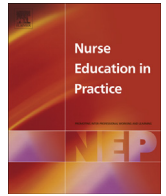




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Attracting men to nursing: Is graduate entry an answer?

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ABSTRACT

There is evidence which suggests that second degree graduate entry nursing programs may be a potential strategy to increase the number of men in nursing. This qualitative study used thematic analysis to describe the reasons underpinning men's enrolment in the first three intakes of the first such program in New Zealand. Interrogation of the data revealed two primary themes. First, *in search of a satisfying career with the associated subthemes: was at a loss; fulfilment through working with and helping people; and a career with options*. The second theme *the time was right* was underpinned by two subthemes: *The right time of life*; and, *the right course*.

In contrast, to previous studies of men in nursing it was found that vertical career progression into management was not attractive, and that career satisfaction was seen as being able to help others. The findings may provide insight for developing strategies which encourage men's entry into nursing.

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1. Introduction

For almost two decades a salient theme in the nursing literature has been the looming shortage of qualified nurses (For example: Whittock and Leonard, 2003; Cangelosi, 2007; Roth and Coleman, 2008; Abushaika et al., 2014; Gellasch, 2015). The predicted shortage has not yet eventuated in the high income countries (HICs), at least, owing to a number of factors such as the effects of recession on employment and the importation of nurses from some low-and- middle income countries (Buerhaus et al., 2009). In the United States of America (US), it has been suggested that a factor in ameliorating the predicted shortage has been a focus on recruitment initiatives. One such has been graduate entry nursing pathways for the older student who already holds a baccalaureate degree (Cangelosi, 2007).

Another suggestion to alleviate the predicted shortage is increased recruitment and retention of men (Cottingham, 2014; Evans, 2008; Meadus and Twomey, 2011). It is questionable whether this is a realistic strategy in light of evidence that historically fewer men enroll in nursing programs, are less likely to

graduate (Anthony, 2006; Bell-Schrieber, 2008), or remain in the workforce after graduation (Kellett et al., 2014; Rajapaksa and Rothstein, 2009; Hsu et al., 2010). It has been suggested that graduate entry into accelerated nursing programs may offer not only an attractive 'fast track' into nursing for second-career students (Johnson and Johnson, 2008) but also be a more desirable option for men considering nursing (McKenna and Vanderheide, 2015; McKenna et al., 2016).

Second degree graduate entry (SDGE) nursing programs are not a new phenomenon, being offered in the United States of America (USA) since the 1970s (McKenna and Vanderheide, 2012). In New Zealand, they are a new development; the first such program commenced in 2014 as a collaboration between a polytechnic institution which provides undergraduate nursing education and the local university which offers postgraduate health education. For the polytechnic institution this means that it offers two pathways to nursing registration: a three year Bachelor of Nursing (BN), and graduate entry leading to the conjoint award of both a BN and a Master of Health Sciences Professional Practice (Nursing) in two years. The two courses commence at approximately the same time each year and are, therefore, recruiting in the same time period leading up to commencement. Although, at this point numbers overall are small in the SDGE program the enrolment data with respect to men suggests that this might be an attractive pathway as 15.6% of the students are male in comparison to 4.6% in the BN.

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Given that the enrolment data suggests this might be an attractive pathway for men, the aim of the paper is to better understand the reasons underpinning men's enrolment in the first three intakes of this inaugural New Zealand SDGE nursing course. The findings may provide insight for developing strategies which encourage men into nursing who would be less attracted by an undergraduate program.

2. Background

Even though there is evidence of men's long history in nursing (Evans, 2004), a global discourse persists which has constructed nursing as women's work (Miers, 2000). Thus, in most countries men are a minority group in nursing. In New Zealand, for example, men comprise only 9% of the registered nurse workforce (Nursing Council of New Zealand, 2015), and similarly in the United States of America, the United Kingdom and Australia the number of men in the nursing workforce is relatively low at 9.6%, 11% and 11.7% respectively (Australian Institute of Health and Welfare [AIHW], 2014; HRSA, 2010; Office for National Statistics (UK), 2006). There are a few exceptions such as in Mauritius, where men and women are equally represented (Hollup, 2014), the Netherlands where 23% of the nursing workforce has been recorded as male (Sullivan, 2000; Whittock and Leonard, 2003), and Jordan where 38% of nurses are men (Abushaikha et al., 2014).

Many reasons have been put forward to explain the low numbers of men in Western countries. These include the negative stereotype of male nurses as being homosexual, effeminate and less caring (Bernard Hodes Group, 2005; Harding, 2007), the construction of nursing as 'women's work' since the inception of the professional era of nursing post Florence Nightingale (Harding, 2003) and the devaluing of nursing as women's work (Evans, 1997). Although, the reason for men's low numbers in nursing – or at least general nursing – are most likely multifactorial, these factors are deep-seated, entrenched and remain influential (Meadus, 2000; Roth and Coleman, 2008). Of more relevance to this research are those studies which have historically found that 'traditional' nursing education has neither been attractive to men nor sensitive to the needs of those who do enrol (For example: Sullivan, 2000; O'Lynn, 2004; Stott, 2007; Bell-Scriber, 2008; Vaismoradi et al., 2011; Ayala et al., 2014; Abushaikha et al., 2014). A number of authors also note that there is frequently a lack of male role models for these students in both clinical practice and the academy (Ayala et al., 2014); subsequently nursing and nursing education have developed in a fashion that preferences women (O'Lynn, 2004).

In the USA it has been identified that the majority of students who enter graduate entry nursing programs are mostly Caucasian females. However, the percentage of men enrolling in these same programs is higher than enrollments in under-graduate nursing degrees (Pellico et al., 2012). Although no explanation is provided in the US context, McKenna et al. (2016) reporting on one Australian graduate entry program noted:

The proportion of males (30%) was considerably greater than traditional nursing courses and the profession generally. Participants demonstrated wide distributions in age ranges, professional backgrounds and previous years in the workforce. Graduate entry appears attractive to males of varying ages, personal and professional backgrounds. More research is needed to examine this phenomenon on a larger scale. (p. 74)

In light of previous research findings highlighting the barriers to men's entry this is an interesting finding. This project aims to contribute to the emerging literature on men's enrolment in SDGE

nursing through investigating the reasons why men have chosen this pathway.

3. Method

3.1. Design

The study design for this project was a qualitative descriptive design. This approach enables the researcher to gather rich narrative data from a small number of participants (Whitehead et al., 2016).

3.2. Sample

The participants for this study were chosen through purposive sampling. All the men enrolled in the first three cohorts were invited to participate and all eight agreed. Their ages ranged from 23 to 39 years.

3.3. Ethical considerations

Ethics approval was granted by the Ethics Committees of both the Polytechnic and the University as the participants are enrolled as students at both institutions of higher education. An information and consent form was sent to all potential participants via personal email during the recruitment phase by a member of the research team who was unknown to the students. If they wished to participate they were asked to contact the interviewer to arrange a suitable time and a place of their choosing for the interview. The participants were assured of confidentiality and that no information linked to a particular person would be included in any subsequent publication or presentation. They were also informed that a copy of the transcript of their interview would be provided for approval and amendment. Opportunity to reflect and comment on the completed analysis was also provided. They had the right to withdraw up until the time of completed data analysis; subsequently one chose to do so following receipt of his transcript.

3.4. Data collection

The data were collected in individual, audio-taped, semi-structured interviews. Following collection of demographic data pertaining to age and ethnicity, the participants were also asked about previous work experience. This was then followed by questions pertaining to their decision to enroll in this program. The initial questions and possible probes for further elucidation are presented below in Table 1. The formulation of these initial questions and possible follow-up probes were based on our reading of the literature which presents nursing as a strongly female gender-typed occupation in most of the world. The literature posits that such gender-typing creates a barrier to men's entry into nursing (For example: O'Lynn, 2004; Roth and Coleman, 2008).

The interviews which were undertaken by a member of the team who had no involvement with these students either academically or pastorally. At each interview the information sheet and consent form was discussed with the participant, and verbal and written consent was obtained. The majority of the interviews took approximately one hour and were considered complete when all the questions had been answered and no further clarification was required.

The audio-tapes were professionally transcribed and the transcripts returned to the participants for checking for accuracy or any material they wished removed. None of the participants made any changes; however, as noted previously one chose to withdraw at this point.

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