

2017

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This article was originally published as:

Juliff, D., Russell, K. P., & Bulsara, C. (2017). The essence of helping: Significant others and nurses in action draw men into nursing. *Contemporary Nurse*, 53 (2), 156-166.

<http://doi.org/10.1080/10376178.2016.1254567>

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This is an Accepted Manuscript of an article published in *Contemporary Nurse* on 10 Nov 2016, available online:

<http://www.tandfonline.com/doi/full/10.1080/10376178.2016.1254567>

THE ESSENCE OF HELPING: SIGNIFICANT OTHERS AND NURSES IN ACTION

DRAW MEN INTO NURSING

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ABSTRACT

BACKGROUND: A looming worldwide nurse workforce shortage will increasingly challenge the health care system. Nursing professionals are ageing and due to other increasing career opportunities for females sustainability of a nursing workforce is under threat. A largely untapped potential human resource of men in nursing exists within Australia. This paper reports on the first phase of a qualitative longitudinal study.

OBJECTIVE: The aim of this first phase was to investigate why men choose to enter nursing.

DESIGN: Qualitative methodological approach using interpretative phenomenological analysis (IPA).

RESEARCH QUESTION: 'What are the experiences of male graduate nurses regarding their career choice?'

METHOD: IPA method was used as the research question focused on personal subjective experience where the participants' own sense-making is important. Individual semi-structured in-depth interviews enabled the detailed accounts of how each nurse perceived his experience in his decision to enter nursing. The resulting discussions were audio-recorded, transcribed verbatim and analysed using a format relevant to IPA.

PARTICIPANTS: Purposeful snowball sampling recruited nine nurses. These nurse participants being male, newly graduated registered nurses and about to commence their employment in a health setting fitted the study's inclusion criteria.

FINDINGS: Highlighted was the 'essence of helping' through the key theme, 'motivators for entering nursing'. Elicited responses identified the influence and support of significant others and career choice triggers such as observing nurses in action impact on their decision to enter nursing.

CONCLUSION: The importance of the exposure to nurses in action, inclusive of the technical and varied aspects of the helping role in practice, is purported to enhance the awareness of nursing as a career option for men. It is envisaged that this research may contribute to discussions on effective ways to increase the recruitment of men into nursing.

KEY WORDS

Motivators, helping, significant others, career choice triggers, men in nursing

INTRODUCTION

Men remain a minority in nursing. According to an Australian Nursing and Midwifery Workforce report 2011, “the proportion of registered nurses who were men increased slightly between 2007 and 2011 (10.2% in 2011, up from 9.6% in 2007)” (Australian Institute of Health and Welfare (AIHW), 2012, p. 13). The phenomenon of fewer men than women choosing a nursing career is not an issue specific to the Australian nursing workforce. Nursing workforces in the European countries such as Norway along with the United States and Canada also remain female-dominated, with male registered nurse rates under 10% (Rajacich, Kane, Williston, & Cameron, 2013; Solbraekke, Solvoll, & Heggen, 2013; United States Census Bureau, 2013).

A nursing workforce challenge facing Australia is the predicted shortage of 109,490 nurses by 2025 (Health Workforce Australia (HWA), 2012). The emphasis is currently being placed on the retention of newly graduated registered nurses and the recruitment of males; ultimately to generate a sustainable nursing workforce to replace those retiring and leaving the nursing profession (AIHW, 2012; HWA, 2013).

Various studies have explored the reasons why men choose nursing, suggesting men approach a career in nursing in order to seek greater job satisfaction (Harding, 2009), and income security (Meadus & Twomey, 2007; Zamanzadeh et al.,

2013). Other related reasons such as stable employment and advancement opportunities have all been reported (Ierardi, Fitzgerald, & Holland, 2010; MacWilliams, Schmidt, & Bleich, 2013). Moreover, the literature revealed that the gendered division of labour within the nursing profession still exists with men more prominent in certain areas such as mental health and specialties that highlighted the technical, and intensive nursing assessment and treatment areas such as critical care and emergency (Stott, 2007). Furthermore, technology rich areas has been found to be an ideal career motivator for men (Rambur, Palumbo, McIntosh, Cohen, & Naud, 2011).

However, it is also postulated that there are issues around intimate touch nursing care along with the desire to avoid the more “female focused” perceived nursing areas (Stott, 2007). Therefore, it is not surprising to find that one-third of the male workforce is focused in the perceived low-touch less intimate nursing care areas of mental health followed by critical care and emergency units (AIHW, 2012). The higher percentage of Australian nurses who are male in these settings “may be perceived that these settings as more acceptable or masculine” (HWA, 2013, p. 15).

Rationale for this component of the study’s first phase was to investigate the factors that influenced first year registered nurses who are male to choose nursing as a career. Thus opening the discussion on schemes that may expose males to the idea of nursing as a career in order to increase the future recruitment of men into nursing.

METHOD

A qualitative methodological approach using interpretative phenomenological analysis (IPA) was employed to investigate the reasons and the impetus for men who decide to undertake nursing. Moreover, IPA enhanced ‘the making sense’ of how the

individual perceive their experience by providing detailed interpretation of the understandings (Smith, Larkin, & Flowers, 2009).

Participants

Purposeful sampling used a snowballing technique where four participants obtained from the initial study information contact enabled the recruitment of a further five participants amongst their peers. These nine participants fitted the study's inclusion criteria of being male and newly graduated registered nurses about to commence their employment in various health settings in the metropolitan region of Western Australia. The health settings included mental health, emergency department, operating theatre, general medical and orthopaedic wards, and aged care. The participants' ages ranged from 20 through to 32 years, with the mean age of 26 years. One participant had entered nursing straight from secondary school and two participants from health worker positions, with the others having varied working backgrounds such as the defence force, electronic sales and computer marketing, and hospitality. Some participants had degrees outside the health sector that included environmental science, international relations and politics, and agriculture. Furthermore, the majority of the participants had entered nursing as their second career.

Research question

The research question that guided this enquiry was posited to participants as what are the experiences of male graduate nurses who have chosen nursing as a career? Probing questions were then utilised to clarify areas of interest related to their lived experiences.

Procedure

The University of Notre Dame, Human Research Ethics Committee approval (041158F) was obtained prior to the commencement of the first interview. The study

information sheet and consent form that outlined the voluntary withdrawal and confidentially processes was provided to participants. To protect the participants' anonymity, they were informed that de-identified data would be used in the reporting of the findings. The data collection trajectory approach was decided upon by mutual agreement. It occurred at a venue of comfort and convenience to the individual participant to enable enhanced engagement and establishment of the researcher (first author) participant relationship. Each individual semi-structured in-depth interview using flexible and non-directional open-ended guiding questions enabled the participant to explore his personal perspective for his decision to enter the nursing profession. The first author transcribed the audio-recorded interviews verbatim.

The data analysis was concurrent with data collection. Although there is no finite process for conducting the data analysis for IPA, the present study followed the several steps outlined by Smith and colleagues (2009, pp. 82-104). Commencing with the first interview, the first author re-read the transcript multiple times and referred back to the field notes and research journal to gain a sense of the meaning behind the participant's responses. The second step was the initial noting with exploratory comments before developing the emergent themes. Step three focused on searching for and capturing the emergent themes from the participant's own words and the author's interpretation. Consensus from the co-authors on the categories and the themes reached by the first author was provided after their reading of the transcripts and discussions on the themes. Further searching in step four resulted in the clustering and integrating of similar emergent themes into a master list, with inclusion of relevant superordinate themes. Repeating the aforementioned steps with the next interview transcript occurred in step five, which was then repeated for all the participants' transcripts. Step 6 was the cross-transcript comparison of the master lists, inclusive of

the in-depth interpretations and idiographic focus for each transcript. The final analysis produced the main theme of 'motivators for entering nursing' with the essence of helping resonating throughout the subordinate themes.

Trustworthiness

Strategies employed to enhance trustworthiness were inclusive of credibility, dependability, confirmability (Lincoln & Guba, 1985) and authenticity (Denzin & Lincoln, 2005). Validated interpretations to obtain credibility and confirmability occurred through internal member checks. Each participant was provided with a summary of their interview transcript for agreement that it accurately reflected the dialogue between the researcher and himself (Creswell, 2013). Each transcription was read numerous times and reviewed by the co-authors to ensure dependability and the consistency of the data (Polit & Beck, 2008). Authenticity was achieved by the study's descriptive manner through the use of the participants' quotes (Cope, 2014).

FINDINGS

The findings provided a rich account of each participant's experiences through the use of individual narratives when considering the key and subordinate themes. As previously noted the majority of the participants had entered nursing as their second career. A common thread amongst these participants, as expressed by one of them, was "*...sort of bounced between different jobs...customer service jobs and sales... and just was not satisfied with what I was doing*" (P4).

MOTIVATORS FOR ENTERING NURSING

The key theme, 'motivators for entering nursing', was the outcome of the iterative stages in the analysis process. The subordinate themes that informed the key theme were 'significant others' influence and support', and 'career choice triggers'.

Significant others' influence and support

For the participants in this study, the positive influence to enter nursing came from significant others such as family and friends. Family members were the main influence possibly due the presence of nurses in their families, and related health fields such as medicine and allied health. Several of these men were personally associated with female nurses either as friends, partners or family members before they became nurses. One participant revealed *“on mum’s side they are all nurses and doctors so it seemed the way to go for me as well”* (P1).

The support to become nurses mainly came from family members. Affirmations from these family members included *“you will be a great nurse”* (P9) and *“always thought you would go into a caring role”* (P4). Two nominated their mothers as their main supporters. One revealed that his mother, although now a doctor had previously been a registered nurse, was very supportive both in his decision to enter nursing and throughout his studies. He commented, *“she was a great help as she understood what nursing was all about”* (P3). The other stated *“I found it quite hard going, she (mother) was a big motivator saying ‘you can do it’ and she would help me financially as well, she was very encouraging”* (P1).

The importance of positive support received during the journey to registration was reiterated numerous times by the participants. The majority of the men verbalised the importance of having other men to relate to during their undergraduate years. Reference to other men included both the nurse educators, other nursing students and clinical colleagues. Comments included

“I don’t know if I would have got through my degree if I didn’t have the other guys, we had informal study groups” (P7), *“we would study together even if we weren’t in our allocated study groups and stuff, we still studied together and helped each other out”* (P9), *“just to catch up and have chats*

with the boys and discuss things that are happening in prac” (P5), “great to have like-minded fellows to discuss and share things with” (P3), and “it’s the same on the ward there’s two guys my age I just naturally move towards them...good to have them to bounce things off” (P7).

Two of the participants spoke of ‘continual support’ from their partners who were also undertaking the nursing degree or already working in the nursing profession. This support was present in having someone to debrief with who understood the issues and challenges nurses faced as they enter the profession. Other participants found that work colleagues, family and friends provided encouragement and support. One of the participants was even provided financial support for the first year of his nursing degree from a Director of Aged Care whom he worked for. Another received encouragement from a community support friend to take up a community support worker role that re-ignited the participant’s desire to do nursing.

Of note, one revealed that when he was deciding on what future career pathway to take, it was his school councillor who initiated the thought of nursing as a career. Furthermore he expressed, as did other participants, the value of school counsellors’ influence on career choices, and felt that more school and career councillors could be promoting nursing to males as a career choice.

Career choice triggers

Career choice triggers identified by participants were previous employment, nurses in the working environment and in particular the specific encounters with registered nurses who were male, in conjunction with impressionable / critical events. Although, one participant had taken the opportunity during his last two years of school to undertake vocational education training as an enrolled nurse as he did not have the tertiary level requirement needed to go straight into registered nursing. However, he

did have a 'fleeting moment' where he had considered an electrical trade in his father's field but, on reflection he acknowledged that this trade was not for him and declared, *"My heart wasn't in it... I've had it in the back of my mind that I've always wanted to do nursing"* (P1).

Previous employment exposure by those participants engaged as health workers believed that nursing was a natural progression and a natural fit for them after assisting and observing nurses in action. Moreover nurses in action, specifically the encounter with registered nurses in their professional-practice environments, was a major trigger that ignited the majority of the participants' desire to undertake nursing. Some of these encounters transpired whilst these men worked in other health worker roles such as patient care assistant, first aider, orderly, carer and enrolled nurse. For example, as one participant revealed

"I saw nurses and what they did... remember one patient taking him to theatre I was the orderly, he wasn't old about 16 or 17, I was about the same age... he was freaking out and as an orderly I couldn't do much, the nurses ensured he was ok. I thought I'd be good at talking to and caring for people, I have a scientific mind I like being precise I think it's just my calling, that's how I discovered it...nursing that is" (P6).

In the instance of the participant who had previously been an infantry rifleman, nurses in action were poignant in his desire to enter nursing. Whilst on deployment in the Middle East he observed nurses on active duty in combat. He explained

"I was in the army and we did some medical training, and I ended up enjoying the medical training and looking after casualties more than I did my actual job at the time...the American nurses in the coalition's war hospital were really good. They were working hand in hand with the"

doctors and making a lot of decisions, and I realised just how much responsibility they had, and I thought that nursing was probably for me” (P8).

The exposure to neighbours during childhood, one who was a male Royal Flying Doctor Service flight nurse and his wife, a community health nurse, ignited one of the participant’s interest in nursing as a career. For another being an actual emergency department patient himself with a hand injury revealed that it was his observation of, and talking to, his attending nurse who was male that initiated his thoughts of becoming a registered nurse. Although, one participant shared a negative experience from a male registered nurse colleague who tried to discourage nursing as a profession, which left him *“feeling disheartened”* (P2); however he quickly added *“this feeling was short lived”*. This was not the case for the others who reported that having other male colleagues when they were on their clinical placements supported the consolidation of their identity as a nurse who is male.

Other participants had observed men in nursing whilst visiting family members in hospitals. Their responses are reflected in the following comment from one of the participant’s

“One of the reasons I thought about nursing is because I’ve been in hospital and many people I know have been in hospital, and it something that takes you out of your comfort zone, but the people who made it better were the people who were around you ... nurses are an essential part to that” (P4).

Working with disadvantaged youth led another participant to nursing although he had initially thought of being a teacher. He remarked,

“I was leaning towards primary school teaching... decided before I committed to it I had better get some time actually spent with children... I was involved in camps mainly for school kids but also did it for DCP (Department of Child Protection) kids... I did that for a year before I decided I wanted to do nursing” (P5).

On further probing, he explained that he felt nursing would enhance his ability to provide holistic care to vulnerable groups and afford him more time and learnt skills to engage with the individuals within these groups. He concluded that he wanted to fulfil his need for job satisfaction.

Impressionable events triggered the idea of becoming a nurse for two participants. One had come across a road accident whilst out running. Although he had first aid skills he felt that he could have done more, he explained

“...not really knowing what to do that sort of got me interested in maybe ambulance work and from there I began searching that, and when nursing came into my researching it seemed more of a natural fit for me” (P7).

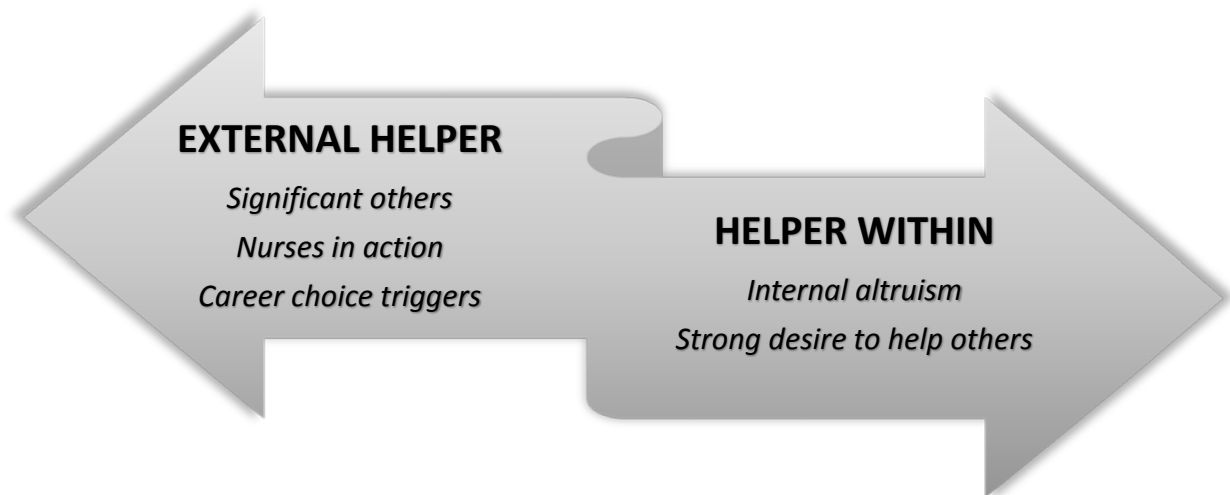
The other participant had a background in international relations and agriculture and had travelled overseas. His exposure to the impact of sustainability, particularly on *“how certain communities care for each other and make that the prime focus” (P3)*, acknowledged this experience had generated his thoughts of nursing as a career.

ESSENCE OF HELPING

To ascertain the meaning, moreover the essence, of the newly graduated participants lived experience required frequent referrals back to the field notes reflecting on the verbal and non-verbal participants' responses and the review of the researcher's journal by the first author. 'Helping' evolved as the essence throughout the transcripts.

The probing question of “what is it about nursing that actually drew you to nursing?” revealed two aspects of helping, the external influences on and the altruism within the participants. Visual representation is provided in Figure 1.

Figure 1: Essence of Helping



The external influences was the exposure to significant others who were in helping roles such a nursing, medicine and other health / social support professions. Additional exemplars' included

“I have watched my parents all my life, mum and dad are doctors but mum was a nurse before that, helping people...I’m not interested in medicine but I really admire what they do and I wanted to do something like that...so I thought nursing was a better fit for me” (P9), “as a patient you spent more time with nurses than you did with anybody else so I felt like they (nurses) had the most potential for being a people focused helping profession that it (nursing) allows you to help people out when they are probably as far out of their comfort zone as they will find themselves” (P3).

Hence the exposure to their significant others, their parents and other family members and work colleagues, in their roles of helping, assisted with the formation of the participants' intention to enter nursing. These roles included health professions of medicine, allied health and nursing.

Altruism was evident in participant comments along with the associated enthusiastic gestures such as change in tone and volume of voice and facial expressions. Two participants articulated the concept of altruism as follows

"I've always wanted to and I guess excited more now about just being able to help people... as an army reservist I wanted to help to protect my country...but now I find myself wanting to help the people of my country in a different way, help them improve their lives" (P7), and "helping people in terms of just living their everyday lives, help them along the way, different people at different stages in their lives need that too" (P4).

Further probing on what nursing meant to them caring was mentioned. On clarifying caring the participants' responses included

"Caring is helping the patient focus on their immediate and future health" (P2), "caring to me is a nursing word we nurses use when we really mean helping as nursing is a caring profession through helping" (P1), "caring is the help in terms of people's health and just everyday life and provide support when it's needed" (P4), and "just can't be a good caring person in a hospital you actually need have skills that help them in what they are there to get fixed" (P3).

When asked what they can bring to nursing, altruism resurfaced from the participants' comments such as

“With the computer skills I have and with wanting to help others I feel that I have the ability to assist people when they require technological assistance to get better” (P4), “my problem solving abilities and science research focus using medical technology I see this is where I can help with best care” (P7), and “just love being with the patients and playing with all the machinery, helping them get better and helping them understand the workings on the monitors and mechanical devices they are on” (P2).

Adding to a diverse nursing workforce from the helping stance, most participants felt that more patients these days want a say in the gender of their caregiver. Comments included

“I feel really good and valued when female colleagues come up and ask me to do a shower or a procedure for their male patient who prefers a male nurse to do the care” (P1), “sometimes young male patients and even the older Indigenous men get embarrassed with females attending to them so this where I can help” (P7), and “being male and having been in the defence force the older blokes, especially those who have served, often seek my help for care they need” (P8).

In the instance of the altruism within, it was the urge to help through seeking out a career that provided the participants with fulfilment and meaning in what they do. This fulfilment was very apparent as the driving force behind the second career participants who chose to enter nursing.

DISCUSSION

The findings of this study were in accordance with earlier studies in relation to similar areas of importance for entering nursing being revealed. For some of the younger

participants, job security was a factor in choosing nursing (Rambur et al., 2011). However, for the participants with health worker jobs, they sought out bedside nursing technical expertise and decision-making, along with career advancement that their previous health worker roles did not provide (Ierardi et al., 2010; Synder, 2011). The second career participants noted that they were more interested in fulfilment of greater job satisfaction (Harding, 2009; Zamanzadeh et al., 2013), and seeking meaningful work (Moore & Dienemann, 2014; Rajacich et al., 2013). Moreover, all the participants had thought extensively about nursing as a career as they were all aware of the implications of entering this female-dominant profession (Simpson, 2011).

The findings supported an earlier study (Stott, 2007) whereby most of the support for the graduate nurse who is male comes from females who are close to men considering nursing. Participants' in this current study reported that their parents, in particular their mothers, played a major part in influencing their decision to enter a helping profession such as nursing. They also concurred with previous findings on peer support from significant others including other men in nursing was important during their nurse educational phase (O'Lynn, 2004). This study's participants, in accordance with earlier studies (O'Lynn & Tranbarger, 2007; Wilson, 2005) revealed that the encounter with registered nurses and particularly those nurses who were male was a major trigger for igniting their aspirations to undertake nursing as a career. Furthermore, they reinforced a recent finding by Christensen et al. (2014, p. 101) of registered male colleagues as role models "who bring a sense of maleness to the role". For the participants, the consolidation of their identity as a nurse who is male occurred through exposure to male nurses in action within the workplace. The majority of the study's participants naturally gravitated towards the other males of similar age and backgrounds, and established their own informal support and study networks. However, these

participants did voice the value of having a more formal group with access to nurse educators who are male to assist with their assimilation into this female-dominant profession. Access to male nurse educators was valued despite the fact that they all proclaimed that they saw nursing as gender-neutral helping profession.

Increasing the profile of and exposure to nurses who are male should not be underestimated as a robust recruitment strategy to influence other young men to view nursing as a first career choice and older males who maybe rethinking their careers, and produce more positive attitudes and a gender-neutral stereotype for nurses. The participants felt that it is the observation or the experience of receiving nursing care in the professional-practice environment that provides the opportunity for nurses to showcase the diversity and complexity that enhances the exclusivity of their role. Conversely, rejecting the stance of the nurse being the one 'behind the scenes', 'the handmaiden' and of 'just a nurse' mentality.

Furthermore, as previously highlighted (Moore & Dienemann, 2014) and reiterated by the participants in this study, more could to be done to encourage additional second career men to undertake nursing; and to facilitate male health workers to move across into the nursing profession. Ultimately to aid in providing a diverse workforce to meet the growing needs of the changing patient profile and patient expectation to have a say in their care, in particular who provides this care.

Adding to existing qualitative literature on men in nursing, the study's participants' acumen towards technology provided valuable insight into the significance of promoting the bedside technology involved in nursing care delivery of today. The participants concur with others that technology is becoming more prominent in bedside nursing practice (Elgin & Bergero, 2015) and a desired work element for men (Rambur et al., 2011). The increasing dependence on technological

devices as the complexity of nursing care increases and advancement in health management evolves, puts men who have a tendency towards technology and the desire for helping others well placed for recruitment as a potential nursing workforce. These potential nurses who are male may also complement diversity within the nursing profession to meet the multiplicity of the health consumer beliefs and requirements. It was with the information provided by the study participants and their consensus that showcasing the registered nurse as a helper is crucial to encourage more men into nursing. Moreover, for this helping to focus on being a highly skilled nurse with bedside technology acumen as a competent decision-maker that enables optimal health outcomes for the patient.

LIMITATIONS

Limitations pertained to those related to the qualitative nature of this study. These limitations included a sampling technique wherein a snowballing technique was used. This was due to the fact that the participants were voluntary and were purposefully selected as they were deemed 'experts' in terms of their experiences as graduate nurses who are male. Given the qualitative approach, this sampling techniques does not meet the underlying principle of replication nor generalizability due to the small sample size of participants. However, this small sample size is supported in IPA due to the idiographic stance of exploring in-depth understandings of the individual participant's lived experiences (Smith et al., 2009). Furthermore, it does provide an insight into the dialogue between the first author and the study participants of what motivated them to choose nursing as a career.

IMPLICATIONS FOR NURSING

The implications from this study pertain mainly to the nursing workforce. They may inform or evoke discussions on effective ways to increase the recruitment of more people, especially the minority groups such as men, into nursing.

Firstly, registered nurses themselves need to be aware that they play an important role in portraying nursing as a career of choice whether this is from the nurses as family members, partners, and others such as neighbours and community members. Likewise, nurses who work with health workers and those persons, in particular youth and those considering their career direction, and along with others that show an interest in nursing, who are treated by nurses should be seen as potential nursing recruits.

Secondly, the image of nurses who are male undertaking diverse nursing roles has been previously suggested (Rambur et al., 2011) and is supported by the participants in this study as a strategy that would entice more men into nursing. This study is supportive of nursing recruitment personnel enhancing the importance of role diversity promotion to enable informed nursing options for young men in their informative years of career selection and those men exploring second career options. This depiction of nursing as a diverse career accommodating multitudes of functionalities and bedside technology in nursing practice is endorsed if increasing the percentages of men entering nursing is desired for the future. Therefore, it would be advantageous to market this aspect in the wide range of current nurse positions and nursing settings.

Another area for consideration is career counselors' promotion of nursing as a gender-neutral career to accommodate both males and females is recommended. Nursing faculty collaboration with career guidance counselors in promoting accurate information on gender-neutral nursing to interested youth and parents of school-aged

children is supported by this study and others (Meadus & Twomey, 2011). Sponsoring male faculty nursing staff to visit education institutions and participate in career exhibitions may well shift attitudes towards nursing being considered as an appropriate profession for both genders (Mohamed & Mohamed, 2015).

Finally, more formalised male network groups within the health degree sectors of university settings is supported to assist those men who are seeking support and direction in developing their professional identity and meeting the challenges as a nurse who is male. The opportunity to share their experience and their unique challenges is thought to be beneficial (Stott, 2007).

CONCLUSION

Overall, it is the influence and the support of significant others, in particular family members, alongside career choice triggers that were the motivators for the participants in this study to enter nursing. However, it was the essence of the helper, both from the exposure to helpers or the experience of being helpers' linkage with their own intrinsic need to help that drew them into nursing as a career. The continuation of support, especially from both formal and informal male peer groups, was also sought as they undertook their journey to qualify as registered nurses.

Further research is recommended on whether the idea of nursing as a career may be formed well before males actually decide to enter the profession. Furthermore, due the qualitative nature of and the small participant number in this study, quantitative research for generalisibility on whether highlighting the technical and varied aspects of nursing practice does ultimately increase the rate of men becoming registered nurses may be beneficial to inform nursing workforce recruitment strategies.

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