none of them made it through the Access course. That was only an NC, it wasn't an HNC. So, immaturity. That's why I'm doing it now, because at that age I didn't know what I wanted, I just wanted to get out in work. So, now is the time.

I: So you would never have considered nursing when you were younger?

M6: Absolutely not.

Isolation

Isolation was described as a profound sense of being different and having difficulty gaining acceptance in a predominantly female culture. It is a sense of not fitting in with class mates or nurses on practice placement and not having peers to relate to when this was needed.

I: What's happening in the dynamic that makes you feel like that, this is something I have heard before, how does that come about?

M1:...It's difficult in first year when you are first making friends to break down that barrier...

You do see people on every other course making friends with course mates and...well I do know course mates but don't have that kind of close relationship

M2:...When you walk in on freshers week and see 28 girls and no guys it's going to be pretty daunting for anyone and yeah how can 1 guy face that or 2 guys face that its difficult.

M2:...I guess you feel excluded from the conversation because it is all females and sometimes you don't have the same chat..

M2:...On community placements the majority of patients are female and if it's certain body parts they don't want to share with a male you can feel quite isolated in the room.

M2: Yeah I think that girls like to gossip so on placement when you sat down for an hour for lunch then when you have a tea break maybe in the morning or the afternoon and you know you are coming in and when you are in handovers, yeah for me there is a sense I felt really isolated and just wanted to sit on my own and just like have my break and..

Female Nomenclature

The alienation felt by male student nurses was compounded by the use of female pronouns to describe nursing in its present form and its historical roots.

M1: I think when you do a lot of reading and literature about nursing, a lot of it is aimed at females.

I: Can you explain that a bit further?

M1: If you're looking at the history and stuff, Florence Nightingale, and when you read some of the pronouns they use, it's "she" rather than "they".

Coping

The theme of Coping contains five sub-themes which demonstrate that the male participants in this study thought they could be beneficial in the nursing workforce and found nursing to be a rewarding and worthwhile career despite some gender specific difficulties. They felt a need, however, to be accepted as student nurses and had a desire to be acknowledged as aspiring professionals rather than the overshadowing effect of the novelty of their maleness in a female dominated workforce.

Added Value

A sense that they were adding something worthwhile to practice helped to keep the male student nurses motivated. They spoke of a special reciprocal affinity sometimes with male patients for example in relation to catheterisation.

***M3:** On my first ever placement I was on a surgical ward in a private hospital and we did have a male patient who was getting a catheter removed and you could see he was nervous because it was all female nurses, and they said to him "would you be happier if a guy did it?" and he goes "yeah, I would." And I'd only viewed it, and they go "are you happy to try it?" and I go "of course, yeah, I'll try anything." I walked in and he was more comfortable because he didn't have to be the big, brave guy. I think I was as nervous as he was, because you're sitting there pulling the pipe out, I was "oh..." my eyes were watering as well. But we hit an affinity that "I'll try my best not to hurt you."*

***I:** So, it's almost a bit there about empathising between being a male yourself and the nurse student.*

In this specific example, however, this proved to be a mixed blessing. Again this may contribute to the incremental and pervasive pressures which serve to limit and narrow the learning experiences made available to male student nurses.

***M3:** Well, common ground there, obviously. But it got to a point where it was a male catheter and calling X rather than just calling a nurse. Which I felt I'm happy to help everybody. I'm unblinker, I'll help anybody.*

***I:** So, there's two points there, one was the shared empathy you had with the male patient, being male yourself, and kind of wincing a little bit. But then because you had done that, there's an expectation that as you are the male on the ward, you'll be responsible for that.*

***M3:** I'll be the go-to guy.*

Pushed up the Ladder

There was a strongly held view emergent in the data that men are expected to be 'pushed up the ladder' of the nursing hierarchy more quickly than their female peers. It seems that this expectancy of ambition and rapid promotion is held by female nurses in clinical practice rather than by the male pre-registration student nurses themselves. Rather than being felt to be an unreservedly positive factor by the men, however it was seen as something surprising and unwarranted and something that had to be dealt with.

M3: *There is a stereotype with being male there, you're going to be a manager in about twenty-five minutes of graduating. And there's a few nurses...*

I: *Where are you hearing that? Are you hearing that out on clinical?*

M3: *Yeah. "You'll only be a Band 5 for a couple of weeks anyway."*

M5: *I heard from a senior nurse, "if you want to get ahead then basically you want to go to HDU, ITU, A&E. That's where you'll develop up quicker." Which I don't know, maybe that's why the men are so pointed to the blue flashing light areas, because they develop quicker. I don't know. That was where I pointed at by a senior nurse.*

M3: *I don't know if it's better in us than the female population of the workforce, that the senior staff are disproportionately high for males. It's not my fault, I'm new.*

I: *Okay. So, you're getting comments like that from female staff.*

M3: *I just joke with them, "be nice to me, I'll be your boss in two years' time." You have a little joke, but having a big personality helps. But they have to be able to deal with that.*

For one participant this expectancy from female nurses that being a man would equate to more opportunities as a nurse began even before recruitment into the pre-registration programme.

M7: *No, I didn't. I never dreamed of it until my mum suggested it. I worked as a welder and I got paid off, and I had one of those moments where you know what it's like "what am I going to do, what am I going to do?" And my mum was like "why don't you go and do nursing? There's always jobs in nursing. And you're a male nurse so there's more opportunities for you", that's what she said to me, I don't know if that's true or not. But that's how she presented that to me. So I was like "right, okay, I'll go and do that."*

I: *Is she a nurse?*

M7: *She is a nurse, yeah. Actually, a lot of people in my family are nurses. My auntie, my sister...*

Professional Male

It was believed by male participants that gender should not be a barrier to providing intimate care and that patients should trust in the nurse's qualification, professionalism and skill-set rather than being dissuaded by them being of another gender. The parallel with medical doctors was given by one participant who pointed out that with doctors there is an implicit trust in the doctor as a medical professional gender notwithstanding.

M3: *I find the problem with doctors, like Dr X, I wouldn't be assuming it's a male or a female, I'd just say I'm going to see the doctor, I don't care what they want to look at, I'd be trusting they've got their degree, they know what they're doing.*

I: *Yeah. So, for example, yourself, if they've got that medical qualification then it doesn't matter...*

M3: *If it's something personal it could be uncomfortable, but I don't care who it is. It's not going to be the most pleasant few minutes of my life, but they're there to help me*

This participant went on to make a plea to the practice staff on his placement to see his need to learn his status as a student nurse who was keen to learn rather than his male gender and the concomitant barriers to learning based on pejorative expectations and assumptions.

I: So, part of that might be your maturity, but do you think part of it was also the fact that you're male, that you were given more?

M3: *They said that. They actually said it. They never had a second year student before, but it was a big thing made out that I was the first male they've had to deal with, and I went "well, I'm not a male, I'm a student. I'm only a male once I'm finished here, I'm here to learn from you."*

Breadth of Opportunity

The male nursing students despite all the pressures they faced were keen to acknowledge the breadth of opportunity afforded by nursing as a career and that it was essential a great job that they enjoyed and had a passion for.

I: Yeah, so there's a kind of lack of knowledge about what nursing really involves.

M7: *I think that's one of the big things it could be, lack of understanding and knowledge.*

I: The job's a lot more than that.

M7: *Yeah, because it's not only that, you can specialise, you can do loads of things.*

I: Yeah.

M7: *Great opportunities.*

I: Because it's the job?

M7: *No, I love the job. I came into it thinking "I don't know how I'm going to get on with this", but I actually love it. Yeah, I think it's great. I love learning new stuff.*

When the nurses on your placement teach you new things, it's great. I like it more than I thought I would, so I'm happy. I wouldn't go back.

Buddying Up

As identified by the academics and the men who left the programme before completion the male nursing students confirmed that they found support from each other as a way of coping.

M7: *We did have a talk... because we did an Access course and X did an HNC, and I didn't find it starting this course, but when I started Access to Nursing course, for the first two or three months I didn't really talk to anybody. Because they were all females and it was just me.*

I: They didn't speak to you?

M8: *It was as if nobody wanted to try. But I did try to speak to people, but it seemed like I wasn't getting anything back from anybody. But I didn't get that coming onto the nursing course, because my first day I met Y, and I sat with him ever since. And I met Z, and we've sat together since day one, haven't we?*

Recommendations

Male student nurses in the focus groups were asked for their views on what may help men complete the pre-registration programmes. Several themes emerged in the Recommendations theme, from the analysis of this data.

Changing Rooms

The lack of male changing areas was a cause of concern for men which at times made them feel awkward, uncomfortable and even degraded.

I: So, it negatively impacted them as well. Anything else about clinical? Any challenges that you've come across?

M4: *Changing rooms. Having to get changed in toilets regularly in places.*

M5: *Yeah, very common.*

I: Okay.

M4: *You do get some of the nurses get changed in the staff room as well, or canteen. And then you obviously feel a bit awkward walking in on them getting changed.*

Some places physically don't have any changing rooms, so getting changed in toilets is a little bit degrading.

M5: *Yeah, I've been trapped before in a changing room.*

I: Have you?

M5: *Yeah, someone else getting changed. It wasn't very comfortable.*

I: Yeah, a female colleague.

M5: *I was in first and then there's one door there and it's a tiny area. [LAUGHTER]*

Assertive Support

Because the men acknowledged that they would be reluctant to seek help to discuss problems on the course it was felt that assertive checking by Personal Tutors would help to provide the trigger for them to open up and confide.

I: Again, I'm going to ask the final question. Is there any other things you think can make it easier?

M9: *I think with males maybe personal tutors checking in every couple of months, "is everything okay?" As I said, it's that pride thing, you don't want to admit there's anything wrong, but when somebody asks you that question personally, it gives you an opportunity to open up about any issues, rather than "I'm a prideful man, I'm not going to tell anybody my problems."*

I: Do other people agree with that?

M11: *I think that's a good idea. Because I think at that point, they might email you on the day you're just ready to phone, and you go "you know what, I'm going to get this off my chest now."*

I: That's really useful to know.

M10: *Me personally, I don't like talking about my problems. But unless somebody was to say to me "is everything alright? Are you experiencing any difficulties?" it gives you an opportunity to open up. Whereas before, I wouldn't.*

Peer support generally but particularly involving other men was valued by the participants. They had some experience of this informally but also felt it would be useful to be established on a more formal and structured basis.

I: Okay, good. I can't speak for all clinical areas, but I know down in the Children's Hospital with the CYP nurses, there's a weekly cake and chat or something like that, which is kind of drop-in and they'll discuss things, but it also allows the students to share any thoughts and feelings about what they're having in challenges. And because you guys are a minority out in that profession, that probably holds more weight, would you say? Because it gives you that opportunity to share some of the challenges.

M5: *I think so. Although, in my group I was in, I was the only fella there. But it was nice just to get out the placement for an hour, share some experiences, and just chat about what's been happening and helping arrange the spokes and stuff like that. I found it beneficial.*

M3: *For me, you talk most days. We all send a message to each other seeing what's happening or if anyone has a problem, we'd chat about it.*

I: Well, after this, guys... But you're right, and we're going back to what we're discussing about peer support earlier on. You guys are lucky that you hit off that friendship from day one, but it's more of a challenge for yourself because you're just in. And the male who's in your class isn't there half the time, so it's taking you longer to establish that. So, having somewhere that you can voice your concerns, your challenges, is very useful.

M4: *Could set up a males in nursing Facebook group.*

Male Role Models

The male student nurses appreciated role models of their gender that gave them a perspective on what they may become in their future careers. They suggested someone who has grappled with the issues of gender in nursing and found ways to cope and could communicate openly about these issues.

I: So, the next question is about what might help male students to complete the program. Do you have suggestions about things that we could do that might help male students in particular? All students, yes, but...

M8: *I don't know, even if there's male nurses that have actually graduated and in their first post, maybe having them come in and talk about their experiences of being a male in that, and have them come in and "it's going to be alright, you can ask for help", and all this sort of stuff. Like maybe a wee workshop might help males not drop out, and they think "well, he can do it, I can do it."*

Having another male nurse on practice placement was seen to be helpful for the male student nurses in building rapport and having more ease in conversation.

M4: *It is very refreshing and nice if there is another male nurse on the ward that you go into. Like in my community placement, it was actually in the care home, my mentor was a male nurse. And then you can actually talk and relate about stuff. That*

was nice. And there was another male nurse when I was in the cath labs as well. It just puts you a little bit more at ease.

I: That's an interesting point. Because you've said before there can be challenges establishing that rapport with a female mentor. So, when you've had a male mentor you found it much more natural and easier to establish that?

M4: Yeah. You can talk about F1 and... I don't know, it was nice.

I: So, any more issues that relate specifically to practice placements?

M3: I don't know I think role modelling that's something that you need in the first year at least you need someone that you can look up to, in the first year I didn't have anyone any male mentors or any males that I could see that I could see myself being. In that first year you need to look up to someone and you need to say I want to be them....You need to see yourself after the degree if you are not seeing yourself after the degree then you want to drop out.

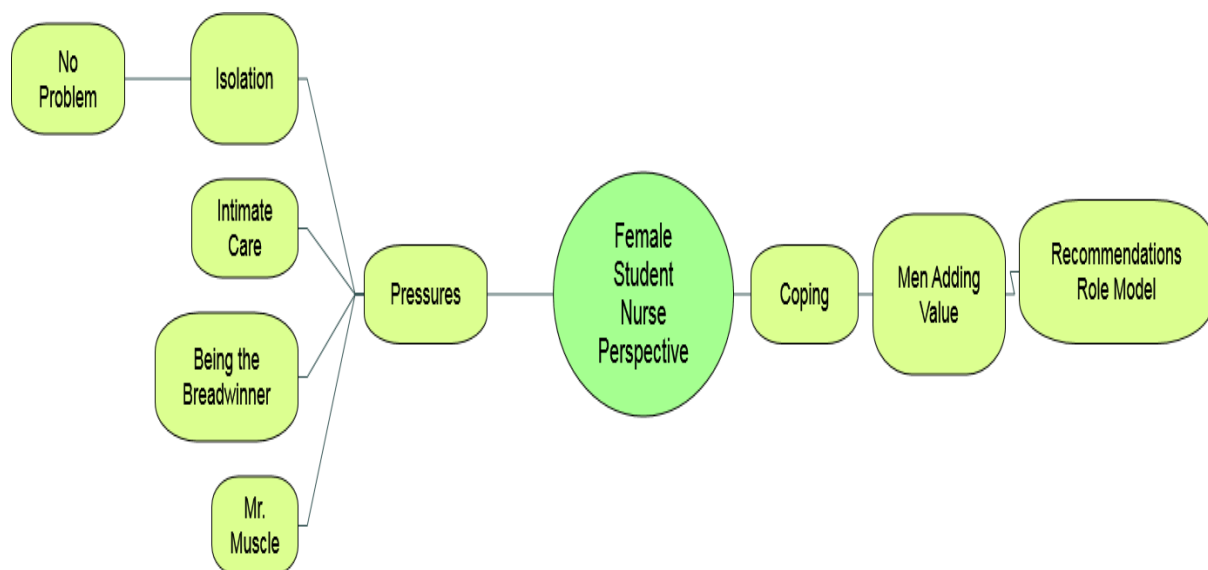
M4: Possibly it would be quite good to be put in contact with like a male nurse like from first year that you could build a relationship with...you could speak about your experiences and his experiences how he has combated it

Phase 4: Focus groups with current female nursing students

Introduction

The response to this phase of the study was poor. One focus group with three students was held in one location, and two telephone interviews with students from two other locations were carried out.

Figure 8: Summary of results from current female nursing students



The themes that emerged from the female student nurse data identified Pressures and Coping (Figure 8).

Pressures

The female student nurses did perceive that men had particular pressures which could be seen to be arising from their role in society and from cultural expectations in Scotland and the feminine stereotype of nursing and caregiving.

Isolation

It was acknowledged by the female student nurses that the comparatively low number of men in pre-registration cohorts and in practice placements would have an isolating effect on male student nurses.

F4: *Yeah. He has spoken about how it's different. For example, they do catheterisation, only the female catheterisation, so in that part of clinical skills that we did, he didn't get to participate. And so you can see how it is a little bit different for male nurses, their experience as a student. Especially if you're coming into ward and there's not that. Maybe it's harder to make friends, especially if through the program, if there's not that many male nurses.*

I: *Do you think it might be more difficult for the male student to make friends with the female student nurses as it would be for a female student nurse to make friends with other female student nurses? Is it harder for the men to make friends with the women in that way, do you think?*

F4: *Yeah, I can imagine so, especially because he's the only one. But I know that in the year below there's a couple of male student nurses. And I think they're all quite friendly with each other, it doesn't seem to be a problem making friends. But I can imagine because he's the only one in our cohort that it would be hard. And I feel like that would be the same for any male nurse to start nursing and think there's not that many male nurses. Because every part of university and going to uni, there's a social part of it, which can be daunting if you're a male nurse and don't have any other male student nurses to go with them.*

It was understood that the feminine stereotype of nursing would make it difficult for men to become nurses and in turn the comparatively low numbers of men who entered pre-registration programmes regardless of this stigma would create a sense of isolation and difference.

F4: *Because I'm from X Uni, in our cohort there's only one male student nurse. That's partly because our course is quite small, so I can see that's why. But even if you look at Y Uni and stuff, there's not that much male student nurses. From experience as well, when you go into placement, I think I've only ever met one male student nurse, and I think it's just very rare that you meet them. You do see there's a lot less male student nurses. But I feel like a lot of it is to do with the perceived role of the nurse, it's still very traditional. It's going away from how it was before, but I think it's still being perceived as a care giver role, from like a woman's perspective. And I think I feel like it is a lot harder for... Even at school I think we had a little college course we did towards the end of school, and one was health and social care that you could do,*

which I didn't do, but I think that was focused more on girls, that was targeted more on girls. So, I get the feeling it started early on from school, it's not being advocated. For example, I think I saw one female nurse talk to us about nursing, but you don't see male nurses doing that. But at the same time there isn't a lack of role models, because a lot of higher up senior nurses are men. So, I don't really know.

No Problem

Paradoxically despite acknowledging that men in nursing may be more isolated than their female counterparts, there was no overall appreciation of any special gender related difficulties for men on the pre-registration programmes by female student nurses. At times this was despite prompting from the interviewer.

I: I'm going to move that on from the placement aspect and come back to being on university campus, because I know we've touched upon the numbers that are available and the cohort that you're in, whether it's your own cohort or your own particular class. But if you were to reflect on particular things like the classroom environment, lectures, or indeed even the clinical skills that we teach within the university, do you think any of the educational processes that we put you all through would pose particular issues or make it difficult for men when they're engaging in nursing programs?

F5: Not at all.

F4: No.

F3: No.

F4: Don't think so at all.

I: No? So, if you think of your lectures or think of the content and tone of your lectures, for example, is there anything in that that you think is gender-specific, or is there a gender focus? Or do you think it's pretty diverse and across the board?

F4: No, I think it's across the board. Don't think there's anything that should offend or upset or put males off taking part in it.

I: You don't think there is?

F5: Don't think so, no.

F3: No.

Intimate Care

As with all the data sets it was perceived that men would have particular difficulty being accepted as a nurse giving care to female patients. This seems to stem from a deep rooted societal expectation that women are natural caregivers and therefore can care for either gender but that for men to provide nursing care is alien and particularly with regard to caring for women.

I: Okay. So, with a particular focus on practice placements, can you tell me any issues which may make it particularly difficult for male students to complete the nursing program practice placement experiences?

F2: I think if you talk about personal care, for example, I feel like a lot of women patients would be uncomfortable with a male nurse. And obviously that's sometimes just preference, you would prefer to have a woman nurse looking after you, which is fine as well. But I feel like there's still this view that women nurses will be better at

caring, and that patients are more comfortable having women nurses. I don't think that's the case all the time, but...

Breadwinner Pressure

Although it was acknowledged that financial pressures can effect nursing both male and female nursing students it was seen as potentially of disproportionate impact on men because of their role in Scottish society.

I: So, do you think if finances were made different or better?

F5: Well, I know the bursary is going up, but some males maybe if they're twenty-five and coming on this course, they already have a family. And obviously women on the course have got families, but maybe the man's earning, so the males coming on the course, if they feel they still have to earn and can't cope with the study, the work, you know. And obviously the bursary helps, I know that's being increased so maybe that will help a wee bit more.

Mr. Muscle

There was a presumption that for management of aggression and violence that a male nursing presence was of value and that this would make female nurses feel less vulnerable.

I: Can you explain a bit more about that?

F4: In terms of ratios, there's more females than males. And doing Bank as well, I think it makes a difference sometimes in the ward, you do feel a bit unsafe personally, like in Ward 9, one of the wards, sometimes the secure door is not working upstairs, so anybody could walk in during the night, so personally I would feel more secure if there was a male member of staff there. So, it means in the future there will be instances where there is not a male in the group or amongst the staff members which would make me feel a bit more vulnerable if there wasn't a male figure.

F3: I think, as well, especially if you're working on an acute mental health ward and maybe a patient is starting to kick off or something, if it's maybe a male patient, and if the situation is becoming quite violent, sometimes having that presence of a male nursing staff there can settle it a wee bit.

Coping

The theme of Assets contains the sub-themes of Men Adding Value and Recommendations Role Model.

Men Adding Value

The female nurse focus group data affirmed that men in nursing add value to the workforce and that they could enhance communications with patients who may prefer to speak with and share information from a male perspective

F5: I think from a patient's point of view, it's better when there's more males, and not from a violence or any behavioural side of it, but just they might want to talk to a male, might not want to discuss their concerns with a female. That's not always the case; sometimes guys are happier to speak to a female than they are to males, but

sometimes the dynamic changes depending if there's eight women on a shift and one man... male nurses, although you don't call them that anymore, and your patient ratio might be twelve men, and they all want to speak to that man or quite a lot of them might want to speak to that male member of staff. You might have male support workers as well. So, the balance is weighed in the female's favour at the moment.

It was also acknowledged by the female nursing students, that men in nursing can have a tonic effect on relationship dynamics within the nursing team.

I: Why do you think that?

F4: *I think it is because most of my male mentors I felt were doing their job far better than some of their female counterparts, and they are more caring, if that's the right word to use at this time. But I enjoyed working with the male mentors more than the female mentors.*

F5: *I think it's personalities. I understand what you're saying about male mentors, the males I have worked with, that's my first male mentor but I have worked with other males. The thing that I think about males is there's less worry about whatever else is going on and more focus about you as a student and "I'm going to teach you this" and "here's where we're at." And not getting caught up in any pettiness, any squabbling, anything else that's going on in that place. They seem to be more focused on the job in hand.*

I: So, when you're saying get caught up into the pettiness and the squabbling going on in the place, what do you mean by that?

F4: *The ward politics.*

F5: *Well, many women in a setting isn't always positive.*

Recommendations Role Model

The only recommendation that arose consistently from this data set was that more use of positive role models are needed for men in nursing.

I: Okay. So, could you please give me your views on what you think might help male students to complete the program?

F5: *I feel like there could be more male role models out on the field. I know that in terms of once males qualify they go into practice, they can settle, I would like to see more male mentors being involved and encouraging new students, and students who come up to see what kind of career they want to do, encourage them to go into the sort of profession, and making it more accessible for male students.*

Phase 5: Focus groups with University nursing lecturers

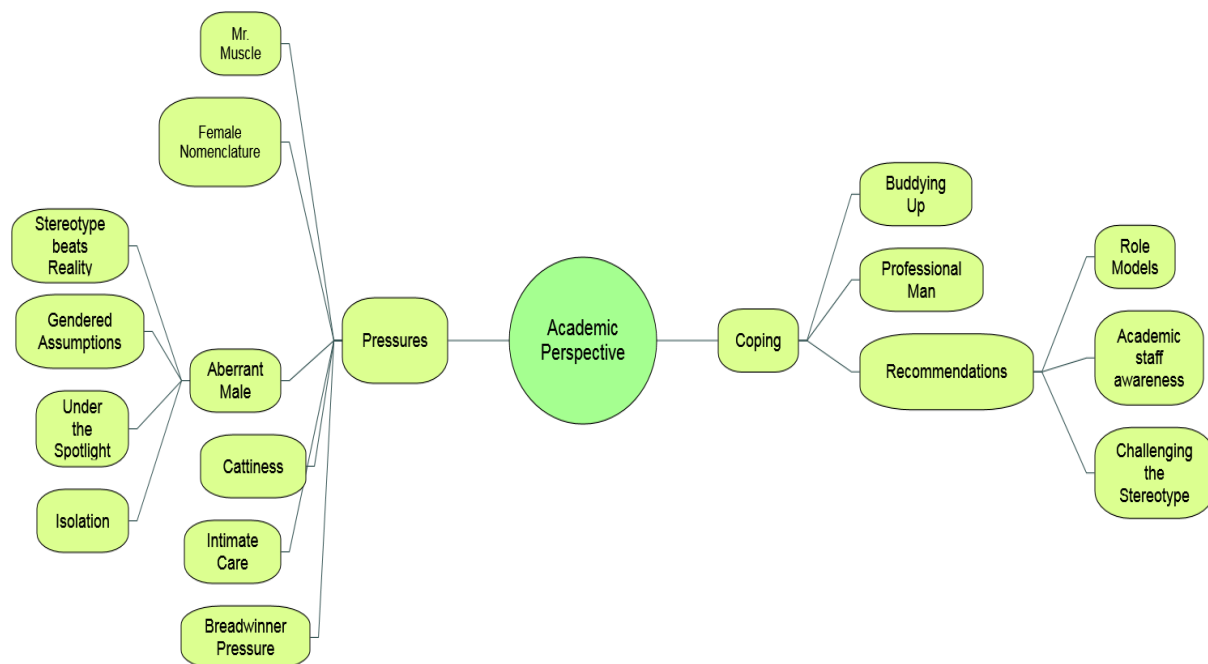
Introduction

A total of 12 lecturers participated in 3 focus groups. It was not possible to arrange a focus group with lecturers in one location. Table 2 gives details of numbers and locations.

Table 2: Focus groups with University nursing lecturers - number and location of focus groups

	Number of Focus Groups	Number of Lecturers
University A	1	3
University B	1	4
University D	1	5

Figure 9: Summary of results from University nursing lecturers



The two themes which emerged from the data are Pressures and Coping (Figure 9).

Pressures

There are several gender related pressures on male student nurses which emerged from the focus groups with University lecturers, from both reflection on their own careers and their perception of the experience of pre-registration nurses.

Mr. Muscle

The academics felt that tasks associated with physical strength and size were allocated to male nurses at the expense of other duties. Although this emerged from reflection on their own careers it does resonate with the experience also of current male student nurses as captured in their focus groups. This seemed to narrow their role and therefore make male nurses less complete and fulfilled as a nurse.

S6: I trained with two guys that left in second year and I'm still friends with now, and they left purely from what they seen on their placements, and within mental health, a lot of the guys were essentially used for control and restraint rather than therapeutic relationships. And they witnessed that time and time again, and said

“that’s not what I’ve come into nursing to do.” So, they actually left, purely on their experiences within the wards and what they seen, I suppose, what a male nurse role was then. It wasn’t what they expected.

S5: *Yeah, less of a nurse role than a female in the same kind of place.*

I: *So, they were almost allocated tasks dependent on their gender?*

S5: *Absolutely.*

S8 *Gender bias, again.*

Female Nomenclature

The words that academic staff can sometimes or even habitually and unconsciously employ as greetings or to describe nurses and nursing can be based on the assumption that nurses and nursing students are female. This serves to compound the feelings of isolation and sense of ‘difference’ building up in the male nursing students early in their pre-registration programme, isolation not only from their female peers but now from the profession they have chosen to join.

S8: *I wonder whether it’s the way sometimes us as educators might address the class. Do you say when you go into the class “good morning, ladies”? Do you do that? When actually, it might just be some of our terminology that we don’t even think about might actually make them feel a little bit different, so actually it might be us that can create them to feel uncomfortable sometimes, potentially.*

S1: *Another thing that I do think more be problematic in the teaching and learning context is pronouns the assumption that nurses are all she and girls and that seeping out of to the language generally also the development of scenarios case studies and I think even if we are not consciously doing it even if it’s the nurse how much of how its talked about and how much of the assumption is actually that the nurse is female...*

Aberrant Male

This sub-theme relates to several other sub-themes which identify a sense of difference and apartness from peers, colleagues and the profession of nursing itself. These can serve to insidiously over time make the choice of pre-registration nursing feel aberrant and this can be compounded by their experiences whilst on the programme.

S8: *I think especially in CYP [Children and Young People] where we are less likely to have males coming into the wards, just to go back to when I was in clinical, if there was a male student that came in, it felt like it was a big deal. A lot bigger deal, “there’s a guy here”, and it was never like that with any of the female students. So, I don’t know whether we could potentially make them feel uncomfortable. I think they probably are treated differently in some areas.*

Stereotype Beats Reality

Nursing is a profession which is imbued with notions of femininity and this stereotype can incur a sense of internal stigma for men thinking of pursuing nursing as a career. This can persist even when it is not reinforced externally and one participant presented this

graphically almost like it was a barrier that men have to push through to realise the benefits that the career can have regardless of gender.

S9: I guess some of it is personal stigmatisation, because prior to coming into nursing, I had thought about nursing for a long time, even from leaving school, but I didn't come in to do my training until I was twenty-six, but by that point I'd worked for about six years with a very macho job, with a security company, driving big armoured vehicles and whatever else, very male-dominated. But when I said I was going to apply for nursing, I got lots of positive comments from people that I worked with there. Not that it would have bothered me either way. But thinking back to that, maybe if you're feeling stigmatised it's maybe not the right job for you, because that stigma might not even be real.

Gendered Assumptions

Academic staff confirmed the pejorative assumptions which persist in nursing and attach to male nursing students who can be 'pigeon holed' into character types on the basis of gender. These assumptions are derived from the student nurse's gender and can be made in advance of first-hand experience.

I: What are you meaning by that?

S10: Well, there is a perception, and you hear it regarding a guy, he'll charm his way through. Or they'll be lazy. These really stereotypical attitudes that we can't shift. We've got stereotypical attitudes against older people, against all sorts, and I think nurses who are male still suffer. And they either have a very easy ride because they are charming, and I'm being really derogatory to my own gender here, but it's true. Or you've got the ones that can do nothing right, and they get a different journey, they're treated differently.

Under the Spotlight

Academic staff confirmed that male student nurses stand out more than their female counterparts in teaching and clinical situations. This can lead to them being noticed more and even targeted in terms of being asked direct questions or their participation and attendance being picked up on more easily.

S1: There's a case of standing out, I guess. If you stand out, then anything's highlighted, isn't it? If you're either really good or really bad, you're very visible. Nowhere to hide.

S4: Yeah.

S1: Yeah. But I wonder, the guys are probably the first people I remember their names.

S2: I'm exactly the same.

S4: Yeah.

S3: Because there's fewer of them, it's easier.

S1: It's much easier to remember them.

S5: And they don't change their hair as often... hair colour.

S4: *And also, because there's not as many of them, it makes them stand out more. So, for instance, if they're not in class, you know they're not in class. So, in that way they maybe feel a bit more targeted as well.*

Isolation

The sense of isolation of male students was also picked up by academics when reflecting on their observations of current students. They noted that it is not only because most of the workforce is female but also because the culture of nursing is steeped in femininity which can make it more difficult for men to become socialised into the patterns of communication and tacit understandings.

S8: *It's maybe a good point for practice in general, they're spending half their time in university but half their time in practice, and it's maybe the attitudes of practice as well that the workforce is a high percentage of females as well so when they're going out in practice, they're surrounded by a lot of females as well. So, like we were just discussing at lunch, for instance on nightshift you learn a lot about people when you can have a lot of big conversations, but actually does that make guys potentially feel a bit more uncomfortable at times? I don't know. Some of the things that nurses can think, talk about, some of the things that go on in the ward.*

Cattiness

It emerged that there can be a malicious communication pattern in nursing which one female academic staff member described as 'cattiness.' This can be pervasive and inherent to the culture of nursing and create difficulties for nurses regardless of gender but perhaps another layer of unaccustomed difficulty for men to navigate when being socialised into the profession. This resonates with the classic idiom that 'nurses eat their young' (Meissner 1986) which sadly seems to still have contemporary relevance.

S11: *Working in a female-dominated environment is hard. And I've worked in an environment where we've been delighted when a male manager was employed to break up the female dominance.*

I: *So, why is it so hard?*

S11: *I think because women are just... yeah. [LAUGHTER]*

I: *For the tape, can you verbalise that?*

S10: *They can be cats.*

S11: *The sisterhood, we don't look after each other, we really don't. And there's the cattiness, the bitchiness, the gossip, maliciousness. And I am doing my own female counterparts a disservice, but it's true. Working in a... it's tough. I find it tough as a fellow female. So, men coming into that environment must find it really tough as well. And I certainly witnessed that throughout my career, definitely.*

Intimate Care

The difficulties around the provision of intimate care by male nurses emerged from discussions in the academic staff focus groups. They felt that this is based on stigma which is external but can also be internalised by the men in nursing trying to provide this kind of care.

S9: *I guess there's still the stigma about practice areas where men might feel uncomfortable, or might be made to feel uncomfortable, in terms of working with a female patient, or working with children. You're a man, therefore you must be a predator, that kind of thing, from both angles.*

Breadwinner Pressure

Although student nurses regardless of gender can experience financial pressures even when in receipt of a bursary in Scotland, there are societal reasons which compound these pressures for men in nursing. There is still a societal view that the man in the family should bear the brunt of providing financially. As male student nurses as a group tend to be more mature and no longer living at home with their parents this issue is magnified.

S12: *I can't say that they have more issues. When it comes to attrition I actually think social issues, finance being one of them, and family pressures, be that the burden of being the provider, particularly if a family addition is coming, and the partner is no longer to be working, or having to take a long mat leave or whatever, and the bursary is not enough. Or they start to take on extra work and then they have academic problems. Or things like that, I've seen that...*

Coping

The theme of 'Coping' has sub-themes which relate to current coping methods as observed by academic staff and also to their recommendations for future practice.

Buddying Up

The sense of isolation and difference perceived by male student nurses and their need for peer support is perhaps evidenced by their coping method of 'buddying up.'

S2: *Yeah. I think that links on with what X said as well, because even observing, like you say, males always sit with other males, regardless of age gap, regardless of maybe what they've got in common, a lot of the time they tend to sit together. And is it because of that that they might... I don't know, trying to get away from that female conversation of drivel, which it sometimes is. But I don't know, that's just my observation, I do find that interesting that they tend to sit together, and even if there is a gap, quite a big gap.*

I: *So, potentially a link back to the peer support.*

S4: *But they do tend to partner up together, if there is guys in the class, which is what we've maybe found.*

S3: *Yeah.*

S5: *The guys pair with guys.*

S4: *Yeah, if we're doing personal hygiene things.*

Professional Man

Lecturers discussed that although male nurses can have issues with the provision of intimate care to women that there is a perception that this would not be the case for male doctors. It was almost suggested that although society has accepted medical staff as professionals and this perception transcends their masculinity in the provision of intimate care that this is not endowed on male nurses you are seen as men rather than nurses.

I: Just to come back to that point again, you're saying it's almost a societal view on a male nurse.

S3: I think so, yeah.

I: Even though they're happy for a male medical member of staff to examine, but society is still...

S3: It seems to be different in terms of profession to a degree, yeah.

S1: Yeah, it's just down to expectations, I guess, stereotypes. Stereotype is a female nurse, isn't it? But if it doesn't fit that...

Recommendations

Role Models

The need for positive male role models that men can identify with and who have overcome gender based pressures and succeeded in their careers was seen as important. Particularly men who had stayed as clinical nurses and not progressed into levels of nursing that may seem remote to student nurses.

S11: What about this I Am, the external I Am posters that are about, what about trying to identify those male role models out there in clinical practice and getting them to speak about their career? Use them as a role model.

I: A role model, or mentors. Like a mentor in practice.

S11: Both really, yeah. Just having a visual anecdotal display of men in nursing and where your career can take you, because as we know, nursing can take you many, many directions.

S10: But targeted, maybe. I don't know. And involving people you will know, excellent mental health role models to come in. I can think of two or three people that could come in.

S11: I think male role models, definitely.

S10: And they're ordinary blokes and they're funny and down to earth, and they could identify with them. Not high managers or anything, they're band fives, band sixes.

Academic Staff Awareness

The process of reflection engendered by the focus groups themselves elicited an awareness that the consistent use of feminine nomenclature to denote nursing and nurses may be off putting for men in nursing and create a sense of difference. The academics identified that their own use of language is important.

S3: But you never say "the female doctor" or "the female engineer." They're an engineer or they're a doctor. But there's always... you're a male nurse. Well, actually, you're a nurse.

I: And we ourselves as academic staff use those phrases?

S4: Yeah. I suppose as academic staff, we would just be aware of when we're developing materials, etc. it's just minor things, but if you've got pictures and things, the traditional thing is always the female that's in the picture; it doesn't always need to be that. It's just small things like that. Or if you're developing case studies or scenarios, it can be just having little things.

Challenging the Stereotype

Again the process of reflection seemed to engender a realisation that the predominant stereotypes used to depict nursing and nurses may contribute to the alienation of men from the profession that they are ostensibly being socialised into.

S9: *But I know when I've done lectures in the past in first year on just nursing and what is nursing, I have gone to both extremes and I've had things like "what does a nurse look like?" and I've had the Carry On film characters, Barbara Windsor and her outfit in Carry On, and then the matron. And then I've taken it and gone through it as a lecture and got the male nurse at the end. Just challenging the stereotypes. Because even those stereotypes in Carry On were very stigmatised and very prejudiced for the female look, never mind being male.*

S8: *Yeah.*

I: *So, challenging stereotypes within the classroom, which you said you do already in one of your lectures, okay. Everyone okay with that one then?*

S8: *Mm hmm.*

Discussion

The study set out to find out why men have higher rates of attrition from pre-registration nursing programmes in Scotland and to explore ways of improving retention.

Data about retention

Limited reliable data was available regarding possible factors that might explain the higher attrition of male nursing students. The data from NHS Education for Scotland and individual institutions identified that generally male students are older when they commence a programme of pre-registration nursing education. Data from one institution found that students who are male and who discontinue are similar in age to female students who discontinue, while male continuing students are slightly older than female students who continue. Regardless of field of nursing or midwifery the data shows that men are significantly less likely to complete, and take longer to complete. In confirmation of this, inactivity rates for male students are higher than female students.

Figures from the NMC suggest that men are more likely to be referred to fitness to practise, and are more likely to be struck off the register than women (NMC, 2018). The data available in this study did not allow for fitness to practice related issues to be investigated as a possible reason for male students leaving programmes of nursing education.

More reliable and more comprehensive data is needed regarding leavers from programmes of pre-registration nursing education in order to identify contributing factors to discontinuation.

Experiences of staff and students, and views about reasons for higher attrition

Numbers in all participant groups were low: recruitment may have been affected by the use of the same institutions as the previous study (Whitford et al 2018). Recruitment of a key participant group (former male students of nursing) was difficult and in spite of prolonging the data collection phase and repeated efforts to publicise the study and follow up legacy contacts, the number of participants in this phase was lower than planned. In spite of this, the findings from this phase of the study were broadly corroborated by the data from the other participant groups. This gives us confidence that the results would be largely unchanged if recruitment to this phase had been more successful.

The themes and sub-themes from all qualitative phases have been combined and summarised, with many commonalities and some differences identified (Table 3). There was one notable exception: despite female student nurses agreeing that men had some gender based difficulties in completing the programme because of societal expectations, stigma and cultural factors, they did not feel that any issues arose within the pre-registration programmes. The female student nurses were much less sure that men had any significant gender-based difficulties in completing the pre-registration programmes and this is expressed in the theme of 'No Problem'.

Each of the themes and sub-themes will be discussed in turn and connections made with existing literature.

Table 3: Overall Summary of results

Themes	Sub-themes	Former students	Male Students	Female Students	Staff
Pressures	Mr. Muscle	✓	✓	✓	✓
	Intimate Care	✓	✓	✓	✓
	Missed Learning Opportunities	✓			
	Female Nomenclature		✓		✓
	Cattiness				✓
	Under the Spotlight		✓		✓
	Breadwinning Pressures	✓	✓	✓	✓
	Isolation	✓	✓	✓	✓
	No Problem			✓	
	Double Consent and Chaperoning		✓		
	Reluctance to Seek Help	✓	✓		
	Not a Lad Culture		✓		
	Gendered Assumptions	✓			
	Coping	Men Adding Value	✓	✓	✓
Breadth of Opportunity			✓		
Pushed up the Ladder			✓		
Professional Man			✓		✓
It's my Fault		✓			
Need for Maturity		✓			
Buddying Up		✓	✓		✓
Recommendations	Role Model		✓	✓	✓
	Assertive Support		✓		
	Changing Rooms		✓		
	Academic Staff Awareness				✓
	Challenging the Stereotype				✓

The overall themes of Pressures and Coping are presented, with the relevant sub-themes grouped below this. The final theme of Recommendations will be revisited in a concluding 'Strategies' section of the report.

Pressures

The data from male student nurses, nurse academics and male leavers identified particular gender based pressures faced by men on pre-registration nursing programmes. These stemmed partly from the culture clash that men encounter in entering a profession so closely associated with femininity and already well established in nursing literature (Bartfay et al., 2010, Harding et al., 2017, Meadus and Twomey, 2011, Smith, 2006, Wilson, 2005).

The female student nurse focus groups did also perceive that men had particular pressures which could be seen to be arising from their role in society and from cultural expectations in Scotland and the feminine stereotype of nursing and caregiving. Paradoxically despite acknowledging that men in nursing may be more isolated than their female counterparts, there was no overall appreciation of any special gender related difficulties for men on the pre-registration programmes by female student nurses in the focus group data. At times this was despite prompting from the interviewer. It has long been known, however that practice placements can be associated with significant stress for student nurses regardless of gender as identified by Jones and Johnston (1997) in a study in Tayside and additional pressures for male student nurses can only compound these issues.

Mr. Muscle

All data sets confirm the impression that male student nurses would be more likely to be asked to carry out physical tasks that are seen as depending on strength and lifting ability than their female colleagues. This assumption was based on gendered expectations that did not seem to take account of the abilities or wishes of each individual man and which may as a consequence also serve to limit and narrow their overall learning opportunities. This finding was also elicited from a survey of Canadian male student nurses (Twomey and Meadus 2016). Similarly other studies have found that that in the clinical areas male students were more likely to be given 'heavier' or more challenging patients because of male stereotypes of being strong and always remaining calm (Meadus and Twomey 2011; Powers et al 2018; Sayman 2015).

Intimate Care

The difficulty for male nurses of providing intimate care to female patients was noted in all data sets. In previous studies two areas of practice placement consistently raise issues for male students: paediatric placements (Meadus and Twomey, 2011) and obstetrics and gynaecology. The latter area is associated with a higher rate of treatment refusal (Anderson, 2014; Christensen and Knight, 2014; Ellis, 2006; O'Lynn, 2004; Powers et al 2018; Smith, 2006; Stott, 2006; Wilson, 2005) or feeling anxious that female patients could feel uncomfortable or make accusations about inappropriateness when providing intimate care (Meadus and Twomey, 2011; O'Lynn, 2004). This in turn implies that it was expected that the patient would see the nurse as a man rather than a student nurse. Subsequently this

process has the effect of narrowing and limiting the practice based learning opportunities for men.

Problems associated with the provision of intimate personal care for female patients by male nurses also emerged in this study as a particular pressure for the men who did not complete the pre-registration programme. It seems that this could have been motivated by the desire for mentors and nurses allocating duties to protect both the student nurse and the patient, as it was assumed that both may be uncomfortable. This phenomenon was also noted by Meadus & Twomey (2011) and Sayman (2015) when the pairing of male students with female peers on paediatric or obstetrical units because of comfort level of patients and preventing potential sexual misinterpretations.

There is a paucity of evidence in the literature as to whether patients actually do prefer female or male nurses. Chur-Hansen (2002) used a questionnaire to identify these preferences in four clinical situations. Her findings were that the degree of intimacy in a clinical situation was found to be predictive of same-gender preferences. This does support the expectation that female patients may experience discomfort being cared for by male nurses but not the routine presumption that male patients are content to be cared for by female nurses.

Missed Learning Opportunities

The reluctance of mentors to involve male nursing students in the care of female patients, discussed by men who left the pre-registration programme before completion, can consequently limit and narrow the care that they are able to take part in. It seems likely also that this process may also serve to make men feel less accepted into the profession to which they are being socialised.

Female Nomenclature

The words that academic pre-registration staff can sometimes or even habitually and unconsciously employ as greetings or to describe nurses and nursing can be based on the assumption that nurses and nursing students are female. This was discussed in the male student nurse focus groups and was seen to incrementally serve to compound the feelings of isolation and sense of 'difference' building up in the male nursing students early in their pre-registration programme. This sense of isolation is not only from their female peers but now from the profession they have chosen to join. It has been confirmed previously identified that course material is often also gender biased (Bell-Scriber, 2008; O'Lynn, 2004; Kermode, 2006).

As mentioned in the male nursing student focus group this was sensed early in the programme when the history of nursing and the impact of Florence Nightingale was discussed. She believed that men's 'hard and horny hands' were not fit to touch, bathe, and dress wounded limbs, 'however gentle their hearts may be' for humanity (Summers 1988). Indeed she has been blamed for the demise of men in nursing as evidenced by the decline of men entering nursing in Europe and North America during this time (Bartfay, 1996; Bartfay et al, 2010; Mackintosh, 1997).

It further emerged in the male focus groups that the relative novelty of having a male member of staff led to an anomalous situation where the term 'male nurse' was often used as an introduction. In contrast the term 'female nurse' was never needed. The assumption of femininity associated with the profession of nursing led to some challenges for the male students in terms of their masculine identity. Gendered constructions of nursing have been previously noted and found to affect career choice (Muldoon and Reilly 2003) and completion rates (McLaughlin et al 2010). Gender biased course material and language (Anderson, 2014; Bell-Scriber, 2008; Christensen and Knight, 2014; DeVito, 2015; Ellis, 2006; Ieradi et al., 2010; O'Lynn, 2004; Powers et al, 2018; Smith, 2006) have been identified in previous studies about men in programmes of nursing education.

Cattiness

It emerged from discussion in the academic focus groups that there can be a malicious communication pattern in nursing which one female academic staff member described as 'cattiness.' This can be pervasive and inherent to the culture of nursing and create difficulties for nurses regardless of gender but perhaps another layer of unaccustomed difficulty for men to navigate when being socialised into the profession. This resonates with the classic idiom that 'nurses eat their young' (Meissner 1986) which sadly according to data from this study, seems to still have contemporary relevance. Other studies have found that male students feel they are perceived negatively in placement (Bartfay and Bartfay, 2007; Bell-Scriber, 2008; Meadus and Twomey, 2011; O'Lynn, 2004; Stott, 2006; Wilson, 2005).

Under the Spotlight

The academic and male student nurse data sets confirmed that male student nurses stand out more than their female counterparts in teaching and clinical situations. It was agreed that this can lead to them being noticed more and even targeted in terms of being asked direct questions or their participation and attendance being picked up on more easily. Undue pressure in learning environments due to 'standing out' (Anderson, 2014, Christensen and Knight 2014; DeVito, 2015; Ellis, 2006; Powers et al 2018; Meadus and Twomey, 2011) has also been identified in previous studies.

Breadwinner Pressures

Although financial pressures are not unique to nursing students nor nursing students who are men, they are perhaps experienced disproportionately by these men. This may originate from societal expectations of the male role. The data from phase 1 confirms that male student nurses tend as a group to be older than their female counterparts and therefore may have accrued more financial responsibility for their family. Men in society are traditionally seen as the 'bread winner'. Financial issues have previously been identified as being particularly problematic for male nursing students (Wilson, 2005). It has also been previously acknowledged that this additional financial pressures may have particular impact for older students (Ellis, 2006; Smith, 2005; Wilson, 2005).

Isolation

The theme of Isolation arises from a profound sense of being different and having difficulty gaining acceptance in a predominantly female culture. This was a powerful theme identified in all data sets. It seems to still therefore be the case as found by Dyck et al's (2009) study of nursing students that men are accommodated into the nursing culture but are not truly

integrated. This phenomenon has long been noted in nursing and has been theorised to cause feelings of dissonance in male nurses who form a distinct sub group or 'tribe' (Leininger 1994). This subculture resolves the dissonance for men and is a way of coping in the predominantly feminine culture of nursing (Herakova 2012)

It is a sense of not fitting in with class mates or other nurses on practice placement and not having peers to relate to when this was needed. This study confirmed the difficulty and feelings of isolation of being a male in an all-female environment identified in other research (Meadus and Twomey, 2011; O'Lynn, 2004; Wilson, 2005; Stott, 2006). This stems from lack of other male students on the course (Anderson, 2014; DeVito, 2015; O'Lynn, 2004) and this is fundamentally identified as contributing to feelings of isolation. This sense of isolation from female colleagues is not confined to Scottish or North American culture, Taiwanese male nurses reported social isolation and exclusion from female colleagues negatively affected their work adjustment (Lou et al 2011). At a fundamental level the female dominated environment may also produce feelings of isolation because females and males have characteristic and different ways of relating to and communicating with one another (Haferkamp et al 2012).

No Problem

A unique finding of this study is that paradoxically, despite acknowledging that men in nursing may be more isolated than their female counterparts, there was no overall appreciation of any special gender related difficulties for men on the pre-registration programmes by female student nurses. At times this was despite prompting from the interviewer.

Double Consent and Chaperoning

Although patient consent is a professional imperative for male student nurses caring for female patients, this consent seems to be amplified. Firstly consent is sought for the procedure to be carried out and secondly consent may then often be sought for a man to provide this care. This is the concept of Double Consent which was named by one participant but which was strongly emergent as a theme in the data from current male students. Again this may contribute to the limiting and narrowing of learning opportunities made available for male student nurses as well as incrementally contributing to their sense of difference and alienation from their chosen profession. Inoue et al (2006) also found that male nurses sometimes traded off intimate caring tasks with female colleagues and used their female colleagues as chaperones.

Reluctance to Seek Help

It was acknowledged in the male student nurse focus group and by former students that men need support to complete their pre-registration education and they had discussed some gender specific difficulties which would benefit from specific support. Paradoxically however they agreed that they would be less likely than female students to actively seek out support. It has been previously noted that male nursing students find it difficult to discuss their concerns with female academic staff expecting that they would not understand the challenges they face as men in nursing (Paterson et al, 1995; Paterson et al, 1996).

Not a Lad Culture

The men in nursing lamented the lack of 'laddish banter' and found the feminine communication patterns alien to that found in male dominated work environments. This gender based difference in communication also extends to the way in which work performance is evaluated. Men face being evaluated according to feminine standards of communication, social interaction, and caring (Stott 2007). Sometimes in this study they noted that they had incurred censure from other men for being in nursing at all. In the male student nurse focus groups it was also discussed that a feeling of separation from others is also experienced when socialising with male friends outside of nursing as they may view this career for men negatively. This has been widely discussed in the men in nursing literature particularly in North America in terms of the contradictions and tensions that men face in enacting a predominantly feminine professional role while maintaining a masculinity that is considered acceptable within their social context (Connell, 1995; Connell and Messerschmidt, 2005; Evans, 2001; Evans, 2002; Evans and Frank, 2003). This societal view is confirmed by Clow et al (2015) which even suggests that male nurses are viewed as being less competent and more deviant than their female counterparts.

Gendered Assumptions

Unsupportive friends or homophobic/gender biased remarks (Bell-Scriber, 2008; DeVito, 2015; O'Lynn, 2004; Powers et al 2018; Wilson, 2005) are identified factors associated with male attrition and were also identified in this study.

Coping

In spite of this, participants agreed that nursing was an attractive career choice because of the chance to work in a caring profession. Similarly others have noted this as an important factor in men's decision to study nursing (Harding et al., 2017; Ieradi et al., 2010; McKenna et al., 2016; Meadus and Twomey, 2011; Stott, 2006). In this study nursing was also perceived as a worthwhile career because of its breadth of opportunity and inherent value to society. Men had to find ways of coping with the pressures to realise these opportunities and to stay in the profession. Schmidt's (2016) qualitative study in the USA discovered a similar process for men in nursing which she aptly describes as 'solving the puzzle of caring.'

Men Adding Value

In clinical practice, all data sets excepting the academics noted the positive effects of having a male presence in the workforce included improved communication, and improved group dynamics. Under the theme of 'Cattiness' however the academics did acknowledge the tonic effect on nursing team dynamics of having some male members of staff. This concurs with and adds specificity to a general agreement in health care policy in western countries that greater diversity in nursing will enhance the profession and patient care (Sullivan 2014)

Breadth of Opportunity

Although the stereotypical image of nursing and its association with femininity may have been off putting to men to begin a career in nursing the job itself was seen to be potentially rewarding and presenting a breadth of opportunity for new learning.

Pushed up the Ladder

Students reported an expectation among clinical staff that they (as male nurses) would be more likely to be ambitious and be promoted. Staff also felt that male students were more likely to seek and be successful in seeking promotion. Data supplied by ISD (personal communication) confirms that compared to the 10.5% of male nursing staff at Band 5, the proportion of males increases to 18.5% at Band 8 (all Band 8, A – D). This expectation does not derive from the male student nurses themselves but is a product of social pressures from female nurses and sometimes the wider multi-disciplinary team as discussed and evidenced by Carnevale and Priode (2018).

Professional Man

It was believed by male nursing student participants that gender should not be a barrier to providing intimate care and that patients should trust in the nurse's qualification professionalism and skill set rather than being dissuaded by them being of another gender. The parallel with medical doctors was given by one participant who pointed out that with doctors there is an implicit trust in the doctor as a medical professional gender notwithstanding. This concurs with one of the coping strategies identified by Inoue et al (2006) also which was to interact in a formal and professional manner to assume a professional identity as a nurse and therefore to elicit trust.

It's My Fault

The men who had left the programme before its completion were at pains to express that they blamed themselves for this and that they still had a respect for nursing and nurses.

Need for Maturity

Male student nurses may be more resilient and able to cope with the potential stigma of being a male student in a predominantly female environment. This may account for some male applicants choosing nursing in later life when more mature.

Buddying Up

The sense of isolation and difference perceived by male student nurses and their need for peer support is perhaps evidenced by their coping method of 'buddying up.' This concurs closely with the data from the male student nurse focus groups too. Powers et al (2018) also noted the collegiate benefits of being in a cohort with more than one male nursing student.

Recommendations (from the data)

Role Models

The need for positive role models, lack of male academic role models (DeVito, 2015; Ellis, 2006; O'Lynn, 2004; Powers et al 2018; Stott, 2006; Smith, 2006) is well established in existing literature.

Assertive Support

Strategies that have been suggested in the literature include: support and positive feedback for male students (Meadus and Twomey, 2011; Ieradi et al, 2010; Wilson, 2005) and equal

treatment by academic staff (Anderson, 2014). Male student support groups (Stott, 2006; Wilson, 2005) have been suggested by previous studies. Other factors that can help male students are having other male students in the class (Anderson, 2014; Meadus and Twomey, 2011), positive relationships with female students (Anderson, 2014; Bell-Scriber, 2008; DeVito, 2015; Ellis, 2006). One Scandinavian study theorises that the needs of men and women in terms of support are different (Arvidsson et al, 2008) and this study would certainly confirm that there are some important gender related issues to be addressed.

Changing Rooms

The lack of male changing areas was a cause of concern for men which at times made them feel awkward, uncomfortable and even degraded.

Academic Staff Awareness

The process of reflection perhaps engendered by the focus groups themselves seemed to elicit an awareness that the consistent use of feminine nomenclature to denote nursing and nurses may be off putting for men in nursing and create a sense of difference. The academics realised that their own use of language is important.

Challenging the Stereotype

Again the process of reflection for nurse academics in focus groups seemed to engender a realisation that the predominant stereotypes used to depict nursing and nurses may serve to contribute to the alienation of men from the profession that they are ostensibly being socialised into.

This is an important lesson for nurse academics because despite the importance of these issues and gender based pressures for men generally they have been found to be rarely addressed well in the course of nursing education, and men often learn to cope with difficult situations through trial and error (Keogh and Gleeson, 2006; Keogh and O'Lynn, 2007; O'Lynn, 2004; O'Lynn et al, 2007).

Conclusions

The data confirms that men are more likely to leave a programme of nursing education than women, regardless of field of nursing, and younger men are more likely to leave than older men. There is a lack of comprehensive data about other factors that might affect retention.

Nursing students who are male are in a minority situation. Although gender equality is becoming more mainstream in society, in nursing men feel surprisingly isolated and pressurised. They face challenges in terms of gaining access to learning opportunities, stereotyping of their masculinity, assumptions about their physical attributes, and being in the 'spotlight' in both placement and the classroom. Many seemingly minor differences such as the need for 'double consent', lack of changing facilities, gendered assumptions about the role, challenges of socialising in a predominantly female environment or the ubiquitous use of the prefix 'male' all combine to emphasise their difference. The pressures of being the breadwinner in the family may disproportionately affect male students of nursing. In addition the male students who had left a programme of nursing acknowledged that they may have been too immature for the programme and that they should have

sought help sooner. These factors seem to contribute to men leaving programmes of nursing before completion. Without a degree of resilience and maturity, male nursing students could be considered to be somewhat vulnerable. In contrast, the breadth of opportunity that nursing offers them was appreciated and there was a feeling that men can bring added value to the clinical environment. Without efforts to improve retention (as well as recruitment) of men on programmes of nursing, the nursing profession may not be able to attract the best people. The reaction of female students in this study suggests that nurses who are women may not fully appreciate the challenges that their male colleagues face in the profession, and may not understand the need to improve gender diversity within nursing.

Strategies to address the issues

The findings of all five phases have been used to suggest strategies to improve the experiences of male nursing students while on programme and to prevent male students from leaving before completion:

Regarding data:

- More robust and more comprehensive data is needed about students in order to identify factors affecting discontinuation.
- More robust data needs to be collected about the reasons students leave programmes of nursing education, including fitness to practise reasons.

Regarding the image of nursing:

- Publicity about male role models in clinical nursing and academia is needed to provide positive examples of success in nursing.
- National recruitment strategies are needed to change societal perceptions about the female nursing stereotype.
- Outreach work in schools is needed to challenge gender stereotypes of nursing.

Regarding the University environment:

- Support opportunities are needed for male students to minimise feelings of isolation, such as 'buddying up', ensuring that there is more than one male student in a class (where possible), or arranging male student mentors or a male student nurse support group.
- Staff training is needed about unconscious bias to ensure that learning materials, such as in case studies, include gender diversity (of practitioners and patients) and there is careful avoidance of gendered language.
- Staff should encourage and enable opportunities for students to seek support when needed, such as perhaps using a tool to measure student support requirements.
- Provide training for staff to recognise the potential isolation and vulnerability of male students and put in place 'assertive' support for male students.
- Acknowledge the financial pressures faced by students and recognise that the (relatively) low income of nurses may be a factor influencing male students dropping out.
- Treat all students equally and as individuals in the classroom (and the clinical area) by moving away from binary assumptions about gender.

Regarding clinical placements:

- Emphasise to mentors and clinical staff the need to give students who are men the same breadth of learning opportunities.
- Encourage mentors and clinical staff to avoid introducing the student as male and not to specifically seek permission for a male to be present.
- Encourage mentors and clinical staff to avoid making assumptions about male students and their ability to carry out 'manly tasks'.
- Encourage clinical areas to support students in the provision of intimate care regardless of gender
- Prepare students for the potential challenges of accessing all learning opportunities

- Identify clinical placements where the facilities (such as changing rooms) may not meet the needs of all students
- Identify clinical 'buddies' who are men to provide additional mentorship to male students of nursing

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