UNIVERSITÉ DE SHERBROOKE

Faculté d'éducation

PEER LEARNING AND MENTORING AS STRATEGIES TO INCREASE PROFESSIONAL IDENTITY AND THE PERCEPTION OF INCLUSION AS APPLIED TO AN ALL-MALE CLINICAL GROUP IN CEGEP NURSING

BY

TASHA KERI

12005554

Submitted to the Faculty of Education in
Partial Fulfillment of the Course: Designing a Research Proposal (MEC 802)
Performa: Master Teacher Program

Date: September 2nd, 2019

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Abstract

Males face many challenges in nursing education. The clinical environment is not always supportive to the unique needs and challenges of male nursing students. A review of the literature identified four major obstacles that have a negative effect on male nursing students' success rates: cultural, faculty, hospital and curriculum obstacles. The group under study is in the full-time 3-year nursing program. CEGEP John Abbott College is an Anglophone college on the island of Montreal. Over a 12-week period, a clinical group of six males, guided by a male faculty member, working as a mentor, was created during their last semester of nursing school to increase opportunities for peer learning, professional identity, and feelings of inclusion. Through the completion of surveys and a structured interview, the results were analyzed and demonstrate that male students have overall higher professional identity than their female counterparts, yet there was no difference in professional identity between males in the all-male clinical group versus the males in the mixed gender groups. An all-male clinical group led by a male instructor was shown to improve feelings of inclusion amongst participants. Several obstacles were identified as challenges to success in nursing programs.

Key words: *Peer learning, mentoring, professional identity, inclusion, males*

Résumé

Le but de ce projet de recherche était de voir si l'apprentissage et le mentorat entre pairs du même sexe avaient un effet sur la perception de l'identité professionnelle et de l'inclusion par les hommes. Sur une période de 12 semaines, un groupe de 6 étudiants masculins a été placé dans un groupe clinique avec un enseignant infirmier également masculin. Un groupe témoin composé de 2 hommes a été placé dans des groupes mixtes, avec des enseignantes pendant la même période. En termes d'identité professionnelle, tous les hommes ont été comparés à leurs camarades de classe au début du semestre, puis l'un à l'autre à la fin de leur stage clinique.

En comparaison avec leurs homologues féminines, les données ont montré que les hommes présentent des niveaux d'identité professionnelle plus élevés. Cela peut être dû à une plus grande confiance en soi et à la connaissance de quelqu'un qui exerce dans la profession.

Tous les hommes ont identifié la rotation en obstétrique comme un obstacle à la réussite en soins infirmiers, ainsi que les commentaires négatifs du personnel, l'appartenance religieuse des patientes, les problèmes de programme et le fait de devoir faire ses preuves pour pouvoir être accepté dans la profession. Cependant, les étudiants ont souligné qu'ils estimaient que tous leurs enseignants les avaient traités équitablement tout au long du programme.

Les étudiants du groupe composé exclusivement d'hommes ont apprécié la présence d'un enseignant de sexe masculin. Cependant, cela ne semble pas avoir d'incidence sur les sentiments d'inclusion. Il a été noté qu'un enseignant de sexe masculin avait réussi à nouer des relations plus étroites qu'avec une enseignante de sexe féminin, mais que cela avait davantage à voir avec la personnalité qu'avec le sexe.

À la fin de la rotation clinique, le groupe composé uniquement d'hommes semblait avoir des scores d'identité professionnelle plus élevés. Cependant, bien que les scores soient supérieurs, il existait une différence marginale entre les hommes du groupe témoin.

Les hommes restent une minorité dans la profession d'infirmière. Les programmes de soins infirmiers doivent donner la priorité aux méthodes visant à éliminer les obstacles ayant une incidence sur l'apprentissage, l'identité professionnelle et le sentiment d'inclusion.

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INTRODUCTION

Nursing is a female-dominated profession. Males face various obstacles in their pursuit of a nursing career. These obstacles come from various sources and may be why we see low levels of males entering into the profession. A review of the literature identifies these obstacles as coming from nursing program faculty, the healthcare setting, the current cultural climate towards males in nursing as well as the curriculum currently used for nursing students. Nursing educators must work to identify these obstacles and remove their impacts on male students. Giving same gendered peers an opportunity to work together in a learning environment, and alongside a male teacher, may increase feelings of inclusion and professional identity and assist in increasing the numbers of males within the profession.

CHAPTER 1: PROBLEM STATEMENT

Gender bias towards males exists in nursing education and negatively influences the experience of male students (Koch, Everett, Phillips & Davidson, 2014; McLaughlin, Muldoon & Moutray, 2010; Solbraekke, Solvoll & Heggen, 2013). Gender bias, an issue that was taboo to speak of in past generations, has become increasingly visible in today's society of the "Me Too" and "Time's Up" movements (Bennett, 2017). Gender bias is defined as the unequal treatment of a person based on their sex (MacMillan Dictionary, 2018). As a former student in Women Studies, I learned of the struggle of females in everyday contexts. Examples abound of women receiving lower salaries than their male colleagues, being passed over for a promotion by an equally or less qualified male and being sexually harassed by males in positions of power. Few people think of gender bias in relation to a male being the victim rather than the perpetrator. There is little recognition of the struggle males experience in certain societal contexts. Now, as a teacher of nursing, I realize that my professional environment is one of those contexts.

Traditionally, nursing has been seen as a feminine profession. This perception is not without evidence. In 2010, the Canadian Nurse's Association (CNA) reported 268, 512 registered nurses working within Canada. Of those, only 5.6% were men (Canadian Nurse's Association, 2012). The implementation of feminist paradigms suggests that nursing practice utilizes principles of feminist theory because the nature of nursing practice is to provide nursing care based on feminist traits such as sensitivity, caring and intimacy (Sampselle, 1990). Males continue to represent a minority within the profession today. However, the most recent 2018 statistics reveal that 9.5% of nurses currently enrolled in Canada are male. This represents a small but upward trend in increasing enrollment of males within the profession (Canadian Nurses Association, 2019). Consequently, our nursing programs are faced with multifactorial pedagogical challenges. These biases can be manifested as the recognition of the male nursing

student as less qualified than the female student, preventing male students from experiencing the same patient encounters that females experience and discriminating against male students based strictly on gender. These biases stem from society and have permeated into the pedagogy, classroom and hospital setting. Although it may not be possible to overcome the cultural biases that permeate society, nursing programs have an obligation to become aware of hidden gender biases among their faculty, in their curriculum as well as the biases students will face in their professional settings from both hospital staff and the public they will serve. Once this is done, they can develop strategies to help male students overcome these important obstacles as they develop a sense of professional identity and perception of inclusion.

CHAPTER 2: CONCEPTUAL FRAMEWORK

Gender bias is defined by the World Health Organization (WHO) as "Any distinction, exclusion or restriction made on the basis of socially constructed gender roles and norms" (2011, p.1). Although traditionally viewed as an issue exclusive to females, it can include discrimination against males as well. Today, in North America, nursing is a predominantly Caucasian, female-concentrated occupation, even though history has shown that men are the true pioneers of the profession (Meadus & Twomey, 2011). The first nursing school on record was in India, for men only, in 250 BCE (O'Lynn &Tranbarger, 2007). Leading up to the 19th century, men cared for patients in mental health and military institutions (Mackintosh, 1997). Gender-exclusion reforms spearheaded by Florence Nightingale in the 1860s established nursing as a female-dominant profession and inadvertently diminished the role of men in nursing (Mackintosh, 1997). Nursing used to be an obvious choice as a career for women; however, this is no longer the case. Today's women are faced with more career options than ever before. Nursing no longer benefits from being a first career choice for women. Nursing is often portrayed as a profession in which its employees are over-worked and under-paid and the role of the nurse is often misunderstood. Consequently, there is a national nursing shortage, and the added stress of the aging "Baby Boomers" has placed additional burdens on our health care system. To address these staffing shortfalls, efforts must be made to seek out a candidate pool that is more diverse, including the hiring of minorities to the profession, such as males. However, males face many challenges within nursing education. Society's perception of males as nurses is the most commonly

identified barrier for men to enter nursing (Gheller et al. 2016; Whiteside & Butcher, 2015). Nursing is still viewed as a predominantly female-oriented career and the male nursing figure, as a cultural figure, is often perceived to be "...unmasculine, effeminate, homosexual and/or having the inability of showing or behaving in a feminine, nurturing way" (Christensen & Knight, 2014, p. 99; Juliff , Bulsara & Russell, 2014; Gheller et al. 2016). Nursing is not perceived of as a masculine career in Canadian society (Bartfay, Bartfay, Clow & Wu, 2010).

Another barrier identified by male nursing students is the lack of male role models and peer groups in the clinical setting, giving them less opportunity to see the role of the male as a nurse in the hospital setting (Gheller et al. 2016; Mott & Lee, 2017). There are also many elements within the nursing program curriculum, which are not considerate of the experience of male students. For example, nursing has a history of utilizing feminist paradigms, which are not inclusive to males (Bartfay, et al. 2010). Male students rarely learn about the contributions of males within the profession, must read from textbooks, which refer to the nurse solely as "she" and do, not learn how to carry out touch-based procedures carefully and professionally, utilizing an approach, which is sensitive to the male experience (O'Lynn, 2004). I have observed that specific strategies to be more inclusive of male nursing students is lacking. There has been no discussion about the unique needs of male students within the nursing program. Faculty is composed of primarily women who cannot relate to the male experience. Also, the Quebec Order of Nurses (*Ordre des Infirmieres et Infirmiers du Quebec* [OIIQ]) has chosen to refer to the nurse exclusively as "she" in all their written publications, leading to a further sense of isolation amongst males who have chosen the nursing profession (OIIQ, 2019). Therefore, there is a lack of sensitivity towards male students and there has been no adjustment to the pedagogy as a result. The low numbers of male faculty available to work with students can lead to a further sense of isolation as there is nobody available who truly understands the male student's experience (Banister, Bowen-Brady & Winfrey, 2014). By increasing faculty awareness of these obstacles, efforts can be made to design a more favourable educational experience for male students. Providing a mentorship opportunity with a male faculty member, as well as with same-gendered peers may provide a solution for some of the issues highlighted. A formal mentorship program in the clinical setting may allow students to see how a male faculty member is able to work as a professional in a female-dominated profession, despite the presence of various obstacles. These activities may increase the sense of professional identity and the perception of

inclusion amongst male students. An extensive review of the literature using the methods outlined in Appendix A was conducted in order to further explain the nature of the problem, what research has been carried out, as well as recommendations to rectify the situation.

This research project has four goals. The first goal consists of determining whether male nursing students experience obstacles while studying. The second is to determine the source of these identified obstacles. The third goal is to study the impact of an all-male group in terms of professional identity and the perception of inclusion. The fourth and final goal is to make a comparison of professional identity between male and female nursing students.

CHAPTER 3: LITERATURE REVIEW

Nursing programs have not kept up with the societal demands of fair and equal treatment of students of both genders. A review of the literature was conducted in order to identify different types of obstacles currently experienced by male nursing students, followed by a review of educational strategies for implementation and support in the clinical environment.

Male students can experience difficult challenges in nursing education. Identifying strategies to support males in nursing education will allow educators to implement them within the nursing program and promote an environment of inclusiveness. This literature review is intended to explore these strategies as well as to identify gaps in the literature to support the need for further inquiry.

3.1 PRESENCE OF BIAS TOWARDS MALES IN THE CLINICAL SETTING

The World Health Organization defines gender bias (WHO; 2011) as “any distinction, exclusion or restriction made on the basis of socially constructed gender roles and norms”. Male nursing students are exposed to various instances of gender biases in the clinical setting. The very decision to enter a nursing program is met with societal pressure. Society’s view of males as nurses is identified as a major obstacle for males and greatly influences their consideration of applying into a nursing program. (Gheller et al. 2016; Whiteside & Butcher, 2015). Once admitted into the program, males are faced with the fact that being of the male gender is associated with a less positive clinical experience and higher attrition rates (Koch et al. 2014;

McLaughlin, et al. 2010; Solbraekke, et al. 2013). This can influence the motivation to stay within a nursing program once admitted. Through an examination of the literature, four themes of bias towards males have been identified. They are cultural bias, hospital bias, curriculum bias and faculty bias.

3.11 CULTURAL BIAS

Cultural bias is defined as an interpretation or judgment inherent to one's own culture ("What does cultural biases mean", 2018). Society's perception of males as nurses is the most commonly identified barrier for men to enter a nursing program (Gheller et al. 2016; Whiteside & Butcher, 2015). The current portrayal of male nurses within the mass media discourages them from choosing a career in nursing (Bartfay, et al. 2010). Nursing is still viewed as a predominantly female-oriented career and the male nursing figure, as a cultural figure, is often perceived to be "...unmasculine, effeminate, homosexual and/or having the inability of showing or behaving in a feminine, nurturing way" (Christensen & Knight, 2014, p. 99). When one says "nurse", there is an automatic assumption that a female is being represented. Males are characterized as "male nurses" rather than simply "nurses" (Juliff, et al. 2014). The nurse is also often referred to as "she" within nursing literature and curriculum textbooks (Grady, Stewardson & Hall, 2008). These sexual stereotypes pose a major barrier for males to either enroll into a nursing program or remain within it (Meadus & Twomey, 2011; Al-Momani, 2017; Juliff, et al. 2014). Students are also exposed to social isolation because of these traditional societal stereotypes (Ierardi, Fitzgerald & Holland, 2010; Juliff, et al. 2014). For example, males are often assumed to be doctors and must repeatedly identify themselves as nurses to patients, described as embarrassing by many students (Meadus & Twomey, 2011; Juliff, et al. 2014). Males are also asked more often why they chose to be a nurse instead of a doctor (Juliff, et al. 2014). Another finding suggests that male students must deal with working with patients who "…just don't accept you being a nurse", leading to feelings of rejection and a decreased sense of belonging (Meadus & Twomey, 2011; Mahadeen, Abushaikha & Habashneh, 2017; Al-Momani, 2017). Male students report that they are often refused by women patients to provide care and are perceived as being less caring than female nurses (Eswi & El Sayed, 2010; Ierardi, et al. 2010; Bartfay, et al. 2010; Grady, et al. 2008).

A large part of nursing care is being able to comfort a patient during their most vulnerable times. Students learn communication and therapeutic touch techniques to assist with comforting a patient. However, Al-Momani (2017) reports that touch can be misinterpreted as sexual in nature, rather than therapeutic when carried out by a male. This leaves the male student in a vulnerable position because they are not able to implement the techniques used to comfort patients and must learn how to adapt by using alternative strategies they discover based on their own experiences. As students, they may experience rejection and mistrust from patients because they are going against the popular view of nursing as a female profession (Mahadeen, et al. 2017; Al-Momani, 2017; Whiteside & Butcher, 2015). Solbraekke, et al. (2013) state that: "… there seems to be agreement that men are 'the other' in nursing" (p. 651). This influence may lead men to seek out nursing careers that avoid direct patient care (Solbraekke, et al 2013; Juliff, et al. 2014). According to Younas, Sundus, Zeb and Sommer (2018), male students felt that a culture which identifies the nurse as a female prevented them from achieving their educational goals. For example, the participants in Younas, et al.'s study noted that the excess use of "she" in nursing textbooks and questioning by patients if they were going to go to medical school resulted in them feeling less adequate and less able than their female counterparts. The students also said that by continually being identified as "male nurses" rather than simply nurses resulted in increased feelings of being out of place in a nursing program (Devito, 2016; Younas, et al. 2018). This cultural bias has a major impact in the experience of male nursing students within the clinical setting.

3.22 HOSPITAL BIAS

Hospital bias can be defined as the bias experienced by male nursing students from various sources within the hospital setting. A barrier identified by male students is the lack of male role models and peer groups in the clinical setting, giving them less opportunity to see the role of the male as a nurse (Gheller, et al. 2016; Callister, et al. 2000; Mott & Lee, 2017). Callister, et al. (2000) noted that during the obstetrical rotation, male students experience high levels of "gender-derived stress…often resulting from the negative reactions of the permanent female staff" (p. 337). An inability of female staff to accept male colleagues as being fully involved in female care can greatly influence the ease at which the male student is able to learn

within the clinical environment (Callister, et al. 2000). The exclusion of males in certain specialty areas, such as obstetrics, and certain procedures that may be deemed too sensitive for male participation, such as lactation consultation or midwifery, leads to a further sense of isolation that is not experienced by female nursing students to the same extent (McKenna, Vaderehide & Brookes, 2015; Folami, 2017). Whiteside and Butcher (2015) noted that the attitudes of staff are a greater source of gender-derived stress than that of patients. The authors note that female nurses may view themselves as "gatekeepers" that give permission to male students to touch their female patients, rather than recognizing "…touch as part of the clinical exam and the role of the nurse" (p. 337). Another source of friction is that often males are perceived as having an ability to move to more senior positions faster than, and "on the backs" of, their female counterparts. (McKenna, et al. 2015; Rowlinson, 2013; Rochlen, Good & Carver, 2009). Bartfay, et al. (2010) found that 93% of female nursing students agreed that nursing was a more appropriate profession for females; these feelings may carry on into their professional careers and contribute to the hospital bias against males. Male students report being supervised more frequently than their female student counterparts by staff when providing intimate touch nursing care (Juliff, et al. 2016). Juliff, et al. (2016) noted that male students were predominantly assigned male patients, which prevented them from gaining experience and being more comfortable working with women. The examples listed above all contribute to a biased setting, which can be uncomfortable for male students to integrate, learn and feel included.

3.23 CURRICULUM BIAS

Curriculum bias is defined as the elements of the nursing program, which are not considerate of the experience of male students. Within the academic environment, nursing literature has a history of utilizing feminist paradigms, which are not inclusive to males (O'Lynn, 2004; Bartfay, et al. 2010). These paradigms suggest that nursing practice must utilize principles of feminist theory because the nature of nursing practice is to provide nursing care based on feminist traits such as sensitivity, caring and intimacy (Sampselle, 1990). O'Lynn (2004) suggests that nursing curriculum is lacking a discussion of strategies to protect the nurse-patient relationship in relation to therapeutic touch. For example, touch-based procedures are critical to nursing care, yet, male nursing students report receiving poor or limited instruction on how to

carry out the task carefully and professionally, leaving them feeling ambiguous and uncertain and, in some instances, avoiding the learned techniques altogether (O'Lynn, 2004). Younas et al. (2018) give the example of a group of students who were learning about female perineal care. The females were given many opportunities to practice whereas the males were given less time and were told to simply review their anatomy textbooks to enhance their comfort level with performing the skill. In addition, the literature also makes note that males are known to learn differently than female students, highlighting a need to create a curriculum design which is favourable to both female and male learning styles. Solbraekke, et al. (2013) found that men tend to be attracted to more technology-driven areas and tend to mask their feelings if they are uncertain of some aspect of care (Meadus & Twomey, 2011; Whiteside & Butcher, 2015). However, some literature shows that curriculum tends to be designed to treat women and men the same. Although it promotes equality, it does not consider the unique learning needs as well as the experiences of men in nursing education (Strong, 2004). In addition, from the beginning of their nursing studies, many men are using textbooks that do not address the contributions of men in nursing throughout history and use a language that characterizes nursing as women's work (Strong, 2004; Kirk, O'Lynn & Ponton, 2013). Because curriculum is the base of learning in nursing, a review of curriculum design is essential to promote inclusion and optimize learning for males.

3.24 FACULTY BIAS

Many faculty members have bias towards male students (Folami, 2017; Hepzibha, 2010, Berman & Paradies, 2010). The low numbers of male faculty available to work with male students can lead to a further sense of isolation, as there is nobody available who understands the student's experience (Banister, et al. 2014). Differences in student performance have been primarily attributed to faculty bias rather than actual student performance (Halpern et al. 2007). There are many instances in the literature where students identify low levels of tolerance and discrimination towards males from nursing faculty (Berman & Paradies, 2010; Kiekkas, et al. 2015). In contrast, Hepzibha (2010) found that male students felt that they were less likely than their fellow female students to be disciplined in the clinical setting when they made a mistake. Folami (2017) found that 68% of male respondents reported experiencing gender bias from female faculty lecturers. Although the literature identifies a lack of male faculty, the males who

are hired as faculty report being motivated by the ability to shape nursing, mentor students and serve as role models (Mott & Lee, 2017). This is a major positive for a potential future hiring trend in nursing education. During examination grading, a female faculty members grading male students' exams assigned lower grades than when correcting female students' exams (Kiekkas, et al. 2015). Grady, et al. (2008) attribute this faculty bias to the fact that nursing faculty is traditionally composed of a homogenous group of Caucasian women. The literature does encourage increasing the ratio of male faculty members and to correcting examinations blindly to avoid biases. However, a gap in the literature exists in that there are no strategies to remove faculty bias specific to the clinical setting. Increasing awareness of faculty bias is essential to removing unjust and unfair treatment of male students.

A limitation to the discussion of biases is that current, North American literature, based on the male student experience in the clinical setting, is not very rich. However, it becomes clear that the literature identifies the presence of biases towards male students in the form of cultural, hospital, curriculum and faculty bias. Although it is not possible to remove all forms of biases towards male students at this time, developing a repertoire of teaching strategies aimed at supporting and guiding males would promote an environment of inclusiveness and assist males in increasing their professional identity.

3.3 GENDER AND STUDENT SUCCESS

There has been a widening in the gap between women and men success rates in postsecondary education**.** Women have successfully outnumbered their male counterparts in this arena and in some traditional male occupations such as Medicine (Mancus, Evers & Livernois, 2006). The literature notes that since the mid-1900s, men perform less well in higher education compared to females (Mancus, et al., 2006; Jorgenson, Ferraro, Fichten and Havel, 2009; OECD, 2008). Conflict theorists believe that the educational system reinforces societal inequalities that arise from differences, including gender. The theory was based on Karl Marx's belief that society is inherently full of social conflicts (Omer & Jabeen, 2016). One of the ways in which social control in education is expressed is through establishment of informal rules based on society's customs and norms (Lumen Learning, 2019). Society's view of nursing as a traditionally female profession, with a predominantly female faculty and student population feeds into this element of

social control. The biases discussed within nursing education reinforce these gender inequalities. These experiences result in gender role conflict, which can be defined as a psychological state where gender role expectations are too rigid and can result in negative consequences for individuals who do not fit within society's expectations (O'Neil, Wester, Heesacker & Snowden, 2017). Choosing to enter a nursing program may be met with interpersonal gender role conflict for male students. This conflict may inhibit learning as it is met with role restrictions and prevents behavioural flexibility in learning (O'Neil, et al. 2017). O'Neil (2015) found that socially embedded gender roles are restrictive in many cases and can prevent a person from selecting behaviours or activities that may be congruent with their sense of self yet are not widely accepted in society. Negative critiques from others, whether by faculty, staff or patients, can result in a negative sense of self and hence place limitations on their potential (O'Neil, et al. 2017). Zaynah and Witenstein (2014) found that in post-secondary education, South Asian males experience higher conflict levels than females of the same cultural background. This conflict is attributed to extra-familial factors such as career and academic expectations. In another aspect, Risberg, Johansson and Hamberg (2011) found that, in general, identifying differences in learning between the genders, and utilizing these strategies to improve student success rates was labelled as being unscientific and overemphasized in the curriculum. This was although all participants had identified gender inequalities in the health care setting. By rigid societal expectations regarding gender, male nursing students face additional challenges in learning which can negatively affect their academic success.

3.4 INCLUSION

Inclusion in education encompasses the idea of having all students, regardless of gender, feel welcomed and included in the educational environment (Inclusion BC, 2018). In his book, *Man Up!* Christopher Coleman (2013) discusses the need for an increased male presence in academia, in both the classroom and the practicum setting, within nursing education. This ensures that male students feel more supported and included, but also works to reshape the public perception of nursing as a female profession (Pone, 2013). The current nursing climate, composed of primarily Caucasian females, is not representative of the populations they serve (Ackerman-Barger & Hummel, 2015). Furthermore, in the United States, attrition rates for nursing students

who do not fit in the traditional mold of the nurse, are higher, ranging from 18-20% on average (Ackerman-Barger & Hummel, 2015). Nishii (2013) states that an inclusive environment is one in which gender diversity is associated with lower levels of conflict. This can also result in decreased turnover rates, lower attrition rates as well as an increase in overall satisfaction in nursing education. The National League for Nursing (NLN) released their vision for achieving diversity and inclusion within the profession of nursing (2016). Their recommendations included the development of a plan to actively recruit faculty and students from diverse backgrounds, establish a mentoring program, as well as create a commitment to diversity and inclusion that is interwoven into the mission of the nursing program. Their vision seeks to improve access to health care programs and eliminate health care disparities.

Lyonn and Denner (2017) note that peer support is important for inclusion as it boosts confidence and promotes positive interactions. The authors also state that faculty play an important role in inclusion by revising policies and practices so that they are tailored to be more inclusive (Xuan, Quirk, Almazan & Valenti, 2008). Although there is a lack of studies on inclusion related to gender differences within nursing education, a study by Gillespie, Pritchard, Bankston, Burno & Glazer (2017) looked at the unconscious shift of biases resulting from exposure to diversity issues. The study found that nurses were able to recognize their biases and document a change in their behaviours and knowledge towards various oppressed populations. This study can have important implications for nursing faculty. Criticized for being too homogenous, providing faculty with opportunities to learn about the challenges faced by male candidates may promote a more inclusive environment.

3.5 MENTORSHIP AS A CLINICAL TEACHING APPROACH

Defined as a supportive approach in which a mentor provides support and guidance to a mentee, mentorship has a large presence in nursing and education literature (Merriam-Webster, 2019). For example, Lucey and White (2017) found that higher education professors often felt unprepared for the racial and ethnic diversity that is often present in the classroom. Using teacher-to-teacher mentorship strategies, the authors found that after a period of 16 weeks, mentees felt well supported and prepared to take on a culturally sensitive approach to teaching. Recognized as an important career development resource, mentorship supports students

throughout their studies (Barrett, Murphy, Zechner & Malenczak, 2019). Mentorship in nursing occurs when a more senior, knowledgeable and willing nurse helps a junior nurse or nursing student navigate the necessities of a new role or environment (Banister, et al. 2014). These necessities can include values, skills and knowledge acquisition. The overall goal of mentoring involves a mutually respected relationship that includes teaching, coaching, protecting, role modeling, counselling, and emotional support to boost the mentee's confidence level and sense of self -worth (Banister, et al, 2014; Carrigan & Brooks, 2016).

The following three sub-themes have emerged in the literature; faculty as role models; communities of support and formal mentorship programs. These reveal that interventions exist and have been successful to support the male nursing student population. There is an obvious need for further research studies to both support the minimal existing research found.

3.51 FACULTY AS ROLE MODELS

The most effective tool that can strengthen the nursing profession is role modeling (Mott & Lee, 2017). Many male nursing students feel isolated in both the classroom and the clinical setting, desiring more male role models to assist them in routing through the profession (Adams, Campbell & Deming, 2017; Carrigan & Brooks, 2016; Mott & Lee, 2017). According to Mott and Lee (2017), increasing the number of male nursing students is an excellent approach to increasing the number of male nursing faculty who are available in the future to act as role models down the pipeline. The purpose of their descriptive qualitative investigation was to discover the factors that attract male nurses towards a role in academia. One theme identified was the rewarding impact the participants felt by acting as a role model to the male students. One of the participants, working as a role model stated, "I think being a role model for male students is one of the biggest positives. I often wonder if I had an influence on him." Another participant responded: "I have all the male students come and ask me questions. Just things like, am I overreacting to what this person said or reading them wrong? It gave me the chance to help coach them." Another participant responded: "I have the chance to relate to the students. That way they are not so isolated from each other. They like that I can understand what they are going through." Finally, a participant responded: "My favorite part is to be able to talk with the

male students and help them through the process of becoming a nurse." (Mott & Lee, 2017, p. 44)

Adams, et al. (2017) argues that adding diversity, including males, to nursing programs is not easy and requires a well-developed plan of action. Their research study examined a strategic plan to help increase diversity in schools of nursing. One of the many goals of the strategic plan was to increase the number of males that enter nursing school. Another goal of the strategic plan was to increase the number of male faculty members. There are two main theories the authors suggest for supporting the achievement of these goals. First, male students and male educators demonstrate that males entering the profession is an acceptable and a rewarding career decision. Secondly, a more diverse population of nurses and nurse educators help to develop a nursing workforce that can better address health and healthcare inequities. After implementation of the strategic plan, the overall increase in male students increased by three percent within one semester (Adams, et al. 2017).

A quantitative study by Johnson (2017), examines the impact of female faculty role models on female students. The number of females obtaining university degrees has increased by over ten percent in the past decade. Female faculty role models make female students feel more successful in their educational pursuits and thereby enhancing female accomplishment (Johnson, 2017). The researchers obtained their data from a sample population of 4,000 freshmen students and their academic records for all four years of high school. Quantitative data from questionnaires using a Likert scale determined each participant's level of self-efficacy. The variables of self-efficacy level and the student's academic success/failure are correlated. The greater the self-efficacy score, the greater the academic success of the student (Johnson, 2017).

Johnson's study confirms that faculty can have a dramatic impact on student success through role modeling (2017). The only research discovered in this literature review that measures the impact of *male* role models on *male* students is from Rask and Bailey (2002). The conclusion of Rask and Bailey's study (2002), found that the proportion of classes taken with a faculty member "like-you" directly correlated with the probability that a student will choose the same major. The results support the idea that educators can act as role models to positively impact minority undergraduate students' decisions to enter underrepresented fields. Further analysis to measure the impact of male role models on male nursing students is required.

3.52 FORMAL MENTORSHIP PROGRAMS

The effects of formal mentorship programs on nursing students have been a source of study for many years. Banister, et al. (2014) studied the effects of a formal mentorship program, using a mixed methods approach, that paired minority students with professional nurses. The purpose of the professional nurse was to act as a mentor, provide guidance throughout the student's education, and help to ease transition into the workplace after graduation. The sample included 43 students (mentees) and 36 nurses (mentors) enrolled in the mentorship program over a five-year time span. Quantitative data obtained from the mentees rated their experiences on a 5-point Likert scale using the Quality of Mentoring tool. Open-ended survey is the method used for qualitative data. The study concluded that the formal mentorship program successfully guided minority mentees through their baccalaureate programs of nursing and provided a smooth transition into the workplace. More significantly, one hundred percent of minority students enrolled in the formal mentorship program graduated and successfully entered the workplace. The authors claim that this is a testament for success to support minority groups in nursing education.

Peer mentorship programs in nursing schools can boost student success and lower the rate of attrition (Jacobs, Atack, Haghiri-Vijeh & Dell'Elce, 2015; Hernandez, 2017; Lombardo, Wong, Sanzone, Filion & Tsimicalis, 2017). An evaluation of a formal peer mentorship program at a nursing school in Toronto, Canada focused on the program's four domains of: emotional support, academic subject knowledge, role modeling, and goal setting. Seventeen nursing students participated in the evaluation and reported their experiences using the validated Peer Mentorship Questionnaire tool. Results from the evaluation suggested that mentees were very satisfied with the peer mentorship program. Evaluation comments included:

> "I provide advice on studying effectively." "My mentees could talk with me about things they weren't comfortable raising with a teacher or advisor." "I role modeled some ways to be more successful in the program." (Jacobs, et al. 2015, p. 19).

In addition, 83% of students enrolled in the peer mentorship program continued their studies to graduation compared to 56% of students that were not involved in the peer mentorship program.

Many other studies support the positive benefits of establishing a formal peer mentorship program in schools of nursing (Jacobs, et al. 2015; Hernandez, 2017; Lombardo, et al. 2017; Gardiner, Blondy, & Bumpus, 2014). A pilot program conducted by Gardiner, et al. (2014) required implementation of a formal peer mentorship program in their educational institution to determine the effects on student stress and anxiety levels. Data from an entire cohort of first year and second year registered nursing students determined that the formal mentorship program offered a means for students to find needed support and socialization that will foster their success in nursing school.

Further research can focus on measuring the impact of formal mentorship programs on male nursing students, more specifically: male-to-male mentorship programs. The above research studies included samples consisting of minority groups, which does include males, but also included many other minority students with diverse demographics (race, age, country of origin, socioeconomic status, gender etc.). Formal mentorship programs such as the pairing of peer-to-peer and student-to-professional have been, without a doubt, effective at supporting academic success and providing for psychosocial strengthening. The identified research has laid the foundation for further inquiry into the effects of formal mentorship programs specifically on male student success.

3.53 COMMUNITIES OF SUPPORT

Nursing organizations such as the National Black Nurses Association, the National Association of Hispanic Nurses and the American Association for Men in nursing work to address diversity in the nursing profession and to create communities of support (Bleich, MacWilliams, & Schmidt, 2015). The American Association of Men in Nursing's (n.d.) mission is "to shape the practice, education, research, and leadership for men in nursing and advance men's health". However, Bleich et al. (2015) argue that the stretch of these associations does not extend to everyday academic or clinical settings. Educators must think outside the walls of the educational institution to connect diverse students with a community of support. An example of this is helping minority students connect with other minority students outside of the school community. Diverse students are present in faith communities, social groups and other academic disciplines. In addition to the students being able to vitalize underrepresented groups,

community-based relationships may become useful to the school as well. Diverse students can present their experiences in the classroom to advise nursing programs on diversity and inclusion (Bleich, et al. 2015).

Educators can also support male students by reviewing external speakers brought in for scholarly presentations and social functions (Bleich, et al. 2015; Carrigan and Brooks, 2016). Creating opportunities for male students to interact with men working in their desired profession will help to establish a network of mentors and associates who understand and can appreciate their individual challenges (Carrigan & Brooks, 2016).

The biases that exists in textbooks and nursing curriculum need to establish gender equality in the profession (Carrigan & Brooks, 2016; Jordal & Heggen, 2015). Educators can increase support by carefully selecting nursing resources that are gender neutral. Nursing curriculum needs to include courses where students may need additional support with unfamiliar territory. Carrigan and Brooks (2016), explore the idea of including a course in nursing curriculum that teaches the male student to use their own body as a therapeutic tool, such as therapeutic touch and therapeutic communication. However, Jordal and Heggen (2015) argue that renewal of nursing curriculum must involve a teaching strategy that involves students sharing their own "ways of doing" as all nurses no matter what their class, ethnicity, religion or gender can demonstrate the art of nursing differently, yet equally effective.

Another example of providing a community of support is the introduction of male nursing student committees in faculties of nursing. Male nursing students need the opportunity to interact with other men to promote the development of supportive peer groups and friendships (Carrigan & Brooks, 2016; Bleich, et al. 2015). Educators can encourage the formation of male committees in their educational institutions, encourage the committee members to provide awareness to high school students and other men contemplating nursing as a profession, and provide a forum to allow male students to voice their needs and concerns.

Overall, the purpose of creating a community of support is to provide a level playing field for diverse students while ensuring a high-quality education (Carrigan & Brooks, 2016; Bleich, et al. 2015; Jordal & Heggen, 2015). Again, a desire for further research that is more specific to male students and measures the outcomes recognized through the above examples will assist in making the appropriate changes. Male nursing students benefit from educators that have established communities of support. While the effects it has on male nursing student's feelings

of support, self-confidence levels, student retention, and satisfaction with their education has yet to be determined.

3.6 PROFESSIONAL IDENTITY

Professional identity is a concept, which describes how we perceive ourselves within our profession and how we communicate this identity to others. Professional identity is essential to feeling as though one is part of the profession. Nursing is a profession, which emphasizes caring, nurturing and sensitivity. These are traditionally female traits, which are not congruent with society's perception of being male. Wallen, Mor and Devine (2014) state that males require an integration of identities in order to increase professional identity. For instance, if a male can successfully merge gender identity with their professional identity, this offers the advantage of being able to "synthesize ideas associated with different parts of one's life and advantages in meshing with one's current context" (Wallen, et al. 2014). In a study exploring males transitioning from student to professional dietician, participants identified feelings of difference and otherness because of their gender in the working environment, having to adapt to a female-dominated culture within the workplace as well as having to construct a unique professional identity (Gheller et al. 2016). The study showed that males felt that their gender prevented them from fitting into the stereotypical image of a dietician, which often resulted in participants feeling the need to justify their career choice to family and patients. Males also reported working very infrequently with other males but stated that their experiences when working together were favourable and helped to improve their professional identity (Gheller et al. 2016). Beijaard, Verloop and Vermunt (2004) state that, luckily, professional identity is fluid and strongly influences how we perceive ourselves and how we feel others perceive us. Using the *Professional Identity Five-Factor Scale* developed by Pei Tan, Van der Molen and Schmidt (2017) (Appendix C), professional identity can be measured for a variety of professions. The authors suggest that academic institutions to strengthen student career preparation in their chosen field use the results. The authors state that professional identity develops because of interactions with people and socio-cultural elements. Others who have the same role and can constantly be developed and transformed should share a formed identity. By identifying issues in professional identity early on, academic programs can work on implementing positive interventions such as:

increasing knowledge about professional practice, providing professional role models and improving experiences within the professional setting. These are associated with improved professional identity. By working with male nursing students early on in their academic careers, professional identity starts to develop positively.

3.7 RESEARCH QUESTIONS

This study asks the following research questions:

1. How does gender in the nursing profession relate to professional identity?
2. What obstacles, if any, do male nursing students experience?
3. Will an all-male clinical group, guided by a male faculty member, make a difference in the perception of inclusion?
4. Will the data comparison show that the males who participated in the all-male clinical group versus those males who did not, report a difference in professional identity?

CHAPTER 4: METHODOLOGY

4.1 HYPOTHESIS

Below are the hypotheses for this study:
H1: Professional identity of female students is different from their male counterparts.
H2: Males will report obstacles that negatively affect their studies.
H3: Gender perceived similarity is related to feelings of inclusion and professional identity.
H4: Faculty-student gender similarity is related to an increase in professional identity and feelings of inclusion.

4.2 PARTICIPANTS

Participants for the all-male clinical group in this study were a small group of male students (6) in their final sixth semester of a *College d'enseignement general et professionnel (CEGEP*) nursing program at John Abbott College in Sainte-Anne-de-Bellevue, Quebec. A convenience sample was used due to the low number of enrolled males within the nursing

program. Two (2) males did not participate in the clinical group and were the control group for this study. This project was to be completed during a 5-month period from the consent signing to the completion of the sixth semester in December 2018.

4.3 DATA COLLECTION PROCEDURE

The *Professional Identity Five-Factor* Scale was distributed to all sixth semester students, both male and female, who consented to participate in the study at the beginning of the semester, prior to the start of the clinical rotation (Appendix C). Finally, at the end of the clinical rotation, male students were interviewed using the qualitative questions found in Appendix D and were required to once again fill out the questionnaire in Appendix C as well as complete the *Inventory of Male Friendliness in Nursing Programs* in Appendix B.

4.4 INSTRUMENTS

4.41 INVENTORY OF MALE FRIENDLINESS IN NURSING PROGRAMS (IMFNP)

This subject-completed tool, developed by O'Lynn in 2004, was upgraded in 2007 based on feedback, and is the most current version used for this study (Appendix B). The tool is based on gender role conflict theory and was designed in response to a 2001 annual conference of the American Assembly for Men in Nursing (AAMN) in which a male student discussed his experience in nursing education. He noted being treated unfairly in an academic environment, which was not supporting and filled with biases and obstacles (Pitts, 2016). After an exhausted review of the literature, which identified barriers experienced by males in nursing education, Pitts (2016) created a 17-item survey. This survey identified barriers possibly experienced by males in nursing education (Pitts, 2016).

Validity was established in the original study for the IMFNP tool development (O'Lynn, 2004). Cronbach's alpha was reported at 0.84 (Pitts, 2016). Criticisms of the tool include difficulty in analyzing internal consistency due to the checklist-style and it does not measure lack

of direct male friendliness (Pitts, 2016). To date, reliability measures based on testing and retesting have not been completed (Pitts, 2016).

4.42 PROFESSIONAL IDENTITY FIVE-FACTOR SCALE

This scale was developed to measure professional identity development in students who are soon to enter the work environment. It is considered the only scale that includes factors about student learning that professional programs must incorporate to develop professional identity (Pei Tan et al. 2017). It is also the only tool that can be used by all professional programs because existing tools tend to be program specific and do not consider educational training as a factor in professional identity (Pei Tan et al. 2017).

Validity was confirmed using an exploration sample and compared with a cross-validation sample. The standardized regression value for all items in the scale ranged from 0.18 to 0.84. Reliability was measured using the coefficient H test and reliability scores range between 0.65 to 0.85 (Pei Tan et al. 2017).

4.5 DATA COLLECTION METHOD

Using the sixth semester group graduating in December 2018, data collection began on July 2018. On July 10th, 2018, consent forms were distributed to the targeted class. A brief introduction to the project was given as well as the expectations of the participants. Once consent forms were obtained, all students received an internet link to complete the *Professional Identity Five-Factor Scale* prior to the start of their clinical rotation (Appendix C, Appendix F). In September 2018, an all-male clinical group, led by a male faculty member, was created. The male faculty member has 4 years of teaching experience and is an expert in the nursing profession. After a twelve-week rotation with the assigned faculty member, students who participated in the group completed the O'Lynn IMFNP and the results were compared with the two students who did not participate in the selected clinical group (Appendix B). The participants also completed Pei Tan et al. *Professional Identity Five-Factor Scale* (Appendix C) a second time to see if there were any differences in results in terms of professional identity

between the males who participated in the all-male group and the males who were in the mixed gender groups. Finally, a qualitative interview took place with the males who participated in the all-male group and, separately, with the males who did not participate in the all-male group at the end of their clinical rotation.

The sixth-semester class that was chosen comprised of 35 students. 31 students signed the consent form to participate in the study. Of these 31 students, 24 completed the first round of the *Professional Identity Five-Factor Scale*. This group consisted of 18 females and 6 males. After the clinical rotation, all males (total=8) completed the *Professional Identity Five-Factor Scale* (Appendix C) as well as the *Inventory of Male Friendliness in Nursing Programs* (Appendix B).

Table 1
Data Collection Timeline

Stage	Date	Task
1.	July 10th, 2018	Consent forms distributed and collected from students
2.	July 30th, 2018	Deadline to complete the Identity Five-Factor Scale by all students
3.	September 5th, 2018	Beginning of 12-week clinical rotation
4.	November 22nd, 2018	Interview with all-male clinical group
5.	November 23rd, 2018	Interview with control group
6.	November 30th, 2018	Deadline to complete online surveys

Table 1. Data Collection Timeline

4.6 RESEARCH DESIGN

A mixed methods approach was implemented to improve the richness of the data obtained. Quantitative survey data included data obtained from both the *Professional Identity Five-Factor Scale* as well as the *Inventory of Male Friendliness in Nursing Programs* survey. Qualitative data was obtained via structured interviews.

Table 2

Participant Ages

Age Range	Female	Male	Total
18-20	1	0	1
21-25	10	4	14
26-30	5	3	8
31-35	0	1	1
36+	2	0	2
Totals (N=26)			

Table 2. Participant Ages

4.7 ETHICAL ISSUES AND CONSIDERATIONS

Approval from the John Abbott College Ethics Committee was obtained (Appendix E). Students signed a consent form, which briefly introduced the project in order to obtain informed consent (Appendix F). Once a brief description of the study was given, the consent forms were left with the program coordinator who distributed and collected all of the consent forms from students. Anonymity and confidentiality of survey and interview data was assured. Students were made aware that participation was voluntary. Each participant was given a unique identifier code for quantitative data. For the qualitative data, all names were changed. To protect a right for privacy, group interviews were conducted in closed meeting rooms. This prevented unnecessary interruptions as well as loss of privacy.

Survey data was completed using Google forms. Qualitative data was recorded. Access to both the quantitative and qualitative data can only be accessed by the researcher and is saved to the researcher's computer. All names mentioned in the qualitative interviews have been changed.

CHAPTER 5: RESULTS

5.1 QUANTITATIVE ANALYSIS

Due to the small sample size, data analysis of quantitative results were analyzed using descriptive analysis. Data was summarized, and relationships identified between variables. Data was compared between the two cohorts of male students, those who participated in the clinical group (n=6) and those who did not, (n=2). The O'Lynn tool data obtained (Appendix B) was also compared by gender. A final analysis of Appendix C was conducted between the male students pre- and post- their final clinical rotation.

5.2 QUALITATIVE ANALYSIS

The qualitative results were analyzed and compared between the males who participated in the all-male clinical group, and those who did not participate. Qualitative data was obtained using structured interview questions.

5.22 H1: FEMALE STUDENTS WILL HAVE A DIFFERENT SENSE OF PROFESSIONAL IDENTITY THAN THEIR MALE COUNTERPARTS AT THE START OF THEIR FINAL SEMESTER OF NURSING.

Prior to the start of the final semester in Nursing, male and female students were asked to complete the *Professional Identity Five-Factor Scale* (Pei Tan et al. 2017). The questions were clustered into three main themes: future, nature and profession. The future section asked participants to reflect on performance and experience in their future career. Questions included whether participants were confident in their ability to do an excellent job in the future and whether they personally knew people who worked in the nursing profession. In the nature section, participants were asked about the type of work as well as their history within the nursing profession. Questions included whether participants were aware of the nature of the type of work they would be doing as well as if they were part of a professional interest group. The profession theme asked about professionals in the industry as well as curriculum aspects. Questions included whether or not participants knew the different types of professionals they would be collaborating with and whether or not they admired their teachers or people currently working in their profession.

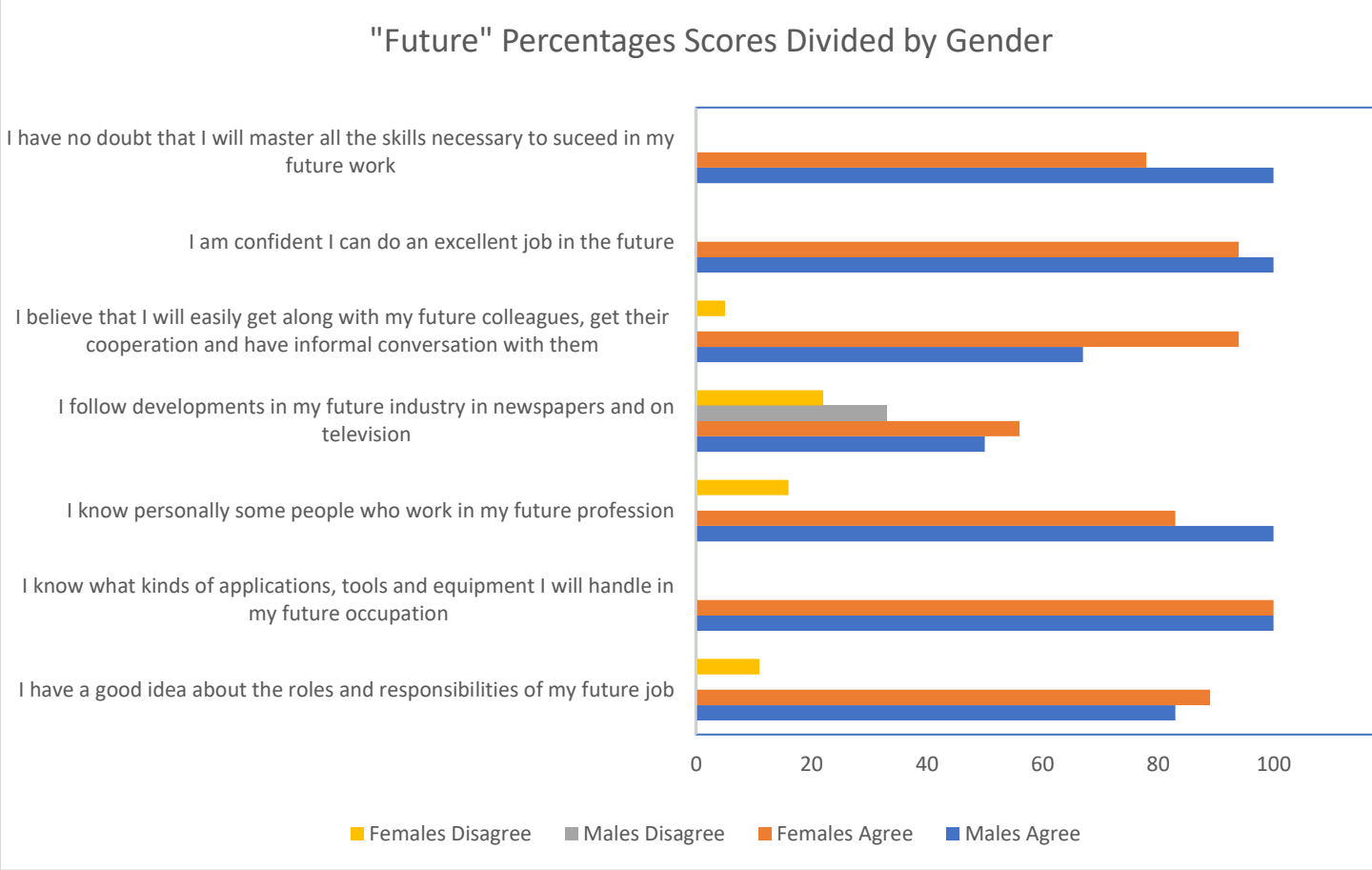

Figure 3. “Future” Percentages Scores Divided by Gender

Under the first theme of future, the male and female results are similar. However, it appears that the male participants are more confident in their ability to master skills needed to succeed and to do an excellent job. In addition, the data shows that 100% of males know someone who is currently working as a nurse, whereas only 80% of females do. Females were more confident in their ability to get along with future colleagues and showed a slight increase in their knowledge regarding their roles and responsibilities in the profession. Females were also more likely to follow professional developments in the media than the males were. Both genders reported 100% confidence in the use of tools and equipment to work. Figure 3 shows these distributions.

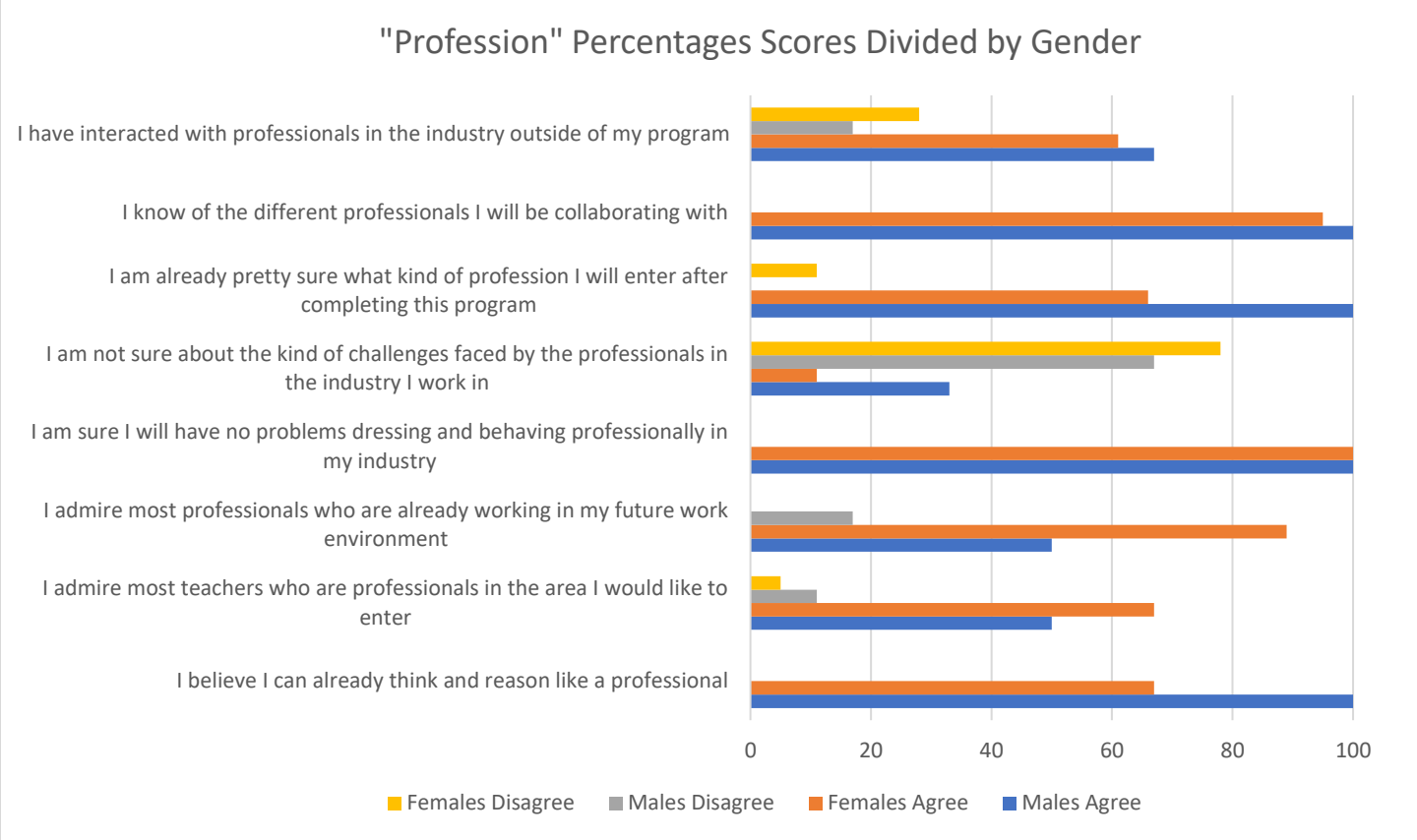

Figure 4. "Profession" Percentages Scores Divided by Gender

In the profession section, the men noted more experience with nurses outside of the school setting, reported a higher rate of familiarity with collaborating professionals, were confident as to where they would be working after graduation and felt that they were thinking and reasoning like a professional nurse. Females were more likely to admire nurses and teachers working in the profession. The males stated that they were more certain of future professional challenges than the women in the group were. Both groups reported 100% comfort in their abilities to dress and behave professionally.

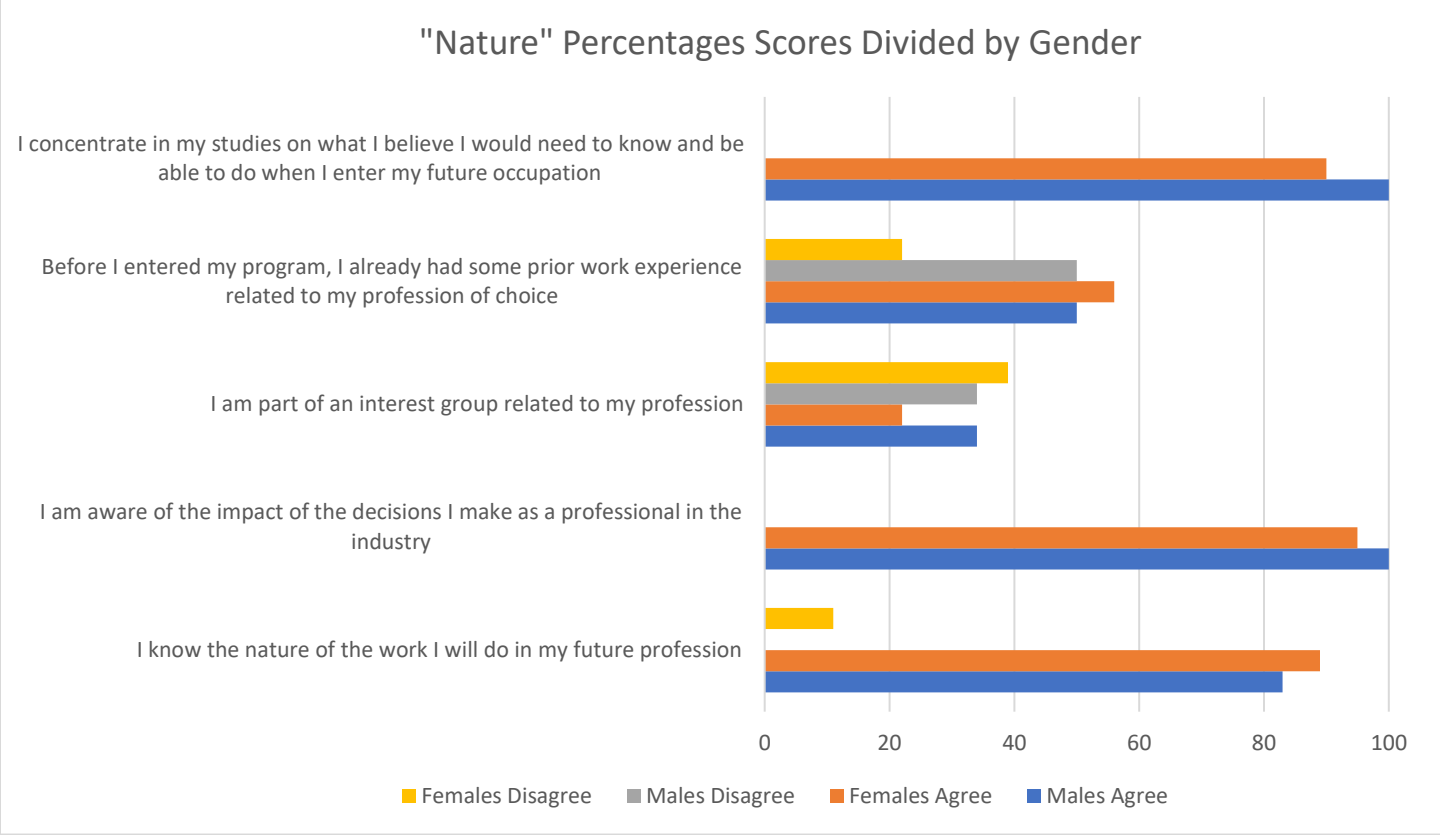

Figure 5. "Nature" Percentages Scores Divided by Gender

Under the nature theme, the males were more likely to focus their studies on what they believe is most important and were more aware of the impact of their decisions. They were also more likely to be part of a professional interest group. Females rated higher on familiarity with the nature of the work they will perform in the profession and reported more work experience in the health care field than the males.

5.23 H2: MALES WILL REPORT OBSTACLES THAT NEGATIVELY AFFECT THEIR STUDIES.

Using the *Inventory of Male Friendliness in Nursing Programs*, students reported experiencing obstacles listed in varying degrees. Figure 6 shows a breakdown of the obstacles identified by students. Fifty percent of male participants noted that during their obstetrics rotation, they had different requirements or limitations placed on them in comparison to their female classmates. This obstacle had the highest mean value (4.375) and lowest variation (0.55), and a standard deviation of 0.74 (Appendix I). There was also agreement among participants that

the nursing program did not discuss communication and therapeutic styles that were adapted to men. 37.5% of participants agreed that they felt the need to prove themselves in nursing school due to societal expectations of males. Some participants did agree that they are treated differently than their female colleagues, but an equal amount disagreed with that statement. A surprising finding was that 50% of participants expressed a varying level of fear regarding an accusation of sexual inappropriateness when touching a female body. Referring to the nurse as students (Figure 6, Appendix I) identified "her" as an obstacle however, this result had the highest variation (2.42) and standard deviation (1.56) (Appendix I). This demonstrates that it was an obstacle for some, but not all participants.

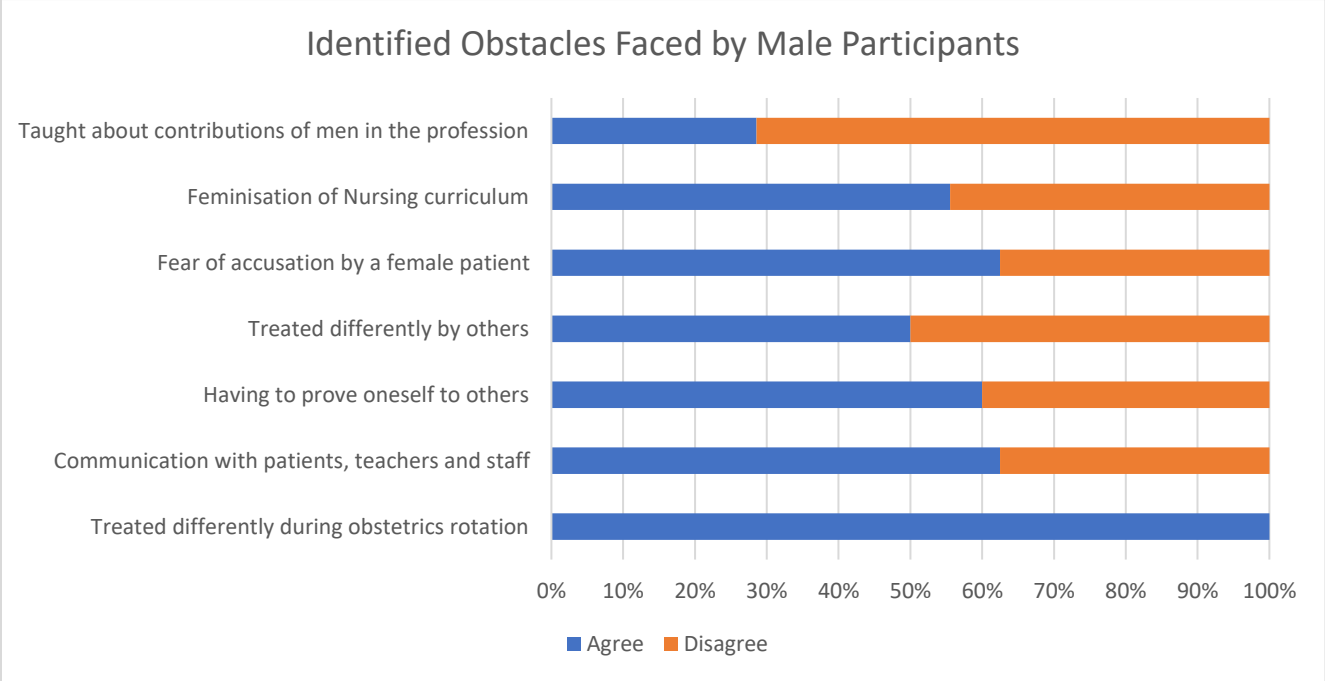

Figure 6. Percentage Scores of Identified Obstacles Faced by Male Participants

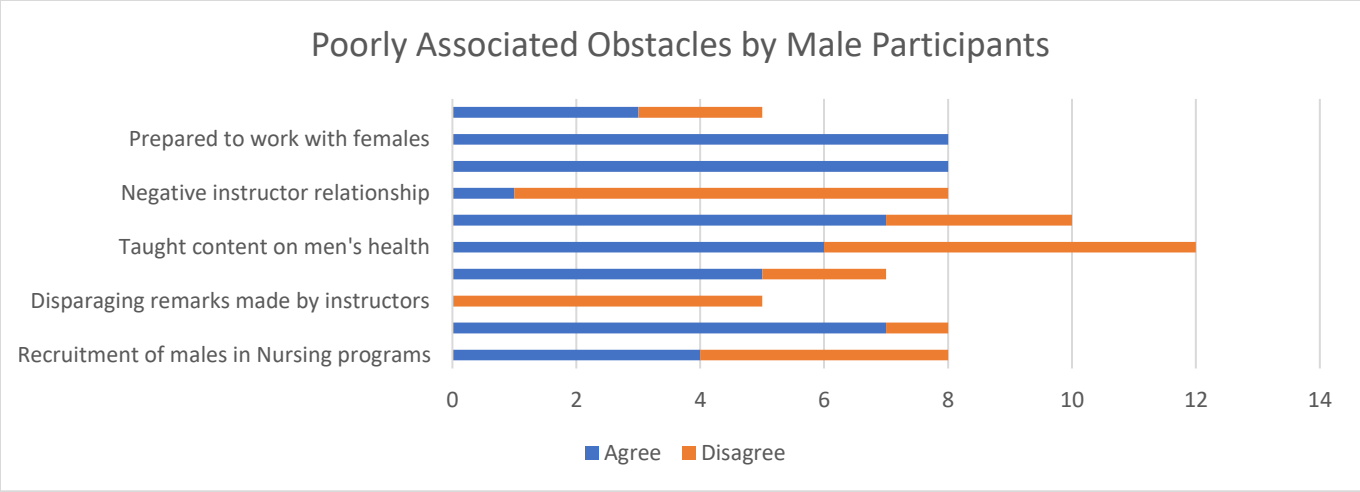

Figure 7. Frequency Table of Poorly Associated Obstacles by Male Participants

Figure 7 shows that student scores were evenly distributed as to whether they perceived their program to be actively recruiting males into their nursing programs. Eighty-eight percent of participants agreed to some degree that they were provided with opportunities to work with males. Students reported that faculty do not make disparaging remarks (100%), discuss men's health issues (50%) and, 88% disagreed to some degree that their relationship with their instructors was negatively impacted by gender. Gender affecting the instructor-student relationship had the lowest mean (1.88) (Appendix I), showing that there was not a strong relationship between the two variables. One hundred percent of participants agreed that their nursing program did prepare them to work within an-all female profession. 63% agreed to some degree that they were encouraged to participate in various activities involving the nursing profession. Participation had the highest mean value of 4.85 and lowest variation (0.13) and standard deviation (0.36) scores (Appendix I). An important point to mention is that 88% of participants stated they felt supported by the people within their environment to enter a nursing program. Although only 38% reported being encouraged to take on leadership roles in the profession, the same remained neutral on the matter and 25% state that they had not been encouraged to do so. Feeling welcomed by the staff had the second highest mean value (4.75) (Appendix I). This was also met with the lowest variance (0.21) and standard deviation (0.46) (Appendix I). 50% of participants stated that their nursing program actively recruited males within the program.

During the qualitative interview, both groups reported having good communication with their fellow clinical students, instructors, as well as hospital staff. However, all male students identified the obstetrical rotation as an obstacle. Mark stated:

> In my OBS, (sic) rotation I felt like it wasn't in terms of it being difficult, it was just more of an uncomfortable situation in terms of certain interventions I felt were a bit awkward when I would be communicating with the patients. Let's say a new mother-and I am teaching her how to breast feed and I am a male, you know it's, it's kind of hard to relate in a way, even though it's established that I am still a nurse, and well, a nursing student, and I still have the knowledge and the background- there's still that element of like, you know, having to be relatable. So, I find that was the biggest issue in terms of being a male- like my gender, it's really in terms of that, I felt that, even though the patients were still welcoming, they still felt more comfortable with a female.

Jude stated that patient agreement to having a male student on the obstetrics unit was an obstacle:

> Some would say 'yes', and for teaching, well like, breastfeeding, even though we have the knowledge, it was like really uncomfortable sometimes- and when you have to do the BUBBLY (sic) and assess the perineal area, even there they felt uncomfortable.

Participants also stated that obtaining female consent was more important than male consent because females were more likely to refuse. Participants identified a fear of accusation of inappropriate behaviour from a female in both the survey data and during the qualitative interview. Mark stated:

> …sometimes some female patients can take it the wrong way, even though we have our uniforms on- we're being professional. I find there is still that barrier of- there could still be a miscommunication or a misinterpretation of abuse.

Another obstacle was providing hygiene care to female patients. Patrick noted: "When you're with a female, and you're a male, you shouldn't- you know it is very tricky in that aspect because some may not feel comfortable and they are a bit scared maybe to have (sic) - approach the situation as a patient". As a proposed solution, both participant groups suggested that they would have benefited from being taught strategies to overcome the discomfort during hygiene care towards females.

In the all-male group, Mark stated that there was a patient who refused to have an electrocardiogram performed by a male student. He mentioned to the patient that the instructor would be present during the procedure, but the patient still refused. Mark stated, "…I was willing to do it, the patient refused. And then we were talking about whether the doctor was a male she

wouldn't refuse that". This frustration was echoed when discussing the need to perform a perineal exam during the obstetrical rotation: "Like when you have to go and do the perineal exam. And then you ask them, and they go: 'Oh no, sorry, like, I prefer a female', and you're just like: 'the doctor, the OB/GYN that did your delivery was a guy'.

Nursing comments from the clinical staff was also identified as a barrier. Mark mentioned: "Nurses that would say like, uh, you know, things like: 'Oh, if you were a woman you would know like, or you would feel this, like, a bit differently".

Male members in the mixed gender groups mentioned that they were usually treated well in their clinical environments and were "not viewed as different… the same role as any other RN. That's how I view myself and that's how others should be viewed as well". This was agreed upon by the other mixed gender group member. However, it was acknowledged that previous experiences working with other male nurses was calming because working with male nurses was a rare experience. It was mentioned that the staff on the units are "always happy to see male nursing students". However, a student expressed that he felt that he is called more often than female students to assist in moving or positioning a patient. Patrick stated that there is an assumption that males are stronger and can better assist.

Aaron mentioned that he enjoyed "…people using my height to- you know, to grab things from a high shelf". Another participant agreed upon this. Lance mentioned, "Do you know how many times I was asked to move patients? You know like, 'we need a guy to move patients'". Craig mentioned that his physical advantages are appreciated. The other participants agreed upon this. Another student, in another group did complain that he is asked to turn patients all the time on the unit he was working on. The participants stated that because they were six males, the work was distributed equally between them and this may be why they did not feel the same. Mark stated, "If it became like an expectation, that would be a problem".

All-male clinical group participants mentioned that they wanted to be treated respectfully, "like anyone else". Participants stated that they did not feel that they were treated differently on the unit because of being male because: "there's so many guy doctors here anyways".

When asked if they were taught anything that was not necessarily applicable to males, participants stated they had not. Craig stated, "There was a few patients where like I did the

therapeutic touch and everything and they would open up and they would be talking to me about their problems and that. Because of this, I was able to help them even more".

5.24 H3: SAME-SEX PEER LEARNING RELATES TO FEELINGS OF INCLUSION AND PROFESSIONAL IDENTITY.

Based on the quantitative results, participants mentioned that the nursing program does not sufficiently discuss the contributions of males in the profession (72% agree with this) and there is a feminisation of the curriculum (57% agree). 48% of participants stated that they felt that they were treated differently by others or had to prove themselves more than their female classmates (60% agreed with this). 100% of participants felt that they were treated differently during the obstetrics rotation. These are perceived as barriers to inclusion. Appendix I includes details of results obtained.

In terms of comfort in the workplace, participants in the all-male group stated that they felt more comfortable working with all males: "We were more in tune between us". However, they were unsure if this was because they were all males or that their clinical instructor was "really laid back". Another factor identified was that the time spent on the unit was long enough where they had increased confidence and got to know the staff better than in previous clinical rotations. They felt that the selected unit was very supporting of them and provided them with opportunities to learn that were not experienced on other units. Participants mentioned that being in their final semester of nursing provided them with a level of autonomy that increased their feelings of inclusion and enhanced their professional identity. They mentioned that the unit was welcoming to them. It was mentioned that the unit was showing them favouritism in comparison to a mixed clinical group that was on the same unit. They attributed this to the fact that they stood out as an all-male group. They also stated that the other group on the unit was more structured, and this may have prevented those students from developing the same relationship with the staff that they did. Appendix G and H contain the full interview transcripts.

The participants in the mixed gender groups mentioned that working with both males and females provided them with "different perspectives". Patrick stated, "It is just getting a different perspective and I find in a team that you really need that. It helps the care of the patient a lot more I find". Jude, a student in the mixed group stated:

> …when we are working with a mixed group, males and females- and the thing about having females is that they provide a different perspective, as you said, a different approach, so we would be having one way and the females would be like "you know what, I think this would work better". Sometimes we don't see that perspective right away but, that's what I like. That is why I preferred being in a mixed group. It is so much better.

In terms of peer encouragement, participants of the all-male group mentioned that they were able to get along better than if they were in a mixed gender group. Kyle stated, "….it was more togetherness I find". It was also mentioned that all participants really enjoyed coming to clinical, as opposed to previous rotations. Participants mentioned that there was strong support and teamwork. Lance stated, "…I've never had a problem with any of my groups, but, this one, we just had more teamwork. It flowed better". They also reported less stress than in previous clinical groups.

> Also, I noticed on stage, when you would be, not even just this rotation, but like another one, I'd say, whenever you were paired with another guy, I realized that you would always hang out with the guy more. And you guys just got along better you know?

All-male group participants mentioned that the opportunity to work with all males allowed them to talk about "what we need to work on". Aaron stated, "I think in my previous rotations, I was more shy (sic) to tell that to the girls. Like: 'oh, you're doing this wrong or not as well as you could be'". The other participants agreed upon this. Participants agreed that they felt more comfortable approaching each other than usual and providing "constructive criticism". Mark stated that providing feedback to a female student may lead them to take the feedback personally and therefore he tends to be more reserved around female students. Aaron mentioned that females tend to be more insecure.

Participants in the mixed gender groups noted that they were able to communicate well with their peers and had a positive dynamic. Patrick stated, "I didn't feel pressured or not part of the group in any way, so it was really welcoming". He stated that group members helped each other out and the group was collaborative and cohesive. They stated that being in a mixed gender group helped the group dynamic and was enjoyable.

When participants were asked to describe how it felt to work with only males, Lance stated, "Not to be stereotypical but, a lot less complaining". This was met with agreement from the other all-male group members. Increased camaraderie and less drama were also mentioned as

positive attributes of an all-male group. Participants also mentioned having conversations that they would not have in mixed gender clinical groups. This at times was found to be a distraction. Kyle stated, "There were a couple of times where if I was charting and the guys were around, I would have to go and stand somewhere else because of me being easily distracted". Participants did agree however that "guy-talk" was "…within acceptable limits of professionalism" in front of patients. It was noted however that when they were together, away from other professionals and patients, topics of conversation could become non-professional.

An interesting point was that the all-male clinical environment is perceived to be more competitive than usual. It was felt that the males in the group were all strong students and therefore contributed to the competitive environment. Craig stated:

> I walked into this clinical, I looked up, I mean, I asked the class how each of us did for the people with whom I never had clinical with, and I've heard that every person walking into this clinical group was a strong member... they performed really, really, well, so I was happy to have that kind of challenge, to be able to compare myself with strong, good members of the class.

Two of the six males were in a paramedic program, which contributed to their experience in the health care setting. Two additional students had University degrees in unrelated programs.

A review of the quantitative data, specifically the results from the *Professional Five-Factor Scale* (Appendix J) shows relatively similar results between both the all-male and the mixed gender groups in terms of professional identity.

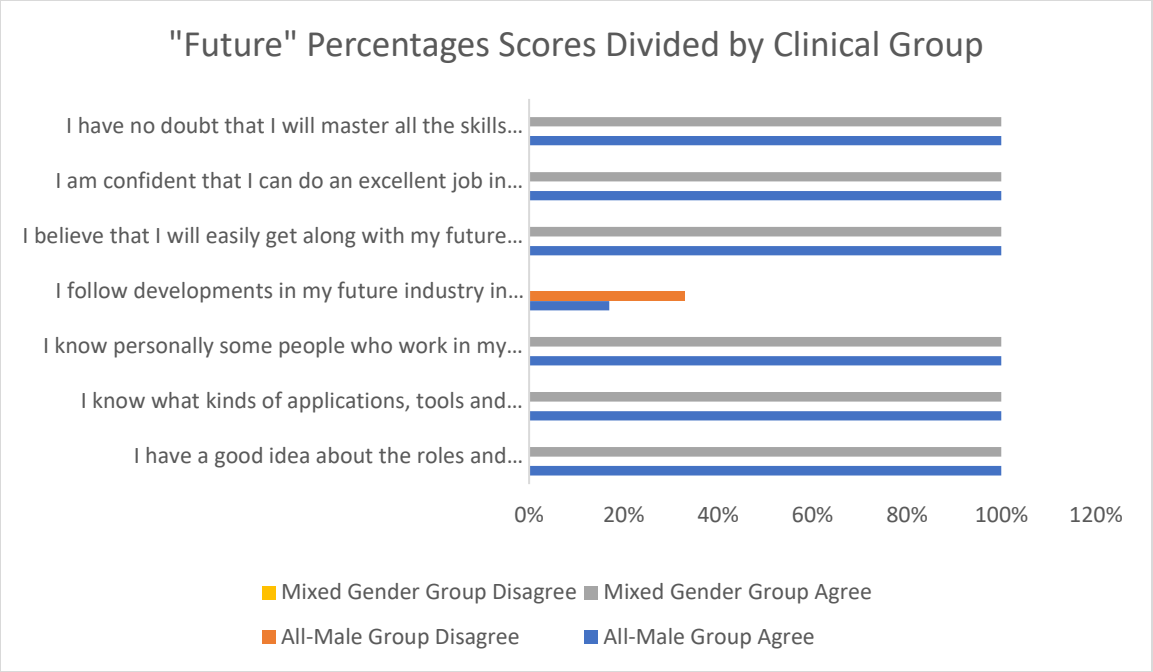

Figure 8. Percentage Scores of "Future" Divided by Clinical Group

Based on the collected data under the "future" theme, both groups answered identically with one exception: 33% of participants stated that they do not follow professional developments in the media. One hundred percent of participants in the mixed gender group remained neutral on the matter.

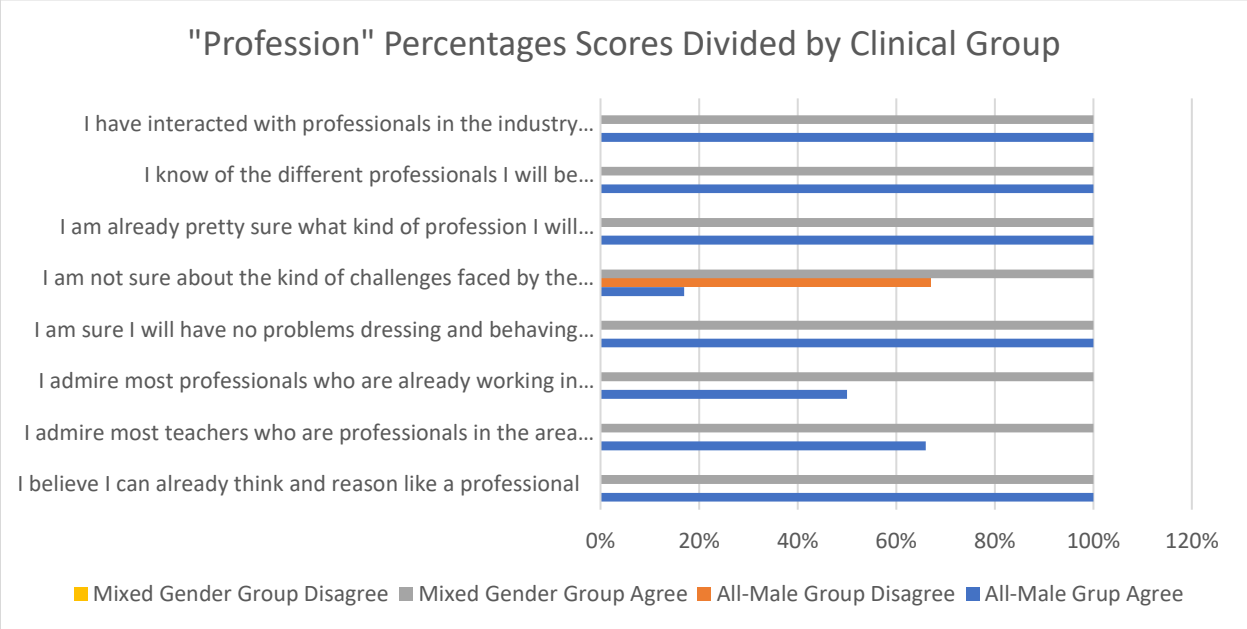

Figure 9. Percentage Scores of "Profession" Divided by Clinical Group

When looking at the results under the "profession" theme, all-male clinical group participants were more confident in their knowledge of the types of challenges that professional nurses face. Mixed gender group participants reported higher admiration (100%) for both teachers and professionals working in the hospital setting. From the all-male group, only 50% reported admiring other health professionals and 63% reported admiration for their teachers.

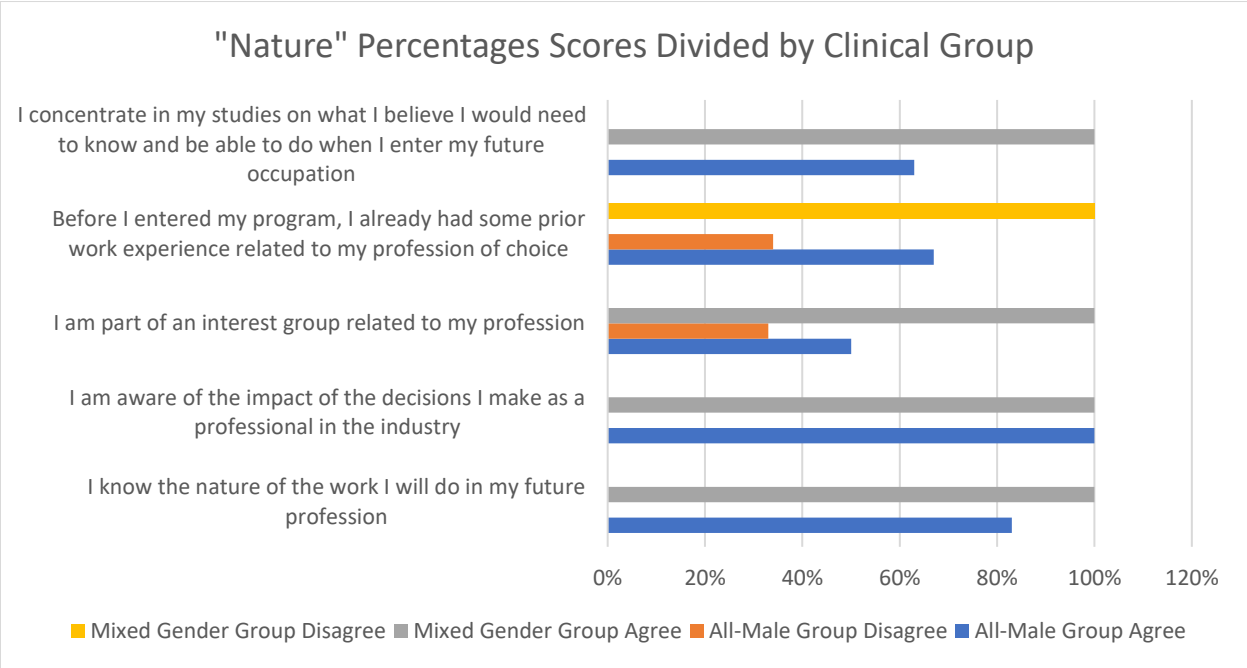

Figure 10. Percentage Scores of "Nature" Divided by Clinical Group

The "nature" theme provides the highest variation amongst male participants. The mixed gender group participants reported a greater likelihood to tailor their learning to what they feel would help them in their career, however, none of the mixed gender group participants had any previous experience working in the healthcare setting. In the all-male group, 63% of participants reported experience working in the healthcare setting. One hundred percent of the mixed group participants were members of a nursing interest group, in contrast to only 33% of the all-male group participants. Knowledge about the nature of the work they will do in the future scored higher (100%) by mixed gender group participants than the all-male group participants (83%).

All male group participants mentioned that the opportunity should be provided to work with all-males once during the nursing program. They mention that working with all males however is distracting and should take place later in the program. They also mention that the fact that they were older than the usual CEGEP student resulted in them being more mature and better able to work in the all-male clinical group. They stated that all-girl clinical groups were a norm and were not perceived to be "a little bonus" or have as fun as in an all-male group.

5.25 H4: SAME-SEX FACULTY MENTORING RELATES TO AN INCREASE IN PROFESSIONAL IDENTITY AND FEELINGS OF INCLUSION.

In terms of mentoring, although the clinical instructor in the all-male clinical group was identified as being laid back, it was mentioned that when it was time to work on the unit, the instructor was very serious and was able to provide quality verbal feedback. Regarding the clinical instructor, Lance stated:

> I wasn't afraid to make a mistake in this clinical because Steve is more relaxed, it's also- it could be due because the staff is less - is more accepting and -. But in other experiences it hasn't been like that I find.

Students did state however that the clinical instructor did not select patients as vigilantly as another clinical instructor on the unit did and this resulted in repetitive experiences for them. A participant stated that the male clinical instructor was at times too relaxed and, "I don't know if my learning was maximized at times". The other participants agreed upon this. They stated that they did not get any official written feedback on clinical performance or on assignments. It was noted that the female teachers were more structured and had more rules. Sean stated, "But then again, I feel like our experience was more laid back, but we actually learned how to learn. It's not like you just learned not to get a slap on your wrist". Participants identified this as a positive factor that resulted in better knowledge retention. Students mentioned that the clinical instructor provided them with opportunities to work independently and was not "always on top of you".

Four of the six all-male group participants reported working with a male instructor in the clinical setting in the past. Students reported that working with a male teacher was beneficial. Lance mentioned:

> I found I got along better- from what I have observed, when I was with Jack for example in peds (sic). I found I got along better with him than I think he got along with the other people. Because when it was just me and him, it was a lot more relaxed when we would talk about stuff. When he would talk to the other students in the group, it was more like professional, well some barriers of professionalism went down when it was just me and him talking, and he is making jokes or something.

However, a previous male clinical instructor was identified as being more reserved and an age gap was identified as a barrier with this particular instructor. Another male instructor was identified as being difficult to work with due to his personality. Mark stated that male teachers are easier to talk to and get along with in general. Participants agreed that they were able to develop a better bond with male faculty members and were able to say things to males that they would be unable to say to a female teacher. However, participants mentioned that this might be due to the particular teacher, rather then solely on gender.

> But that brings up the point that it just really depends on the teacher. I mean, I could say that I have had a lot of guy teachers throughout these two years, and I really enjoyed the way that Steve did this entire group. But there are some of the other guy teachers that I had less of a bond with.

In the mixed gender groups, both males reported having worked with male clinical instructors in the past however, Patrick stated:

> Honestly, I haven't really seen a difference. Like, I have had female and male teachers and, I haven't really seen any difference in teaching methods or approach. I find that they- we remain professional, we were treated like any other nursing student.

The other mixed gender group participants agreed upon this feeling. It was felt that their past teachers did not discriminated against them and that they were treated the same as the other nursing students. Jude stated, "I had male teaching instructors and females that- I didn't see the difference. The approach was the same, all professional, and it was, they provided both equal learning opportunities."

CHAPTER 6: DISCUSSION

Based on the overall results of professional identity scores between females and males, the male students did report higher on many questions pertaining to professional identity such as increased confidence in the type of work they will be doing in the future. They were more likely to know somebody already working as a nurse, had increased scores in terms of engaging with

other nurses outside of school thereby exhibiting a higher rate of confidence within the nursing profession than their female classmates, and higher scores of overall confidence in their abilities to work as a nurse in the future (Figures 3, 4 and 5; Appendix K). The data shows that the males have higher levels of professional identity than the female classmates do.

From the data obtained, there were several identified obstacles for male students to overcome. The obstetrical rotation was the most identified obstacle, present in both the quantitative and qualitative data. Other obstacles included negative comments by nursing staff, patient religion, curriculum challenges and having to prove oneself in order to feel accepted in the profession. Working with the hospital staff identifies as an obstacle during the obstetrical rotation as well as during other rotations when males are being repeatedly called to move patients or reach for something. The all-male group noticed this less and states that this might be because there were other males present who could help with these tasks. Males stated that they felt that their teachers treated them fairly and did not discriminate towards them. The obstacles identified fall under the categories mentioned in the literature: cultural, hospital, curriculum and faculty. Although many obstacles were listed, students did point out that they did not feel that their teachers treated them unfairly and that they felt that they were treated equally.

Based on the results, students in the all-male group were appreciative of the male instructor. However, students mentioned that their group was less structured than other groups and that this influenced their learning in comparison to another group who was working on the same unit. It was noted that the teacher selected for the project was more laid back than another teacher on the unit was; however, the teacher was always present to answer questions and assist when needed. The students did not attribute these teacher traits to be gender-related; rather they were associated with personality.

Students in the all-male group did mention that working with male teachers was beneficial because they were able to develop a closer relationship with them than their female teachers were. Students in the mixed gender group had worked with both male and female teachers and noted that their approach was the same and there was no difference for them.

Based on the data, it would appear that the male faculty member did not play as strong a role in the perception of inclusion as the all-male peer group did.

The professional identity scores for both male groups were similar. The all-male clinical group had more previous experience in the healthcare setting and yet, were less likely to participate in professional interest groups, to concentrate their studies and follow professional developments or admire their teachers and professional nurses. However, they were more likely to question the type of work they will be doing in the future as well as question future challenges that they will face. The all-male clinical group was more confident in the nature of the work they will perform.

At the end of the clinical rotation, the all-male clinical group appeared to have higher professional identity scores when discussing their confidence level as well as self-defined level of professional knowledge. This also relates to their previous experience in the healthcare sector. Although scoring was similar, the all-male clinical group participants rated higher in professional identity (Figures 8, 9 and 10).

CONCLUSION

Although males remain a minority in the profession of nursing, it is important that methods are developed in order to overcome various obstacles that affect learning. Such methods may include, but are not limited to, creating all-male peer learning groups, increasing the presence of male faculty members and structuring curriculum to assist males in working around obstacles that they will be faced with during their studies and in their professional lives. Being in the presence of other males, particularly in the clinical setting, will assist males to learn how to work together, increase the perception of inclusion as well as professional identity. This must be utilized in addition to traditional methods of mixing genders in clinical groups, because, although segregation may have its benefits, it may also create additional challenges if used exclusively such as exclusion from females and the risk of creating a “boy’s club”.

These results will serve to identify the challenges faced by male students and assist nursing faculty to increase their efforts to promote inclusion amongst male students. Pairing males together and encouraging male faculty teachers to work directly with their male students will promote inclusion and improve professional identity. Future research should focus on a larger population, to fully identify the benefits and limitations to the strategies used.

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APPENDIX A

LITERATURE REVIEW SEARCH CRITERIA

Table 2. Keyword Search. *The following keyword searches included various combinations of the following words:*

Keywords		
Gender	Biases	Nurs*
Faculty	Curriculum	Inclusion
Mentor*	Peer	Male
Student	Divers*	Minorit*
Clinical	Education	Characteristics
Teaching	Approach*	Strateg*
Professional	Identity	Perception

Table 3. Database Search

Databases	
Cumulative Index of Nursing and Allied Health Literature (CINAHL)	MEDLINE
PubMed	Health Source: Nursing/Academic Edition
ScienceDirect	Scientific Research
Taylor and Francis	

Table 4. Library Search

Libraries	
Athabasca University	McGill University
Universite de Sherbrooke	John Abbott Collee

APPENDIX B

INVENTORY OF MALE FRIENDLINESS IN NURSING PROGRAMS

Part I: Introduction Please answer the following questions for some background information.

1. Current age: _____

2. School you attended that prepared you to take your initial RN licensure examination._____

3. Year of graduation: _____

4. Your identified ethnic/racial category: _____

5. Were there men on the nursing faculty while you were a student? _____YES _____NO

6. Were there other male nursing students in your graduating class? _____YES _____NO

Part II: Think back to your time in nursing school. Please respond to each statement with your general recollection as it applies to your school experience.

7. Most of my nursing instructors referred to the nurse exclusively as "she".

___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

8. My nursing program included a historical review of the contributions men have made to the nursing profession.

___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

9. My nursing program actively recruited men to enroll as students.

___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

10. There were times in class when nursing faculty made disparaging remarks against men.

___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

11. My nursing program included content on men's health issues.

___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

12. I was provided opportunities to work with male RN's in my clinical rotations.
___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

13. During my obstetrics (mother/baby) rotation, I had different requirements or limitations placed on me compared to my female classmates.
___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

14. Many believe that men and women have different communication styles. My nursing program discussed how to overcome communication differences to ensure good therapeutic and working relationships.
___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

15. I was invited to participate in all student activities.
___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

16. My nursing program encouraged me to strive for leadership roles.
___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

Part III: The following statements pertain to your opinion or belief about various topics. Please think back to your experience as a nursing student and indicate the appropriate response.

17. People most important to me were supportive of my decision to enroll in nursing school.
___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

18. I felt I had to prove myself in nursing school because people expect nurses to be female.
___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

19. In my nursing program, male and female students were treated more differently by the instructors than I had originally anticipated.

___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

20. My gender was a barrier in developing collegial relationships with some of my instructors.
___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

21. As a male student, I felt welcomed by most RN staff in my clinical rotations.
___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

22. As a male student, I was nervous that a woman might accuse me of sexual inappropriateness when I touched her body.
___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

23. My nursing program prepared me well to work with primarily female co-workers.
___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

APPENDIX C

PROFESSIONAL IDENTITY FIVE-FACTOR SCALE

1. **Knowledge of the profession.**

a. I know the nature of the work I will do in my future profession.

___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

b. In most work environments, professionals with different backgrounds work together. I know of the different types of professionals I will be collaborating with.

___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

c. I have a good idea about the roles and responsibilities of my future job.

___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

d. I know what kind of applications, tools and equipment I will handle in my future occupation.

___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

e. I am aware of the impact of the decisions I make as a professional in the industry.

___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

2. **Experience with the profession.**

a. I am part of an interest group (inside or outside of my program) related to my profession.

___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

b. I know personally some people who work in my future profession.

___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

c. I follow developments in my future industry in newspapers and on television.

___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

d. Before I entered my program, I already had some prior work experience related to my profession of choice.

___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

e. I have interacted with professionals in the industry outside of my program or through events organized by my program.

___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

3. Having the Professional as a Role Model.

a. I concentrate in my studies on what I believe I would need to know and be able to do when I enter my future occupation.

___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

b. I believe I can already think and reason like a professional in a company or organization.

___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

c. I admire most teachers who are professionals in the area that I would like to enter.

___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

d. I admire professionals who are already working in my future work environment.

___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

4. Professional Self-Efficacy

a. I am sure I will have no problems dressing and behaving professionally in my industry.

___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

b. I feel poorly prepared for a real job.

___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

c. I believe that I will easily get along with my future colleagues, get their cooperation, and have informal conversations with them.

___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

d. I'm confident that I can do an excellent job in the future.

___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

e. I have no doubt that I will master all the skills necessary to succeed in my future work.

___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

f. I am not sure about the kind of challenges faced by the professional in the industry I work in.

___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

5. Preference for a Particular Profession

a. Do you already know what kind of work or profession you prefer?

___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

b. I am already pretty sure what kind of profession I will enter after completing this program.

___Strongly Agree ___Agree ___Neutral ___Disagree ___Strongly disagree

APPENDIX D

POST-CLINICAL INTERVIEW QUESTIONS

1. Tell me about your experience during this clinical rotation
2. How did it feel to work within an all-male clinical group?
3. Was there anything you particularly enjoyed?
4. What would you change from this experience?
5. Has this experience met your expectations? Why or why not?
6. Ideally, how would you like to be treated in the hospital setting?
7. Looking back to your overall experience in nursing school, have you faced any obstacles as a male nursing student?
8. Were you taught anything that was not necessarily applicable to you as a male?
9. Has this experience changed anything for you?
10. Has working with a group of male peers been beneficial for you? Why?
11. Has working with a male teacher been beneficial for you? Why?
12. Could this project benefit future groups of male students? How come?
13. Was the unit responsive to an all-male group? Were there any barriers?
14. Is there anything you would like to add?

APPENDIX E

CERTIFICATE OF ETHICS APPROVAL

JOHN ABBOTT
CEGEP/COLLEGE

CERTIFICATE OF ETHICS APPROVAL

Name of Applicant: Tasha Keri

Institution: Cegep John Abbott College

Title of Project: Overcoming Obstacles and Improving Self-Efficacy Through Faculty Mentoring and Peer Learning: An All-Male Clinical Group in Nursing

Certificate Number: JACREB201808

Valid from: May 26th, 2018—May 26th 2019

Email: : tasha.keri@johnabbott.qc.ca

The members of the John Abbott College Research Ethics Board have examined the application and consider the experimental procedures as outlined by the applicant to be on acceptable on ethical grounds for research involving human participants. A final report summarizing the findings should be submitted to John Abbott College within six months of the completion of the study. This approval of research ethics does not guarantee that CEGEP John Abbott College will provide access to any institutional services, such as Data Mining.

Co-Chairs: Laura Shillington and Shireef Darwish

lyshillington

APPENDIX F

PARTICIPANT CONSENT FORM

Peer Learning and Mentoring to Increase Professional Identity: Creating an All-Male Clinical Group and Utilizing Male Faculty as Mentors

Researcher: Tasha Keri Tel: 514-268-0567

Email address: Tasha.Keri@johnabbott.qc.ca

Dept. /Affiliation: Nursing

Supervisors: Dianne Bateman, Amir Shoham Tel: 514-457-6610

Research Questions:

What are the barriers identified by the male students within the CEGEP nursing program?

Will an all-male clinical group, guided by a male faculty member, provide a positive learning experience and improve professional identity for the male students?

Will the data comparison show that the males who participated in the all-male group reported less instances of barriers within the CEGEP nursing program?

Purpose of the research:

This research project has four goals. The first consists of determining if male nursing students experience obstacles based on gender while pursuing nursing training in CEGEP. The second goal is to create an all-male clinical group, guided by a male faculty member, in the clinical setting and during the sixth semester of the nursing program. The third goal is to study and compare the impact of this experience on the male participants to a small group of males who did not participate in the clinical group.

What is involved in participating?

The students must be sixth semester nursing students.

July 2018: All students will complete an online survey

September 2018: All-male clinical group led by a male instructor will start a 12-week clinical rotation

November-December 2018: All males will complete two (2) additional online surveys. A focus group will take place with the males who participated in the all-male clinical group and separately with the males who did not participate in the all-male clinical group.

There will be no way for anyone reading the results of this study to be able to link any data with your name or student number. PSEUDONYMS WILL ALWAYS BE USED in any publications that may result from this study, as well as in the stored data. If you withdraw from participation as a participant later, all data of any kind will be erased and/or destroyed.

Participation, or lack of participation in this research will NOT affect your grades in any way. Your participation is voluntary, and you may choose to withdraw at any time.

Confidentiality means that no person at John Abbott College or any other organization will have access to the materials collected and that they will be coded and stored in such a way as to make it impossible to identify them directly with any individual. All names will be changed in the stored data and resulting publications. Data will be stored on a password secured hard drive and will be destroyed after 5 years. All other types of information (audiotapes, cd, and paper copies) will be stored in a locked filing cabinet and will be erased and/or destroyed after 5 years.

Student's signature:

STUDENTS: please check the appropriate section, sign, date and return to Tasha Keri

_____ I have read and understood the information provided on the consent form, and I agree to participate in this study. I understand that my participation is voluntary, I may withdraw from participation at any time, and my academic standing will NOT be affected in any way by consenting or not consenting to participate in this study.

_____ I do not consent to participate in the described study.

Student's name (print): _____

Student's signature: _____ Date: _____

Researcher's signature: _____ Date: _____

APPENDIX G

CONTROL GROUP INTERVIEW

INTERVIEWER: In general, tell me about your experience this clinical rotation.

PATRICK: So far, this clinical rotation I was with- you know, at the General and, I find I had a very good experience overall in terms of communication and- just how we collaborate (sic) together. I felt like it wasn't- I didn't feel anywhere, where there was some kind of like, difference or, just because of if I was a male or whatnot. But overall, my experience was really good. I had good exposure, good collaborative care and we communicated well as a group.

JUDE: I was in a mixed group, and I really liked being in a mixed group because it provided different perspectives, and overall, I didn't see a big- in terms of the staff, preferring one group, one gender over the other. They might be more excited to see a male nurse, but other than that, it went well.

INTERVIEWER: That's good.

PATRICK: Yeah.

INTERVIEWER: And how do you feel working with a co-ed group?

PATRICK: Um, honestly, actually, I valued it a bit more because it brings different perspectives in terms of- not even just a male or a female, but it just gives a perspective- like if, it's as if you are treated as different (sic) nurse or an MD or an OT. It is just getting a different perspective and I find in a team that you really need that. It helps the care of the patient a lot more I find.

JUDE: I like having a mixed group. You know, you meet different people, you see different perspectives, and they are really helpful. So, I really liked working in a mixed group.

INTERVIEWER: Was there anything you particularly enjoyed during your sixth semester rotation?

PATRICK: Honestly yeah, there was, we used to have collaborative meeting (sic), multidisciplinary meetings every Tuesday.

INTERVIEWER: Ok.

PATRICK: And, we would go- it was like rounds where you would speak about each patient, but we had each- each occupation (sic). We had OT, we had sometimes the RT, some MDs too, the nursing staff, nursing students. So, it really was a nice collaborative input of each one. And we really found a really strategic plan from the different perspectives -like I spoke about before. It was really good, like, in that aspect. So, I find that I really enjoyed that part the most.

JUDE: So, the staff were really friendly. That was super good. It was a lot of learning because we were on a Heme-oncology floor. So, there was a lot of learning. The instructor was super good. We learned a lot and, there were a lot of learning opportunities on our floor. So, it was super good. And it was a heavy floor too, so you know, it prepared us well.

INTERVIEWER: That's good. Is there anything you would change from your experience in the sixth?

PATRICK: Um, what do you mean on the sixth?

INTERVIEWER: In your sixth semester, is there anything that you would change?

PATRICK: Oh, in my sixth semester. Honestly, overall the sixth semester is going really well. I find that I communicated nicely with everyone, I didn't have any issues really. The dynamic was very nice too. I didn't feel pressured or not part of the group in any way, so it was really welcoming, and it wasn't- it wasn't- it was a good environment overall.

INTERVIEWER: That's good.

PATRICK: Yeah.

INTERVIEWER: That's good. So has the sixth semester clinical group met your expectations?

PATRICK: Um, overall, I believe they (sic) did. Like I don't know how they could have done a bit better, like, even when we were, all working let's say on the same side and whatnot, I find we worked well together. We helped each other out. You know, it's not like one got more care or one got more help then the other. It was really collaborative and cohesive, and we worked well together.

INTERVIEWER: That's really good. So ideally, how would you like to be treated in the hospital setting?

PATRICK: The same way up to now, I felt like- like I said, I was really welcome and then, treated as if I was any other RN, and you know, not, not viewed as a different- or the same responsibilities, the same role as any other RN. That's how I view myself and that's how others should be viewed as well.

INTERVIEWER: Yeah.

JUDE: You know the same, equally as an RN- no difference between genders. Even when I was working right now- we were in Heme-Oncology and there we were treated really fairly and equally as well. Us, we had some male nurses too, which was good. Having a male figure in the staff, it calms you because ideally seeing a male nurse is not as common, but since our staff has a male nurse, I was more comfortable in that. Even pediatrics, you know, it is not as common to see a male nurse. We had a few male nurses- but ideally, equally, seeing no difference male or female, any gender, but the same approach. Be respectful, and, yeah, no difference between genders.

INTERVIEWER: That's good. So, looking back at your overall experience in nursing school, have you faced any obstacles as a male nursing student?

PATRICK: I could say yeah for sure. In my OBS rotation I felt like it wasn't in terms of it being difficult, it was just more of an uncomfortable situation in terms of certain interventions I felt were a bit awkward when I would be communicating with the patients. Let's say a new mother- and I am teaching her how to breast feed and I am a male, you know it's, it's kind of hard to relate in a way, even though it's established that I am still a nurse, and well, a nursing student, and I still have the knowledge and the background- there's still that element of like, you know,

having to be relatable. So, I find that was the biggest issue in terms of being a male- like my gender, it's really in terms of that, I felt that, even though the patients were still welcoming, they still felt more comfortable with a female. I mean, it's normal. I find it is kind of human nature in a way.

INTERVIEWER: Yeah.

PATRICK: I think that's the biggest issue in the obstetrical side of nursing.

JUDE: True yeah, I think that OBS was the hardest floor. We always ask the mothers if they want to have a male student and sometimes, they would refuse. Some would say "yes", and for teaching, well like, breastfeeding, even though we have the knowledge, it was like really uncomfortable sometimes- and when you have to do the BUBBLY and assess the perineal area, even there they felt uncomfortable…

PATRICK: But also, I just remembered now, even, besides the OBS unit, let's say just even putting in a catheter Foley, or not- I find sometimes males (sic) we would have to ask. We were really emphasized to ask permission- and like everything, you would have to ask consent, but I feel like as a female, sometimes they kind of- male patients would just accept it more than females with males.

INTERVIEWER: You say you have to ask permission more to male patients? Or, more female patients?

PATRICK: Female, female, female of course, but I feel that that consent has to be emphasized a bit more as a male in that retrospect.

INTERVIEWER: That's a good point.

PATRICK: I find those are the two moments that are more of an obstacle.

INTERVIEWER: Do you have any other examples?

JUDE: I think in OBS, it really was a big obstacle in terms of different genders. I think that was the only one that I really faced that being a male was the hardest.

INTERVIEWER: Yeah, you were just waiting for that one to be done?

JUDE: Yeah.

INTERVIEWER: Were you taught anything that was not necessarily applicable to you as a male?

PATRICK: In terms of nursing?

INTERVIEWER: In terms of nursing.

PATRICK: Um…

INTERVIEWER: I will give you an example because I gave it to the other group. The concept of therapeutic touch is always perceived, or the research shows, it is perceived differently when given by a male nurse versus a female nurse.

JUDE: Yeah, I could see that.

INTERVIEWER: We don't really teach the different approaches.

PATRICK: Yeah, I feel like that could be- should be a bit more elaborated on because sometimes some female patients can take it the wrong way in terms of um…

JUDE: You're right.

PATRICK: Even though we have our uniform on- we're being professional. I find there is still that barrier of- there could still be a miscommunication or a misinterpretation of abuse or…

JUDE: In the way you touch.

INTERVIEWER: Any other examples you can think of?

PATRICK: Um…

INTERVIEWER: Something you were taught that is not applicable? Or needed to be reworked for you as a male?

PATRICK: I think in terms of like hygiene care especially. When you're with a female, and you're a male, you shouldn't- you know it is very tricky in that aspect because some may not feel comfortable and they are a bit scared maybe to have (sic)- approach the situation as a patient. So maybe just more techniques of how a male can overcome these obstacles a bit better, you know what I mean? Maybe, like I said, some strategies to overcome them to make the patient feel more comfortable and make it clear what we're trying to establish.

INTERVIEWER: Yeah.

PATRICK: It is very generalized the hygiene care, it's not specific to either gender, but there are some barriers for males.

INTERVIEWER: Has being in a mixed-gender group been beneficial for you? Yes or no, and why or why not?

PATRICK: For me, like I said before, it was- I find it was really good because I got a different perspective and- not even in terms of an RN female or an RN male- sometimes we can view the situation in different perspectives. It was nice to just see sometimes a female nurse say you have to consider a different component, let's say an emotional state- or some males, they may not take the time to actually understand that part of the patient or, you know, kind of realize what is happening. So, it is just valuable to know their perspective and how we can- ultimately our goal is to care for the patient at the end so, it was nice to get that different perspective.

JUDE: Yeah, because when we are working with a mixed group, males and females- and the thing about having females is that they provide a different perspective, as you said, a different approach, so we would be having (sic) one way and the females would be like: "you know what, I think this would work better". Sometimes we don't see that perspective right away but, that's what I like. That is why I preferred being in a mixed group. It is so much better.

INTERVIEWER: Has working with a female teacher been beneficial for you? Why or why not?

PATRICK: Honestly, I haven't really seen a difference. Like, I have had female and male teachers and, I haven't really seen any difference in teaching methods or…

JUDE: No.

PATRICK: …or approach. I find that they- we remain professional, we were treated like any other nursing student.

JUDE: Yeah.

PATRICK: And it was the same standard, you know, everyone had the same type of attention.

INTERVIEWER: That's great. Do you agree?

JUDE: Yes, I had male teaching instructors and females that- I didn't see the difference. The approach was the same, all professional, and it was, they provided both equal learning opportunities.

INTERVIEWER: That's good. And was your unit responsive to you being a male on the unit? Male nursing students?

JUDE: They are always happy to see male nursing students.

PATRICK: Yeah.

JUDE: Because they don't see as much. Or maybe it gets us a little attention. But, other than that, they are really respectful- we were well treated.

PATRICK: Yeah same. Like I haven't, I didn't feel like I was, you know, different from any other nursing student-like we were treated the same way.

INTERVIEWER: They didn't call you more often perhaps to move and position a patient?

PATRICK: To be honest, I find that sometimes it was that.

JUDE: Yeah.

PATRICK: But maybe I didn't realize it in the moment, but I can't tell you like ok I was called more than her, because in like the mix of things you're not really thinking of that really.

INTERVIEWER: Yeah.

PATRICK: You just want to help or whatever. I could see how it could happen because there is that assumption where males tend to or could be stronger or they'll, you know- they could help in a better way, but I find that overall it was kind of hard to judge that.

INTERVIEWER: Yeah.

PATRICK: But I could see how it could be.

IINTERVIEWER: Yeah. Is there anything else you want to add about your experience in clinical this sixth semester?

PATRICK: I just found overall it was really good. Like, you were saying the co-ed part about having both sexes- was really good. We got different perspectives. It brings like a different mesh to the team. I find it is really nice.

INTERVIEWER: Yeah.

PATRICK: I find it should continue like this.

JUDE: Yeah, same.

PATRICK: Hopefully we should have more mixed groups.

INTERVIEWER: Yeah, that's good.

JUDE: Yeah, I really like mixed groups.

APPENDIX H

ALL-MALE CLINICAL GROUP INTERVIEW

INTERVIEWER: My first question is: Tell me about your experience during this clinical rotation? How did you find it?

KYLE: In regard to actual clinical? Or the fact that we were with-

INTERVIEWER: The whole experience. Not necessarily the site and, you know, the patients-

KYLE: Ok.

INTERVIEWER: -but the grouping.

LANCE: I thought it was pretty different than a mixed group. Because, I don't know, it's hard to explain it.

AARON: Like overall I find that-

CRAIG: Much more laid back.

AARON: Yeah. I felt that we were a lot more comfortable. We were more in tuned between us, and also some of the other staff members. Whenever we needed help with anything, we were able to ask. It was much easier to work around.

LANCE: That might be due because were all guys, or it might be due because of the clinical teacher, but, either way.

SEAN: Yeah, considering all of the factors. Because Steve is really laid back so-

INTERVIEWER: Yeah.

SEAN: So, it was a good atmosphere.

INTERVIEWER: That's good.

CRAIG: The other factor is, because we were here on this unit for a long time and a lot of the nurses get to know us, they get to know how we work. The PABs (sic), we work with them all the time so just that bond that we've built with them, it carries over from week to week.

LANCE: It could be us too, I know some of us have had clinical together before, but like I haven't had it before with you, or Mark, or you. But we've heard of each other like that.

MARK: Yeah.

AARON: Yeah.

LANCE: Now we have clinical for the first time and now have we had clinical for the first time together, but we've been together for twelve weeks.

KYLE: Yeah.

LANCE: Whether or not it had been a mixed group I think we would've still gotten more along, but I feel that just because we are all guys, we just get along more.

KYLE: I think overall it was a very positive experience.

LANCE: Yeah.

KYLE: Uh, it was almost easier to come in because it was fun. It was fun and positive, so I really wanted to come in.

LANCE: Yeah.

KYLE: And there was always… it was more togetherness I find; you know. Not just working, but like, afterwards too. Like when we were here it was more-

C: It was almost like we were hanging out.

KYLE: Yeah.

CRAIG: But we still got the work done. More casual.

AARON: Going back to Steve though, sure he is laid back and everything, but then if ever like, whenever we are working on the floor and everything, he is very, very serious. He tells what we need to improve on, if there is anything we need to do, and it's much more- I feel much more comfortable when he says it because it's as a colleague, he makes it sound like oh this is- like he puts you to the side and just like says it as it is you know. Not like, you know: "oh no you have to do this"

LANCE: I didn't hear one of us complain either about coming into clinical.

MARK: True.

AARON: Or about each other.

LANCE: In some other clinicals, in some other clinical experiences, it's like there are some days where you don't want to come in because it's like your going to haves lots of patients. Here it's like, even if we had gotten five patients each, between all of us, we support each other very, very well. Like I think there's – like yesterday Sean did some of my swabs and today I did his meds. It flowed well. We never had any problems with each other. Like at all, I think. No. I don't think we had any problems with each other. We, we all kind of- there's a lot of good teamwork between us. More than I've seen in other groups. Personally. I find that in other groups there is always teamwork. Like I've never had a problem with any of my groups, but, this one we just had more teamwork. It flowed better, there was no like: "Oh I need to do this later". I am giving you an example: like sometimes you could ask someone: "Can you help me with this?" and it's like "No I can't I'm busy". We never had that.

CRAIG: Uh huh.

INTERVIEWER: That's good.

KYLE: I might of.

(Laughing)

LANCE: No but like, there were days when you were busy-

CRAIG: We know you were busy man.

LANCE: Like if we see that you are busy, I wasn't going to ask you that.

KYLE: Yeah.

LANCE: There were days where like we could see that he was busy and all I think that day where you were really busy, and I remember-

KYLE: More than once.

LANCE: All five of us came and asked him for help. Like, he needed help.

KYLE: To the point where they were being annoying actually.

(Laughing)

CRAIG: I also felt like we were really appreciated by the staff.

AARON: Yeah, definitely a first.

LANCE: Usually they don't care about you.

CRAIG: Like even the doctors, like they were very like: "Oh you want to check out this patient? You know like, this is what's happening, come see what's going on with the patient".

LANCE: Yeah. Here I never felt not at ease to go speak to a doctor. There are some places, like at the Lakeshore, I'm trying to think of other places, there's some smaller institutions, I remember the Eldercare-

AARON: Yeah.

LANCE: -Uh, you try to go up to the doctor and sa**y:** "I'm seeing this, there's nothing written about this or there's this problem, what can we do about it?" and they kind of-

CRAIG: Condescension.

LANCE: Yeah, there's no- back then there was condescending, especially at the Lakeshore really.

CRAIG: Why you think-

LANCE: They like freak out and they are throwing hissy fits for no reason. But here, no problem, go up to the doctor: "Look, I see this, this" and their like: "Ok, I will look at it". Or, it's like: "Ok. Let's change it" or, "I'll look into it" or, "What else did you see?", it's like the teamwork is-

CRAIG: Better.

LANCE: - It's a lot better than most floors. Well, I was on another floor and it was just as good, but here, maybe because we've been here longer and the staff knows us more, the doctors have seen us for like, I don't know, six weeks-

CRAIG: There's also in how you work.

LANCE: And also, were at our last semester, so, it's not like: "Oh, I see this, but I can't do anything about it, I'm only… I'm not allowed to do this skill, I'm only nah nah nah, here we can do anything so…"

INTERVIEWER: Yeah.

LANCE: It's definitely special to have it at the last semester because-

CRAIG: Uh huh.

LANCE: - not only are we pretty solid skills and knowledge wise, but also like, I don't know, were about to be nurses so, it's like, there's less running around, chasing for the teacher-

SEAN: Which is nice.

LANCE: Which is very nice. Oh boy, let me tell you.

INTERVIEWER: Ok, so moving on to that, how did it feel working within an all-male group? I know you've already said a lot of things, but is there anything you want to ad to that, working with all males?

LANCE: Not to be stereotypical but, a lot less complaining.

(Laughing)

KYLE: It's true.

LANCE: It's insane. Like uh, there's-

CRAIG: We get the job done.

MARK: Like we said, it was easy going, like we said, there wasn't any talking behind each other's backs, like we've seen in other rotations unfortunately. Um, you ask for help and it's not like, you know, this person can't get their stuff done, it's just like, you support each other, and it's done. You know that it's not that their doing it on purpose, and, I guess, I don't know.

LANCE: More camaraderie.

MARK: Yeah.

AARON: Less drama.

MARK: Yeah.

CRAIG: I felt at one point, more competitive than usual.

LANCE: How so?

KYLE: I felt like, some of you guys were so far ahead of me. I was like: "oh shit, I got to do better". I've never felt that before.

INTERVIEWER: That's an interesting point.

KYLE: Which is why I wanted to make sure that I said it.

INTERVIEWER: Yeah.

KYLE: I am competitive in nature, but I felt like, uh, I don't know, maybe in the other clinical groups I didn't feel like the others were as far ahead as me. Like I was more-. But then again, it's probably the first time where I felt like the six of us were really strong too.

LANCE: Yeah. I think that had a big impact.

KYLE: But I don't know if the testosterone-

(Laughs)

KYLE: The amount of testosterone made it worse maybe. I don't know.

CRAIG: I agree. I agree. I walked into this clinical, I looked up, I mean, I asked the class how each of us did for the people with whom I never had clinical with, and I've heard that every person walking into this clinical group was a strong member of a clinical group. They performed really, really, well, so I was happy to have that kind of challenge, to be able to compare myself with strong, good members of the class.

INTERVIEWER: A few of you are paramedics too no?

LANCE: I am missing a semester.

CRAIG: So, like, these guys have a lot of experience walking in and it was nice to be able to compare myself with them.

LANCE: It's kind of a loaded group too. If you did this again, it might not always be the same as-

AARON: That's true.

LANCE: You know like, us all being strong, it's true, I don't think anybody's ever finished- like maybe once or twice some of us- but that's because in extreme extenuating circumstances maybe?

CRAIG: Yeah, some of us have University degrees as well so, like we're walking in with a lot of experience. Other than that, it was just a lot of fun.

LANCE: Yeah, it's different.

KYLE: A lot of, can we say it? Guy talk?

LANCE: Yeah. Oh my God.

C: A lot of guy talk in here like-

LANCE: There's a lot of conversation that you wouldn't like to have with a mixed group.

KYLE: Of course, you saw an extreme version because the six of us are here, but it wasn't usually as bad as that if there were just two of us. Because then there could still be like a quiet amount of guy-talk in the hall if there's two of us standing next to each other.

(Laughs)

KYLE: But um, I think all within acceptable limits of professionalism.

LANCE: Yeah. Well definitely in the hallway. When were in here-

KYLE: Maybe not so much.

AARON: Um hm.

LANCE: But in the hallway it never got to a point where it was not okay, I find. Well I mean, we never said anything stupid in front of anyone else.

CRAIG: We're professional.

SEAN: As soon as we leave that door it's- as soon as we get into the elevator –

(Laughs)

KYLE: I don't know it's-

AARON: Even if were all alone and everything, like its, were just like friendly-

MARK: Just as fun to hang out.

CRAIG: Yeah, just as fun to hang out. But when we are here, on the floor and were actually like producing, were talking about the patients. It's very- stuff that is acceptable in a work environment.

LANCE: I found also that like it felt less like we were being evaluated as weeks went on and more as we were developing our skills because some clinical experiences, depending on the teacher, some teachers are... depending on how it is with groups like, you always trying to make sure your doing everything right, in case your like, I want to say it without swearing but, here I wasn't afraid to fuck up as I was in past-

KYLE: To screw up? To mess up? You know there are lots of options buddy.

LANCE: Another one, I need another one

(Laugh)

CRAIG: To make a mistake.

LANCE: I wasn't afraid to make a mistake in this clinical because Steve is more relaxed, it's also- it could be due because the staff is less- is more accepting and-. But in other experiences it hasn't been like that I find.

KYLE: There were a couple of times where if I was charting and the guys were around, I would have to go and stand somewhere else because of me being easily distracted. But, other than that.

INTERVIEWER: That's a good comment too.

KYLE: I am full of good comments.

LANCE: What else are you full of?

INTERVIEWER: Ok, so, I know that the questions are a little but the same here, but, um, other than what we said, is there anything else that you particularly enjoyed about the rotation?

AARON: I enjoyed people using my height to- you know, to grab things from a high shelf you know?

LANCE: Hahaha, it's true.

(Laughs)

LANCE: Do you know how many times I was asked to move patients? You know like: "we need a guy to move patients"

CRAIG: No um, the staff has been really welcoming to us.

LANCE: Yeah.

CRAIG: I found from the doctors to the residents to the junior residents, med students, nurses, PABs, even the porters, we've had good communication with the porters. Like, everyone.

KYLE: Who?

MARK: The porter. The people who move-

CRAIG: The transporter.

AARON: Everyone has been very, very welcoming. Um, from- even now, a lot of them are telling us that they're sad to see us go.

SEAN: A lot of them were saying: "You guys should work here"

CRAIG: Yeah. We've been getting that a lot here. They invited us to the Christmas party.

INTERVIEWER: That's amazing. Ok, so what would you change from this experience?

LANCE: It's tough because it was definitely my favourite clinical.

KYLE: Yeah.

AARON: If there was a bit of a knit-pick or anything, like if we had more- like we were usually in the mornings, so we got a lot to do. We had low techniques and everything. If maybe one or two things, like maybe some interesting cases. Like we did have very interesting cases overall-

LANCE: I see what you're getting at.

AARON: Yeah, like overall-

LANCE: He's right though. On the floor after twelve weeks, I think it gets the same for everyone, it gets repetitive. The stuff that we see, like this week and last week, I mean, it felt like I was coming into work. I, there was not, I wasn't seeing any new things.

KYLE: I think it's just the floor though.

LANCE: Yeah. It could be the floor too. I think if it was back to this floor for another group, not even just an all-guy group, maybe after you know, eight or ten weeks, once we feel very comfortable with our skills, send us to another department like, there's a group upstairs that's been- that sends her students to the ER or the ICU and it's a great learning experience because you get perspective when you come back here.

SEAN: I agree.

CRAIG: Yeah but the problem is that we're all supposed to be together.

INTERVIEWER: It also depends on whether the teacher works here and has the connections.

CRAIG: Yeah, that too.

SEAN: Yeah. But even here I felt like we could've probably worked on something like that.

LANCE: We could've yeah.

SEAN: Like let's say one of use wants to learn more about trach care so we could try to find out who has-

LANCE: I would tell Steve every week that I want to do trach care. Finally, when there was a trach (sic) patient, I was able to do it, so that was good.

SEAN: Yeah.

KYLE: See, I feel like, I don't know, I feel like it just depends on how the teacher chooses her patients. Whereas some people put a lot of thought, and others just look at the list and sa**y:** "okay, you're (inaudible). Like Amanda and Steve do not choose patients the same way.

CRAIG: No, yeah, that's true.

KYLE: I think Amanda's more thoughtful about it whereas Steve is easy going with it.

CRAIG: But I mean-

LANCE: It wasn't a negative thing. Like, I thought I got great experiences.

KYLE: What was the question again?

INTERVIEWER: What would you change from this experience?

KYLE: I would get rid of Mike.

(Laughs)

LANCE: Yeah, get rid of our only girl member.

MARK: Ouch.

INTERVIEWER: Anything else?

CRAIG: It was like Lance said, we stagnated a bit at the end because we were just doing the same things.

KYLE: It's not my favourite hospital, that's for sure. I much prefer the Glen.

SEAN: Just cause it's a long hallway, you know what I mean? Can we wear rollerblades?

(Inaudible)

LANCE: What I really found helped was that we had our own little room.

CRAIG: Yes.

LANCE: Can you imagine not having this little room?

CRAIG: Yeah, but the question is, what would you change though.

LANCE: Yeah, I know, I'm just saying.

CRAIG: Yeah, like a whole renovation of this hospital.

(Laughs)

LANCE: Yeah, like more funding to the floor.

(Laughs)

SEAN: Not much, like honestly, as Craig said, if you really want to be knit-picky, there's a few things that you could maybe change, but like, overall, I feel like-

KYLE: It was one of our best rotations.

SEAN: It was an excellent experience. It was really good.

INTERVIEWER: Good.

LANCE: It was just so laid back compared to other rotations, like-

KYLE: I don't agree that it was laid back.

(inaudible)

LANCE: I was still busy too, but I'm just saying like, I didn't feel stressed. Like I've (inaudible) I'm doing stuff

AARON: No, no. A lot of work, but it was good stress.

LANCE: Like on Monday-

CRAIG: I'm pretty sure that it's things that you can learn, you can expand in your knowledge. It's not a matter of stress.

LANCE: Yeah. Like I said before, you never dreaded coming in, and you never-, even if you had a huge patient load, it was never like a problem. Like, you were busy, but you can always rely on each other.

KYLE: But I feel like Steve had a big part in that.

LANCE: Oh yeah.

KYLE: (inaudible) stab your back

INTERVIEWER: Yeah. Has this experience met your expectations? Why or why not?

AARON: No, it exceeded.

LANCE: I was super- I remember in our first semester I was like: "We should have an all-guy group". But they were like: "You can't do that, that wouldn't work, nah nah". Then we finally

had one and I was like: “Aw, this is going to be great” and it was great. When I heard it, I was like: “Yes!”.

(Inaudible)

AARON: We were so happy when we heard that.

KYLE: I was really happy.

MARK: I was ecstatic.

KYLE: The only thing that I wanted was, I would’ve preferred being in surgery, but I’ve learned to like Medicine because of this rotation.

(inaudible)

AARON: You know, at first when they decided there was going to be an all-male group, I was like, oh my God that’s going to be such a long- you know, early in the morning, the commute would be horrible, like, it’s not like at the Lakeshore. But after doing this whole group, I was like: “This is actually really nice”. I really like how-

LANCE: The travel is different.

(inaudible)

INTERVIEWER: So ideally, how would you like to be treated in the hospital setting?

CRAIG: Same as how we were treated-

MARK: Equally.

LANCE: Yeah, like as a nurse in general? Or, keeping in mind that we are male?

INTERVIEWER: Keeping in mind that you are male nursing students. Ideally, how do you expect, or how would you like to be treated in the hospital?

LANCE: I didn’t see this much here, I saw this at other hospitals but, here I found we weren’t really treated different. I think there was only one patient who didn’t want males.

MARK: Yeah, it was mine.

LANCE: It was yours?

MARK: Yeah. The lady had an EKG to be done, and she said no to females- uh, sorry, no to males. And I approached her, and I said: “You know, like, I’m going to have my instructor present”, so there’s no accusation of any, you know, like funny business. But I told her, you know: “it’s a simple EKG, and we’re not going to expose you, we will just go under the gown”, and she said: “no, I prefer a female”. I was like: “that’s fine”. I respect the patient’s wishes, but I was like, at the same time, you know like-

INTERVIEWER: Was her doctor a male?

MARK: I don’t know at the time if it was or not. But that’s what I’ve argued about with Steve. I told him, and the nurse that I was willing to do it, the patient refused. And then we were talking about whether the doctor was a male she wouldn’t refuse that. So, we didn’t go any further, but

that was the one incident that I remember where there was a discrimination between men and female.

INTERVIEWER: Yeah, you bring up an interesting point too. How your ask to turn patients, to reach for things.

LANCE: Here, not so much of that.

INTERVIEWER: Do you think that female nursing students are asked those things as much as males?

MARK: No, probably not.

AARON: I don't think so.

KYLE: No, probably not.

AARON: But, obviously, I don't mind that much as a guy, just like, I don't mind that much, just because I can.

MARK: Yeah.

CRAIG: Physically we have certain advantages I would say, um-

KYLE: Yeah, we do.

CRAIG: Turning patients, um, and yes, reaching for those high things or whatever, lifting-

KYLE: It's appreciated.

LANCE: Yeah.

CRAIG: Yeah.

LANCE: The only time I heard it was a problem, was that stage last semester on the twelfth floor, and one of the guy nurses was complaining that he is asked all the time to turn patients.

SEAN: Yeah.

LANCE: But here, maybe because it was distributed towards six guys.

CRAIG: Yeah, we were six.

LANCE: Or seven guys, but I was never- I was only asked like once or twice.

MARK: If it became like an expectation, that would be a problem.

LANCE: Yeah exactly. But I didn't find that.

SEAN: But we usually stepped up and offered.

KYLE: But, back to your question, how do we want to be treated? Respectfully.

SEAN: That's it.

CRAIG: Like anyone else.

AARON: Even as a nursing student, this is supposed to be an environment of learning for the future, for whichever future like nursing students. Like if it's a male group, like the same amount of respect that any other like, like a student that comes in and is trying to learn. That's what we want to feel like.

INTERVIEWER: Nice.

LANCE: I don't find we were treated any differently because we were guys. I mean, there's so many guy doctors here anyways. Like, when we were on the floor, there's way more guys here.

KYLE: Not when the female residents were all there.

LANCE: But now it's all guys.

KYLE: Now it's all guys. But for a couple of weeks it was all female residents.

CRAIG: It's true, I feel there is a huge guy population on this unit. Now its huge.

(inaudible)

AARON: All the residents are almost all guys.

LANCE: There is one girl.

SEAN: The med students are all guys.

AARON: There was a few females.

LANCE: You noticed eh?

SEAN: The pharmacist, not the one Mark likes-

(laughs)

SEAN: The other one, is a guy.

KYLE: Oooh.

LANCE: Oh Mark.

(Laughs)

INTERVIEWER: Ok, so looking back to your overall experience in nursing school, have you faced any obstacles as a male nursing student? Overall now?

LANCE: Just overall? Yes.

KYLE: OBS.

MARK: OBS (sic), Yes, by far.

INTERVIEWER: So, can we elaborate on that?

LANCE: If you're male, you're not in the room.

AARON: Well, yeah. If the husband is there, and he looks at you funny, I mean, what are you going to do?

KYLE: What?

LANCE: What?

CRAIG: You know like, (inaudible) it the husband looks at you and –

(Inaudible)

MARK: Like when you have to go and do the peritoneal exam. And then you ask them, and they go: "Oh no, sorry, like, I prefer a female", and you're just like: "the doctor, the OB/GYN that did your delivery was a guy, literally gave you a-" you know-

SEAN: But to be fair, in that moment, it's not like you have, you know, ten female doctors just staring at you.

CRAIG: They feel like they have more control at that time so then they can –

MARK: Just because there are more female nurses, shouldn't necessarily-

SEAN: I'm just saying that you have the option, you know what I mean. When you have no option, you get whatever really for example.

KYLE: Yeah but it's still discrimination if you have the choice.

CRAIG: Well-

(Inaudible)

CRAIG: You have to respect people's feelings.

LANCE: Unless it's religion. Like some of them say no because of religious regions. Like the Jewish and Muslims.

KYLE: Turn that around, I can't refuse to take the patient because of their religion.

INTERVIEWER: And also, you say that, but you're just talking just about nursing care, you're not talking about physicians because the same religious objections don't usually come in with physician selection.

LANCE: No, no, you're right. Some of them, one of them-

CRAIG: So yeah, I had-

MARK: There were some comments about like nursing, ah, like nurses that would say like, uh, you know, things like: "Oh, if you were a woman you would no like, or you would feel this, like, a bit differently". You know, it's just like, "you're right, a hundred percent. I don't know what you're feeling, but- "

KYLE: It was harder sometimes for our teacher to select patients for us in OBS because-

LANCE: Yeah

CRAIG: Yeah

KYLE: - we kind of knew just by looking at their names, or if we knew ahead of time that they were religious that they might not accept a male. So, it was harder for them to choose that.

Otherwise, you know, were not really choosing our patients so we didn't have a direct problem. I remember there was one patient where I was going to show another student how to wash a baby and I had to be not looking at the mother the whole time. (Laughs). Yeah, I was in the room, but I couldn't turn to look at the mother while someone else was washing the baby or something.

MARK: That sounds like a gameshow challenge.

LANCE: In terms of what I missed out on; it was for those reasons that I wasn't able to see a vaginal delivery. Because there were no families that were delivering when I went on that unit-

CRAIG: Same.

LANCE: - that would allow male students. Luckily, I had seen one in paramedics. Like, uh, a vaginal delivery, but um, all I got to see, and I'm not complaining, was a lot of c-sections. That was ok but, in terms of vaginal deliveries, I couldn't because: "you're a guy".

(Inaudible)

AARON: I was fortunate to see one of the vaginal deliveries. They let me watch it and so that was interesting.

INTERVIEWER: Ok, was there anything that you were taught that was not necessarily applicable to you as a male? I will give you an example: Therapeutic touch. When it is given by a female versus a male, it is perceived differently by the patient. Female it is a caring approach, males it's: "is he a homosexual? Is he hitting on me?". The research shows there is a discrepancy.

LANCE: I never had any problems.

CRAIG: It was literally-

LANCE: Even with young patients. I had a young patient, she was 27, and I think she broke down crying-

AARON: It's your approach.

LANCE: - Yeah, it's your approach. She was crying because there was something wrong with her care here. I went to like her level, held her hand. No complaints, she appreciated it… well I don't know, she didn't say "thank you for holding my hand" but you know what I mean?

CRAIG: There was a few patients where like I did the therapeutic touch and everything and they would open up and they would be talking to me about their problems and that. Because of this, I was able to help them even more. But I hadn't- there wasn't any sort of situation where like one of the patients was like thinking: "Are you?"

LANCE: The old ladies love it, let me tell you.

CRAIG: Yeah, the old ladies.

KYLE: Yeah.

LANCE: Especially old ladies.

MARK: Half the time they thought we were doctors when we walk into the room.

AARON: We had this one patient. I think we almost all had her-

MARK: We went in the room purposely to say "Hi" to her.

LANCE: Yeah, she was like: "Oh, I need to say hi to all the guys"

CRAIG: Yeah, I remember.

LANCE: So, we all had to come in and say "Hi". Like, "Wow, hi". She had hair like Marge Simpson.

AARON: Yeah, I know.

(Laughs)

LANCE: She wanted to see the guys.

CRAIG: She apparently used to work at this hospital.

MARK: So, she had a preference for men, I think.

LANCE: Yeah.

CRAIG: Oh yeah.

MARK: There were some patients who actually said: "I prefer a male nurse". Yeah.

INTERVIEWER: Ok, has this experience changed anything for you? What have you taken from this experience? Working with males, led by a male teacher?

AARON: It makes me always want to work with males.

KYLE: Yeah.

MARK: Not that I don't ever want to work with girls, but I feel like having more guy nurses on the floor can actually be more fun.

SEAN: I think it's because our numbers equal the number of nurses, so it was more like a balance. You're not like two guys with like 6 female nurses. It's six guys, it's six other nurses.

LANCE: We outweighed the female nurses.

CRAIG: True.

SEAN: It was just like really, really balanced.

MARK: Also, I noticed on stage, when you would be, not even just this rotation, but like another one, I'd say, whenever you were paired with another guy, I realized that you would always hang out with the guy more. And you guys just got along better you know?

INTERVIEWER: Yeah.

LANCE: Yeah, when I was with you it was like that.

KYLE: Yeah, when we went to (inaudible).

INTERVIEWER: Seeing how male students work, and how the male teacher works, how they are working, how you guys are working on the unit, has that changed anything for you? Like, noticed like: "Oh, maybe now I feel more comfortable doing this because Kyle did it this way". Were you able to learn from each other and see how other males work in the clinical setting?

CRAIG: Like seeing each other as benchmarks?

INTERVIEWER: Yeah, like-

KYLE: I was too busy to notice others working.

CRAIG: Also, like in a way, there were certain situations, like even us, amongst ourselves, we would actually talk about our own- like what we need to work on. Even for example, say one of my colleagues would sa**y:** "oh you need to this better, you need to watch out for this". And that like, sticks with me you know.

LANCE: What helped with that, because if we hadn't had the team leader, and we were all on our sides, we wouldn't have seen how each other works. But when you're a team leader, since you don't really have patients, you're just kind of like making sure that things are running smoothly, you get to see how people work and it helped me because I got to see some things, some tricks or the way some of us organize things. It kind of helped me later on, but that had nothing to do with them being males or anything. It was just colleagues.

AARON: I think we were also less shy in telling each other what we needed improvement on, when we saw something that might not have necessarily been as effective, we would've contributed more. I think in my previous rotations, I was more shy to tell that to the girls. Like: "Oh, you're doing this wrong or not as well as you could be".

MARK: Yeah.

CRAIG: Yeah, I agree.

AARON: In this rotation I felt more comfortable approaching others.

MARK: Like confronting a colleague is easier I find.

LANCE: Oh yeah, that's true.

CRAIG: Like I don't want to be-

KYLE: You guys actually confronted each other?

LANCE: No, not in a bad way. We usually joke about it.

MARK: Constructive criticism.

CRAIG: Exactly, it's constructive.

KYLE: Ok well what you're saying and what you're saying is not the same thing. (Laughs). You're talking about teasing-

LANCE: Yeah, teasing.

MARK: But then I feel like, if you were to talk to a girl student, like, you would be afraid of them getting upset. I'm saying women are all-

SEAN: Women can take it personally.

MARK: - it's just a higher chance. And from what I have seen in past rotations before. Like, you just feel like you have to be a little more reserved. You don't want to make them feel like; you know-

AARON: Insecure.

MARK: Yeah, their insecure that you're better than them, or whatever. I felt like if any one of them told me something I'm like: "Oh, he's higher than me" or whatever. He's just trying to help me out.

INTERVIEWER: Other than Sonny, have any of you had any other male teachers?

CRAIG, KYLE, SEAN, LANCE: Yes.

MARK: I had Jack and Ronald.

SEAN: I also had Ben and Jack.

INTERVIEWER: Okay, so, is working with a male teacher beneficial for you? Why?

SEAN: I found yes.

KYLE: Yes.

LANCE: I found I got along better- from what I have observed, when I was with Jack for example in peds. I found I got along better with him than I think he got along the other people. Because when it was jut me and him, it was a lot more relaxed when would talk about stuff. When he would talk to the other students in the group, it was more like professional, well some barriers of professionalism went down when it was just me and him talking, and he is making jokes or something. It was a little bit different, except it wasn't like that with Ronald but I think that had to do with like an age gap.

CRAIG: Yeah, he is also more reserved.

LANCE: Yeah, like he is also more reserved with everybody.

MARK: I still think it is easier to talk to a male teacher, and like getting along with them too.

LANCE: Yeah.

MARK: I feel more of a-

CRAIG: It's more of a bond.

MARK: Yeah.

KYLE: You bond with the teacher?

LANCE: There's usually things I can't say too.

KYLE: Steve was involved in the guy talk.

CRAIG: But that brings up the point that it just really depends on the teacher. I mean, I could say that I have had a lot of guy teachers throughout these two years, and I really enjoyed the way that Steve did this entire group. But there are some of the other guy teachers that I had less of a bond with. I felt like I didn't have much of a bond with Jack. I felt that we kept our distance. We never really clicked. Even for Armen as well, I felt like there was never really that connection.

LANCE: I don't think that Armen clicks with anyone.

KYLE: Oh.

(Laughs)

LANCE: No but, he's very like, he's-

SEAN: It just depends on the personality.

LANCE: If we had been with Armen or Justin for 12 weeks it could've changed.

AARON: That's true.

LANCE: We could have Steve –

CRAIG: Twelve weeks makes a huge difference.

AARON: And also, it depends on the teacher themselves. Like I said, with Armen, he had more of a background in, I think he worked in emergency?

CRAIG: No, he works in dialysis.

AARON: How he works and how he was able to do, like, say for example, wound dressing change, it was difference from Steve.

LANCE: Yeah, different by person.

KYLE: You guys are going to stone me for this, but I think... I am going to make a negative comment.

LANCE: Go for it.

KYLE: I think sometimes it was too lax-

LANCE: Okay.

KYLE: - with this male teacher.

LANCE: I agree with you.

KYLE: I don't know if the learning was maximized at times.

CRAIG: Fair point.

MARK: Yeah, like I feel at sometimes the female teachers were-

AARON: More structured.

MARK: Yeah.

KYLE: Yes, more structured.

LANCE: We could see it with Amanda's group. When we look at Amanda's group, they have all these rules and us we were like: "what rules?"

(Laughs)

SEAN: But then again, I feel like our experience was more laid back, but we actually learned how to learn. It's not like you just learned not to get a slap on your wrist.

CRAIG: Yeah.

MARK: Yes, that's true. That's very true.

SEAN: I feel like you might remember better like this in the long run.

LANCE: Steve is a great teacher if you are independent. If you're not independent, I find he's not- it's not that he's not around, but, if you're independent you feel comfortable because he won't linger around.

SEAN: If you need him, he's there.

LANCE: But he's not going to come hold your hand for everything.

SEAN: Exactly.

MARK: Exactly.

LANCE: But some other teachers are like always on top of you, and that's not good for anybody. Not everybody learns the same way.

CRAIG: 60N is supposed to be like that.

MARK: Yeah, that's why it's good.

KYLE: But in terms of official feedback, we didn't get much I find.

LANCE: I think he told me personally.

SEAN: Yeah.

LANCE: He wouldn't send me feedback sheets every two weeks.

CRAIG: But there are still things he didn't care about, like, don't say anything, our assignments.

(Laughs)

LANCE: Oh my God, he's not the only one who doesn't care about assignments.

CRAIG: But frankly, the assignments for this semester were kind of like-

MARK: I sent him my assignments every week.

KYLE: We never got feedback from the first TNP.

CRAIG: So, more structure maybe.

INTERVIEWER: So, could this project be beneficial for future groups of male students? Why or why not?

KYLE: Yeah.

LANCE: Yeah, at least once.

SEAN: Yeah sure, it's a fun experience.

INTERVIEWER: Ok, why?

SEAN: It gives them a good opportunity to work on a team of guys.

LANCE: Ok, I will give my example. I have always been very independent, like, Mark came in with some experience, with handling patients and stuff like that. It's always been the same, like every semester you come up to the teacher and they are always on top of you like: "oh, your meds, nah, nah nah" and then, once they see that you are okay with it, you never see them for the rest of the rotation. It's been like that except for with Sarah, she was the only one who stayed on top of me for no reason. Steve, he's a great teacher for independence. His teaching style promotes independence. For me, having him and an all-guy group, which supplemented it even more, because, the fact that were all independent but were all guys. So, not worrying about asking questions and someone judging us because we're more behind or something, like, it was a no-judgement zone and having all of that camaraderie helped even more in us learning independence as we move on into the workforce. I think, at least having this experience once, for an all-guy group, is really, really good.

KYLE: It doesn't need to be for the entire nursing program. Obviously, we need to work with other people.

MARK: Yeah.

KYLE: But, once, for people I think that maybe learn differently, it was very beneficial. Like, you got to experience- like, I feel like I set my own learning pace this semester. Like, I got to choose what I wanted to learn. I got to focus more on what I wanted. That might have happened less with a different group.

CRAIG: I think that- for example, I wanted to get better at taking bloods, so whenever I saw someone passing by for taking bloods, I used to always ask them like: "Give me one, give me two". If my teacher wasn't like Steve, I probably would've stayed away from whatever.

LANCE: And we have proof of that today.

MARK: Yeah.

LANCE: Not to throw him under the bus or anything, but, the other group, today they were taking bloods, and it was the first time that they were alone.

SEAN: They might be way better at something else than us too.

AARON: Yeah.

LANCE: Probably charting, because they chart blocks every time.

SEAN: Like you just do whatever you think you should be learning without having to worry to much.

MARK: Steve wouldn't mind if you went up to the lab to take labs for the patient. As long as you told him, if he felt comfortable, he would let you do it. If you had problems, he would come and see you and he would come with you and help you. That's why he's- he let's you do your independence and he let's you think as if you're your own nurse.

KYLE: I feel like we are off topic.

INTERVIEWER: Yes, we are, but it is still good information.

MARK: I would say, do the all-guy rotation at the end.

KYLE: Yeah.

MARK: I personally don't- I would have a hard time going back to an all-girls group.

(Laughs)

LANCE: Yeah.

MARK: Not all girls.

LANCE: Twelve weeks, seven guys, it's not the same approach.

MARK: No.

SEAN: We'll leave it at that.

AARON: I think it would be better to have it as a twelve-week thing because if it was very early, like maybe the first or second semester, it wouldn't be as-

LANCE: There's too much learning to still be gotten in second semester for you to be comfortable-

AARON: Yeah, working around it so-

CRAIG: You're at risk of distraction.

LANCE: Yes. Not good for a second semester.

KYLE: Like, you got to know, like I said before, I found myself distracted. I knew that, and I was able to walk away. But, if you're earlier, there would be more things that you're at risk for forgetting.

LANCE: But you're comment with the competition thing, it might even be a bigger problem for some people. In second semester, when everybody is kind of fresh and they're trying to prove themselves, but then with like six guys, they might not do well.

(Laughs)

CRAIG: I have to reiterate, also the fact that were all more mature guys. We're not like eighteen-year olds starting this program. You know, were not bouncing off the walls just crazy.

KYLE: So maybe not a good idea for the regular program.

LANCE: Or it could be a really good idea but again, just at the end.

CRAIG: Yeah.

LANCE: Not at the beginning. At the beginning there is too much important things other than to have a good time with your guys. In second semester it is more important for you to learn your basic skills, like your assessment and stuff. Like, when we came in, we were all comfortable with head-to-toe assessments, I mean, it's sixth semester so it's almost second nature now. But, if you still had to worry... well, there are more important things, and it would be too hard for a teacher to kind of fill them in.

CRAIG: I also want to bring up the benefits of working with the girls as well. In the previous rotations, when I was working with the girls, there was a lot of-

MARK: Yeah, it was still good.

AARON: It was still good.

SEAN: Working with the guys is a fun thing. It's a little extra, it's a little bonus but, there is, I didn't feel any problem working with the girls either. So, we just had a little but more fun here. I feel like the atmosphere was maybe a bit better. But, all in all it's –

LANCE: Also, from what I could see too, the benefit that we had having an all-guy group, I don't think it was the same an all-girl group. I don't think they had as much fun as we would have as an all-guy group.

KYLE: Yeah but they're always with four other girls and then one of us.

LANCE: That's true.

KYLE: So, it's a bigger change for us then for them.

LANCE: Yeah. Because us, we really appreciated having an all-guy group.

(Laughs)

LANCE: We took full advantage of having an all-guy group.

INTERVIEWER: Ok, so we talked about how the unit was responsive to an all-guy group. Were there any barriers you experienced being a group of six, plus Sonny, on the unit?

KYLE: Not specific to us.

MARK: I would say the opposite.

LANCE: I think they were like: "Oh, the boys are back!"

(Laughs)

KYLE: Yeah, they were showing some favouritism.

AARON: When we were doing one of the few days, we were doing like evenings, I think there was like: "well why weren't you guys there in the morning?". Yeah, they actually missed us.

SEAN: Yeah, you know that Latino nurse? He was so excited about us. He was like: “oh yes, the guys are here”.

LANCE: Yeah, favouritism. We do definitely stand out.

KYLE: We’ve asked the girl group here and we know they have more complaints about the staff here than we do. So, I don’t know if that’s favouritism?

CRAIG: The thing is, the nurses on the floor see the difference between us in the morning and them in the evening. Apparently, according to them, there is a huge difference in the way that everyone is treating them.

LANCE: I think Steve made a fair point today, the girls complained that the nurses just throw on loads of work because we’re here. Not us, but like the students are here so they’re like: “Oh, can you take this patient?”

KYLE: We had the same thing, but it wasn’t a problem for us.

SEAN: You know, then again, I feel as though maybe it’s because their work is that much more structured, they have huge blocks of notes-

LANCE: Maybe.

SEAN: So, for them, it’s that much more stressful having a student. Whereas for us, we work almost like regular nurses. So, we have no problem taking on three four patients-

LANCE: Because of the independence.

SEAN: We were independent. We could do a lot of stuff by ourselves. Like they had to do a full head-to-toe charting every single time. We just charted what matters.

LANCE: We got to the point where we were just charting like the regular team.

SEAN: Yeah exactly.

LANCE: Amanda’s method isn’t wrong because they still practice their charting.

SEAN: But I could see how doing all of that and having four patients could be overwhelming.

LANCE: We definitely had less complaints. I don’t think we had any complaints.

INTERVIEWER: Is there anything else you would like to ad?

KYLE: I had a lot of fun, thank you.

APPENDIX I

RESULTS FROM THE INVENTORY OF MALE FRIENDLINESS IN NURSING PROGRAMS

Table 5

Frequency Table Results From the Inventory of Male Friendliness in Nursing Programs Survey

Question	Strongly Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly Disagree (1)
Most of my nursing instructors referred to the nurse exclusively as "she".	(1) 12.5%	(4) 50%	0	(1) 12.5%	(2) 25%
My nursing program included a historical review of the contributions men have made to the nursing profession.	(1) 12.5%	(1) 12.5%	0	(4) 50%	(1) 25%
My nursing program actively recruited men to enroll as students.	(2) 25%	(2) 25%	0	(2) 25%	(2) 25%
There were times in class when nursing faculty made disparaging remarks against men.	0	0	(3) 37.5%	(2) 12.5%	(4) 50%
My nursing program included content on men's health issues.	(5) 62.5%	(1) 12.5%	0	(2) 25%	0
I was provided opportunities to work with male RNs in my clinical rotations.	(5) 62.5%	(1) 12.5%	0	(2) 25%	0
During my obstetrics (mother/baby) rotation, I had different requirements or limitations placed on me compared to my female classmates.	(4) 50%	(3) 37.5%	(1) 12.5%	0	0
Many believe that men and women have different communication styles. My nursing program discussed how to overcome communication differences to ensure good therapeutic and working relationships.	(3) 37.5%	(2) 25%	0	(2) 25%	(1) 12.5%
I was invited to participate in all student activities.	(7) 87.5%	(1) 12.5%	0	0	0

My nursing program encouraged me to strive for leadership roles.	(3) 37.5%	(2) 25%	(1) 12.5%	(2) 25%	0
People most important to me were supportive of my decision to enroll in nursing school.	(4) 50%	(3) 37.5%	(1) 12.5%	0	0
I felt I had to prove myself in nursing school because people expect nurses to be female.	(3) 37.5%	0	(3) 37.5%	(1) 12.5%	(1) 12.5%
In my nursing program, male and female students were treated more differently by the instructors than I had originally anticipated.	0	(3) 37.5%	(2) 25%	(3) 37.5%	0
My gender was a barrier in developing collegial relationships with some of my instructors.	0	(1) 12.5%	0	(1) 12.5%	(6) 75%
As a male student, I felt welcomed by most RN staff in my clinical rotations.	(6) 75%	(2) 25%	0	0	0
As a male student, I was nervous that a woman might accuse me of sexual inappropriateness when I touched her body.	(2) 25%	(3) 37.5%	0	(2) 25%	(1) 12.5%
My nursing program prepared me well to work with primarily female co-workers.	(2) 25%	(3) 37.5%	0	(2) 25%	(1) 12.5%

Table 5: Frequency Table Results from the Inventory of Male Friendliness in Nursing Programs Survey

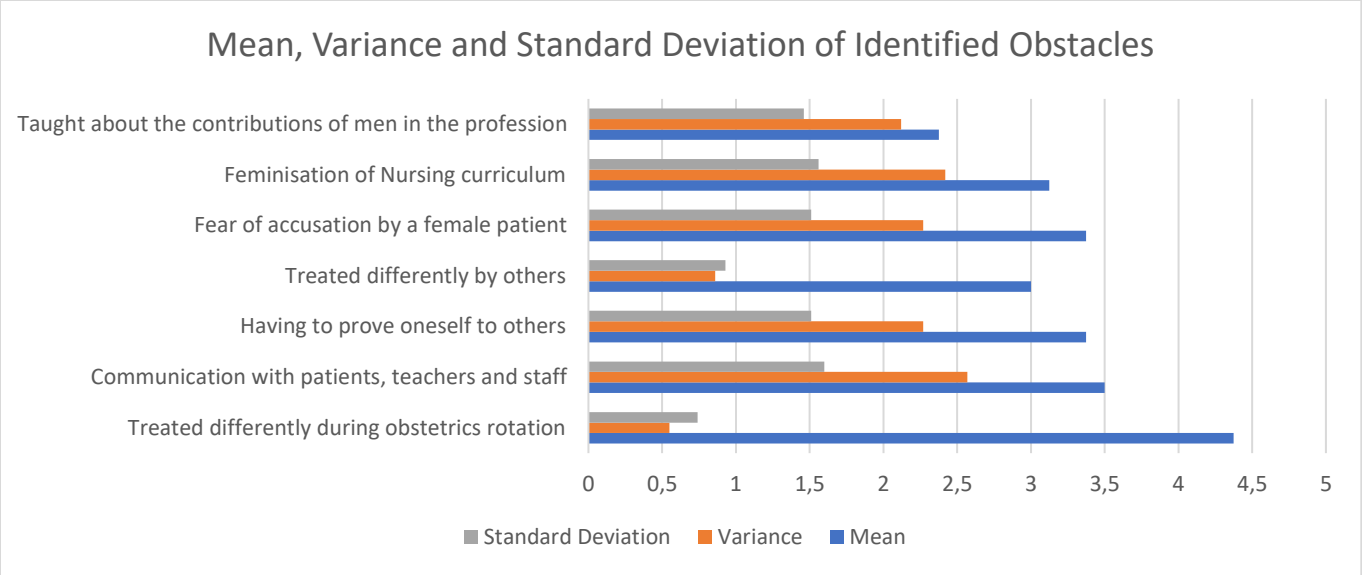

Figure 9. Mean, Variance and Standard Deviation of Identified Obstacles

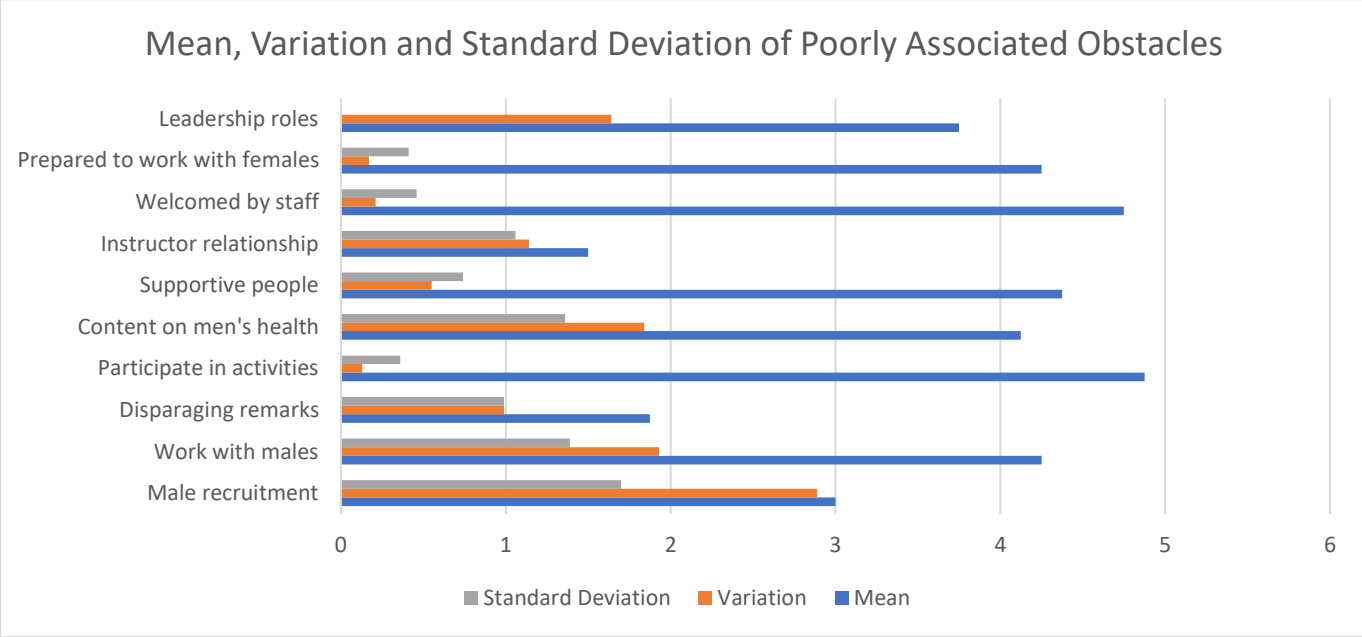

Figure 10. Mean, Variation and Standard Deviation of Poorly Associated Obstacles

Table 6

Central Tendency IMFNP Results

Question	Mode	Median	Mean	Variance	Standard Deviation
Most of my nursing instructors referred to the nurse exclusively as "she".	4	4	3.125	2.42	1.56
My nursing program included a historical review of the contributions men have made to the nursing profession.	2	2	2.375	2.12	1.46
My nursing program actively recruited men to enroll as students.	5,4,2,1	4	3	2.89	1.7
There were times in class when nursing faculty made disparaging remarks against men.	1	2	1.875	0.99	0.99
My nursing program included content on men's health issues.	5	5	4.125	1.84	1.36
I was provided opportunities to work with male RNs in my clinical rotations.	5	5	4.25	1.93	1.39
During my obstetrics (mother/baby) rotation, I had different requirements or limitations placed on me compared to my female classmates.	5	5	4.375	0.55	0.74
Many believe that men and women have different communication styles. My nursing program discussed how to overcome communication differences to ensure good therapeutic and working relationships.	5	4	3.5	2.57	1.6
I was invited to participate in all student activities.	5	5	4.875	0.13	0.36
My nursing program encouraged me to strive for leadership roles.	5	4	3.75	1.64	1.28

People most important to me were supportive of my decision to enroll in nursing school.	5	5	4.375	0.55	0.74
I felt I had to prove myself in nursing school because people expect nurses to be female.	5,3	3	3.375	2.27	1.51
In my nursing program, male and female students were treated more differently by the instructors than I had originally anticipated.	4,2	3	3	0.86	0.93
My gender was a barrier in developing collegial relationships with some of my instructors.	1	1	1.5	1.14	1.06
As a male student, I felt welcomed by most RN staff in my clinical rotations.	5	5	4. 75	0.21	0.46
As a male student, I was nervous that a woman might accuse me of sexual inappropriateness when I touched her body.	4	4	3.375	2.27	1.51
My nursing program prepared me well to work with primarily female co-workers.	4	4	4.25	0.17	0.41

Table 6: Central Tendency of IMFNP Results

APPENDIX J

RESULTS FROM THE PROFESSIONAL IDENTITY FIVE-FACTOR SCALE MALE PARTICIPANTS VS. MALE NON-PARTICIPANTS

Table 7

Professional Identity Five-Factor Scale Males After Clinical Rotation

All-Male Clinical Group (Participants) Vs. Mixed- Gender Group Males (Non-Participants)

	Strongly Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly Disagree (1)
I know the nature of the work I will do in my future profession.					
Participants	(4) 67%	(2) 33%	0	0	0
Non-Participants	(1) 50%	(1) 50%	0	0	0
In most work environments, professionals with different backgrounds work together. I know of the different types of professionals I will be collaborating with.					
Participants	(2) 33%	(4) 67%	0	0	0
Non-Participants	(2) 100%	0	0	0	0
I have a good idea about the roles and responsibilities of my future job.					
Participants	(3) 50%	(3) 50%	0	0	0
Non-Participants	(2) 100%	0	0	0	0
I know what kind of applications, tools and equipment I will handle in my future occupation.					
Participants	(2) 33%	(4) 67%	0	0	0
Non-Participants	(1) 50%	(1) 50%	0	0	0
I am aware of the impact of the decisions I make as a professional in the industry.					
Participants	(3) 50%	(3) 50%	0	0	0
Non-Participants	(2) 100%	0	0	0	0
I am part of an interest group (inside or outside of my program) related to my profession.					
Participants	(1) 17%	(2) 33%	(1) 17%	(2) 33%	0
Non-Participants	0	(2) 100%	0	0	0
I know personally some people who work in my future profession.					
Participants	(5) 83%	(1) 17%	0	0	0
Non-Participants	(1) 50%	(1) 50%	0	0	0
I follow developments in my future industry in newspapers and on television.					

Participants	0	(1) 17%	(3) 50%	(2) 33%	0
Non-Participants	0	0	(2) 100%	0	0
Before I entered my program, I already had some prior work experience related to my profession of choice.					
Participants	(1) 17%	(3) 50%	0	(1) 17%	(1) 17%
Non-Participants	0	0	0	(2) 100%	0
I have interacted with professionals in the industry outside of my program or through events organized by my program.					
Participants	(3) 50%	(3) 50%	0	0	0
Non-Participants	(1) 50%	(1) 50%	0	0	0
I concentrate in my studies on what I believe I would need to know and be able to do when I enter my future occupation.					
Participants	(2) 33%	(3) 50%	(1) 17%	0	0
Non-Participants	(2) 100%	0	0	0	0
I believe I can already think and reason like a professional in a company or organization.					
Participants	(2) 33%	(4) 67%	0	0	0
Non-Participants	0	(2) 100%	0	0	0
I admire most teachers who are professionals in the area that I would like to enter.					
Participants	(2) 33%	(2) 33%	(2) 33%	0	0
Non-Participants	(2) 100%	0	0	0	0
I admire professionals who are already working in my future work environment.					
Participants	(2) 33%	(1) 17%	(3) 50%	0	0
Non-Participants	(1) 50%	(1) 50%	0	0	0
I am sure I will have no problems dressing and behaving professionally in my industry.					
Participants	(3) 50%	(3) 50%	0	0	0
Non-Participants	(1) 17%	(1) 17%	(1) 17%	(3) 50%	0
I feel poorly prepared for a real job.					
Participants	(1) 17%	(1) 17%	(1) 17%	(3) 50%	0
Non-Participants	0	0	0	(1) 50%	(1) 50%
I believe that I will easily get along with my future colleagues, get their cooperation, and have informal conversations with them.					
Participants	(3) 50%	(3) 50%	0	0	0
Non-Participants	(2) 100%	0	0	0	0

I'm confident that I can do an excellent job in the future.					
Participants	(3) 50%	(3) 50%	0	0	0
Non-Participants	(2) 100%	0	0	0	0
I have no doubt that I will master all the skills necessary to succeed in my future work.					
Participants	(3) 50%	(3) 50%	0	0	0
Non-Participants	(2) 100%	0	0	0	0
I am not sure about the kind of challenges faced by the professional in the industry I work in.					
Participants	0	(1) 17%	(1) 17%	(3) 50%	(1) 17%
Non-Participants	0	0	0	(2) 100%	0
I am already pretty sure what kind of profession I will enter after completing this program.					
Participants	(3) 50%	(3) 50%	0	0	0
Non-Participants	(1) 50%	(1) 50%	0	0	0

Table 7. Professional Identity Five-Factor Scale Result Comparison by All-Male Clinical Group Participants vs. Male Non-Participants

APPENDIX K

PROFESSIONAL IDENTITY FIVE-FACTOR SCALE RESULTS FEMALES VS. MALE

Table 8

Professional Identity Five-Factor Scale Males and Females Prior to Clinical Rotation

Gender Comparison					
	Strongly Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly Disagree (1)
I know the nature of the work I will do in my future profession.					
Males	(3) 50%	(2) 33%	(1) 17%	0	0
Females	(7) 39%	(9) 50%	0	(2) 11%	0
In most work environments, professionals with different backgrounds work together. I know of the different types of professionals I will be collaborating with.					
Males	(4) 67%	(2) 33%	0	0	0
Females	(10) 56%	(7) 39%	(1) 5%	0	0
I have a good idea about the roles and responsibilities of my future job.					
Males	(5) 83%	(1) 17%	0	0	0
Females	(8) 44%	(9) 50%	0	(1) 5%	0
I know what kind of applications, tools and equipment I will handle in my future occupation.					
Males	(1) 17%	(5) 83%	0	0	0
Females	(2) 11%	(16) 89%	0	0	0
I am aware of the impact of the decisions I make as a professional in the industry.					
Males	(4) 67%	(2) 33%	0	0	0
Females	(14) 78%	(3) 17%	(1) 5%	0	0
I am part of an interest group (inside or outside of my program) related to my profession.					
Males	(1) 17%	(1) 17%	(2) 33%	(1) 17%	(1) 17%
Females	0	(4) 22%	(7) 39%	(5) 28%	(2) 11%
I know personally some people who work in my future profession.					
Males	(4) 67%	(2) 33%	0	0	0
Females	(9) 50%	(6) 33%	0	(2) 11%	(1) 5%
I follow developments in my future industry in newspapers and on television.					
Males	(1) 17%	(2) 33%	(1) 17%	(2) 33%	0
Females	(5) 28%	(5) 28%	(4) 22%	(4) 22%	0
Before I entered my program, I already had some prior work experience related to my profession of choice.					
Males	(2) 33%	(1) 17%	0	(1) 17%	(2) 33%
Females	(5) 28%	(3) 17%	(1) 5%	(5) 28%	(4) 22%
I have interacted with professionals in the industry outside of my program or through events organized by my program.					
Males	(4) 67%	0	(1) 17%	(1) 17%	0

Females	(4) 22%	(7) 39%	(2) 11%	(3) 17%	(2) 11%
I concentrate in my studies on what I believe I would need to know and be able to do when I enter my future occupation.					
Males	(2) 33%	(4) 67%	0	0	0
Females	(10) 56%	(6) 33%	(1) 5%	(1) 5%	0
I believe I can already think and reason like a professional in a company or organization.					
Males	(2) 33%	(4) 67%	0	0	0
Females	(2) 11%	(10) 56%	(6) 33%	0	0
I admire most teachers who are professionals in the area that I would like to enter.					
Males	(3) 50%	0	(1) 5%	(2) 11%	0
Females	(7) 39%	(5) 28%	(5) 28%	(1) 5%	0
I admire professionals who are already working in my future work environment.					
Males	(3) 50%	0	(1) 5%	(2) 11%	0
Females	(11) 61%	(5) 28%	(2) 11%	0	0
I am sure I will have no problems dressing and behaving professionally in my industry.					
Male	(6) 100%	0	0	0	0
Females	(12) 67%	(6) 33%	0	0	0
I feel poorly prepared for a real job.					
Males	0	(1) 17%	(2) 33%	(2) 33%	(1) 17%
Females	(1) 5%	(1) 5%	(7) 39%	(9) 50%	0
I believe that I will easily get along with my future colleagues, get their cooperation, and have informal conversations with them.					
Males	(4) 67%	0	(3) 33%	0	0
Females	(8) 44%	(9) 50%	0	(1) 5%	0
I'm confident that I can do an excellent job in the future.					
Males	(4) 67%	(2) 33%	0	0	0
Females	(6) 33%	(11) 61%	(1) 5%	0	0
I have no doubt that I will master all the skills necessary to succeed in my future work.					
Males	(4) 67%	(2) 33%	0	0	0
Females	(5) 28%	(9) 50%	(4) 22%	0	0
I am not sure about the kind of challenges faced by the professional in the industry I work in.					
Males	0	(2) 33%	0	(3) 50%	(1) 17%
Females	0	(2) 11%	(2) 11%	(14) 78%	0
I am already pretty sure what kind of profession I will enter after completing this program.					
Males	(1) 17%	(5) 63%	0	0	0
Females	(4) 22%	(8) 44%	(4) 22%	(2) 11%	0

Table 8. Professional Identity Five-Factor Scale Result Comparison by Gender

Table 9

Central Tendency of Professional Identity Five-Factor Scale Results

Gender Comparison

	Mode	Median	Mean	Variance	Standard Deviation
I know the nature of the work I will do in my future profession.					
Males	5	4.5	4.3	1.69	1.3
Females	4	4	4.2	0.76	0.87
In most work environments, professionals with different backgrounds work together. I know of the different types of professionals I will be collaborating with.					
Males	5	5	4.7	0.19	0.44
Females	5	5	4.5	0.34	0.58
I have a good idea about the roles and responsibilities of my future job.					
Males	5	5	4.8	0.12	0.35
Females	4	4	4.3	0.53	0.73
I know what kind of applications, tools and equipment I will handle in my future occupation.					
Males	4	4	4.2	0.12	0.35
Females	4	4	4.1	0.09	0.3
I am aware of the impact of the decisions I make as a professional in the industry.					
Males	5	5	4.7	1.91	1.38
Females	5	5	4.7	0.3	0.55
I am part of an interest group (inside or outside of my program) related to my profession.					
Males	3	3	3	1.43	1.2
Females	3	3	2.7	0.82	0.91
I know personally some people who work in my future profession.					
Males	5	5	4.7	0.19	0.44
Females	5	4.5	4.3	1.32	1.15
I follow developments in my future industry in newspapers and on television.					
Males	4,2	3.5	3.3	1.45	1.2
Females	5,4	4	3.4	1.21	1.1
Before I entered my program, I already had some prior work experience related to my profession of choice.					
Males	5,1	3	3	2.57	1.6
Females	5,1	2.5	3	2.32	1.52
I have interacted with professionals in the industry outside of my program or through events organized by my program.					
Males	5	5	4.2	1.26	1.12
Females	4	4	3.4	1.6	1.26
I concentrate in my studies on what I believe I would need to know and be able to do when I enter my future occupation.					
Males	5	5	4.2	1.26	1.12

Females	4	4	3.4	1.6	1.26
I believe I can already think and reason like a professional in a company or organization.					
Males	4	4	4.3	1.91	1.38
Females	5	5	4.4	0.65	0.81
I admire most teachers who are professionals in the area that I would like to enter.					
Males	5	4	3.7	1.62	1.27
Females	5	4	4	0.84	0.92
I admire professionals who are already working in my future work environment.					
Males	5	4	3.8	1.06	1.03
Females	5	5	4.7	0.21	0.46
I am sure I will have no problems dressing and behaving professionally in my industry.					
Males	5	5	5	0	0
Females	5	5	4.7	0.21	0.46
I feel poorly prepared for a real job.					
Males	3,2	2.5	2.5	0.79	0.89
Females	3	2.5	2.7	0.63	0.79
I believe that I will easily get along with my future colleagues, get their cooperation, and have informal conversations with them.					
Males	5	5	4.3	0.76	0.87
Females	4	4	4.3	0.53	0.73
I'm confident that I can do an excellent job in the future.					
Males	5	5	4.7	0.19	0.44
Females	4	4	4.3	2.96	1.72
I have no doubt that I will master all the skills necessary to succeed in my future work.					
Males	5	5	4.7	0.19	0.44
Females	4	4	4.1	0.47	0.69
I am not sure about the kind of challenges faced by the professional in the industry I work in.					
Males	2	2	2.5	1.07	1.03
Females	2	2	2.3	0.42	0.65
I am already pretty sure what kind of profession I will enter after completing this program.					
Males	4	4	4.2	0.12	0.35
Females	4	4	3.8	0.8	0.9

Table 9. Central Tendency of Professional Identity Five-Factor Scale Results